

CARDIOVASCULAR GRAND ROUNDS EVALUATION
ENDURING MATERIALS

Original presentation date: Jan 20, 2016 CV GR EM Evaluation, Cardiac Arrest, Andrew Dublin, MD, Cardiologist @ JMH

Estimated Time to complete the activity is 45 minutes. Activity and content expires: Jan 20, 2018

Statement of disclosure: John Muir Health has determined that the planning committee members for this activity do not have any affiliations with any corporate organizations that may constitute a conflict of interest. The speaker's disclosures of financial relationships with commercial interests have been identified and resolved.

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POST-COURSE:
Current level of confidence in my skill or ability to:
3=high level, 2= moderate level, 1=low level (circle one)

- | | | | |
|---|---|---|---|
| • Apply current guidelines for, etiology, diagnosis, and treatment of cardiac arrest..... | 3 | 2 | 1 |
| • Discuss the role of hypothermia..... | 3 | 2 | 1 |
| • Review update on CPR and medical management..... | 3 | 2 | 1 |
| • Review Interventional Therapies | 3 | 2 | 1 |
| • Utilize Patient Centered Care skill to help patients become better informed and more involved in their health care Decisions..... | 3 | 2 | 1 |

POST TEST: (CIRCLE ONE ANSWER) - To receive CME credit, you must score 100%.

1. The generally accepted targeted temperature range for cooling protocols post arrest is:
 - A. 25-28 degrees Celsius
 - B. 20-22 degrees Celsius
 - C. 32-34 degrees Celsius
2. The most common cause of sudden cardiac arrest is:
 - A. Brugada Syndrome
 - B. Idiopathic
 - C. Hypertrophic Cardiomyopathy
 - D. Coronary heart disease
 - E. Long QT syndrome
3. Which of the following statements is false with regards to secondary to prevention of SCA:
 - A. Medications such as amiodarone have equivalent efficacy to implantable defibrillators
 - B. Subcutaneous ICD and transvenous systems are both reasonable options for secondary prevention
 - C. Antiarrhythmic therapy can be useful as adjunctive therapy to ICD

3. Please describe what you will do differently in your practice because you participated today? _____

Physician Name (please print):

Dictation #

*****IMPORTANT: Date:**

Please complete and return this evaluation form in order to receive .75 AMA PRA Category 1 Credit™ for this course
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