

To obtain CME credit for The Ali Massumi Cardiac Arrhythmia Symposium, Texas Heart Institute Journal section, you must:

1. Carefully read the CME-designated articles marked with a ★ in this issue of the *Journal*.
2. Answer the assessment questions below. A grade of 80% must be attained to receive CME credit.
3. Complete the brief evaluation.
4. Claim your CME credit by mailing the completed assessment and evaluation to the THI Office of CME:
6770 Bertner Ave., MC 3-276; Houston, TX 77030
5. The THI Office of CME will grade the assessment; if the score is 80% or higher, a certificate indicating the number of credits earned for participation in the activity will be mailed to you at the address you provide.

Evaluation/Feedback

For assistance with this activity, please contact the Texas Heart Institute Office of CME at 832-355-9100 or by e-mail at cme@texasheart.org.

Assessment Questions

1. The NOACs can be used in patients with mechanical mitral valves and atrial fibrillation.
 - a. True
 - b. False
2. Which additional investigative technique(s) can be considered to accurately evaluate stroke risk?
 - a. Echocardiography
 - b. Magnetic resonance imaging
 - c. Biomarkers
 - d. b and c
 - e. All of the above
3. What is the prevalence of atrial fibrillation in the general population?
 - a. 2%–3%
 - b. 5%–10%
 - c. 10%–15%
 - d. 15%–20%
4. Dabigatran is a factor Xa inhibitor.
 - a. True
 - b. False

| Using the scale, rate the following: | | | | |
|------------------------------------------------------------------------------------|-------------|-------------|---------------------|----------------------|
| | Poor | Fair | Good | Excellent |
| Relevance of information to your work | 1 | 2 | 3 | 4 |
| How well did the section meet its stated learning objectives? | 1 | 2 | 3 | 4 |
| | None | Some | Considerably | Exceptionally |
| Do you believe this activity has contributed to your medical knowledge and skills? | 1 | 2 | 3 | 4 |
| Will the information that you received change your medical practice behavior? | 1 | 2 | 3 | 4 |

In your opinion, was the information presented fairly and without commercial or promotional bias? Yes No

Please record one fact or idea that you gained from the section that will be useful to your care of patients.

Comments _____

Print your name _____ Signature _____

Address _____

City _____ State _____ Postal Code _____

E-mail address _____