# Instructions for Obtaining Anesthesiology Continuing Medical Education (CME) Credit

CME Editors: Leslie C. Jameson, M.D., and Dan J. Kopacz, M.D.

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- 1. For the article listed on the right, read the learning objectives and disclosure information.
- 2. Read the article in the print or online edition.
- 3. Register at www.asahq.org/journal-cme and provide payment.
- 4. Once online, complete the questions and other required information for the CME program, including the evaluation.

The American Society of Anesthesiologists is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Society of Anesthesiologists designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit(s)*<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**Purpose:** The focus of ANESTHESIOLOGY Journal CME is to educate readers on current developments in the science and clinical practice of anesthesiology.

**Target Audience:** ANESTHESIOLOGY Journal CME is designed for physicians involved with anesthesiology education, clinical practice, and research.

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Two payment options are available:

	ASA Member	Non-member
Annual Fee	\$60	\$120
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Please direct any questions about Journal CME to:

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#### This Month's Anesthesiology Journal CME

Read the article by Wallace *et al.* entitled "Association of the pattern of use of perioperative  $\beta$ -blockade and postoperative mortality" on page 794 and the accompanying editorial by Foëx and Sear entitled "Challenges of  $\beta$ -blockade in surgical patients" on page 767 of this issue.

# Learning Objective(s)

After completing this activity, the learner should be able to apply the current American College of Cardiology Foundation and the American Heart Association recommendation for perioperative  $\beta$ -blocker administration to patient care, recognize the risks of discontinuing  $\beta$ -blocker therapy in the perioperative period, and balance the risk/benefit of adding  $\beta$ -blocker therapy to patients not receiving  $\beta$ -blockers prior to surgery.

## Author(s) Disclosures

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#### **Expiration**

Registration and submission of answers must be completed by October 31, 2013.