Instructions for Obtaining ANESTHESIOLOGY Continuing Medical Education (CME) Credit

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

ANESTHESIOLOGY's Journal CME is open to all readers. To take part in ANESTHESIOLOGY Journal-based CME, complete the following steps:

1. Read the accreditation information presented on this page.
2. Read this month's article designated for credit (listed below) in either the print or online edition.
3. Register at http://www.asahq.org/shop-asa. In the category, search for Journal CME. Nonmembers will need to provide payment.
4. Achieve a score of at least 50% correct on the six-question online journal quiz and complete the evaluation.
5. Claim credit in 15-minute increments, for a maximum of 1 *AMA PRA Category 1 Credit™* per journal article.

Accreditation Information

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

Target Audience: ANESTHESIOLOGY Journal-based CME is intended for anesthesiologists. Researchers and other health care professionals with an interest in anesthesiology may also participate.

Accreditation and Designation Statements: The American Society of Anesthesiologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Society of Anesthesiologists designates this journal-based activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Rates

Two options are available:

	ASA Member	Non-member
Annual Fee	$0	$120
Per Issue	$0	$20

Payment may be made using Visa or MasterCard.
Please direct any questions about Journal-based CME to: EducationCenter@asahq.org
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Expiration Date: May 2022

This Month's Anesthesiology Journal-based CME Article

Read the article by Guglielminotti *et al.* entitled "Adverse Events and Factors Associated with Potentially Avoidable Use of General Anesthesia in Cesarean Deliveries" on page 912.

Learning Objectives

After successfully completing this activity, the learner will be able to describe what is classified as an avoidable use of general anesthesia for cesarean delivery, identify the patient- and hospital-related factors associated with the risk of avoidable general anesthesia for cesarean delivery, and discuss the potential complications of general anesthesia for cesarean delivery.

Disclosures

This journal article has been selected for and planned as a journal activity, which is designated for *AMA PRA Category 1 Credit™*. The authors disclosed relationships in keeping with ANESTHESIOLOGY's requirements for all journal submissions. All relationships journal authors disclosed to ANESTHESIOLOGY are disclosed to learners, even those relationships that are not relevant financial relationships, per the ACCME's requirements for CME activities.

Editor-in-Chief: Evan D. Kharasch, M.D., Ph.D., has reported receiving consulting fees from TEN Healthcare.

CME Editors: Leslie C. Jameson, M.D., has reported no relevant financial relationships with commercial interests. Dan J. Kopacz, M.D., has reported holding an equity position with SoloDex, LLC.

Authors: Jean Guglielminotti, M.D., Ph.D., Ruth Landau, M.D., and Guohua Li, M.D., Dr.PH., have disclosed no relevant financial relationships with commercial interests.

Resolution of Conflicts of Interest

In accordance with the ACCME Standards for Commercial Support, the American Society of Anesthesiologists has implemented mechanisms, prior to the planning and implementation of this Journal-based activity, to identify and resolve conflicts of interest for all individuals in a position to control content of this activity.

Disclaimer

The information provided in this activity is for continuing education purposes only and is not meant to substitute for the independent medical judgment of a health care provider relative to diagnostic and treatment options of a specific patient's medical condition.