

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-asahq>. 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 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.

Maintenance of Certification in Anesthesiology™ program and MOCA® are registered trademarks of The American Board of Anesthesiology®. MOCA 2.0® is a trademark of the American Board of Anesthesiology®.

This activity contributes to the CME component of the American Board of Anesthesiology's redesigned Maintenance of Certification in Anesthesiology™ (MOCA®) program, known as MOCA 2.0®. Please consult the ABA website, <http://www.theABA.org>, for a list of all MOCA 2.0 requirements.

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

Date of Release: September 2019

Expiration Date: September 2022

This Month's ANESTHESIOLOGY Journal-based CME Article

Read the article by Joffe *et al.* entitled "Management of Difficult Tracheal Intubation: A Closed Claims Analysis" on page 818.

Learning Objectives

After successfully completing this activity, the learner will be able to identify aspects of difficult airway management that can lead to adverse outcomes; describe the similarities and differences in the results of difficult airway management closed claims analyses from two time periods: 1993 to 1999 and 2000 to 2012; and discuss the utility and limitations of closed claims analyses.

Disclosures

This journal article has been selected for and planned as a journal CME 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 disclosed no relevant financial relationships with commercial interests. Dan J. Kopacz, M.D., has disclosed holding an equity position with SoloDex, LLC.

ASA Staff: Kari Lee and Anne Farace have disclosed no relevant financial relationships with commercial interests.

Authors: Aaron M. Joffe, D.O., Michael F. Aziz, M.D., Karen L. Posner, Ph.D., Laura V. Duggan, M.D., F.R.C.P.C., Shawn L. Mincer, M.S.W., and Karen B. Domino, M.D., M.P.H., have disclosed no relevant financial relationships with commercial interests.

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.

DOI: 10.1097/ALN.0000000000002975