

HKMJ April 2015 CME/CPD for Fellows and non-Fellows

The *Hong Kong Medical Journal* has introduced CME/CPD for Fellows of the Hong Kong Academy of Medicine (HKAM), and registrants of the MCHK CME Programme under the HKAM or the Hong Kong Medical Association can also participate. It is based on published articles in the Journal, and the Editorial Board aims at selecting topics of more general interest to a wide range of specialties. For HKAM Fellows, decision of whether any of the selected article(s) is/are appropriate for CME/CPD exercise rests with the CME/CPD committee of their representative Colleges. Answer sheets sent by Fellows of College(s) that do not assign CME/CPD points will not be processed.

The amount of CME/CPD points awarded (for specialist CME/CPD) to each of the articles by the specific Colleges is indicated at the bottom of this page. Fellows of the specific Colleges can either participate by returning the answer sheet to the quizzes by mail/fax to the Academy or doing the quizzes online at iCMECPD (<http://www.icmecpd.hk>). If Fellows choose to do a quiz online, their answer sheet for the same quiz sent to the Academy by mail/fax will not be processed.

For the MCHK CME Programme, one CME point has been accredited per article by the Academy. Registrants of the MCHK CME Programme must mail or fax the completed answer sheet to their respective Administrator. **Registrants of the Academy must return the answer sheet to the Academy, similarly registrants of the Medical Association must return it to the Association.** The Academy and the Association, who are both appointed as Administrators for the MCHK Programme, will not be responsible for re-directing answer sheets sent to the wrong Administrator by mistake to each other.

Instructions:

1. Fill in the personal particulars in the answer sheet.
2. Shade the correct answer square for each question.
3. Mail or fax the Answer Sheet to the Academy or the Medical Association by **31 May 2015**.

<i>Category</i>	<i>Answer sheet to be mailed/faxed to:</i>
Academy Fellows; <i>OR</i> Registrants for the MCHK CME Programme <u>under the Academy</u>	Ref: CMECPD Hong Kong Academy of Medicine, 10/F, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong; fax: (852) 2505 5577
Registrants for the MCHK/HKMA CME Programme <u>under the Medical Association</u>	The Hong Kong Medical Association Duke of Windsor Social Service Bldg., 5/F, 15 Hennessy Road, Hong Kong; fax: (852) 2865 0943

College CME/CPD Points (as of 27 March 2015) :

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	Nil	Nil	Nil	Nil
Hong Kong College of Community Medicine ¹	CME/CPD points already accredited for reading articles in the <i>Hong Kong Medical Journal</i> under "Self study". No additional CME/CPD points to be granted for the two specified articles.			
College of Dental Surgeons of Hong Kong	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Emergency Medicine	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Family Physicians	1 (Cat.5.1)	50%	1 (Cat.5.1)	50%
Hong Kong College of Obstetrics and Gynaecologists	Nil	Nil	1 (Non-OG)	0%
College of Ophthalmologists of Hong Kong	0.5 (Self Study)	50%	0.5 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	1 (Cat. C)	100%	1 (Cat. B)	100%
Hong Kong College of Otorhinolaryngologists	1 (Cat.1.2)	80%	1 (Cat.1.2)	80%
Hong Kong College of Paediatricians	1 (Cat.E)	50%	1 (Cat.E)	50%
Hong Kong College of Pathologists	1 (Self Study)	60%	1 (Self Study)	60%
Hong Kong College of Physicians	1 (Active)	0%	1 (Active)	0%
Hong Kong College of Psychiatrists	1 (Self Study)	80%	1 (Self Study)	80%
Hong Kong College of Radiologists	Nil	Nil	Nil	Nil
College of Surgeons of Hong Kong	1 (Self Study)	0%	1 (Self Study)	0%

¹ The *Hong Kong Medical Journal* is already included in the list of the College's approved journals for self-study. One hour of self-study is awarded 1 point

CME Points for MCHK CME Programme: 1 CME point per article

Answer Sheet – Hong Kong Medical Journal April 2015 Issue

Name: _____

Hong Kong Academy of Medicine	Hong Kong Medical Association
<i>For Academy Fellows:</i> College: _____ Fellowship No: _____	HKMA Membership or CME No.: _____ HKID No: __ __ - __ __ __ __ X X (X)
<i>For MCHK CME Registrants:</i> MCHK Reg. No. _____	Contact Telephone No.: _____ Signature: _____

I. Vitamin B₁₂ deficiency in the elderly: is it worth screening?	<i>True</i>	<i>False</i>
A. Which of the following statement(s) regarding the diagnosis and causes of vitamin B ₁₂ deficiency in the elderly is/are true?		
1. Using macrocytosis to screen for vitamin B ₁₂ deficiency is not sensitive.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Elevated serum homocysteine is a more specific indicator of vitamin B ₁₂ status in the body than elevated serum methylmalonic acid.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Food-cobalamin (vitamin B ₁₂) malabsorption is a more common cause of vitamin B ₁₂ deficiency than pernicious anaemia.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Vitamin B ₁₂ deficiency caused by food-cobalamin (vitamin B ₁₂) malabsorption is often less severe than that by pernicious anaemia.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Diabetes patients put on metformin are at risk of vitamin B ₁₂ deficiency.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Which of the following statement(s) concerning the clinical manifestations and treatment of vitamin B ₁₂ deficiency is/are true?		
1. Hyperhomocysteinaemia is exclusively the result of vitamin B ₁₂ deficiency.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Megaloblastic anaemia is more readily correctable than neurological disorder after adequate vitamin B ₁₂ replacement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Cognitive improvement often occurs in patients with dementia and vitamin B ₁₂ deficiency after adequate vitamin B ₁₂ replacement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Oral vitamin B ₁₂ replacement can be as effective as intramuscular administration in achieving clinical response in vitamin B ₁₂ -deficient patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Severe hyperkalaemia can occur in vitamin B ₁₂ -deficient patients upon receiving vitamin B ₁₂ replacement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
II. Falls prevention in the elderly: translating evidence into practice	<i>True</i>	<i>False</i>
A. Which of the following statement(s) about fall prevention in elderly is/are true?		
1. Comprehensive assessment for fall prevention is only suitable to be performed in a geriatric setting with multidisciplinary team support.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. When performing timed up-and-go test, patients are allowed to use their own walking aids.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Antihypertensive medications, apart from diuretics, are associated with increased fall risk.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Mainly because of the use of restraint, the fall rates in Chinese are much lower than those in Caucasians.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. One of the goals of rehabilitation after falls is to reduce the fear of falling among the elderly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Which of the following statement(s) concerning fall prevention among the elderly is/are true?		
1. The evidence of Tai Chi in fall prevention was first demonstrated by a randomised controlled study in Hong Kong in the 1990s.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Since correction of vision of one eye can reduce risk of falls, there is no hurry or need to correct the vision of the second eye at all in terms of fall prevention.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. In Hong Kong, hip protector can be prescribed to selected older people living in their own homes or residential care homes for hip fracture prevention.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Fall prevention programme should not be offered to older patients with dementia as there is no evidence that the measures are effective in this group of patients.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Even in an older patient with multiple and recurrent falls, it is never too late to implement fall prevention measures to reduce his/her fall risk.	<input checked="" type="checkbox"/>	<input type="checkbox"/>