

HKMJ June 2017 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 July 2017**.

Category	Answer sheet to be mailed/faxed to:
Academy Fellows; OR Registrants for the MCHK CME Programme under the Academy	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 under the Medical Association	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 25 May 2017):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	1 (Ana-active)	50%	1 (Ana-active)	50%
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 Obstetricians and Gynaecologists	1 (Non-O&G)	0%	1 (Non-O&G)	0%
College of Ophthalmologists of Hong Kong	0.5 (Self Study)	50%	0.5 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	Pending		Pending	
Hong Kong College of Otorhinolaryngologists	1 (Cat. 1.2)	80%	1 (Cat. 1.2)	80%
Hong Kong College of Paediatricians	1 (Active Cat. E)	50%	1 (Active Cat. D)	50%
Hong Kong College of Pathologists	1 (Self Study)	60%	1 (Self Study)	60%
Hong Kong College of Physicians	1 (Active)	0%	Nil	Nil
Hong Kong College of Psychiatrists	1 (SS/OL)	80%	1 (SS/OL)	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 June 2017 Issue

Name: _____

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

I. Outcomes after oesophageal perforation: a retrospective cohort study of patients with different aetiologies	<i>True</i>	<i>False</i>
A. Which of the following statement(s) regarding oesophageal perforation is/are true? 1. Diagnosis may be delayed. 2. Upper endoscopy is contra-indicated in patients with suspected oesophageal perforation. 3. Patients with delayed presentation may have a poor prognosis. 4. The prognosis of patients with perforated oesophageal cancer is poor. 5. Pre-existing hepatic disease is associated with poor prognosis after oesophageal perforation.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B. Which of the following concerning treatment for oesophageal perforation is/are true? 1. In patients with Boerhaave's syndrome, surgical primary repair is the initial treatment of choice in some patients. 2. Surgical repair always involves thoracotomy. 3. Endoscopic stenting is a treatment option. 4. Upfront oesophagectomy is commonly practised in the treatment of perforation. 5. The overall mortality after oesophagectomy exceeded 20%.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
II. Common urological problems in children: inguinoscrotal pathologies	<i>True</i>	<i>False</i>
A. Which of the following concerning paediatric inguinal hernia/hydrocoele is/are true? 1. Transillumination test is reliable in differentiating between paediatric inguinal hernia and hydrocoele. 2. Diagnosis of inguinal hernia largely depends on clinical history and physical examination. 3. Once the diagnosis of inguinal hernia is made, operation is indicated regardless of age due to the risk of incarceration. 4. There is a high chance of spontaneous complete resolution or significant improvement for hydrocoele presented before 1 year of age. 5. An initial presentation with left-sided hernia and prematurity are risk factors for developing metachronous contralateral inguinal hernia.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B. Which of the following statement(s) about undescended testes is/are true? 1. A retractile testis is a condition that falsely mimics undescended testis with a strong cremasteric reflex. The clinician should be able to bring the retractile testis down to the scrotum and the testis should stay in the scrotum for a while. 2. If the testis is not descended by the age of 6 months, clinicians should refer the patient to proper specialist for consideration of operation. 3. Untreated undescended testis may lead to loss of spermatogonia in patients with undescended testis after 2 years of age. 4. For non-palpable testis in the inguinal canal, inguinal orchidopexy should be performed. 5. Paternity rates of patients with unilateral undescended testis and normal control subjects are similar.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>