

**HKMJ February 2016 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 March 2016**.

Category	Answer sheet to be mailed/faxed to:
Academy Fellows; OR Registrants for the MCHK CME Programme <b><u>under the Academy</u></b>	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 <b><u>under the Medical Association</u></b>	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 19 January 2016) :**

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 <sup>1</sup>	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	Nil	Nil	Nil	Nil
College of Ophthalmologists of Hong Kong	0.5 (Self Study)	50%	0.5 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	1 (PP-Cat. A)	50%	1 (PP-Cat. C)	50%
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	1 (Cat. A)	50%
College of Surgeons of Hong Kong	1 (Self Study)	0%	1 (Self Study)	0%

<sup>1</sup> 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 February 2016 Issue

Name: \_\_\_\_\_

<b>Hong Kong Academy of Medicine</b>	<b>Hong Kong Medical Association</b>
<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: _____

<b>I. Assessment of postoperative short-term and long-term mortality risk in Chinese geriatric patients for hip fracture using the Charlson comorbidity score</b>	<i>True</i>	<i>False</i>
A. Which of the following statement(s) concerning the geriatric hip fracture patients is/are true?		
1. Hip fracture causes an increase of 3-month mortality rate by 2-fold.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. The American Society of Anesthesiologists classification, but not the visual analogue scale for risk scale, correlates with postoperative complications and mortality of hip fracture.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Nottingham Hip Fracture Score can be used to predict both short-term and long-term mortality of geriatric patients with hip fracture.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Male gender is associated with increased mortality rate in geriatric hip fractures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. A multidisciplinary clinical pathway for geriatric hip fracture can improve length of hospital stay and clinical outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Which of the following statement(s) regarding the local geriatric patients with hip fracture is/are true?		
1. Hypertension, diabetes, and ischaemic heart disease are the three most common comorbidities in hip fracture patients.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. The total Charlson comorbidity score was significantly related to 30-day and 1-year mortality rates.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. When the total Charlson comorbidity score was at 8 points, the 30-day mortality rate was around 10%.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. The 1-year mortality rate of geriatric hip fractures in Hong Kong was approximately 16%.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. The 1-year mortality rate showed an exponential relationship with the total Charlson comorbidity score.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>II. Alternatives to colonoscopy for population-wide colorectal cancer screening</b>	<i>True</i>	<i>False</i>
A. Which of the following statement(s) about the characteristics of each colorectal cancer screening modality is/are true?		
1. Guaiaec faecal occult blood testing (gFOBT) has been demonstrated in multiple large-scale randomised controlled trials to reduce colorectal cancer-related mortality.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. The performance and cost-effectiveness of immunochemical faecal occult blood testing (iFOBT) are not superior to that of gFOBT.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The radiation risk of computed tomographic colonography has rendered it unacceptable as a population-wide screening tool.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Double-contrast barium enema (DCBE) is a safe screening method, with a perforation rate of 1 in 25 000.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. The low sensitivity of DCBE has diminished its role as a screening tool since the introduction of other screening modalities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Which of the following statement(s) concerning the current recommendations of each colorectal cancer screening modality is/are true?		
1. Colonoscopy is no longer the gold standard of diagnosis for colorectal cancer.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. iFOBT is generally recommended over gFOBT as a first-line screening test.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Flexible sigmoidoscopy should be included as an alternative choice for a population-wide screening programme.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Colon capsule endoscopy has no role in colorectal cancer screening due to its high cost and potential complications.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Screening for colorectal cancer is recommended for average-risk individuals aged $\geq 50$ years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>