

HKMJ October 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 **30 November 2016**.

<i>Category</i>	<i>Answer sheet to be mailed/faxed to:</i>
Academy Fellows; <i>OR</i> 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 27 September 2016):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	Nil	Nil	1 (Ana-Active)	0%
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	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 (Cat. C)	50%	1 (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. D)	50%	1 (Cat. D)	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 (SS-OL)	80%	1 (SS-OL)	80%
Hong Kong College of Radiologists	1 (Cat. A)	50%	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 October 2016 Issue

Name: _____

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

I. Management of health care workers following occupational exposure to hepatitis B, hepatitis C, and human immunodeficiency virus	<i>True</i>	<i>False</i>
A. Which of the following statement(s) regarding post-exposure management of health care workers referred to the Therapeutic Prevention Clinic of Department of Health is/are true?		
1. Health care workers who have sustained occupational exposure should be given priority when presented to the accident and emergency department.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Deep percutaneous injury, exposure by solid-bore devices, and the source patient having acquired immunodeficiency syndrome were all regarded as factors of high-risk exposure.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The most common mechanism of exposure was percutaneous injury with sharps during cleaning or tidying up after procedures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. It was suboptimal that gloves were used in only approximately 63% of exposures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. The infection status of source patients was successfully established in the majority (>50%) of cases.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Which of the following statement(s) concerning human immunodeficiency virus (HIV) post-exposure prophylaxis (PEP) is/are true?		
1. The recommended PEP regimen comprises a combination of three drugs to be given for 4 weeks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. PEP is effective only if given within 24 hours of exposure.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Drug-related adverse events were uncommonly seen in recipients of PEP and most of them were considered mild.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. The two most common reasons for termination of PEP were treatment-related side-effects and the establishment of source being HIV-negative.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Only one third of health care workers received PEP within 24 hours of exposure.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
II. Opioid therapy for chronic non-cancer pain: guidelines for Hong Kong	<i>True</i>	<i>False</i>
A. Which of the following statement(s) about the use of chronic opioid therapy (COT) in the management of chronic non-cancer pain (CNCP) is/are true?		
1. Patients considered for COT should have a thorough physical, psychological, and social assessment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. COT is a part of multidisciplinary pain management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. COT should be considered earlier in patients with high pain intensity.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Patients at risk of substance misuse or addiction should be prohibited from using COT.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Patients receiving COT should avoid driving even though there are no signs of impaired cognition or psychomotor ability.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Which of the following statement(s) concerning prescription of opioids and monitoring during COT is/are true?		
1. Informed consent is used to explain the benefits, risks, and complications of COT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Informed consent is only needed for COT but not for a trial of opioid therapy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Optimal dose of opioid should provide benefit such as pain relief, with the least side-effects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pain intensity, level of functioning, presence of adverse effects, and adherence to prescribed therapies should be monitored during COT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. All patients receiving COT should have regular urine drug screening.	<input type="checkbox"/>	<input checked="" type="checkbox"/>