

### HKMJ August 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 **30 September 2017**.

Category	Answer sheet to be mailed/faxed to:
Academy Fellows; <i>OR</i> Registrants for the MCHK CME Programme <b>under the Academy</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>under the Medical Association</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 July 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 <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	Pending		Pending	
College of Ophthalmologists of Hong Kong	0.5 (Self Study)	50%	0.5 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	1 (Cat. A)	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 (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	Nil	Nil	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%

<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 August 2017 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: _____

<b>I. Early surgery for Hong Kong Chinese elderly patients with hip fracture reduces short-term and long-term mortality</b>	<i>True</i>	<i>False</i>
A. Which of the following statement(s) concerning international guidelines for geriatric hip fracture is/are true? 1. Hip fractures should be operated on within 48 hours. 2. Surgery should be performed on the day of, or the day after, admission. 3. Early input from orthogeriatricians in the management of patients with hip fracture is recommended. 4. Hip fracture surgery should be performed during non-office hours. 5. Patients with hip fracture who are medically unfit should have surgery within 48 hours of admission.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
B. Which of the following statement(s) regarding mortality of geriatric hip fracture is/are true? 1. Hip fracture is not associated with high mortality nor excess mortality compared with the general population globally. 2. Delay of surgery affected both short-term and long-term mortality. 3. With the implementation of the Key Performance Indicator (KPI), hospitals gradually operated on hip fractures as an emergency or earlier under the supervision of more experienced orthopaedic surgeons. 4. After the introduction of KPI for geriatric hip fracture, there was a reduced preoperative stay, and improved survival with reduced 1-year mortality. 5. The setting up of a fragility fracture registry would be beneficial to identify potential confounding factors, as well as for further studies and analysis.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>II. Neonatal outcomes of preterm or very-low-birth-weight infants over a decade from Queen Mary Hospital, Hong Kong: comparison with the Vermont Oxford Network</b>	<i>True</i>	<i>False</i>
A. Which of the following condition(s) is/are more common in preterm/very-low-birth-weight infants at Queen Mary Hospital (QMH) than those from the Vermont Oxford Network (VON)? 1. Growth failure on discharge 2. Late-onset sepsis 3. Bronchopulmonary dysplasia (BPD) 4. Necrotising enterocolitis 5. Intraventricular haemorrhage	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
B. Which of the following statement(s) about preterm/very-low-birth-weight infants at QMH is/are true? 1. Rates of survival increased with increasing gestational age (GA). 2. Length of hospital stay among survivors decreased with decreasing GA. 3. Higher rate of BPD could be related to the higher prevalence of chorioamnionitis. 4. Overall survival rate from QMH was significantly higher than that from the VON. 5. Survival without major morbidity was similar between the QMH and VON groups.	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>