

### HKMJ February 2019 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 2019**.

<i>Category</i>	<i>Answer sheet to be mailed/faxed to:</i>
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 22 January 2019) :**

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)	100%	1 (Cat.A)	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.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	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 February 2019 Issue**

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

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

<b>I. Update on the association between dry eye disease and meibomian gland dysfunction</b>	<i>True</i>	<i>False</i>
A. Are the following statements regarding the risk factors and diagnosis of dry eye disease or meibomian gland dysfunction true or false?		
1. Preservatives in topical medications have no impact on ocular surface.	<input type="checkbox"/>	<input type="checkbox"/>
2. Either contact lens wear or refractive surgery can lead to significant dry eye disease.	<input type="checkbox"/>	<input type="checkbox"/>
3. Tear breakup time is an invasive measurement of the tear film stability when the patient is not blinking.	<input type="checkbox"/>	<input type="checkbox"/>
4. Diagnosis of meibomian gland dysfunction can be made by clinical examination.	<input type="checkbox"/>	<input type="checkbox"/>
5. A Schirmer's test measurement of <5 mm indicates the presence of dry eye disease.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements about the management of dry eye disease or meibomian gland dysfunction true or false?		
1. Effective eyelid hygiene can be performed daily with simple means.	<input type="checkbox"/>	<input type="checkbox"/>
2. Ocular surface inflammation has an important role in the development of dry eye disease, therefore anti-inflammatory treatment is helpful.	<input type="checkbox"/>	<input type="checkbox"/>
3. Lipid-containing artificial lubricants often worsen signs of meibomian gland dysfunction.	<input type="checkbox"/>	<input type="checkbox"/>
4. Omega-3 dietary supplement is often incorporated in the treatment of dry eye disease and meibomian gland dysfunction.	<input type="checkbox"/>	<input type="checkbox"/>
5. Blocking of the lacrimal drainage can either be temporary through cauterisation or permanent by means of plugs.	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. Antibiotic management of acute pharyngitis in primary care</b>	<i>True</i>	<i>False</i>
A. Are the following statements regarding diagnosis of acute pharyngitis true or false?		
1. Acute pharyngitis is often caused by respiratory viruses.	<input type="checkbox"/>	<input type="checkbox"/>
2. Group C <i>Streptococcus</i> is the most common bacterial pathogen of acute pharyngitis.	<input type="checkbox"/>	<input type="checkbox"/>
3. Patients with retro-/para-pharyngeal abscess, acute epiglottitis, infectious mononucleosis, primary human immunodeficiency virus infection, and gonococcal infection may present with a sore throat.	<input type="checkbox"/>	<input type="checkbox"/>
4. Modified Centor criteria are used to estimate the likelihood of acute streptococcal pharyngitis.	<input type="checkbox"/>	<input type="checkbox"/>
5. In modified Centor criteria, 1 point is given for age of 3-14 years, no point for age of 15-44 years, and minus 1 point for age $\geq 45$ years.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements concerning antibiotic treatment of acute streptococcal pharyngitis true or false?		
1. Viral pharyngitis is a condition for which antibiotics are necessary.	<input type="checkbox"/>	<input type="checkbox"/>
2. Patients with scarlet fever are not indicated for antibiotic treatment.	<input type="checkbox"/>	<input type="checkbox"/>
3. Oral penicillin V, amoxicillin or cephalexin are the first-line agents to treat acute streptococcal pharyngitis.	<input type="checkbox"/>	<input type="checkbox"/>
4. A 5- to 7-day course of oral penicillin V, amoxicillin or cephalexin is sufficient to treat out-patients presenting with a sore throat and a modified Centor score of 4 or 5.	<input type="checkbox"/>	<input type="checkbox"/>
5. For out-patients with positive laboratory results for Group A <i>Streptococcus</i> , a 10-day course of oral penicillin V, amoxicillin or cephalexin is recommended for primary prevention of poststreptococcal glomerulonephritis.	<input type="checkbox"/>	<input type="checkbox"/>