

HKMJ June 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 July 2019**.

<i>Category</i>	<i>Answer sheet to be mailed/faxed to:</i>
Academy Fellows; <i>OR</i> Registrants for the MCHK CME Programme <u>under the Academy</u>	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 <u>under the Medical Association</u>	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 6 June 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 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	1 (AP-Cat.A)	100%	1 (AP-Cat.A)	100%
Hong Kong College of Otorhinolaryngologists	Pending		Pending	
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	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 2019 Issue

Name: _____

<p>Hong Kong Academy of Medicine</p> <p><i>For Academy Fellows:</i> College: _____ Fellowship No: _____</p> <p><i>For MCHK CME Registrants:</i> MCHK Reg. No. _____</p>	<p>Hong Kong Medical Association</p> <p>HKMA Membership or CME No.: _____</p> <p>HKID No: __ __ - __ __ __ __ X X (X)</p> <p>Contact Telephone No.: _____</p> <p>Signature: _____</p>
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I. Faecal microbiota transplantation for treatment of recurrent or refractory <i>Clostridioides difficile</i> infection in Hong Kong	<i>True</i>	<i>False</i>
A. Are the following statements regarding the epidemiology, risk factors, and prevention of <i>Clostridioides difficile</i> infection (CDI) true or false?		
1. CDI is a leading cause of healthcare-associated infection worldwide.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Use of antibiotics, concomitant proton-pump inhibitor use, recent hospitalisation, care in nursing homes, and advanced age are risk factors for CDI.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Hand washing with alcohol rub effectively decreases the transmission of <i>Clostridioides difficile</i> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Implementation of infection control measures such as cohorting known CDI patients, contact precautions, dedicated toilet facilities, and antibiotic stewardship programmes have been shown to be useful in preventing outbreaks in healthcare settings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Recurrence of CDI is rare.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Are the following statements about the management of CDI true or false?		
1. Discontinuation of the inciting antibiotic agent should be considered if appropriate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Metronidazole is recommended as first-line treatment for the initial episode of mild-to-moderate CDI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Faecal microbiota transplantation (FMT) is an option for patients with multiple recurrences of CDI.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. FMT has demonstrated efficacy rates of 80% to 90% for the clinical remission of recurrent CDI, with higher resolution rates using the colonic route reported.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. FMT provided by a multidisciplinary team with adequate experience, training, governance and safety monitoring should be encouraged to ensure its safe delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II. Statins role in preventing contrast-induced acute kidney injury: a scoping review	<i>True</i>	<i>False</i>
A. Are the following statements regarding prophylaxis of contrast-induced acute kidney injury (CI-AKI) true or false?		
1. Adequate hydration prior to contrast administration is not necessary.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Statin therapy is the standard prophylactic regimen for CI-AKI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Prophylaxis for CI-AKI is only recommended for people with some underlying disease.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Adequate hydration and intravascular volume expansion prior to contrast administration is the only recommended prophylactic strategy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. All statin types appear to have similar role in the prophylaxis of CI-AKI.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements concerning contrast media true or false?		
1. Increasing use of contrast media in diagnostic and therapeutic procedures has increased the incidence of CI-AKI.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. High-volume contrast media is preferred over low-volume to prevent CI-AKI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. CI-AKI occurs due to the effect of contrast media on the haemodynamics of renal vasculature.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Contrast media predominantly reduces perfusion of renal cortex.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Contrast media causes cellular injury which can cause direct tubular injury.	<input checked="" type="checkbox"/>	<input type="checkbox"/>