

HKMJ October 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 **30 November 2019**.

<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 17 October 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	Pending		Pending	
College of Ophthalmologists of Hong Kong	0.5 (Self Study)	50%	0.5 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	Nil		Nil	
Hong Kong College of Otorhinolaryngologists	1 (Cat. 1.2)	80%	1 (Cat. 1.2)	80%
Hong Kong College of Paediatricians	Nil		1 (Cat. D)	50%
Hong Kong College of Pathologists	1 (Self Study)	60%	1 (Self Study)	60%
Hong Kong College of Physicians	0.5 (Active)	0%	0.5 (Active)	0%
Hong Kong College of Psychiatrists	1 (SS-OL)	80%	1 (SS-OL)	80%
Hong Kong College of Radiologists	1 (Self Study)	50%	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 2019 Issue

Name: _____

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

I. Emergency attendances and hospitalisations for complications after transrectal ultrasound-guided prostate biopsies: a five-year retrospective multicentre study	<i>True</i>	<i>False</i>
A. Are the following statements regarding infective complications after transrectal ultrasound-guided (TRUS) prostate biopsy true or false?		
1. Mortality was 1.2% in the whole cohort because of post-biopsy sepsis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Presence of bacteria in pre-biopsy urine was associated with a higher risk of developing post-biopsy infection.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Among patients developing urosepsis, some had no bacterial growth in blood culture.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. According to a previous local study, the presence of antibiotic-resistant organisms in the rectum was >50%.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. <i>Escherichia coli</i> was the most common bacterial species identified in pre-biopsy urine and post-biopsy urine cultures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements regarding non-infective complications after TRUS prostate biopsy true or false?		
1. Because the study included only those patients who had attended the emergency department, the non-infective complication rate of the study cohort could be under-reported.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. The transperineal approach is better than the transrectal approach for prostate biopsy, because the non-infective complication rate is lower.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. According to the results of this study, low-dose aspirin should be stopped prior to biopsy in order to reduce the risk of post-biopsy bleeding.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Among the men who attended the emergency department for gross haematuria, all were hospitalised for further management.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Larger prostate size was associated with a higher risk of developing post-biopsy retention of urine.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II. Epidemiology of respiratory syncytial virus infection and its effect on children with heart disease in Hong Kong: a multicentre review	<i>True</i>	<i>False</i>
A. Are the following statements regarding the epidemiology of respiratory syncytial virus (RSV) infection in children true or false?		
1. In this study, the incidence of RSV infection among children aged <1 year in Hong Kong is as high as that in Western countries.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Male sex was identified a risk factor for RSV hospitalisation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. RSV infection is most common in winter in Hong Kong.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. The seasonality of RSV infection in Hong Kong is similar to that in other Asian countries/regions such as Taiwan and Malaysia.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Relative humidity has consistently been found to be associated with RSV activities, and it was demonstrated that RSV in large particle aerosol is more stable at higher humidity and thus may favour transmission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements about RSV infection in children with heart disease true or false?		
1. RSV infection was significantly more severe in the heart disease group than in control group with respect to hospital length of stay, requirement for intensive care unit care, and occurrence of complications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. In Hong Kong, the mortality rate of RSV infection is higher in children with heart disease than in those without.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Myocarditis and Kawasaki disease were frequent complications of RSV infection in the heart disease group.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. The severity predictors for RSV infection on heart disease group included heart failure, pulmonary hypertension, and severe airway abnormalities associated with congenital heart disease.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. The American Academy of Pediatrics recommends routine RSV immunoprophylaxis for children with acyanotic and cyanotic congenital heart disease and pulmonary hypertension up to age 2 years.	<input type="checkbox"/>	<input checked="" type="checkbox"/>