

### HKMJ August 2020 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 2020**.

<i>Category</i>	<i>Answer sheet to be mailed/faxed to:</i>
Academy Fellows; <i>OR</i> Registrants for the MCHK CME Programme <b><u>under the Academy</u></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><u>under the Medical Association</u></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 28 July 2020):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Community Medicine	0.5 (Self Study)	50%	0.5 (Self Study)	50%
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 (AP-Cat B)	0%	1 (AP-Cat B)	0%
Hong Kong College of Otorhinolaryngologists	1 (Cat.1.2)	80%	1 (Cat.1.2)	80%
Hong Kong College of Paediatricians	1 (Active Cat.D)	50%	1 (Active Cat.E)	50%
Hong Kong College of Pathologists	1 (Self Study)	60%	1 (Self Study)	60%
Hong Kong College of Physicians	0.5 (Active)	0%	1 (Active)	0%
Hong Kong College of Psychiatrists	1 (Self Study)	80%	1 (Self Study)	80%
Hong Kong College of Radiologists	1 (Self Study)	50%	Nil	Nil
College of Surgeons of Hong Kong	1 (Self Study)	0%	1 (Self Study)	0%

**CME Points for MCHK CME Programme: 1 CME point per article**

## Answer Sheet – Hong Kong Medical Journal August 2020 Issue

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

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

	<i>True</i>	<i>False</i>
<b>I. Patterns of COVID-19 on computed tomography imaging</b>		
A. Are the following statements regarding computed tomography (CT) features of COVID-19 pneumonia true or false?		
1. Pleural effusion is usually seen on the side of the diseased lung.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Crazy-paving pattern is one of the imaging features of COVID-19 chest infection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Ground-glass opacities are more commonly found at the central regions of the lungs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Bronchial narrowing is a typical early imaging finding.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Consolidations are more frequently seen than centrilobular nodules in COVID-19 infection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements concerning COVID-19 pneumonia clinical-imaging correlation true or false?		
1. Chest radiograph findings are often subtle or non-specific.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. A normal CT scan can exclude COVID-19 infection.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Plain CT thorax is the ideal first-line investigation for suspected COVID-19 patients due to the short scan time and specific radiological findings.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Current evidence suggests a degree of similarities in imaging findings between COVID-19 and other betacoronaviruses such as severe acute respiratory syndrome and Middle East respiratory syndrome.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Negative pressure rooms and thorough sanitisation are required for every suspected/established COVID-19 case due to the highly contagious nature of the disease.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>II. Warfarin control in Hong Kong clinical practice: a single-centre observational study</b>		
A. Are the following statements concerning level of warfarin control true or false?		
1. Japanese Guidelines for Pharmacotherapy of Atrial Fibrillation (JCS 2013) recommend international normalised ratio control between 2.0 and 3.0 for patients with prosthetic heart valve and between 1.6 and 2.6 for patients with normal heart valve.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Ideal time in therapeutic range (TTR) is considered as 70%.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Warfarin control in atrial fibrillation patients, as reflected by mean TTR, improved over the past decade.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Warfarin control in Hong Kong, regardless of indications, was comparable to other countries (Japan, Malaysia, Sweden).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Warfarin control in atrial fibrillation patients, as reflected by mean TTR, was comparable to that in patients with prosthetic heart valve.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Are the following statements about outcomes related to warfarin control true or false?		
1. Older patients were more likely to have poor TTR.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Fewer than one in seven patients achieved satisfactory Oral Anticoagulation Knowledge test score.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. There was a negative correlation between warfarin knowledge and age.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Patients with poorer TTR were more likely to experience overall complications, thrombotic events, and bleeding complications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Achieving ideal TTR was associated with lower total healthcare cost.	<input checked="" type="checkbox"/>	<input type="checkbox"/>