

HKMJ October 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 November 2020**.

Category	Answer sheet to be mailed/faxed to:
Academy Fellows; OR 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 21 October 2020):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	1 (Self Study)	50%	1 (Non-Ana)	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	1 (O&G)	60%	1 (O&G)	60%
College of Ophthalmologists of Hong Kong	0.5 (Self Study)	50%	0.5 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	1 (PP-Cat.B)	80%	1 (PP-Cat.B)	80%
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.D)	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	Nil	Nil	1 (Self Study)	50%
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 October 2020 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) Contact Telephone No.: _____
<i>For MCHK CME Registrants:</i> MCHK Reg. No. _____	Signature: _____

I. Labour analgesia: update and literature review	<i>True</i>	<i>False</i>
A. Are the following statements regarding epidural analgesia for labour pain relief true or false?		
1. An epidural mixture of low-concentration local anaesthetic and fentanyl does not increase the rate of Caesarean section, long-term backache, and/or worsen neonatal outcomes.	<input type="checkbox"/>	<input type="checkbox"/>
2. A bolus of 20% intralipid followed by a continuous infusion is used to treat local anaesthetic systemic toxicity.	<input type="checkbox"/>	<input type="checkbox"/>
3. An epidural should only be initiated once the cervical dilatation is >4 cm.	<input type="checkbox"/>	<input type="checkbox"/>
4. An epidural should not be used in patients who have hypertension.	<input type="checkbox"/>	<input type="checkbox"/>
5. Maternal request is a sufficient indication to initiate epidural analgesia.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements concerning labour pain and its management true or false?		
1. Visceral and somatic labour pain are transmitted by the T10-L1 and S2-S4 nerve fibres.	<input type="checkbox"/>	<input type="checkbox"/>
2. Opioids can cause apnoea in the mother in between uterine contractions.	<input type="checkbox"/>	<input type="checkbox"/>
3. Intramuscular pethidine can safely be given anytime during labour.	<input type="checkbox"/>	<input type="checkbox"/>
4. Epidural analgesia is the most effective method to relieve labour pain.	<input type="checkbox"/>	<input type="checkbox"/>
5. Entonox can cause nausea.	<input type="checkbox"/>	<input type="checkbox"/>
II. Update to the Hong Kong Epilepsy Guideline: evidence-based recommendations for clinical management of women with epilepsy throughout the reproductive cycle	<i>True</i>	<i>False</i>
A. Are the following statements concerning antiepileptic drugs (AEDs) and pregnancy true or false?		
1. Serum lamotrigine level should be monitored during pregnancy because the level tends to drop due to physiological changes, especially during the third trimester.	<input type="checkbox"/>	<input type="checkbox"/>
2. Women taking AEDs should be discouraged from becoming pregnant in order to avoid teratogenicity, no matter the type and dosage of the AEDs being taken.	<input type="checkbox"/>	<input type="checkbox"/>
3. Valproate should never be prescribed for treatment of epilepsy as it can cause adverse fetal outcomes.	<input type="checkbox"/>	<input type="checkbox"/>
4. Pregnant women with epilepsy should avoid vaginal delivery owing to the high risk of seizure during the process.	<input type="checkbox"/>	<input type="checkbox"/>
5. Folate should be started only when a woman with epilepsy is confirmed pregnant.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements about epilepsy in women true or false?		
1. Intermittent use of clobazam is a treatment option for catamenial epilepsy.	<input type="checkbox"/>	<input type="checkbox"/>
2. New-generation AEDs do not have drug interactions with oral contraceptive pills.	<input type="checkbox"/>	<input type="checkbox"/>
3. Women taking AEDs can consider breastfeeding if they have been appropriately counselled on the risk and benefit. There is no strong evidence to show that indirect AED exposure through breastfeeding has clinically significant effects on the offspring.	<input type="checkbox"/>	<input type="checkbox"/>
4. The disease course of epilepsy could be changed when a woman goes through menopause.	<input type="checkbox"/>	<input type="checkbox"/>
5. In women, probably due to the hormonal changes, seizures can cluster within different phases in the menstrual cycle.	<input type="checkbox"/>	<input type="checkbox"/>