

HKMJ February 2021 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 2021**.

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 4 February 2021):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	1 (Non-Ana)	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.5.01)	50%	1 (Cat.5.01)	50%
Hong Kong College of Obstetricians and Gynaecologists	1 (Non-O&G)	60%	1 (Non-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	1 (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%	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 February 2021 Issue

Name: _____

Hong Kong Academy of Medicine <i>For Academy Fellows:</i> College: _____ Fellowship No: _____ <i>For MCHK CME Registrants:</i> MCHK Reg. No. _____	Hong Kong Medical Association HKMA Membership or CME No.: _____ HKID No: __ __ - __ __ __ __ X X (X) Contact Telephone No.: _____ Signature: _____
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I. Clinical and radiological characteristics of COVID-19: a multicentre, retrospective, observational study	<i>True</i>	<i>False</i>
A. Are the following statements regarding coronavirus disease 2019 (COVID-19) true or false? 1. The most common radiological manifestation was mixed ground-glass opacity with consolidation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. All patients with severe disease showed mixed ground-glass opacity with consolidation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Among patients with COVID-19 hospitalised during the peak of the epidemic in China, common clinical signs included dyspnoea, hypoxia, leukopenia, lymphocytopenia, and neutropenia.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Patients in severely affected areas demonstrated slightly higher body temperature, more frequent fatigue, and more frequent dyspnoea.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Patients with hypertension were less likely to exhibit hypoxaemia.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Are the following statements concerning COVID-19 true or false? 1. Mixed ground-glass opacity with consolidation, paving stones, and grid-like shadows might serve as comprehensive indicators of disease severity in patients with COVID-19.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Radiological examinations should be used as the primary screening method in this epidemic because of their efficiency in the early outbreak of the COVID-19.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Patients with hypertension require close clinical monitoring, as they are more likely to exhibit hypoxaemia.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. As COVID-19 progresses, patients begin to develop immunosuppression.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. An elevated lymphocyte count may be a key factor related to disease severity and mortality in these patients.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
II. Paediatric glaucoma in Hong Kong: a multicentre retrospective analysis of epidemiology, presentation, clinical interventions, and outcomes	<i>True</i>	<i>False</i>
A. Are the following statements concerning the signs and symptoms of glaucoma in paediatric patients true or false? 1. The intraocular pressure (IOP) must be elevated at presentation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Because of the scleral plasticity, the child may present with buphthalmos, enlarged corneal diameter, or progressive myopia.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. The rapid enlargement of the cornea causes corneal oedema and Descemet's membrane splits (Haab's striae).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Parental concerns about tearing, photophobia, and cloudy cornea are important reasons for referral.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. The child may present with poor vision, strabismus, and nystagmus which could be explained by unilateral or bilateral amblyopia.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements about the diagnosis and management of paediatric glaucoma true or false? 1. Primary congenital glaucoma is the most prevalent type of paediatric glaucoma.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Secondary glaucoma related to congenital cataract is the most common type of secondary paediatric glaucoma.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Medications, laser, or surgical treatments can reduce IOP in paediatric glaucoma patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Compared with patients with secondary glaucoma, more patients with primary glaucoma underwent glaucoma surgeries.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Since the symptoms and signs of paediatric glaucoma can be quite subtle, a high level of suspicion and prompt referral to ophthalmologists warrant an early diagnosis and treatment to prevent irreversible blindness.	<input checked="" type="checkbox"/>	<input type="checkbox"/>