

HKMJ April 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 May 2021**.

Category	Answer sheet to be mailed/faxed to:
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 29 March 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.E)	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	Nil	Nil	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 April 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. Findings from the first public COVID-19 temporary test centre in Hong Kong	<i>True</i>	<i>False</i>
A. Are the following statements regarding COVID-19 testing at the AsiaWorld-Expo (AWE) Temporary Test Centre (TTC) from March to April 2020 true or false?		
1. Rapid antigen testing was offered at the AWE TTC.	<input type="checkbox"/>	<input type="checkbox"/>
2. All asymptomatic arrival passengers from Hong Kong International Airport were tested at the AWE TTC with nasopharyngeal and throat swabs.	<input type="checkbox"/>	<input type="checkbox"/>
3. Individuals who tested positive were admitted to hospitals directly from the AWE TTC via central coordination.	<input type="checkbox"/>	<input type="checkbox"/>
4. Clinical assessment was performed by healthcare professionals before the nasopharyngeal and throat swabs was sampled at the AWE TTC.	<input type="checkbox"/>	<input type="checkbox"/>
5. The AWE TTC offered on-site chest X-ray for individuals with significant symptoms such as chest pain or shortness of breath.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements concerning early identification of COVID-19 true or false?		
1. Symptomatology has a high predictive role in early identification of COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>
2. Epidemiological parameters are important information for early identification of COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>
3. The proportion of individuals identified at the AWE TTC as having COVID-19 was higher in the older age-group than that in an age-matched community population.	<input type="checkbox"/>	<input type="checkbox"/>
4. Fever is the earliest symptom of SARS-CoV-2 infection.	<input type="checkbox"/>	<input type="checkbox"/>
5. Early identification and early containment are key strategies adopted by the Centre for Health Protection to tackle the COVID-19 outbreak.	<input type="checkbox"/>	<input type="checkbox"/>
II. Hong Kong Geriatrics Society and Hong Kong Urological Association consensus on personalised management of male lower urinary tract symptoms in the era of multiple comorbidities and polypharmacy	<i>True</i>	<i>False</i>
A. Are the following statements concerning the use of α 1-blockers in male lower urinary tract symptoms (LUTS) true or false?		
1. Prazosin, an older α 1-blocker, has not been recommended as a standard agent for treatment of benign prostate hyperplasia (BPH) in American Urological Association Guidelines due to insufficient evidence.	<input type="checkbox"/>	<input type="checkbox"/>
2. Non-selective α 1-blockers should not be used as monotherapy to treat both hypertension and BPH since data showed that α 1-blocker, if given as first-line agent in hypertension, is associated with higher risk of cardiovascular events compared with other antihypertensives.	<input type="checkbox"/>	<input type="checkbox"/>
3. Use of alfuzosin is not preferred in patients having significant renal impairment with creatinine clearance of <30 mL/min due to limited safety data in this group of patients.	<input type="checkbox"/>	<input type="checkbox"/>
4. Tamsulosin and silodosin are uroselective agents with less effect on blood pressure, but have higher chance of ejaculatory disorders compared with other α 1-blockers.	<input type="checkbox"/>	<input type="checkbox"/>
5. For patients with swallowing difficulties, α 1-blockers with modified release formulation are preferred.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements about the evaluation of male LUTS true or false?		
1. International Prostate Symptoms Score is a validated questionnaire for assessment of various LUTS including urinary incontinence.	<input type="checkbox"/>	<input type="checkbox"/>
2. Bedwetting is suggestive of chronic urinary retention with overflow incontinence; prompt referral to a urologist is recommended.	<input type="checkbox"/>	<input type="checkbox"/>
3. Uroflow and post-void residual urine volume are routine initial investigations in male LUTS except for frail geriatric patients to cooperate for the investigations.	<input type="checkbox"/>	<input type="checkbox"/>
4. Urinary tract infection can lead to increased prostate-specific antigen (PSA) level, and therefore checking of PSA should be done 4 to 6 weeks after the infection subsided.	<input type="checkbox"/>	<input type="checkbox"/>
5. For elderly patients with limited life expectancy and normal prostate on digital examination, a PSA test is of paramount importance as age is one of the risk factors for prostate cancer.	<input type="checkbox"/>	<input type="checkbox"/>