

**HKMJ August 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 **30 September 2021.**

<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 9 November 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.E)	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%	0.5 (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 2021 Issue

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

<b>Hong Kong Academy of Medicine</b>	<b>Hong Kong Medical Association</b>
<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: _____

<b>I. Utility of cardiac magnetic resonance imaging in troponin-positive chest pain with non-obstructive coronary arteries: literature review</b>	<i>True</i>	<i>False</i>
<b>A. Are the following statements regarding patients with myocardial infarction with non-obstructive coronary arteries (MINOCA) true or false?</b>		
1. MINOCA accounts for <1% of patients presenting with acute coronary syndrome.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. MINOCA is defined as evidence of acute myocardial infarction but without obstructive coronary artery disease on angiography (stenosis <50% diameter in a major epicardial vessel).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. The commonest underlying causes of troponin-positive chest pain with non-obstructive coronaries on cardiac magnetic resonance are acute myocardial infarction, acute myocarditis, and takotsubo cardiomyopathy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Statins, calcium channel blockers, and dual antiplatelet therapy should be initiated in patients with MINOCA.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Takotsubo cardiomyopathy can only be diagnosed on cardiac magnetic resonance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>B. Are the following statements concerning cardiac magnetic resonance (CMR) in MINOCA true or false?</b>		
1. Late gadolinium enhancement (LGE) and myocardial stress perfusion are essential in the CMR imaging protocol of MINOCA.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Novel parametric mapping techniques including T1/T2 mapping or extracellular volume measurement should be performed if available.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. CMR allows for intravascular imaging for coronary plaque assessment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Presence of LGE in patients with myocarditis is significantly associated with major cardiovascular events.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. If myocardial infarct is seen on CMR, coronary angiographic images should be reviewed for subtle missed obstructive lesions or coronary artery dissection, and to rule out vasospasm or distal embolisation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>II. Initial intravenous fluid prescription in general paediatric in-patients aged &gt;28 days and &lt;18 years: consensus statements</b>	<i>True</i>	<i>False</i>
<b>A. The following contribute to development of hyponatraemia in hospitalised children: true or false?</b>		
1. Increased antidiuretic hormone secretion in response to non-osmotic stimuli.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Using maintenance intravenous fluid containing 0.45% sodium chloride (NaCl) and 2.5% glucose, which has similar osmolarity as plasma.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Replacing fluid deficit with 0.9% NaCl solution.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Replacing fluid deficit through increasing rate of hypotonic solution used as maintenance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Reducing maintenance intravenous fluid for an infant with acute bronchiolitis to 60%-80% (as calculated from the Holliday–Segar formula).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>B. The following are recommended practice of intravenous fluid prescriptions for hospitalised children: true or false?</b>		
1. 0.9% NaCl + 5% dextrose, containing glucose and being isotonic, is a suitable choice as maintenance fluid.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. 0.9% NaCl + 5% dextrose is a suitable isotonic fluid to replace fluid deficit.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The Holliday–Segar formula is applicable to obese children.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Consider fluid restriction in perioperative state.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Plasma-Lyte 148 + 5% glucose is a suitable choice as maintenance fluid.	<input checked="" type="checkbox"/>	<input type="checkbox"/>