

HKMJ December 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 January 2022.

Category	Answer sheet to be mailed/faxed to:
Academy Fellows; OR	Ref: CMECPD
Registrants for the MCHK CME	Hong Kong Academy of Medicine, 10/F, 99 Wong Chuk Hang Road,
Programme under the Academy	Aberdeen, Hong Kong; fax: (852) 2505 5577
Registrants for the	The Hong Kong Medical Association
MCHK/HKMA CME Programme	Duke of Windsor Social Service Bldg., 5/F, 15 Hennessy Road, Hong Kong;
under the Medical Association	fax: (852) 2865 0943

College CME/CPD Points (as of 23 December 2021):

Conege CWIE/CFD Forms (as of 25 December 2021)			C3.57	
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 (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.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	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 December 2021 Issue

Name:

Hong Kong Academy of Medicine

For Academy Fellows:

HKMA Membership or CME No.:

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For Academy Fellows:	HKMA Membership or CME No.:		
College: Fellowship No:	HKID No: X X (X)		
	Contact Telephone No.:		
For MCHK CME Registrants:			
MCHK Reg. No	Signature:		

I.	I. Pictorial Blood Loss Assessment Chart for evaluating heavy menstrual bleeding in Asian					
1.	women					
A.	Are the following statements regarding the assessment of menstrual bleeding true or false?					
1.	The clinical decision regarding a need for treatment of heavy menstrual bleeding should take into	√	lп			
1.	account the patient's perception of flow amount and its effects on her physical, emotional, and social	•	_			
	well-being.					
2.	Presence of clots, flooding sensation, and iron deficiency anaemia are indications of heavy menstrual	\	lп			
-	bleeding.					
3.	The alkaline haematin method is widely available in the clinical setting.		✓			
4.	Menstruation is a taboo only in developing countries.		✓			
5.	Some women may be unaware that they have heavy menstrual bleeding.	✓				
В.	Are the following statements about Pictorial Blood Loss Assessment Chart (PBAC) true or false?					
1.	The PBAC requires women to draw the pattern of their soaked pads in sketchbooks as self-record.		✓			
2.	Some women in the study suggested that using items encountered daily (such as 'tofu' or 'palm',	✓				
	rather than coins) in the PBAC may improve the usefulness of this tool.					
3.	PBAC-containing mobile apps or websites would have limited usefulness because women lack skill		✓			
	at operating high-tech devices.					
4.	The type and size of sanitary pads used should always be standardised in all women attending the		✓			
	same gynaecological clinic when the PBAC is used in the clinical setting for meaningful					
	comparisons.					
5.	The recommended cut-off used in PBAC to define heavy menstrual bleeding would depend on the	✓				
	context of whether a higher sensitivity or specificity is required for the clinical application.					
II.	Effectiveness of a childbirth massage programme for labour pain relief in nulliparous pregnant					
	women at term: a randomised controlled trial					
A.	Are the following statements regarding labour pain or pain relief methods during labour true or false?					
1.	Women may have a negative birth experience if their intrapartum pain is inadequately managed.	✓				
2.	Non-pharmacological pain relief methods can be considered as an alternative for intrapartum pain	✓				
	relief.					
3.	The latest evidence shows that epidural analgesia increases the incidence of instrumental delivery.		✓			
4.	One of the mechanisms by which massage may reduce pain is that the applied pressure may block	✓				
	pain transmission to the brain and stimulate the release of endorphins.					
5.	Massage is reported in the literature as the most superior non-pharmacological pain relief method.		✓			
B.	Are the following statements about the childbirth massage programme true or false?					
1.	The childbirth massage programme is a combination of massage applied mainly by the partner, and	✓				
	breathing and visualisation practised by the pregnant woman.					
2.	The massaged areas should not include the abdomen.		✓			
3.	Massage should be practised regularly at home and preferably in the evening to promote relaxation	✓				
	and enhance quality of sleep.					
4.	A recent randomised controlled trial published in <i>Hong Kong Medical Journal</i> showed that women in	✓				
	the massage group used more non-pharmacological analgesic methods and fewer pharmacological					
	analgesics than did women in the control group.					
5.	A recent randomised controlled trial published in <i>Hong Kong Medical Journal</i> showed that women in		✓			
	the massage group had shorter duration of labour than did women in the control group.					