

## HKMJ August 2022 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. <u>Registrants</u> of the Academy must return the answer sheet to the Academy, similarly registrants of the Medical Association <u>must return it to the Association</u>. 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 <u>30 September 2022</u>.

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 15 August 2022):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	1 (Non-Ana)	50%	1 (Ana-Active)	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.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	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

Name:

Hong Kong Academy of Medicine	Hong Kong Medical Association
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.	Stillbirth rate in singleton pregnancies: a 20-year retrospective study from a public	True	False
	obstetric unit in Hong Kong		
А.	Are the following statements concerning the cause of singleton stillbirths true or false?		
1.	Fetal growth restriction of unknown cause is the leading cause of singleton stillbirths in our	$\checkmark$	
	cohort and accounted for about 16% of all cases.		
2.	The prevalence of singleton stillbirths due to congenital malformations and genetic	$\mathbf{\nabla}$	
	abnormalities has significantly reduced over time, which is likely related to the		
	improvement in antenatal care and prenatal assessment.		
3.	With an increasing prevalence of pre-eclampsia in the study population over time, the		$\square$
	prevalence of singleton stillbirths due to pre-eclampsia has also increased.		
4.	Unexplained singleton stillbirths accounted for over 50% of all singleton stillbirths.		$\square$
5.	The majority of singleton stillbirths due to foetal growth restriction were identified in		$\square$
	prenatal assessment.		
В.	Are the following statements regarding the trend and risk factors of singleton stillbirths true		
	or false?		
1.	Intrapartum stillbirths comprised 20% of all stillbirths in our cohort.		$\checkmark$
2.	Gestational diabetes was shown to be a risk factor for stillbirths in our cohort.		$\checkmark$
3.	The presence of pre-eclampsia increased the risk of stillbirths by six-fold.	$\checkmark$	
4.	Nulliparity, advanced maternal age, maternal obesity, non-booked status, and non-Chinese	$\checkmark$	
	ethnicity were risk factors for singleton stillbirths in our cohort.		
5.	The downward trend in singleton stillbirth rate during the two decades of our study is	$\checkmark$	
	mainly because of the reduction in the prevalence of congenital malformations and genetic		
	diseases.		
II.	diseases. Airway management in children with COVID-19	True	False
II. A.	diseases. Airway management in children with COVID-19 Are the following statements about preparation for endotracheal intubation in children with	True	False
<b>II.</b> A.	diseases. Airway management in children with COVID-19 Are the following statements about preparation for endotracheal intubation in children with COVID-19 true or false?	True	False
<b>II.</b> A. 1.	diseases. Airway management in children with COVID-19 Are the following statements about preparation for endotracheal intubation in children with COVID-19 true or false? Intubation should be performed in an airborne infection isolation room with positive	True	False
<b>II.</b> A. 1.	diseases. Airway management in children with COVID-19 Are the following statements about preparation for endotracheal intubation in children with COVID-19 true or false? Intubation should be performed in an airborne infection isolation room with positive pressure relative to the atmosphere.	<i>True</i>	False
<b>П.</b> А. 1. 2.	diseases. Airway management in children with COVID-19 Are the following statements about preparation for endotracheal intubation in children with COVID-19 true or false? Intubation should be performed in an airborne infection isolation room with positive pressure relative to the atmosphere. The child should be pre-oxygenated for 3 to 5 minutes before rapid sequence induction.	True	<i>False</i> ☑
<b>II.</b> А. 1. 2. 3.	diseases. Airway management in children with COVID-19 Are the following statements about preparation for endotracheal intubation in children with COVID-19 true or false? Intubation should be performed in an airborne infection isolation room with positive pressure relative to the atmosphere. The child should be pre-oxygenated for 3 to 5 minutes before rapid sequence induction. Intubation is a high-risk aerosol-generating procedure.	True □ ☑ ☑	False
<b>II.</b> A. 1. 2. 3. 4.	diseases.Airway management in children with COVID-19Are the following statements about preparation for endotracheal intubation in children with COVID-19 true or false?Intubation should be performed in an airborne infection isolation room with positive pressure relative to the atmosphere.The child should be pre-oxygenated for 3 to 5 minutes before rapid sequence induction.Intubation is a high-risk aerosol-generating procedure.An uncuffed endotracheal tube is preferred.	<i>True</i> □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	False
<b>II.</b> A. 1. 2. 3. 4. 5.	diseases.Airway management in children with COVID-19Are the following statements about preparation for endotracheal intubation in children with COVID-19 true or false?Intubation should be performed in an airborne infection isolation room with positive pressure relative to the atmosphere.The child should be pre-oxygenated for 3 to 5 minutes before rapid sequence induction.Intubation is a high-risk aerosol-generating procedure.An uncuffed endotracheal tube is preferred.As part of the suggested list of equipment, endotracheal tube of 1 size up and down should	<i>True</i> □ □ ☑ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	False
<b>II.</b> A. 1. 2. 3. 4. 5.	diseases.Airway management in children with COVID-19Are the following statements about preparation for endotracheal intubation in children with COVID-19 true or false?Intubation should be performed in an airborne infection isolation room with positive pressure relative to the atmosphere.The child should be pre-oxygenated for 3 to 5 minutes before rapid sequence induction.Intubation is a high-risk aerosol-generating procedure.An uncuffed endotracheal tube is preferred.As part of the suggested list of equipment, endotracheal tube of 1 size up and down should be prepared.	<i>True</i> □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	False
<b>П.</b> А. 1. 2. 3. 4. 5. В.	diseases.Airway management in children with COVID-19Are the following statements about preparation for endotracheal intubation in children with COVID-19 true or false?Intubation should be performed in an airborne infection isolation room with positive pressure relative to the atmosphere.The child should be pre-oxygenated for 3 to 5 minutes before rapid sequence induction.Intubation is a high-risk aerosol-generating procedure.An uncuffed endotracheal tube is preferred.As part of the suggested list of equipment, endotracheal tube of 1 size up and down should be prepared.Are the following statements concerning the intubation procedure for children with	<i>True</i> □ □ ☑ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	False
<b>П.</b> А. 1. 2. 3. 4. 5. В.	diseases.Airway management in children with COVID-19Are the following statements about preparation for endotracheal intubation in children with COVID-19 true or false?Intubation should be performed in an airborne infection isolation room with positive pressure relative to the atmosphere.The child should be pre-oxygenated for 3 to 5 minutes before rapid sequence induction.Intubation is a high-risk aerosol-generating procedure.An uncuffed endotracheal tube is preferred.As part of the suggested list of equipment, endotracheal tube of 1 size up and down should be prepared.Are the following statements concerning the intubation procedure for children with COVID-19 true or false?	<i>True</i> □ □ ☑ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	False
II.           A.           1.           2.           3.           4.           5.           B.           1.	diseases.Airway management in children with COVID-19Are the following statements about preparation for endotracheal intubation in children with COVID-19 true or false?Intubation should be performed in an airborne infection isolation room with positive pressure relative to the atmosphere.The child should be pre-oxygenated for 3 to 5 minutes before rapid sequence induction.Intubation is a high-risk aerosol-generating procedure.An uncuffed endotracheal tube is preferred.As part of the suggested list of equipment, endotracheal tube of 1 size up and down should be prepared.Are the following statements concerning the intubation procedure for children with COVID-19 true or false?The chance of successful intubation is higher with direct laryngoscopy.	<i>True</i> □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	False  False  V
II.           A.           1.           2.           3.           4.           5.           B.           1.           2.	diseases.Airway management in children with COVID-19Are the following statements about preparation for endotracheal intubation in children with COVID-19 true or false?Intubation should be performed in an airborne infection isolation room with positive pressure relative to the atmosphere.The child should be pre-oxygenated for 3 to 5 minutes before rapid sequence induction.Intubation is a high-risk aerosol-generating procedure.An uncuffed endotracheal tube is preferred.As part of the suggested list of equipment, endotracheal tube of 1 size up and down should be prepared.Are the following statements concerning the intubation procedure for children with COVID-19 true or false?The chance of successful intubation is higher with direct laryngoscopy. Children have higher functional residual capacity than adults.	<i>True</i> □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	False
II.           A.           1.           2.           3.           4.           5.           B.           1.           2.           3.	diseases.Airway management in children with COVID-19Are the following statements about preparation for endotracheal intubation in children with COVID-19 true or false?Intubation should be performed in an airborne infection isolation room with positive pressure relative to the atmosphere.The child should be pre-oxygenated for 3 to 5 minutes before rapid sequence induction.Intubation is a high-risk aerosol-generating procedure.An uncuffed endotracheal tube is preferred.As part of the suggested list of equipment, endotracheal tube of 1 size up and down should be prepared.Are the following statements concerning the intubation procedure for children with COVID-19 true or false?The chance of successful intubation is higher with direct laryngoscopy.Children have higher functional residual capacity than adults.Children have higher rates of oxygen consumption than adults.	<i>True</i> □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	False  False  False  False  False  False  False  False  False Fals
II.           A.           1.           2.           3.           4.           5.           B.           1.           2.           3.           4.           3.           4.	diseases.Airway management in children with COVID-19Are the following statements about preparation for endotracheal intubation in children with COVID-19 true or false?Intubation should be performed in an airborne infection isolation room with positive pressure relative to the atmosphere.The child should be pre-oxygenated for 3 to 5 minutes before rapid sequence induction.Intubation is a high-risk aerosol-generating procedure.An uncuffed endotracheal tube is preferred.As part of the suggested list of equipment, endotracheal tube of 1 size up and down should be prepared.Are the following statements concerning the intubation procedure for children with COVID-19 true or false?The chance of successful intubation is higher with direct laryngoscopy.Children have higher functional residual capacity than adults.Children have higher rates of oxygen consumption than adults.Upon failure of intubation, laryngeal mask airway should be considered as part of the rescue	<i>True</i> □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	<i>False</i> ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑
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II.           A.           1.           2.           3.           4.           5.           B.           1.           2.           3.           4.           5.	diseases.Airway management in children with COVID-19Are the following statements about preparation for endotracheal intubation in children with COVID-19 true or false?Intubation should be performed in an airborne infection isolation room with positive pressure relative to the atmosphere.The child should be pre-oxygenated for 3 to 5 minutes before rapid sequence induction.Intubation is a high-risk aerosol-generating procedure.An uncuffed endotracheal tube is preferred.As part of the suggested list of equipment, endotracheal tube of 1 size up and down should be prepared.Are the following statements concerning the intubation procedure for children with COVID-19 true or false?The chance of successful intubation is higher with direct laryngoscopy.Children have higher functional residual capacity than adults.Children have higher rates of oxygen consumption than adults.Upon failure of intubation, laryngeal mask airway should be considered as part of the rescue plan.Prior to intubation, children should be pre-oxygenated by rapid manual bagging with bag	<i>True</i> □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	<i>False</i> ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑