

### 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. **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 2022**.

Category	Answer sheet to be mailed/faxed to:
Academy Fellows; OR 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 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	Pending		Pending	
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**

## Answer Sheet – Hong Kong Medical Journal August 2022 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: _____

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