HKMJ February 2024 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 eHKAM LMS (https://lms.hkam.org.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 March 2024.

<table>
<thead>
<tr>
<th>Category</th>
<th>Answer sheet to be mailed/faxed to:</th>
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</thead>
</table>
| Academy Fellows; OR Registrants for the MCHK CME Programme under the Academy | 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 under the Medical Association | 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 26 February 2024):**

<table>
<thead>
<tr>
<th>College</th>
<th>CME points I</th>
<th>Passing Mark I</th>
<th>CME points II</th>
<th>Passing Mark II</th>
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<tbody>
<tr>
<td>Hong Kong College of Anaesthesiologists</td>
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<td>1 (Non-Ana)</td>
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<tr>
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<td>1 (Active Cat.D)</td>
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**CME Points for MCHK CME Programme:** 1 CME point per article
I. Non–vitamin K oral anticoagulants versus warfarin for the treatment of left ventricular thrombus

A. Are the following statement(s) regarding anticoagulation management of left ventricular thrombus (LVT) true or false?

1. Non–vitamin K oral anticoagulants (NOACs) had a lower risk of net adverse clinical events than warfarin.  
   - True  
   - False

2. NOACs had a much lower risk of intracranial haemorrhage than warfarin.  
   - True  
   - False

3. There was no significant difference between NOACs and warfarin in terms of LVT resolution.  
   - True  
   - False

4. There was a higher propensity of cerebrovascular events such as stroke when anticoagulation has been discontinued by 1 year.  
   - True  
   - False

5. There was a significantly higher risk of overt bleeding (Bleeding Academic Research Consortium class ≥2) for continuation of anticoagulation for >1 year.  
   - True  
   - False

B. Are the following statement(s) concerning baseline characteristics of LVT patients true or false?

1. The average sizes of LVT were >1 cm.  
   - True  
   - False

2. Ischaemic cardiomyopathy was commonly associated with LVT formation.  
   - True  
   - False

3. The baseline left ventricular ejection fractions were usually >50%.  
   - True  
   - False

4. Male was more prevalent to have LVT than female.  
   - True  
   - False

5. LVT was commonly associated with dilated cardiomyopathy.  
   - True  
   - False

II. COVID-19 vaccination and transmission patterns among pregnant and postnatal women during the fifth wave of COVID-19 in a tertiary hospital in Hong Kong

A. Are the following statement(s) regarding the vaccination patterns of pregnant and postnatal women during the fifth wave of coronavirus disease 2019 (COVID-19) true or false?

1. Over 80% of pregnant and postnatal women had received at least one dose of COVID-19 vaccine.  
   - True  
   - False

2. Among women who had received the second dose of COVID-19 vaccine, around 67% of them were overdue for their third dose.  
   - True  
   - False

3. The lowest vaccination rate was observed in women of 30 to 39 years of age.  
   - True  
   - False

4. Chinese women had a higher vaccination rate than Caucasian women.  
   - True  
   - False

5. A surge in vaccination was observed during the fifth wave of COVID-19.  
   - True  
   - False

B. Are the following statement(s) concerning COVID-19 infection among pregnant and postnatal women during the fifth wave of COVID-19 true or false?

1. COVID-19 infection was reported in 11% of all women in the cohort.  
   - True  
   - False

2. The infection rate was 20 times higher in women without any or incomplete vaccination.  
   - True  
   - False

3. Women aged 20 to 29 years had the highest infection rate.  
   - True  
   - False

4. Mild vertical transmission from mother to neonate was commonly diagnosed.  
   - True  
   - False

5. The birth weight of babies was significantly lower in women with COVID-19 infection.  
   - True  
   - False