

HKMJ April 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 May 2024**.

| <i>Category</i> | <i>Answer sheet to be mailed/faxed to:</i> |
|---|---|
| Academy Fellows; <i>OR</i> Registrants for the MCHK CME Programme <u>under the Academy</u> | 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 <u>under the Medical Association</u> | 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 April 2024):

| 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) | 0% | 1 (Non-O&G) | 0% |
| College of Ophthalmologists of Hong Kong | 1 (Self Study) | 50% | 1 (Self Study) | 50% |
| Hong Kong College of Orthopaedic Surgeons | 1 (PP-Cat A) | 80% | 1 (PP-Cat A) | 80% |
| Hong Kong College of Otorhinolaryngologists | 1 (Cat.1.2) | 50% | 1 (Cat.1.2) | 50% |
| Hong Kong College of Paediatricians | 1 (Active Cat.D) | 50% | 1 (Active Cat.E) | 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% | 1 (Self Study) | 50% |
| 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 April 2024 Issue

Name: _____

| | |
|---|--|
| Hong Kong Academy of Medicine <i>For Academy Fellows:</i> College: _____ Fellowship No.: _____ <i>For MCHK CME Registrants:</i> MCHK Reg. No.: _____ | Hong Kong Medical Association HKMA Membership or CME No.: _____ HKID No.: ____ - ____ X X (X) Contact Telephone No.: _____ Signature: _____ |
|---|--|

| I. Impact of a novel pre-hospital stroke notification programme on acute stroke care key performance indicators in Hong Kong: a multicentre prospective cohort study with historical controls | <i>True</i> | <i>False</i> |
|---|--------------------------|--------------------------|
| A. Are the following statement(s) regarding the new pre-hospital stroke notification (PSN) protocol true or false? 1. Patients in the PSN group had a shorter door-to-computed tomography (DTC) time compared to those in the non-PSN group. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Suspected stroke patients who were eligible for thrombolytics were given intravenous recombinant tissue-type plasminogen activator (IV-rtPA) earlier in the PSN group than those in the non-PSN group. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. It is clear that a PSN protocol improves key performance indicators among stroke patients in Hong Kong. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The PSN protocol produced a clear improvement in clinical outcome. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The study indicates that the benefits of a PSN protocol outweighs its cost. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are the following statement(s) concerning the findings of the research study true or false? 1. Assessment for eye palsy in suspected stroke patients using the FASE protocol (facial drooping, arm weakness, speech difficulties, and eye palsy) reliably identifies those with a posterior stroke. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The PSN FASE protocol resulted in a shorter DTC time compared to that of a non-PSN stroke protocol. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The matching analysis was used to control for potential confounders in the study. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. One of the limitations of this study is experimenter bias which was appropriately controlled for. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. One reason for the higher percentage of stroke patients receiving IV-rtPA in the non-PSN group may be the overactivation of borderline suspected stroke patients by emergency medical services personnel during the early implementation of the PSN protocol. | <input type="checkbox"/> | <input type="checkbox"/> |
| II. Hong Kong consensus recommendations on the management of pancreatic ductal adenocarcinoma | <i>True</i> | <i>False</i> |
| A. Are the following statement(s) regarding the diagnosis or surveillance of pancreatic ductal adenocarcinoma (PDAC) true or false? 1. A positron emission tomography scan is essential. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Symptoms may be nonspecific, including abdominal pain, weight loss or worsening diabetic control. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. For patients with suspected pancreatic head cancer but without a pancreatic mass on computed tomography, endoscopic retrograde cholangiopancreatography and endoscopic ultrasound may be considered to detect small pancreatic lesions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Serum carbohydrate antigen 19-9 is useful as a screening tool. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Biopsy of the pancreatic mass is recommended for patients with unresectable disease. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are the following statement(s) concerning the treatment of PDAC true or false? 1. Placement of a biliary stent may be considered for cholangitis or severe jaundice, or if the waiting time for surgery exceeds 4 weeks. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Adjuvant chemotherapy is recommended after surgical resection. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Following resection, patients should be followed up every year to monitor for any recurrence. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Chemotherapy is indicated for patients with locally advanced (inoperable) disease. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Germline testing of <i>BRCAl/2</i> can be considered for patients with unresectable disease due to the potential therapeutic implications. | <input type="checkbox"/> | <input type="checkbox"/> |