

HKMJ August 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 **30 September 2024**.

Category	Answer sheet to be mailed/faxed to:
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 8 August 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 (O&G)	60%	1 (O&G)	60%
College of Ophthalmologists of Hong Kong	1 (Self Study)	50%	1 (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)	50%	1 (Cat.1.2)	50%
Hong Kong College of Paediatricians	1 (Active Cat.E)	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 B)	50%	1 (Self Study B)	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 August 2024 Issue

Name: _____

Hong Kong Academy of Medicine	Hong Kong Medical Association
<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: _____

	True	False
I. Diagnostic accuracy of a prehospital electrocardiogram rule-based algorithm for ST-elevation myocardial infarction: results from a population-wide project		
A. Are the following statement(s) regarding the prehospital electrocardiogram (PHECG) diagnostic algorithm for ST-elevation myocardial infarction (STEMI) diagnosis currently used in Hong Kong true or false?		
1. This algorithm demonstrated excellent sensitivity and specificity for the diagnosis of STEMI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. The development of this algorithm was not based on artificial intelligence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. The most common pattern of false-positive ECG observed in this research is left bundle branch block.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. This algorithm demonstrated good performance in the detection of de Winter's T wave.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. One in eight of the PHECGs in this study showed false-positive results.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Are the following statement(s) concerning prehospital care systems for STEMI true or false?		
1. The American Heart Association recommends two levels of PHECG diagnosis, namely, computerised algorithm diagnosis and ECG transmission for remote interpretation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. In Hong Kong, prehospital 12-lead ECGs are performed by ambulance personnel on patients complaining of palpitation and shortness of breath.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. In Hong Kong, ambulance personnel are trained to interpret 12-lead ECGs for the diagnosis of STEMI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. The diagnostic performance of this algorithm reflects limitation in streamlining patient care systems, such as prehospital diversion to percutaneous coronary intervention-capable centres.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. This study recommends that evaluations of specific ECG machines and algorithms should be conducted by individual healthcare systems to cater their operational needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II. Management of overactive bladder: consensus statements from the Hong Kong Urological Association and the Hong Kong Geriatrics Society		
A. Are the following statement(s) regarding the management of overactive bladder (OAB) true or false?		
1. Urinalysis and bladder diary should be considered in initial assessment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Urodynamic study should be performed as a part of initial assessment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Non-pharmacological treatment including fluid management, bladder training and pelvic floor exercise should be offered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Weight reduction is not helpful in obese patients with OAB.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Clinicians should identify medications and substances that may potentially contribute to OAB and consider modifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Are the following statement(s) concerning the treatment of OAB true or false?		
1. Anticholinergic burden is the cumulative anticholinergic effects and the potential effect on cognitive function of all prescribed drugs in the same patient.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Antimuscarinics should be used cautiously in patients with cognitive impairment or patients with a high anticholinergic burden.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. In antimuscarinic treatment for OAB, immediate-release is preferred to extended-release antimuscarinics because of better tolerability.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. In the treatment of OAB, beta-3 agonists appear to be better tolerated than antimuscarinics, with lower risks of dry mouth, constipation and urinary retention.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Beta-3 agonists such as mirabegron can be used in patients with severe uncontrolled hypertension.	<input type="checkbox"/>	<input checked="" type="checkbox"/>