SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201510A)

	True	False
Question 1. Regarding acute pulmonary embolism (PE):		
(a) An absence of symptoms is sufficient to rule out PE.	☐	☐
(b) PE is more common in Caucasians.	☐	☐
(c) As electrocardiography (ECG) is unable to diagnose PE, it is unhelpful in the management of PE.	☐	☐
(d) Scoring systems help in predicting the possibility of PE.	☐	☐
Question 2. Regarding the treatment of confirmed PE:		
(a) Urgent embolectomy should be performed on all patients with PE.	☐	☐
(b) Intravenous heparin is the only option for patients diagnosed with PE.	☐	☐
(c) Lifelong warfarin is recommended for all patients with provoked first episode of PE.	☐	☐
(d) All patients would need six months of anticoagulation therapy before repeat assessment.	☐	☐
Question 3. ECG and echocardiographic features suggestive of PE:		
(a) Presence of a dilated right ventricle or poor right ventricular systolic function suggests a greater incidence of short-term adverse outcomes in patients with PE.	☐	☐
(b) Massive PE should be considered if there is hypotension with elevated central venous pressure without other attributable causes.	☐	☐
(c) Sinus tachycardia is a rare ECG finding in PE.	☐	☐
(d) A normal ECG excludes the diagnosis of PE.	☐	☐
Question 4. Regarding the management of PE:		
(a) All patients with haemodynamic instability should be assessed for suitability for fibrinolysis.	☐	☐
(b) All patients with a high suspicion of PE should be sent for urgent transthoracic echocardiography to obtain a definitive diagnosis.	☐	☐
(c) Inferior vena cava filters are routinely offered to patients as an alternative to anticoagulation therapy.	☐	☐
(d) Embolectomy should be considered in patients who are still unstable after fibrinolysis.	☐	☐
Question 5. Are the following statements true or false?		
(a) Patients diagnosed with low risk PE will not need anticoagulation therapy.	☐	☐
(b) Rivaroxaban is approved for the treatment of PE.	☐	☐
(c) An ECG finding of right ventricular strain predicts higher pulmonary artery pressure.	☐	☐
(d) A severely dehydrated patient with hypotension and evidence of PE on computed tomography should be sent for fibrinolysis immediately.	☐	☐

Doctor's particulars:

Name in full : _____

MCR number : _____ Specialty: _____

Email address : _____

SUBMISSION INSTRUCTIONS:

(1) Log on at the SMJ website: http://www.sma.org.sg/publications/smjcurrentissue.aspx and select the appropriate set of questions. (2) Provide your name, email address and MCR number. (3) Select your answers and click "Submit".

RESULTS:

(1) Answers will be published in the SMJ December 2015 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 4 December 2015. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

Deadline for submission: (October 2015 SMJ 3B CME programme): 12 noon, 27 November 2015.