

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201702A)

	True	False
1. A large proportion of patients who commit suicide do not make contact with a primary care health provider within the three months preceding their deaths.	<input type="checkbox"/>	<input type="checkbox"/>
2. Patients who die from suicide are more likely to visit their psychiatrist than their primary health care practitioner.	<input type="checkbox"/>	<input type="checkbox"/>
3. There may be opportunities for primary care physicians to identify suicidal patients and possibly intervene.	<input type="checkbox"/>	<input type="checkbox"/>
4. Acknowledging and discussing suicide aggravates suicidal ideation rather than reducing it.	<input type="checkbox"/>	<input type="checkbox"/>
5. Asking about suicide may help the physician to identify a patient at high risk who needs urgent intervention, as well as uncover risk factors for suicide.	<input type="checkbox"/>	<input type="checkbox"/>
6. Some risk factors for suicide are amenable to intervention, whereas others are not.	<input type="checkbox"/>	<input type="checkbox"/>
7. One of the more widely used suicide assessment tools is the SAD PERSONS scale.	<input type="checkbox"/>	<input type="checkbox"/>
8. The SAD PERSONS scale acutely predicts suicidal behaviour.	<input type="checkbox"/>	<input type="checkbox"/>
9. Thorough documentation and communication of details is important to ensure adequate monitoring and the safety of the patient.	<input type="checkbox"/>	<input type="checkbox"/>
10. Having one or more previous suicide attempts is not a strong predictor of suicide risk.	<input type="checkbox"/>	<input type="checkbox"/>
11. Having pervasive thoughts of hopelessness has been identified as a very important risk factor.	<input type="checkbox"/>	<input type="checkbox"/>
12. Interventions should aim to strengthen protective factors such as strong interpersonal relationships.	<input type="checkbox"/>	<input type="checkbox"/>
13. Eliciting suicidal ideation requires a step-wise approach.	<input type="checkbox"/>	<input type="checkbox"/>
14. If there are no thoughts of self-harm, the patient is said to have active suicidal ideation.	<input type="checkbox"/>	<input type="checkbox"/>
15. The primary care physician should not ask further questions to look for behaviour that suggests intent or whether there is a specific plan to carry out a suicide.	<input type="checkbox"/>	<input type="checkbox"/>
16. All persons with clear-cut, active suicidal ideation should be sent to the designated hospital (Institute of Mental Health in the Singapore context) for urgent psychiatric care.	<input type="checkbox"/>	<input type="checkbox"/>
17. The practice of forming no-suicide contracts should be encouraged.	<input type="checkbox"/>	<input type="checkbox"/>
18. A holistic approach should be employed in assessing suicide.	<input type="checkbox"/>	<input type="checkbox"/>
19. All persons who are depressed or suicidal should not be connected to available community resources and crisis helplines.	<input type="checkbox"/>	<input type="checkbox"/>
20. Suicide risk assessment is a complex and challenging process that relies on effective communication, and it is an ongoing process for the depressed patient.	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's particulars:

Name in full : _____
MCR number : _____ Specialty: _____
Email address : _____

SUBMISSION INSTRUCTIONS:

(1) Visit the SMJ website: <http://www.smj.org.sg/current-issue> 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 online in the SMJ April 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 30 March 2017. (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: (February 2017 SMJ 3B CME programme): 12 noon, 23 March 2017.