

Motivational Interviewing for Smoking Cessation CME/CNE Assessment – Answer Sheet

Please submit the completed answer sheet by email (taco@dh.gov.hk) to the Tobacco and Alcohol Control Office, Department of Health on or before **31 December 2024**. The passing mark is 70%.

Name: _____ Email: _____

Doctors

Registration No. (Medical Council/Dental Council of Hong Kong): _____

CME Programme Administrator for practising doctors who are not taking CME programme for specialists (please ✓ the appropriate box)

- | | |
|--|--|
| <input type="checkbox"/> Department of Health | <input type="checkbox"/> Hong Kong Academy of Medicine |
| <input type="checkbox"/> Hong Kong Doctors Union | <input type="checkbox"/> Hong Kong Dental Association |
| <input type="checkbox"/> Hong Kong Medical Association | |

College for Specialists (please ✓ the appropriate box)

- | | | |
|---|---|---|
| <input type="checkbox"/> Anaesthesiologists | <input type="checkbox"/> Community Medicine | <input type="checkbox"/> Dental Surgeons |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Family Physicians | <input type="checkbox"/> Obstetricians and Gynaecologists |
| <input type="checkbox"/> Ophthalmologists | <input type="checkbox"/> Orthopaedic Surgeons | <input type="checkbox"/> Otorhinolaryngologists |
| <input type="checkbox"/> Paediatricians | <input type="checkbox"/> Pathologists | <input type="checkbox"/> Physicians |
| <input type="checkbox"/> Psychiatrists | <input type="checkbox"/> Radiologists | <input type="checkbox"/> Surgeons |

Registered Nurses/Enrolled Nurses/Midwives

Category (please ✓ the appropriate box)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Enrolled Nurse (EN) | <input type="checkbox"/> Registered Nurse (RN) | <input type="checkbox"/> Midwife (MW) |
|--|--|---------------------------------------|

Registration No.: _____

Workplace (please ✓ the appropriate box)

- | | | |
|--|--------------------------------|----------------|
| <input type="checkbox"/> DH Nurses | Clinic: _____ | Service: _____ |
| <input type="checkbox"/> Non-DH Nurses | Hospital & ward: _____ | |
| | Others (please specify): _____ | |

CME/CNE Accreditation

CME: 1-3

CNE: 3

Validity: Till 31 December 2024

College/Programme	CME Point	CME Category
The Hong Kong College of Anaesthesiologists	3	PP-NA
Hong Kong College of Community Medicine	3	PP-PP
The College of Dental Surgeons of Hong Kong	(Pending)	(Pending)
Hong Kong College of Emergency Medicine	3	CME-PP
The Hong Kong College of Family Physicians*	N/A	N/A
The Hong Kong College of Obstetricians and Gynaecologists	3	PP-PN
The College of Ophthalmologists of Hong Kong	(Pending)	(Pending)
The Hong Kong College of Orthopaedic Surgeons	3	PP-B
The Hong Kong College of Otorhinolaryngologists	1.50	PP-2.2
The Hong Kong College of Pathologists	1	CME-SS
Hong Kong College of Physicians	1	PP-PP
The Hong Kong College of Psychiatrists	3	PP-OP
Hong Kong College of Radiologists	3	B-PP
The College of Surgeons of Hong Kong	3	CME-PP
MCHK CME Programme for Practising Doctors who are not taking CME Programme for Specialists	3	Passive (Accredited by DH)

*By committee's policy, the accreditation of e-learning modules are to be done by individual application (additional accreditation) by members to college. HKCFP members are advised to submit individual application (additional accreditation) to college, in regard to the e-learning module/course(s) they took in that year. Website of additional accreditation (for reference only): https://www.hkcfp.org.hk/pages_5_82.html

Please contact respective authorities directly for CME/CPD accreditation if it is not on the list.

Please answer in the space provided below.

1. _____	2. _____	3. _____	4. _____	5. _____
6. _____	7. _____	8. _____	9. _____	10. _____

Motivational Interviewing for Smoking Cessation Evaluation Form

Date: _____

Questions (please ✓ one box for each question)

	1 Strongly agree				5 Strongly disagree
1. The training activity meets my learning/training needs.					
2. I gained a good understanding of concepts/principles related to the topic.					
3. The training activity deepened my interest in the subject matter.					
4. The online arrangement of the training activity is appropriate.					
5. After the training activity, I have achieved the learning objectives listed.					
6. The teaching method adopted is appropriate.					
7. The speaker is able to enhance my learning in the training activity.					
8. Overall, I am satisfied with the training activity.					

Other comments:

How did you know about this course?

Invitation letter

Email

Livetobaccofree website

Workplace

Colleagues/friends

School

Others (please specify): _____