The increase in correct responses from pre- to post-assessment achieved statistical significance (P < .05) for all 4 questions presented for cardiologists (n=119; n=217) and PCPs (n=217; n=217) (Table 1).

- Significant improvements (P < .05) were observed in participant knowledge and competence (Figure 2).
- A 26% relative improvement among cardiologists (66% vs 84%) and a 38% relative improvement among cardiologists (66% vs 91%) in knowledge of the vascular effects of EPA on cardiovascular mortality.
- A 22% relative improvement among cardiologists (70% vs 85%) and a 21% relative improvement among cardiologists (70% vs 85%) in knowledge of the effects of EPA in the setting of coronary artery disease.
- A 65% relative improvement among cardiologists (88% vs 89%) and a 35% relative improvement among cardiologists (88% vs 89%) in knowledge of the effects of EPA on cardiovascular mortality.
- A 52% relative improvement among cardiologists (89% vs 89%) and a 63% relative improvement among cardiologists (89% vs 89%) in knowledge of the effects of EPA on cardiovascular mortality.

This activity was conducted to determine if an online continuing medical education (CME) intervention could improve knowledge and competence of cardiologists and primary care physicians (PCPs) related to the role of EPA in management of dyslipidemia.

The CME activity consisted of an online video-based multidisciplinary panel discussion among 3 faculty experts.

The effects of education were assessed for learners completing all 4 pre- and post-assessment questions, using a matched pre-/post-assessment design, in which participants served as their own controls.

For all questions combined, the McNemar’s chi-square test was used to assess differences from pre- to post-assessment.

If pulses are shown as a measure of significance: Posttest < Pretest statistically significant. Crude V was used to assess effect size.

The activity launched on April 13, 2016, and data were collected through May 10, 2016.