

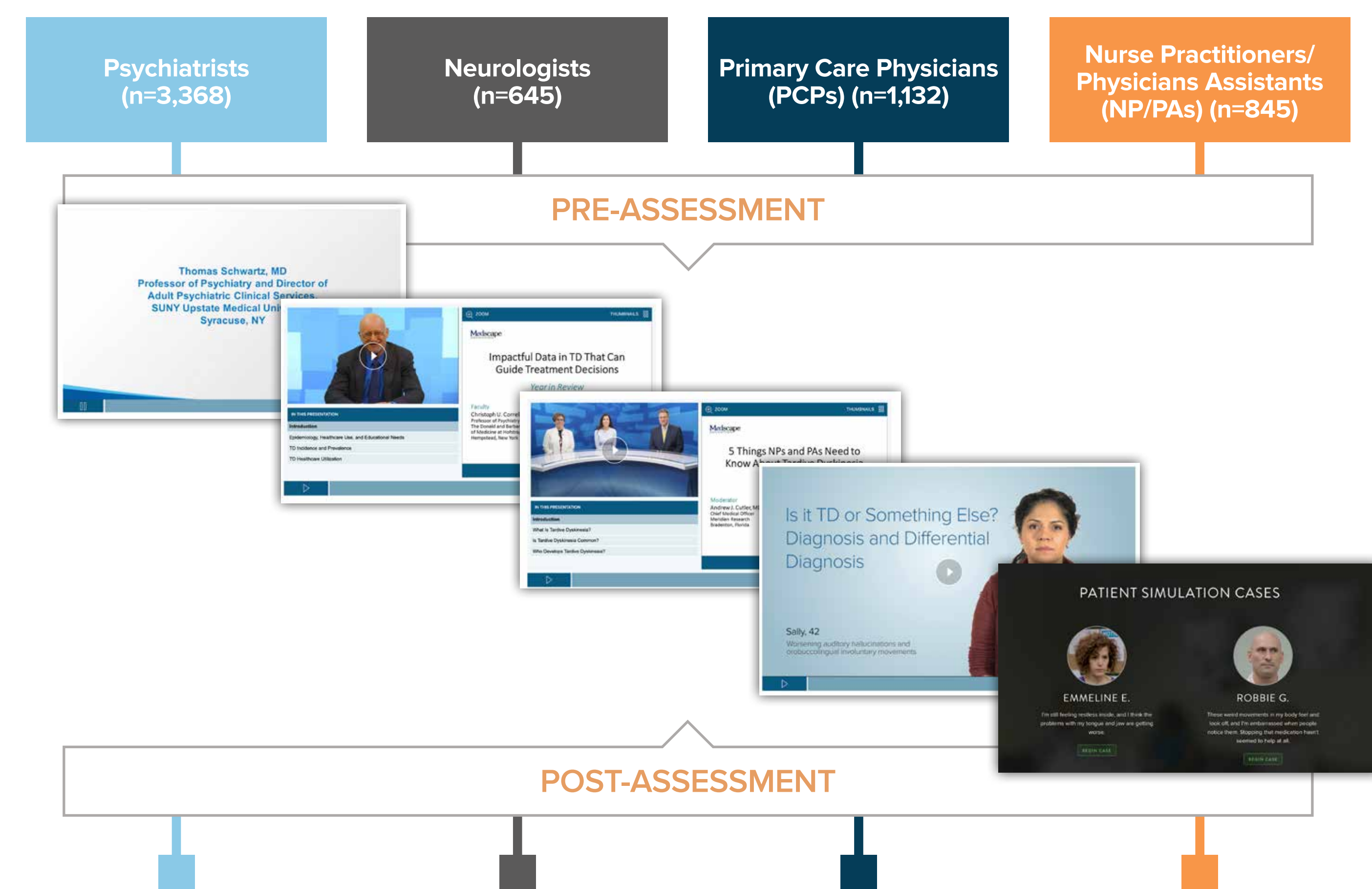
## BACKGROUND

The aim of this study was to determine whether a continuing medical education curriculum can improve healthcare providers' knowledge and competence in the area of diagnosis, evaluation, and management of tardive dyskinesia (TD).



## METHODS

Four clinical themes for TD were identified: **assessment**, **clinical data**, **risk and burden**, and **treatment**. The educational effects were assessed using a repeated-pairs design.



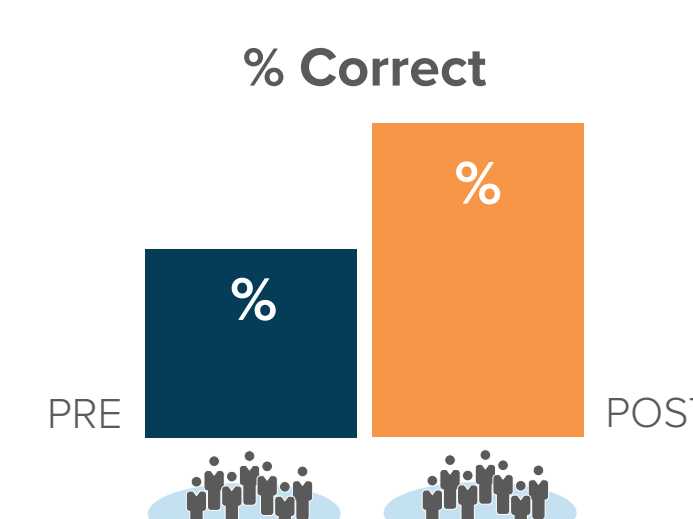
### TWO ANALYSES OF THE PRE/POST SAMPLE

#### AGGREGATED LEARNING

Overall group tracked pre and posteducation



AGGREGATES FOR ALL RESPONDERS

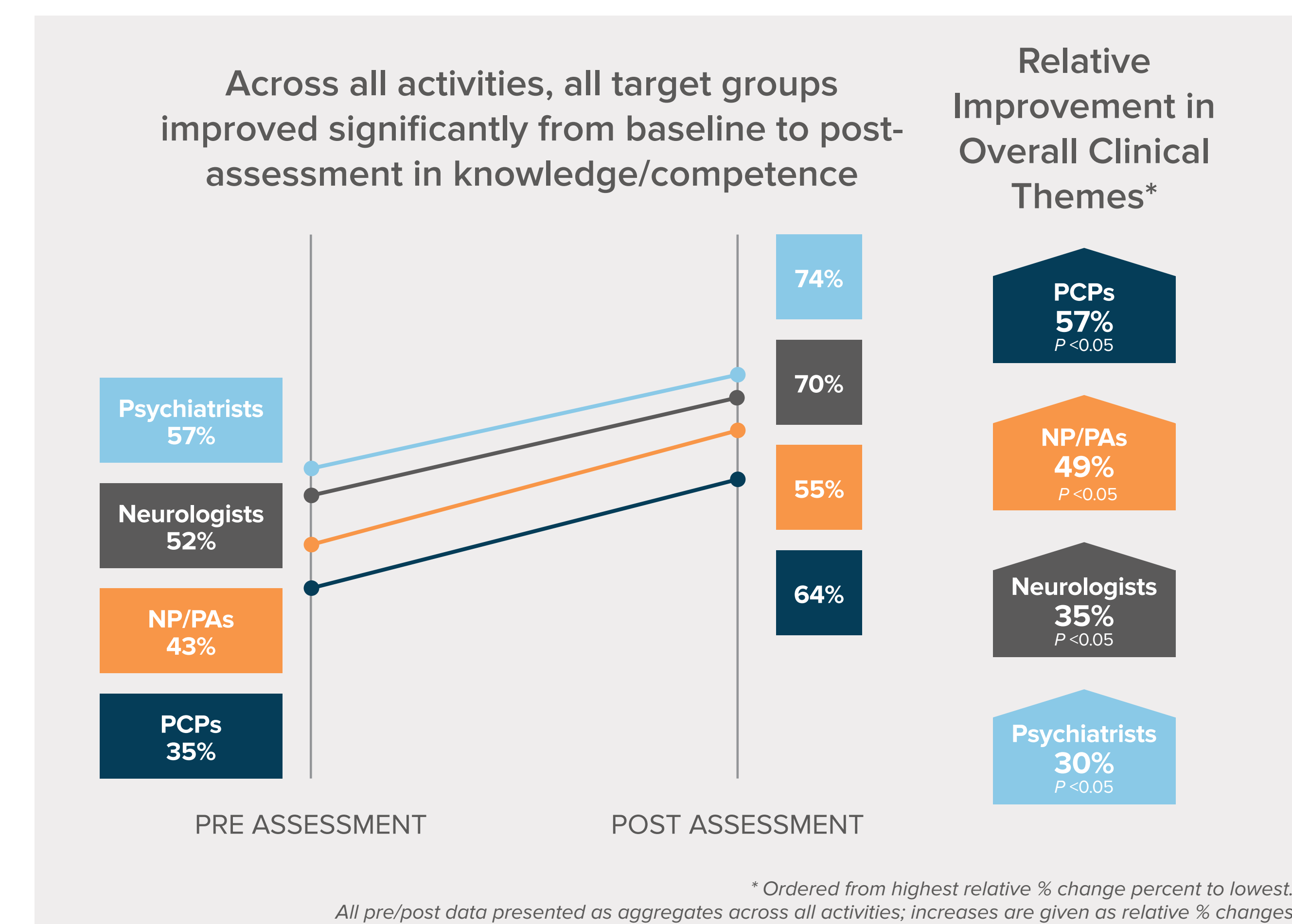


Questions were grouped according to theme, and mean percentages were calculated to assess educational impact on each theme. Repeated pairs McNemar's tests were conducted to examine statistical significance.

## RESULTS

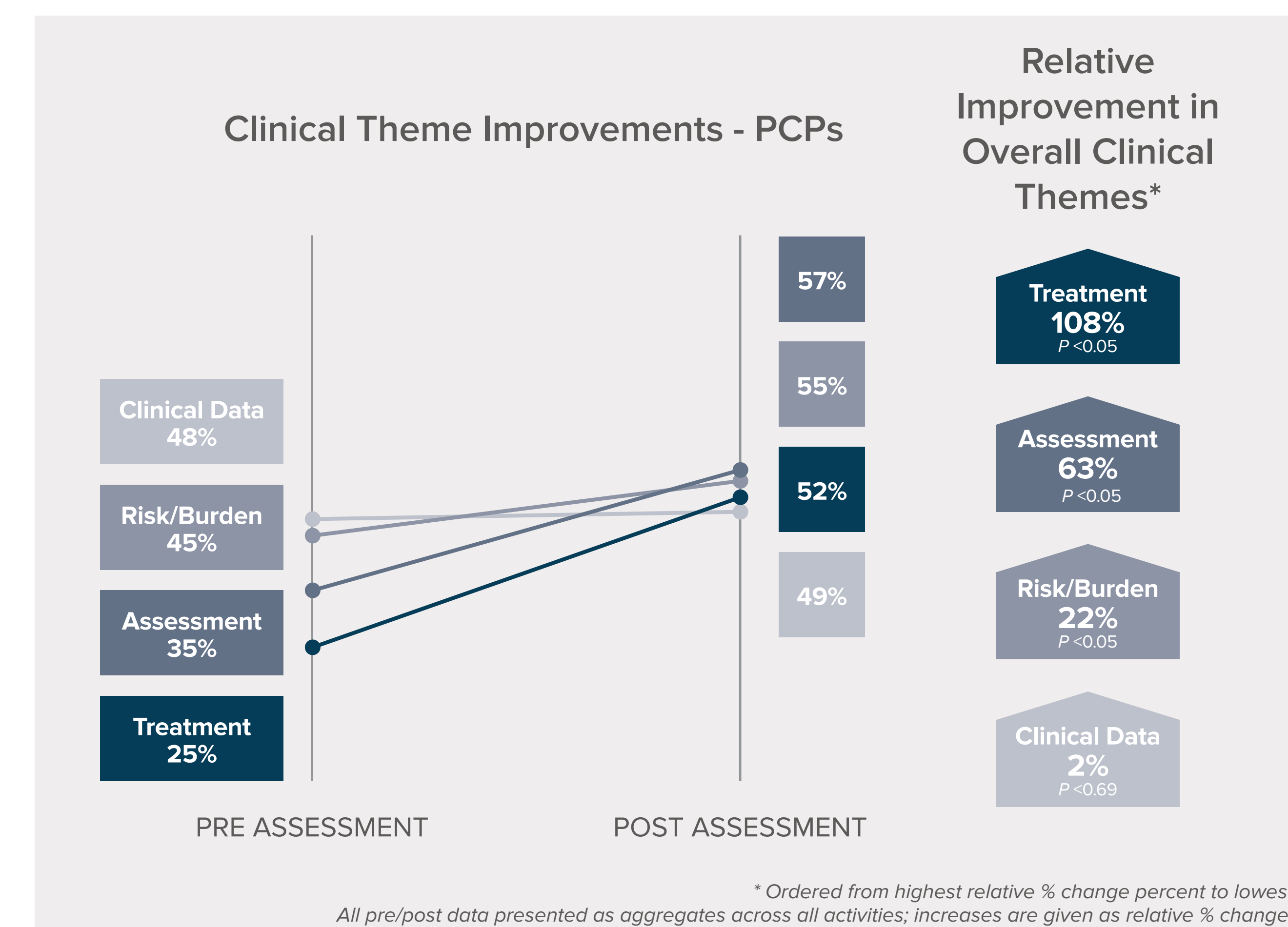
### LLA SUMMARY: AVERAGE IMPROVEMENTS BY SPECIALTY

Significant increases in knowledge/competence in assessing, diagnosing, and managing patients with TD for all specialties.



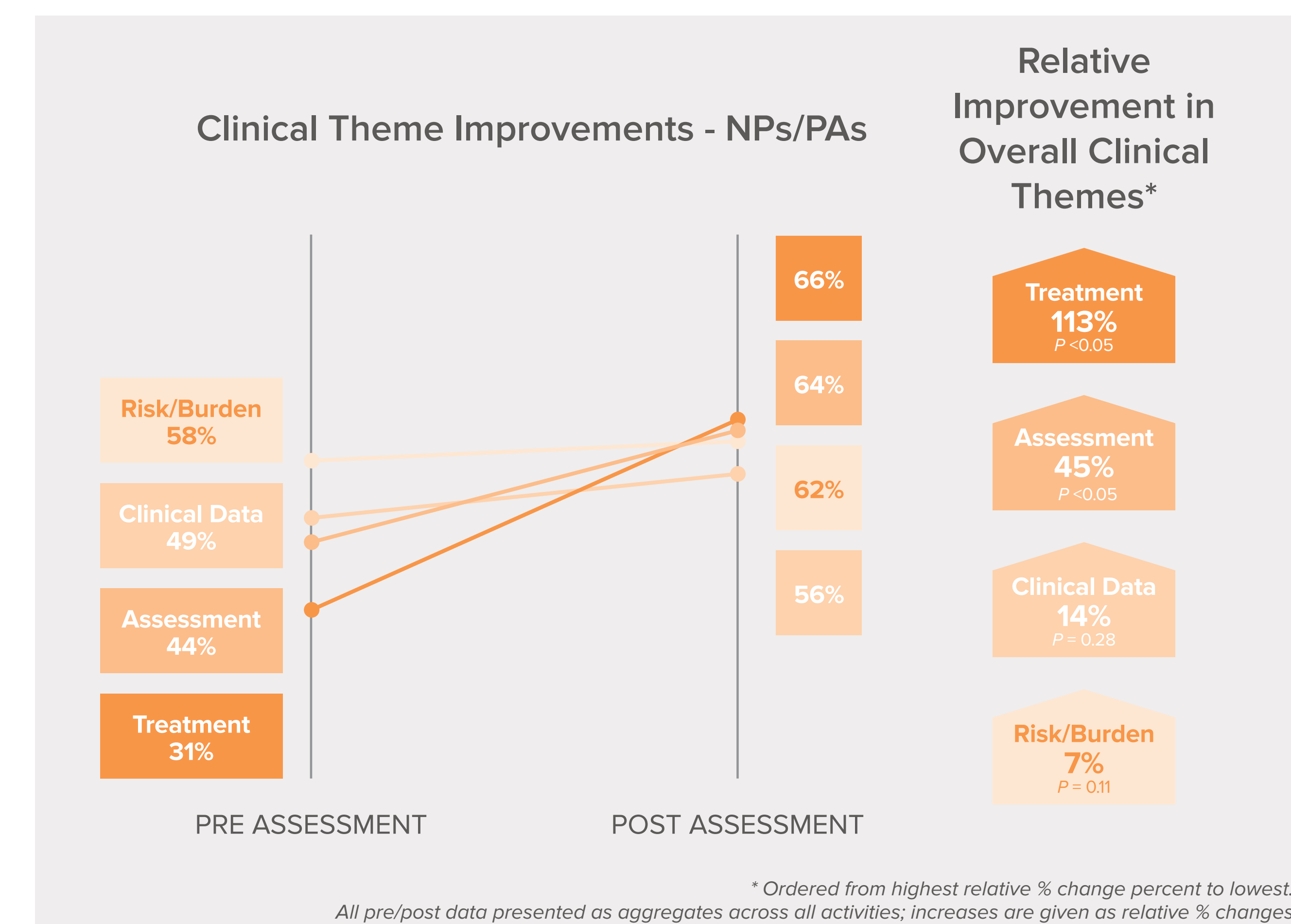
### PCPS: AVERAGE IMPROVEMENTS IN KNOWLEDGE/ COMPETENCE ACROSS CLINICAL THEMES

For PCPs, there were significant gains in knowledge and competence in assessment and management.



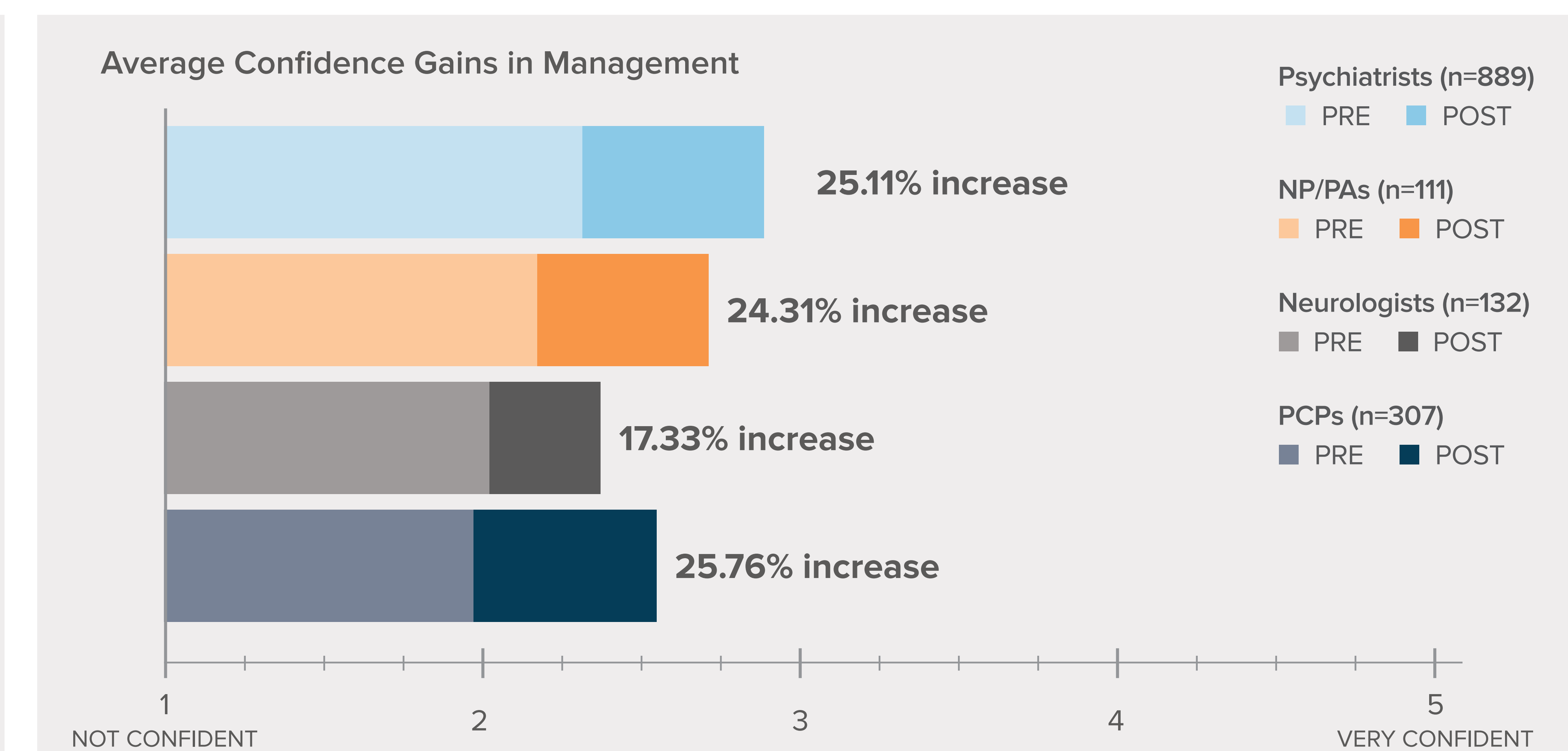
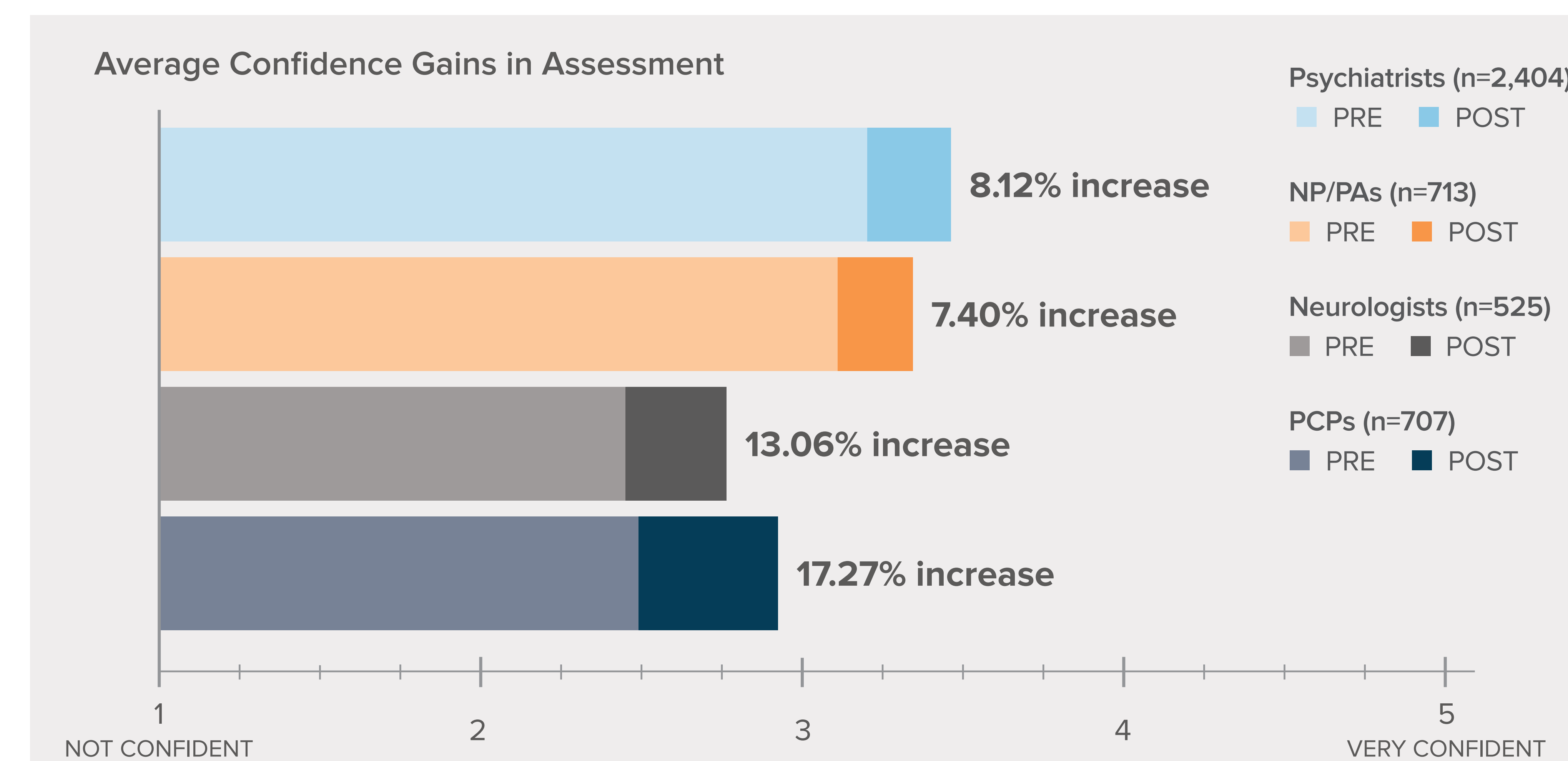
### NPS/PAS: AVERAGE IMPROVEMENTS IN KNOWLEDGE/ COMPETENCE ACROSS CLINICAL THEMES

For NP/PAs, the largest improvement was in knowledge and competence for TD treatment.



### AVERAGE CONFIDENCE GAINS IN ASSESSMENT AND MANAGEMENT

Increased confidence in TD assessment and management for all target audiences.



## CONCLUSION

This research shows there were significant improvements in knowledge and competence as a result of participation in this curriculum of activities using various online educational formats for the target audiences. However, gaps still remain in understanding current clinical data information and the risk/burden for patients with TD or symptoms of TD, in particular for PCPs and NP/PAs.

### ACKNOWLEDGMENTS

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### DISCLOSURES

The authors have nothing to disclose.

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