The effectiveness of an online educational intervention focusing on the diagnosis of narcolepsy was analyzed using a pre-assessment/post-assessment study design.

**Methods**

- The instruction format consisted of a 30-minute audio lecture with 25 synchronized slides that included bullet points, figures, graphics, and/or still images that summarized key concepts from the ICSD-3 and DSM-5 criteria for diagnosing narcolepsy.
- The lecture also included interactive, multiple choice, in-text questions to provide elements of engagement and feedback.
- For learners wishing to view the program offline, a transcript and slides were made available for downloading and printing.
- The slides were available on the Medscape Mobile application, ensuring mobile access by the many professionals who rely on mobile devices for education.

**Data Collection**

The educational intervention launched online on June 16, 2014, and data were collected through August 18, 2014 (85 days).

**Assessment Method**

- This study design compared participants’ responses to questions before exposure to educational content (pre-assessment measurement) with the same participants’ responses to the same questions placed after the educational content (post-assessment measurement).
- Linking pre-assessment and post-assessment answers for participants allows learners to serve as their own control subjects. A paired t-test was used to assess whether the mean pre-assessment score differed from the mean post-assessment score.
- McHersie’s u criterion relates to outcome measures change in respondents’ self-reported outcomes. P-values were calculated for both trend and u statistics to determine significance level. (a) P-values less than .05 were statistically significant.

**Results**

The overall difference in the diagnostic knowledge of the participants is not statistically significant. For the following symptoms, the diagnostic knowledge of the participants is not statistically significant: cataplexy, sleep paralysis, and insufficient sleep. For the different categories of participants, the diagnostic knowledge of the participants is not statistically significant.

**Conclusions**

This study demonstrated the success of a targeted educational intervention in improving the knowledge and competence of psychiatrists in the use of ICSD-3 and DSM-5 narcolepsy diagnostic criteria. These metrics, with statistically significant improvements in all areas covered in the education, provide evidence that well-designed, online education can improve diagnostic competence and is a potential method for knowledge transfer.

**References**