## INTRODUCTION

- For all questions combined, the McNemar's chi-square test assessed differences from pre- to post-assessment.
- Physicians participated in 1 or more of 5 online CME activities, comprising a curriculum on thrombosis and antithrombotic management.
- Each of the 5 activities was designed as video-based roundtable discussions among 3 faculty with synchronized slides.
- Activity 1 launched on December 27, 2014, and data were collected through March 23, 2015.
- Activity 2 launched on December 20, 2015, and data were collected through March 10, 2016.
- Activity 3 launched on December 17, 2015, and data were collected through June 21, 2016.
- Activity 4 launched on May 5, 2016, and data were collected through June 21, 2016.
- Activity 5 launched on May 27, 2016, and data were collected through September 10, 2016.
- Each activity included 3 matching questions pre- to post-assessment using a repeated-pairs design.
- The questions were grouped into educational components in the 5 online CME activities, comprising a curriculum on thrombosis and antithrombotic management.
- We sought to determine if online continuing medical education (CME) could improve knowledge and competence of cardiologists and primary care physicians (PCPs) related to stroke prevention in patients with atrial fibrillation (AF).

## METHODS

- Physicians participated in 1 or more of 5 online CME activities, comprising a curriculum on thrombosis and antithrombotic management.
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## TABLE 1. CLINICAL THEMES

<table>
<thead>
<tr>
<th>Themes</th>
<th>Pertinent Questions</th>
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<tbody>
<tr>
<td>Choosing the appropriate antithrombotic strategy</td>
<td>• Choosing appropriate and managing bleeds • Choosing appropriate antithrombotic strategy • Assessing the risk for Stroke in Patients With Atrial Fibrillation (AF) • Surveying the Safety of NOACs in the Real World</td>
</tr>
<tr>
<td>NOAC safety and efficacy</td>
<td>• NOAC safety and efficacy • Improving Stroke Prevention in Atrial Fibrillation: Effectiveness of Medical Education</td>
</tr>
</tbody>
</table>

## RESULTS

- Overall significant improvements (P < 0.05) were seen after education across all 5 CME activities for both cardiologists (N=1515) and PCPs (N=1305) (Table 2).
- Specific areas of improvement include Figure 1:
  - Preassessment, 58% of cardiologists and 56% of PCPs correctly answered the 4 questions related to NOACs, improving to 72% and 68%, respectively.
  - Preassessment, 52% of cardiologists and 56% of PCPs correctly answered the 4 questions related to knowledge of NOAC clinical data, improving to 66% and 62%, respectively.
  - Preassessment, 56% of cardiologists and 42% of PCPs correctly answered the 3 questions related to management of NOAC-related urgent bleeding, improving to 75% and 68%, respectively.
  - Preassessment, 45% of cardiologists and 36% of PCPs correctly answered the 5 questions related to tailoring SAFP therapy, improving to 68% and 60%, respectively.

## CONCLUSION

- This study demonstrates the success of an educational curriculum with multiple educational components in various formats matched to the goals of each activity for improving knowledge and competence of cardiologists and PCPs regarding tailoring SPAF strategies to improve outcomes.
- Gaps remaining after participation in this curriculum indicate that additional education is needed in the following areas:
  - Choosing appropriate NOAC therapy
  - NOAC safety and efficacy in real-world settings
  - Appropriate use or reversal agents to manage urgent NOAC-related bleeding
  - Tailoring SAFP therapy to optimize antithrombotic protection.

## ACKNOWLEDGMENTS

This CME-certified activity was supported by an educational grant from Bayer AG. For more information, contact Jelenaspyropoulos@medscape.net.