user (range, 247-1839 MCQs) during the 15-week period (105 days). Each MCQ was answered 2.33 times. In total, there were 1167 learning days, with 60.8 days per user (range, 15-95 days). The users spent 30,596 min (509.9 h) answering the MCQs, resulting in 1,610 min (or 26.8 h) per user. Furthermore, each user answered 17.5 MCQs and spent an average of 26 min per learning day.

Conclusion: Blended learning is an interactive method to potentially extend learning time over several weeks. However, the success of this technique lies in motivating the participants to continue learning after the event. A quiz duel as a gamification technique proved to be effective in motivating participants to learn daily. In our study, learners spent an average of 27 h, i.e., almost half of the total attendance time of 60 h, learning. Correspondingly, this technique could also replace parts of lengthy face-to-face courses in an attempt to save costs in the future. Information drawn from the MCQs could potentially serve as promising learning analytics.

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THU0651-HPR ONLINE EDUCATION YIELDS SIGNIFICANT GAINS IN RHEUMATOLOGISTS' KNOWLEDGE OF THE ROLE OF ENTHESITIS IN THE DIAGNOSIS AND MANAGEMENT OF PSA

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Background: Physicians face challenges staying up-to-date with the latest research and accessing the ever-growing field of knowledge is time-consuming. Online education can make these clinician's tasks more efficient and less time-consuming.

Objectives: As part of a larger curriculum, we developed an online CME activity titled: "Enthesitis in Psoriatic Arthritis: Disease, Diagnosis and Decisions". The goal of this study was to assess whether this online CME accredited video discussion improves physicians' understanding of the role of enthesitis in the diagnosis and management of patients with psoriatic arthritis (PsA) in clinical practice.

Methods: Rheumatologists participated in an online CME activity (<https://www.medscape.org/viewarticle/910671>) consisting of a 30-minute video discussion between 2 experts with accompanying slides. Educational effect was assessed using a 4-question repeated pairs, pre-/post-assessment. A chi-square test was used to determine if a statistically significant improvement ($P < .05$ significance level) existed in the number of correct responses from the pretest and posttest scores. Cramer's V was used to estimate the level of impact of the education. The CME activity launched on March 28, 2019, and the data were collected through June 7, 2019.

Results: A total of 145 rheumatologists completed the pre- and post activity assessments. Overall the activity had a significant impact ($P < .0001$) on rheumatologists' knowledge of the role of enthesitis in the diagnosis and management of PsA, with a Cramer's V value of 0.153 indicating a noticeable educational impact. The average percentage of correct responses rose from 54% pre-activity to 69% post-activity. A repeated pairs analysis showed that 22% of rheumatologists improved their knowledge and 47% reinforced their knowledge, respectively. The change in percentage of correct responses from pre- to post-assessment for all questions are shown in table. Almost

Table. Impact of education on rheumatologists' knowledge of enthesitis

Question #	Question topic	Aggregated data		Linked Learner Results ^a	
		Average % of correct responses Pre- vs. Post-education	P-value	% Improved ^b learners Pre- vs. Post-education	% Reinforced ^c learners Pre- vs. Post-education
1.	Immunopathology of PsA	75% vs 84%	.0579	12%	72%
2.	Prevalence of enthesitis in patients with PsA	44% vs 68%	<.0001	33%	34%
3.	Clinical trial outcomes in patients with enthesitis	43% vs 56%	.0345	22%	34%

^aEach individual learner tracked pre and post-education

^bIncorrect answer pre-education, Correct answer post-education

^cCorrect answer pre-education, Correct answer post-education

40% of rheumatologists had a measurable improvement in confidence in their ability to evaluate the presence of enthesitis according to a clinical exam or ultrasound.

Conclusion: This online CME activity significantly improved rheumatologists' understanding of role of enthesitis in the diagnosis and management of PsA. However, there is clearly room for further improving physicians' knowledge of clinical trial outcomes with biologics in patients with enthesitis, since 44% of rheumatologists provided incorrect answers to question 3 post-education. This topic can be addressed in future education.

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THU0652-HPR ONLINE EDUCATION YIELDS SIGNIFICANT GAINS IN RHEUMATOLOGISTS' KNOWLEDGE OF BIOLOGICS AND BIOSIMILARS BUT A SUBSTANTIAL GAP REMAINS

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Background: Biologics are complex proteins which have revolutionized the treatment of many serious diseases. Due to their complexity and manufacturing which involves living organisms, it is not possible to create identical versions of reference biologics, but it is possible to create biosimilar drugs. Biosimilars have the potential to yield high cost savings and expand treatment options to meet the growing demand for biological therapies.

Objectives: This study assessed whether the online CME-accredited round-table-discussion titled "Understanding Biologics: from protein to clinical practice" improved physicians' understanding of the inherent variability of biologics and what similarity means in the context of biologics as well as the analytical assessment of quality that applies to both biologics and biosimilars.