

***“Why Doesn’t My Doctor Seem To Know
Much About Medical Cannabis?”***
**Determining Medical Cannabis Education
Competencies: A Delphi Process**



INTERNATIONAL RESEARCH
CONGRESS FOR INTEGRATIVE
MEDICINE & HEALTH

CLEVELAND, OHIO

APRIL 12, 2024

Dr. Mikhail Kogan, George Washington University, USA

Dr. Leslie Mendoza Temple, Endeavor Health, University of
Chicago Pritzker School of Medicine, USA

Dr. Stephen Dahmer, Arizona Center for Integrative Medicine

Prof. Richard Isralowitz, Ben Gurion University of the Negev, Israel

Dr. Yuval (Tuby) Zolotov, Albert Einstein College of Medicine, USA

Jade Isaac, B.S. University of Illinois Urbana-Champaign

Relevant Disclosures

Stephen Dahmer, MD

Chief Medical Officer, Vireo Health, Inc. 2016-2022; Paid consultant until July 2024 for the Releaf-V RCT.

Mikhail Kogan, MD

Royalties, Medical Marijuana Book, 2021 and 2023, Pinguin Random House

Leslie Mendoza Temple, MD

Scientific Advisory Board Member

Ashford International, an independent lab testing and consumer platform for CBD hemp products.

This project was sponsored by an unrestricted donation from CannaCeutica to GW

Dr. Kogan was a paid consultant for first 2 years of the project.

Cannaceutica did not have any input into the design or implementation of the study manuscript.

Medical
Marijuana

DR. KOGAN'S EVIDENCE-BASED
GUIDE TO THE HEALTH BENEFITS OF
CANNABIS AND CBD



MIKHAIL KOGAN, M.D.
and JOAN LIEBMANN-SMITH
Foreword by Andrew Weil

Most recent cannabis news

August 29, 2023

- FDA petitions DEA to reschedule cannabis from schedule 1 to schedule 3 in January 2023 with official document dated 8/29/23.
- FDA cites both safety (high), risk of addiction (low at 10%) and number of well evidenced benefits including:
 - PTSD
 - Anxiety
 - Nausea
 - Insomnia
 - Pain

Full 250 page report can be obtained from below link:

<https://www.dropbox.com/scl/fi/pw3rfs9gm6lg80ij9tja6/2023-01171-Supplemental-Release-1.pdf?rlkey=v5atj0tcnhxhnszyyzcwcvcvt&dl=0>

The Honorable Anne Milgram
Administrator
Drug Enforcement Administration
U.S. Department of Justice
8701 Morrissette Drive
Springfield, VA 22152

Dear Anne Milgram:

Pursuant to the Controlled Substances Act (CSA), 21 U.S.C. 811(b) and (c), I, the Assistant Secretary for Health, am recommending that marijuana, referring to botanical cannabis (*Cannabis sativa L.*) that is within the definition “marihuana” or “marijuana” in the CSA, be controlled in Schedule III of the CSA.

Upon consideration of the eight factors determinative of control of a substance under 21 U.S.C. 811(c), the Food and Drug Administration (FDA) recommends that marijuana be placed in Schedule III of the CSA. The National Institute on Drug Abuse has reviewed the enclosed documents (which were prepared by FDA’s Controlled Substance Staff and are the basis for FDA’s recommendation) and concurs with FDA’s recommendation. Marijuana meets the findings for control in Schedule III set forth in 21 U.S.C. 812(b)(3).

Based on my review of the evidence and FDA’s recommendation, it is my recommendation as the Assistant Secretary for Health that marijuana should be placed in Schedule III of the CSA.

Should you have any questions regarding this recommendation, please contact FDA’s Center for Drug Evaluation and Research, Office of Executive Programs (cderecsec@cder.fda.gov), at (301) 796-3200.

Sincerely,

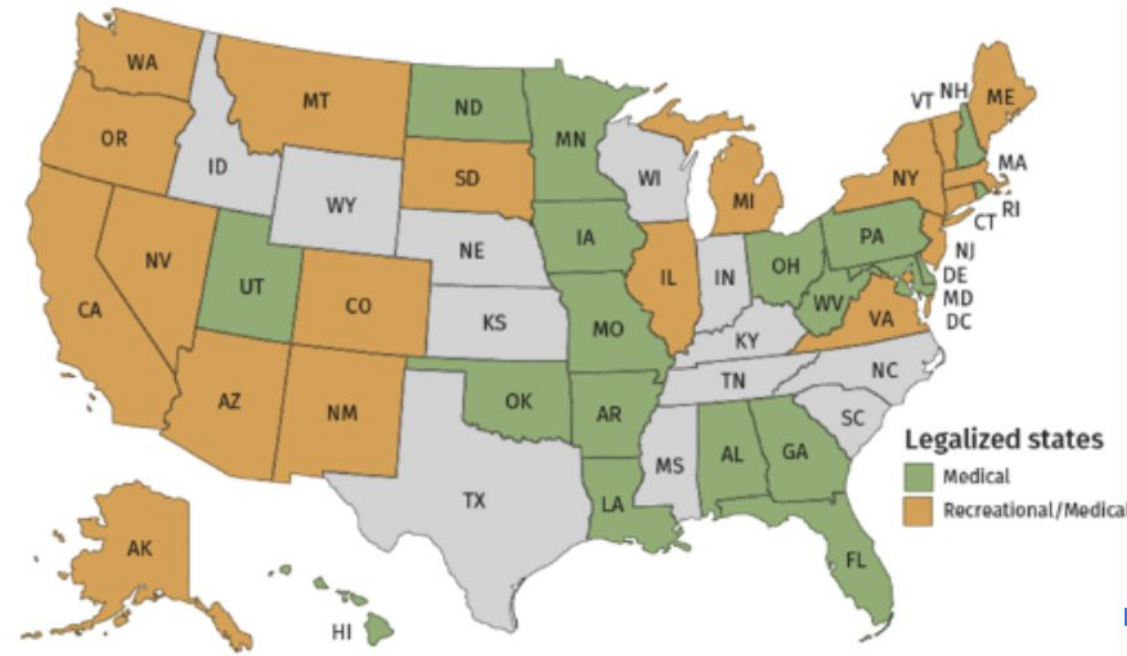


Rachel L. Levine, M.D.
ADM, USPHS
Assistant Secretary for Health

Enclosure

US and International Cannabis Policy

Cannabis legalisation, March 2021



Total population in states with cannabis laws: 208 million*

* www.mpp.org/issues/medical-marijuana/state-by-state-medical-marijuana-laws/medical-marijuana-patient-numbers/

Special Issue on Medical Cannabis in Professional Education



Editor-in-Chief: Kathi Kemper, MD

Guest Editors:

- Richard Isralowitz, PhD: Ben Gurion University, Israel
- Mikhail Kogan, MD: GW University, Washington DC
- Leslie Mendoza Temple, MD: University of Chicago Pritzker School of Medicine, Endeavor Health
- Yuval Zolotov, PhD: Ben Gurion University, Israel

Various educational products are available

The screenshot displays the website for the Society of Cannabis Clinicians. At the top, the logo features a stylized green leaf icon next to the text "SOCIETY OF CANNABIS — CLINICIANS® —". Below the logo is a navigation bar with links for "ABOUT", "COURSES", "EVENTS", "RESOURCES", "FIND A PRACTITIONER", "JOIN", "LOGIN", and a green "DONATE" button. A search icon is also present. A blue banner below the navigation bar contains the text "BECOME A MEMBER BY [CLICKING HERE](#)". The main content area has a background image of several brown glass bottles on a wooden surface. The text "SOCIETY OF CANNABIS CLINICIANS" is prominently displayed, followed by the tagline "The first and oldest U.S. healthcare organization promoting the use of medical cannabis." Below this, three green boxes with white icons and text describe the organization's mission, the available courses, and the research library.

WHO WE ARE

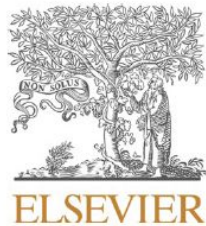
The SCC is a nonprofit educational and scientific society of healthcare professionals and allies dedicated to advancing research and disseminating knowledge about medical cannabis.

COURSES

The SCC is a trusted provider of medical cannabis education. In our Clinical Training Curriculum, widely respected experts explain the scientific rationale for cannabis as medicine and the most effective treatment strategies.

RESEARCH LIBRARY

The SCC supports the practice of evidence-based cannabinoid medicine. All articles in the collection have been vetted to ensure only rigorous, unbiased, and non-commercialized studies are included.



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Complementary Therapies in Medicine

journal homepage: www.elsevier.com/locate/ctim



Medical cannabis education among healthcare trainees: A scoping review

Yuval Zolotov^a, Samer Metri^b, Emily Calabria^b, Mikhail Kogan^{b,*}

^a Regional Alcohol and Drug Abuse Research Center, Ben Gurion University of the Negev, Beer Sheva, Israel

^b George Washington University, Washington, DC, USA

A P
—
Ke
Me
Me
Ed
Tr
Cu

Conclusions: While the medical cannabis landscape is developing, medical and allied health students are not properly educated or knowledgeable about this emerging field of clinical care. The findings suggest that the implementation of competencies-based curricula on medical cannabis is essential for medical and allied healthcare trainees to have the appropriate level of knowledge to counsel and educate their patients.

implementation of competencies-based curricula on medical cannabis is essential for medical and allied healthcare trainees to have the appropriate level of knowledge to counsel and educate their patients.

Our Work on Competency-Based Medical Education (CBME)

Medical education is changing to meet the demands of our evolving health care system. One of these changes is the development and implementation of competency-based medical education (CBME).

CBME is an outcomes-based approach to the design, implementation, and evaluation of education programs and the assessment of learners, using competencies or observable abilities. The goal of CBME is to ensure that all learners achieve the desired outcomes during their training.



<https://www.aamc.org/what-we-do/mission-areas/medical-education/cbme>

What is CBME

Competency Based Medical Education

Think flexible, lifelong learning with knowledge and/or skills assessed throughout a continuum of learning.

In a competency-based educational program, you don't just acquire knowledge and then spit it back at the time of a final exam. Instead, the method of assessment is formative rather than summative, and you are evaluated on how you apply your knowledge to clinical situations that physicians often face.

Delphi Process

Developing core competencies for educating medical students on medical cannabis



Students at the University of Minnesota celebrate their induction into medical school. The U.S. has disproportionately few Black and Hispanic doctors. Some of the barriers to entering the profession start before even getting into medical school, recent research finds, including financial pressures and racism.

Anthony Souffle/Star Tribune via Getty Images

Delphi process methodology

- ❖ Valid and reliable method for reaching expert agreement
- ❖ Synthesizing opinions among a group of experts
- ❖ Consensus achieved in iterative rounds
- ❖ Particularly relevant in areas that lack consensus
- ❖ Widely used in healthcare research



Competencies / Delphi Proj...

Planning

- Define specific objectives
- Budget planning
- Literature review
- Baseline survey preparation
- Build Qualtrics survey

Sample

- Define sample (number and characte...
- Contractual arrangements
- Identify potential panelists
- Recruitment - approach potential pa...
- Consent from N participants

Delphi process

Phase I

- Data collection
- Data analysis
- Preparation of Survey for Phase II

Phase II

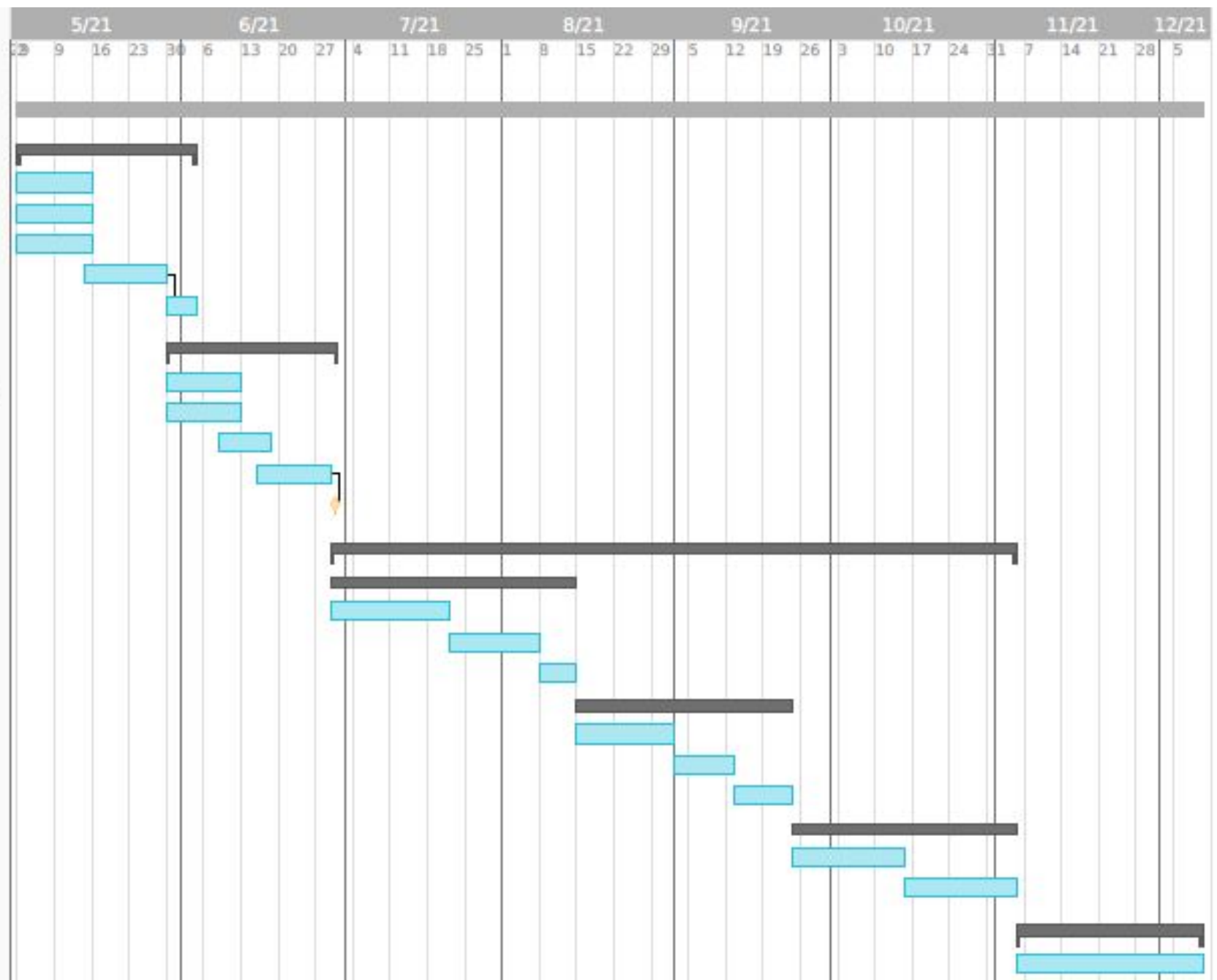
- Data collection
- Data analysis
- Preparation of Survey for Phase III

Phase III - optional

- Data collection
- Final Data analysis

Dissemination

- Writing up



Results

- We recruited 23 experts with a broad area of expertise in the Delphi process, including: Medical education, Research, Toxicology, Addiction, Neurology, OB-Gyne, Pediatrics, Pharmacy, Nursing, Internal Medicine, and Family Medicine.
- We finished 2 rounds of Delphi that resulted in total of 6 core competencies with subcompetencies.
- We are preparing a paper for publication with the goal for acceptance in a top medical education journal such as Academic Medicine.
- Importance ratings for round 2 have increased substantially and become more uniform.



Thank you

