Background

- 28 states and DC currently have laws legalizing cannabis (marijuana) in some form.
- Federal DEA Classification: Schedule I
- Arguments for re-classification: evidence pointing to improvement of palliative care and reductions in opioid-related morbidity.
- Benefits of medical cannabis (MC) shown in nausea and vomiting associated with cancer chemotherapy, cachexia associated with HIV and AIDS disease, and certain kinds of neuropathic pain or treatment-resistant cancer pain.
- Recent survey of healthcare providers in Washington State found respondents reported low knowledge and comfort level related to recommending MC.
- Survey of hospice providers reported: 86.1% of respondents agreed that cannabis has medical benefits; 90% believed that MC should be legalized on a federal level.
- Did not address specific knowledge regarding the use of MC in the hospice population.

Purpose

The aim of this study is to determine changes in knowledge, skills, and attitudes (KSA) of providers regarding the use of medical cannabis after an educational intervention.

Methods

- **Phase 1**: Educational needs assessment survey- participants rated self-perceived skills in the use of MC and their interest in educational content topics.
- **Phase 2**: Survey results guided the development of a training module regarding best clinical practices of MC.
- Pre- and post-course survey used to assess changes in KSA in six predetermined learning domains.
- Pre- and post-surveys analyzed via paired t-test; association of mean scores of each domain (post survey) according to demographic characteristics was analyzed using an independent t-test; analyses were performed with SAS version 9.4 (SAS Institute, Cary, NC).

Results

**Six Learning Domains:**
- Pharmacology, Evidence/Indications, Formulations/Dosing, Adverse Effects/Safety, Drug Interactions, Patient Counseling

**Baseline Characteristics**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Professional Discipline</th>
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<tbody>
<tr>
<td><strong>Nurse</strong></td>
<td><strong>Social Worker</strong></td>
</tr>
<tr>
<td>12 states represented in results: majority from Maryland (n=25, 34.9%)</td>
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<tr>
<td><em>Other</em> = nurse practitioner, pharmacist, student intern</td>
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</table>

**Association of Mean Scores (Post-Survey) According to Demographics**

- No difference between RN and SW for Knowledge or Attitudes in any domain in post survey.

**Conclusions/Limitations**

- Providers’ attitudes regarding the use of medical cannabis in hospice did not significantly change after the education intervention and was overwhelmingly positive both before and after.
- Both the perception of skills and direct knowledge was significantly increased after the education intervention, with providers reporting more positive skills and >80% of respondents answering questions correctly after.
- Limitations: survey questions not made “required”, therefore some surveys had questions unanswered.

References


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