ONLINE RESOURCE FOR PATIENTS CERTIFIED TO USE MEDICAL CANNABIS

A DOCTOR OF NURSING PRACTICE PROJECT SUBMITTED TO THE GRADUATE

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Abstract

Background: In recent decades medical cannabis use has grown and continues to grow in Hawaii, nationally, and internationally; since 2017 it has been available from medical cannabis dispensaries for Hawaii patients ("329 Card" holders) certified by a qualified medical practitioner. The current practice is for a qualified primary care practitioner (APRN-Rx or MD) to facilitate access to medical cannabis for their patients, but these practitioners generally provide minimal or no education regarding mechanisms of action, methods of use, varieties, and how and where to obtain medical cannabis leaving these details to be researched by patients themselves or by the education provided by medical cannabis dispensary staff.

Purpose: To implement and assess the benefit of an evidence-based quality improvement project, in the form of an educational website, for a target population of elderly (65-year-old and older) patients to help them understand and better utilize and access medical cannabis.

Methods: Project outcomes were measured via a short patient satisfaction survey with 2 biographic and 3 satisfaction rating questions plus 1 open-ended question linked to a website containing a range of information on topics related to medical cannabis use in Hawaii.

Results: A total of 4 (n = 4) patients responded to the survey, 2 men and 1 woman between ages 50 and 64, and 1 woman between ages 35 and 49. A mean grade of 4.7 out of 5 "stars" was the aggregate satisfaction rating from the 3 quantifiable survey questions.

Conclusion: The results suggest that a medical cannabis educational website could be beneficial to patients new to medical cannabis. While the results from the survey warrant furthur investigation of this or similar educational interventions for new to medical cannabis patients, due to the small sample size and lack of survey respondents in the target age range this project's results are not transferable or translatable to larger populations.

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Introduction to Problem, Background, and Significance

The use of medical cannabis within the State of Hawaii, the United States as a whole, and internationally has burgeoned over the past two decades and continues to see rapid expansion. Although cannabis in the United States continues to be a Schedule 1 drug and thus federally illegal, Hawaii has legally allowed patients to use medical cannabis since 2000, but only since 2017 have patients been able to legally access medical cannabis through the state-licensed dispensary program (Consillio, 2017). As of December 31, 2019, 278 physicians and APRNs were approved by the Hawaii State Department of Health to certify patients, facilitating their legal access to medical cannabis through a medical cannabis dispensary. In 2019 a total of 173 of the 278 providers certified one or more patients to become licensed to obtain medical cannabis. Additionally, as of December 31, 2019, 27,152 patients were registered and licensed to obtain medical cannabis in Hawaii (patients are required to be recertified by a provider a minimum of every 2 years to renew their medical cannabis licenses). The Hawaii State Department of Health (2019) issues approximately 1,500 licenses per month via their patient registry program.

In Hawaii under the current system patients seeking or exploring the option of using medical cannabis consult with a provider who establishes they have a condition that qualifies them to use medical cannabis. They then register with the Hawaii State Department of Health and obtain a "329 Card" which enables them to access medical cannabis via a licensed dispensary (State of Hawaii, Department of Health, n.d.). Medical practitioners who facilitate patients obtaining a "329 Card", and thus medical cannabis, do not generally provide any detailed education to their patients regarding the mechanisms of action of cannabis or give specific information related to the properties of the different varieties of cannabis, the different

ways of using the medical cannabis or its dosing. These important details are generally deferred to be taught to patients by the staff of the medical cannabis dispensaries that provide the medical cannabis to patients (Drug Policy Forum of Hawaiʻi, 2019). With the growing demand for medical cannabis from patients seen in primary care, providers (MDs and APRNs) need to develop strategies on how best to inform and guide patients in the absence of federally sanctioned guidelines or research ("The NCSBN National Nursing Guidelines for Medical Marijuana," 2018).

Needs Assessment

Oahu-based primary care providers Brendon Friedman, DNP APRN-Rx, and Richard Podolny, MD described a lack of resources to educate and guide their patients regarding the basic mechanisms of action of medical cannabis and its use. Dr. Podolny specifically identified a need for his elderly (approximately 65-year-old and older) patients to have an website educational resource with a basic explanation of the endocannabinoid system, the properties of the different varieties of cannabis, an overview of conditions that can benefit from medical cannabis, methods of use and dosing recommendations, and how and where to obtain medical cannabis.

Literature Review

Search Strategy

An electronic database search of the literature was conducted using PubMed, CINAHL, Cochrane Library, and the OneSearch Manoa. Boolean operators including "AND" and "OR" were employed in the search. Search terms included "patient perceived," "value (AND/OR) benefit," "patient education," "health literacy," "online," "web based," "(versus) print materials". A total of 28 relevant articles were identified; 14 of those were selected for inclusion. The

Mosby Research Tool was employed in the grading of the chosen literature as summarized in

Table 1.

Table 1.

Mosby Research Tool and Synthesized Articles

Level of Evidence	Description	Number of Articles
I	Evidence from meta-analysis of all relevant randomized control trials (RCTs), systematic reviews, evidence-based practice guidelines based on systematic reviews of RCTs, or three or more RCTs with similar results	5
II	Evidence from at least one well-designed RCT	
III	Evidence from well-designed controlled trials without randomization (e.g. quasi-experimental trials)	1
IV	Evidence from case-controlled, cohort, and longitudinal studies	
V	Evidence from systematic reviews of qualitative and descriptive studies	
VI	Evidence from qualitative and descriptive studies	7
VII	Evidence from authority opinion or expert committee reports	1

Literature Synthesis

The first area within the literature review for this DNP quality improvement project

pertains to the health benefits derived from a positive medical practitioner-patient relationship

with a more specific focus toward this relationship and patient education. Riedl and Schüßler

(2017) conducted a systematic review of the literature related to the medical practitioner-patient

relationship using both randomized controlled trials (RCTs) (17 were included in the study) and controlled studies (17 were included in the study) as well as uncontrolled studies (8 qualitative studies were included in the study). The authors of this systematic review found that in the reviewed studies, medical providers with a positive medical practitioner-patient relationship were able to favorably influence patients in both the areas of information gathering as well as patient education (Riedl & Schüßler, 2017).

Delving further into the literature related to the medical practitioner-patient relationship with an eye toward the ability of medical practitioners to guide patients to particular online resources, a study by Peng, Yin, Deng, and Wang (2019) was found. The data from the 446 participants in this online survey-based study were analyzed using structural modeling in relation to the authors' hypothesis. It broadly pertained to medical practitioner-patient trust and patient (and medical provider) use of online health information and services. The authors of the study found that medical providers are able to effectively guide patients toward specific online resources, and additionally noted that there is value to the medical provider, as patients reported increased satisfaction with medical providers who they viewed to have guided them to, or provided them with, useful (online) information (Peng et al., 2019).

The value of patient education, both online and via other means, was another area that came under the umbrella of this literature search and subsequent review. In a meta-analysis of 220 research articles related to patient health literacy and adherence to both medication and non-medication treatment regimes, and the efficacy of health literacy interventions to improve patient knowledge and treatment adherence, Miller (2016) found that higher health literacy increased patient treatment regime adherence and thus improved health outcomes. Additionally, this study found that enabling patients to become more health literate via multiple methods of conveying

the information (e.g. in person and via the internet or other supplemental methods), and using terminology that is fully understandable by patients is the most effective way to increase health literacy in all patient groups (Miller, 2016). Another area of benefit noted in a literature review conducted by Stenberg et al., (2018) using literature relevant to education and health economics, was that educational interventions have the potential practical implication of lowering the systemic cost of healthcare.

From the information outlined in the studies described above as well as from evidence provide by other relevant studies, it is apparent that there is a net benefit to patients, practitioners, and the health care system when patients are more educated about their conditions and associated treatments. The next step is how best to provide this education. The use of the internet as an educational tool for healthcare consumers has grown dramatically over recent years and continues to grow, although it should be noted that unreliable sources of information abound on the internet (Fiksdal et al., 2014; Seçkin et al., 2016). That said, the literature provided evidence that the use of computer-based patient health education is generally more effective than print as it is easily accessed by patients and easily modified by patient educators (Friedman, Cosby, Boyko, Hatton-Bauer, & Turnbull, 2011). The literature further indicated that the medical practitioner-patient trust relationship can be used to guide patients toward web-based educational resources that patients will consider trustworthy and authoritative as the resources were recommended by their (trusted) medical practitioner (Peng et al., 2019).

Problem Statement

Currently, patients who are certified by a practitioner to use medical cannabis receive minimal education from the provider and thus are essentially left on their own to negotiate the process of finding a medical cannabis vendor and with the vendor's guidance choose their

treatment (comparison). Will a patient population with an approximate age 65 years and older with little or no knowledge of medical cannabis and limited internet navigation skills (population) who are referred to a specially designed website by their practitioner (intervention) report a beneficial experience with the website and its contents (outcome)?

Conceptual Framework

This DNP project utilized the John Hopkins Nursing Evidence-Based Practice Model (JHNEBPM) conceptual framework. This framework was chosen because it provides a straightforward sequential (but flexible) guide to bringing an EBP project through to implementation. The JHNEBPM is based upon a 3-step system of developing a practice question, appraising the evidence, and then translating what is found into a practical application (Dearholt & Dang, 2012).

Purpose, Goals, and Objectives

The purpose of this Doctor of Nursing Practice (DNP) project was to provide patients who are certified to use medical cannabis or seriously considering using medical cannabis as a treatment, a concise informational website that will enable them to educate themselves and thus make better-informed decisions regarding their use of this emergent medication. The goal of this DNP project was to provide medical cannabis patients a single educational resource (website) that would benefit them in their use of medical cannabis. The individual objectives included:

1. 2 to 4 months after acceptance of this project's proposal develop a draft working educational website with survey (the website was intended to be utilized by patients certified as medical cannabis users or those seriously considering using medical cannabis (the specific informational topics are detailed in the Needs Assessment

section of this paper) and have this draft website assessed by content expert Mr. A. Whyne.

2. After addressing Mr. A. Whyne's feedback on the draft of the educational website, medical practitioners R. Podolny, MD and B. Friedman, DNP APRN-Rx will review the site and provide feedback regarding the site's content and layout.

3. Make any changes, edits, and additions to the website to satisfy the needs or preferences of the aforementioned project stakeholders.

4. By the end of December 2020 have the aforementioned medical practitioners as well as the content expert and medical cannabis dispensary Cannabis Knowledge Coordinator, Mr. Aaron Whyne, begin to provide the website URL to patients who are certified to use medical cannabis or seriously considering becoming users of medical cannabis.

5. By the end of February 2021 obtain data from the website's embedded surveys.

6. By March 17, 2021, assess patient survey data regarding whether the education provided on the website was beneficial in their experiences using medical cannabis.

Human Subject Consideration

This project was an evidence-based quality improvement (EBP) project, not a research study, and thus was exempt from institutional review board (IRB) approval. However, throughout the data gathering stage of this project, the highest level of ethical care was employed in all areas related to patient privacy. All data gathered for this project was anonymous with care taken not to obtain any information that could identify individual participants. Additionally, in preparation for this evidence-based project, this author completed Collaborative Institutional

Training Initiative (CITI) training related to human subject research and ethics as well as Health Insurance Portability and Accountability Act (HIPAA) training on patient privacy protection.

Project Design

This project was designed to be an evidence-based practice (EBP) educational intervention (website) with a connected survey and was based upon the practitioner-identified need for patients to be educated regarding medical cannabis their new form of medication. This project entailed providing patients a simple concise source of information regarding the use of medical cannabis. The educational platform used was a website which patients were guided to by the practitioner who facilitated their use of medical cannabis by certifying the patients' qualifying medical needs. The medical practitioner-patient trust relationship was utilized to guide patients to the website and to encourage the patients to fill out the survey. The website had several topic areas that had been identified by the practitioners certifying the patients including a basic explanation of the endocannabinoid system, properties of the different strains of cannabis, an overview of conditions that can benefit from medical cannabis, methods of use and dosing recommendations for medical cannabis, and how and where to obtain medical cannabis. There was a survey embedded into the website to facilitate the collection of data to evaluate the project's outcome.

Evaluation Plan

Measurements

Data were gathered using an online patient survey (Appendix A) based on the Institute for Healthcare Improvement's (n.d.) Short Survey, with an additional open-ended question box to obtain patients' qualitative input or question. The survey had two demographic questions about their age range and gender as well as three questions employing a 1 to 5 rating scale for

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answers to facilitate obtaining quantitatively analyzable data related to user satisfaction. The three questions were focused upon the patients' perceived usability of the educational website, the patient perceived appropriateness of the education provided, and the patient perceived value of the provided education in relation to their current or future use of medical cannabis. The final qualitative portion of the survey was an open comment box prompting patients to provide any thoughts, feedback, or questions related to their experience with the website itself, the educational information provided on the website, or suggestions for improvements or changes that could be made to improve their overall experience with regards to any aspect of their use of this medical cannabis informational website.

Data Collection Procedure

The data were gathered directly from patients as they used the website through an anonymous survey; the survey was available via the website for patients to fill out throughout the entire implementation period. Survey data were collected and compiled from patients when they completed the survey after using the site. Business cards containing the website's name and URL were given to the providers for dissemination to their patients at the time of the patient's medical cannabis consult.

Data Analysis

Each of the three scored survey questions was designed to produce quantitively analyzable data. The results of these survey answers have been tallied and the average score for each question has been used to measure the success of the different elements of the intervention. The open-ended qualitative data responses were placed into common themes as applicable. The most frequently mentioned themes within the qualitative responses are analyzed and discussed in the data analysis, results, and implications sections of this paper. Additionally, data regarding

the amount of traffic the website received are discussed in the data analysis, results, and implications sections of this paper.

Results

A total of four (n = 4) completed surveys were received over the data collection period, and only one survey respondent provided feedback to the final open-ended survey question. Of the four responses to the survey, there was one female respondent in the 35 to 49-year-old age group as well as two male and one female respondent in the 50 to 64-year-old age group. The mean score of all the rating response questions in aggregate was 4.7 out of 5 "stars." Mean rating results from each individual question are provided in Table 2.

Table 2.

Survey Question	Mean result: 1 to 5 "star" rating scale
"Overall, HOW USEFUL did you find this website?"	4.8
"HOW INFORMATIVE did you find this website's information related to the use of medical cannabis (in Hawaii)?"	4.8
"HOW USER FRIENDLY did you find this website's content, layout, and formatting?"	4.5

The qualitative data obtained via the survey were limited as there was only one response to the open-ended question, "Please provide any feedback or thoughts related to THIS WEBSITE below (e.g. the site needs more, less, or different information such as…; this website could be improved by..., etc.)." The single response to this question asked for information regarding specific "strains" (or varieties) of medical cannabis. Addressing this topic would be challenging as medical cannabis dispensaries, on any given day, generally offer a large number of different strains/varieties, usually a minimum of six to eight. Additionally, these choices change depending on what strains/varieties of medical cannabis a dispensary has in stock or available to them at any given point in time.

Discussion

The purpose of this project was to create an evidence-based educational intervention to improve the patient experience in a population of elderly patients new to medical cannabis. The results from the patient experience survey indicated that those patients who used the website and its information found it to be beneficial. However, none of the respondents were in the target population age range of 65 years old or older.

This lack of any target age range respondents could be attributed to a number of factors. These included patients in this age group being less likely than younger patients to view medical cannabis as a treatment option, patients in this age group being less likely to use an internet resource or being less adept or comfortable navigating websites, and their concerns over inputting information on an online survey. These problems could potentially have been mitigated or addressed during the medical cannabis consultation when the medical practitioner provided the website address business card to the patient. At that consultation, the practitioner could assess patients for signs of hesitancy in using the website or filling out an online survey. Those patients identified by the provider as being hesitant and thus not likely to use the website or fill out the survey could have been provided an opportunity to discuss their hesitations with using the website with the website curator via telephone. Additionally, these patients could be provided a mail-in (with postage paid) hard copy of the survey which they could have completed and mailed to the website curator. Although none of the respondents were within the targeted age range of 65 years old and older, there were three respondents in the next closest age range of 50 to 64 years of age and those survey respondents reported that they found benefit in using the website and its information. This result is consistent with the literature indicating patients are likely to have a higher level of satisfaction and engagement when using a new treatment after

they have been provided useful and vetted educational resources by their medical practitioner (Yeh, Wu, & Tung, 2018).

The process of creating the website was an area that presented significant challenges during the pre-implementation stages of the project. As this writer and creator of the website content did not have experience in web design, assistance with the website's creation was provided by an associate, thus changes and edits to the website were not directly made by the author. This resulted in delays in the editing process due to an arduous loop that involved the other stakeholders relaying information to this writer, which would then be relayed to the web designer, before being rechecked by all parties. This editing loop was particularly cumbersome prior to the website being online, functional, and accessible via internet to all the stakeholders and resulted in many rounds of back and forth between the parties. The ability to make additions, changes, and edits in a more timely and efficient manner is an important consideration for projects involving the creation of a website. Additional challenges found during the project are discussed further in the upcoming sections.

Limitations and Barriers

A number of limitations and barriers to this project were identified. This project was designed as a quality improvement project, not a research project, and thus did not have any comparative experimental elements including control, randomization, and replication. Therefore, one cannot establish any quantifiable amount of improvement in the patient satisfaction results for those who utilized the website versus those patients who did not have access to this resource. Furthermore, the data collected in this project were likely subject to biases since those using the website, and subsequently completing the survey, were aware that the website was intended to improve their patient experience with medical cannabis, and thus

may have been influenced to score the website favorably resulting in the responses skewing toward the positive.

Another significant limitation to this project was the small sample size. This small sample size happened even while there was a record of more traffic in the website's metrics section (Appendix B) than was reflected in the number of survey responses. The record of more traffic to the website is likely in large part attributtable to the project stakeholders including this writer, the DNP Project committee members, the affiliated providers, and the website designer assisting with the website, but aside from this, there are a number of specific limitations that may have impeded the sample size from being larger.

Some primary barriers to the sample size not being larger were the length of time that the data were collected and the number of patients who were guided toward the website. The survey was open for 2 months and R. Podolny MD generally only sees about 3 medical cannabis patients per month while B. Friedman DNP APRN-Rx was no longer seeing new medical cannabis patients. Another factor limiting the sample size was that face-to-face consultations with a medical practitioner are required for medical cannabis "329 Card" facilitation and due to the COVID-19 pandemic there may have been fewer patients seeking in-person appointments.

Additional barriers that likely contributed to the sample size not being larger included the fact that some patients may lack access to devices that can be used to access the internet, some patients may have physical barriers that prevent them from accessing the website and survey, some patients may have had fears of divulging information or being tracked on the internet, some patient may have chosen not to use the website or fill out the survey because there was no incentive to do so, and the consideration that the use of medical cannabis carries a stigma that likely made some patients hesitant to use the website or complete the survey. For the target

population of this project (elderly patients, approximately 65 years and older) devices to access

the internet, comfort navigating on the internet, and comfort inputting data online are not as

ubiquitous as in younger age groups, thereby increasing the likelihood that these 65 years or

older patients may have been unable or unwilling to access the website or fill out the survey.

Physical barriers are another impediment that may have had an impact; in the elderly target

population, there are likely some patients that due to diminished manual dexterity could have

found it too challenging to utilize tech devices such as smartphones, laptops, and tablets to

access the website or fill out the survey. Another barrier or impediment to obtaining more

survey response data from patients was a lack of any tangible incentive to complete the survey

after using the website. An additional barrier that may have contributed to the small sample size

is the fact that the use of medical cannabis as a bonafied medical treatment has not yet gained

acceptance within society as a whole; this is likely in part due to the fact that medical cannabis is

not recognized and regulated under federal laws. A final potential barrier to the sample size not

having been larger could have been the fact that medical cannabis might be associated with

black-market cannabis.

Strengths

In spite of the limited response to this project's survey the literature suggests that internet

use in the elderly population is growing (Hargittai, Piper, & Morris, 2019). However, during the

COVID-19 pandemic, many elderly patients have likely been hesitant to attend in-person

consultations with both medical providers and medical educators. Thus, this educational

resource was well-positioned to fill the gap in the amount of face-to-face education that patients

beginning to use medical cannabis may have otherwise received or sought. A strength of this

educational intervention being a website was that patients could potentially use the website at

any time and as many times as they want to. Finally, an unutilized strength or advantage of this project being website based was the potential for the website's information to be updated as needed, as previously discussed, this could be significantly expedited if the custodian of the website was also able to make edits and content additions directly to the website.

Implications and Sustainability

Recommendations for future projects begin with implementing measures to increase the sample size including increasing the length of time data are gathered as well as expanding the number of practitioners guiding patients to the website. Additionally, adding an email address to the website to field specific patient questions would likely increase the benefit derived by patients from this type of resource. If from the user survey patterns of similar enquires emerge, the addition of a frequently asked questions (FAQs) section may be a valuable add-on to the website.

Sustaining and expanding this project is fairly straightforward and would entail keeping the website online and approaching other providers who facilitate "329 Cards" for patients. New participating practitioners could be encouraged to provide input to fill any perceived gaps in the information on the website and then any additional information or amendments could be updated on the website. Additionally, future projects may want to consider using incentives to motivate users of the website to respond to the survey. However, providing incentives to patients to complete a survey also comes with potential pitfalls including that it may increase the likelihood of bias in the responses.

<div align="center">

Conclusion

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The intent of this project was to fill an educational gap for patients new to medical cannabis, specifically those 65 years and older with limited internet savviness. The choice to

utilize a website as the educational platform was guided by the current literature and the clinical experience of medical practitioners actively facilitating their patients' use of medical cannabis. Through analysis of the responses provided in the website's attached anonymous survey, this project was reported to be beneficial to those patients who used the website. Thus, further study of resources of this type for patients new to medical cannabis is warrented as they appear to have potential to increase patient satisfaction, engagement, and ultimately health outcomes. Lastly, the American Association of Colleges of Nursing developed *The Essentials of Doctoral Education* for *Advanced Nursing Practice* (2006) outlining eight foundational competencies that are core to the role of advanced practice nurses, Appendix C details how this EBP project achieves each of the competencies.

Appendix A

The Survey

This is an anonymous survey

Please select the appropriate response regarding your age:

   (1) **18 to 34** years old, (2) **35 to 49** years old, (3) **50 to 64** years old, (4) **65 and older**

Please select the **most appropriate choice related to your gender:**

   Female _____ ; Male _____ ; Other OR do not wish to wish to identify _____

1. Overall, **HOW USEFUL** did you find this website?

(1) *star, (2) **stars, (3) ***stars, (4) ****stars, (5) ******stars

2. HOW INFORMATIVE did you find this website's information related to the use of medical cannabis (in Hawaii)?

(1) *star, (2) **stars, (3) ***stars, (4) ****stars, (5) ******stars

3. HOW USER-FRIENDLY did you find this website's content, layout, and formatting?
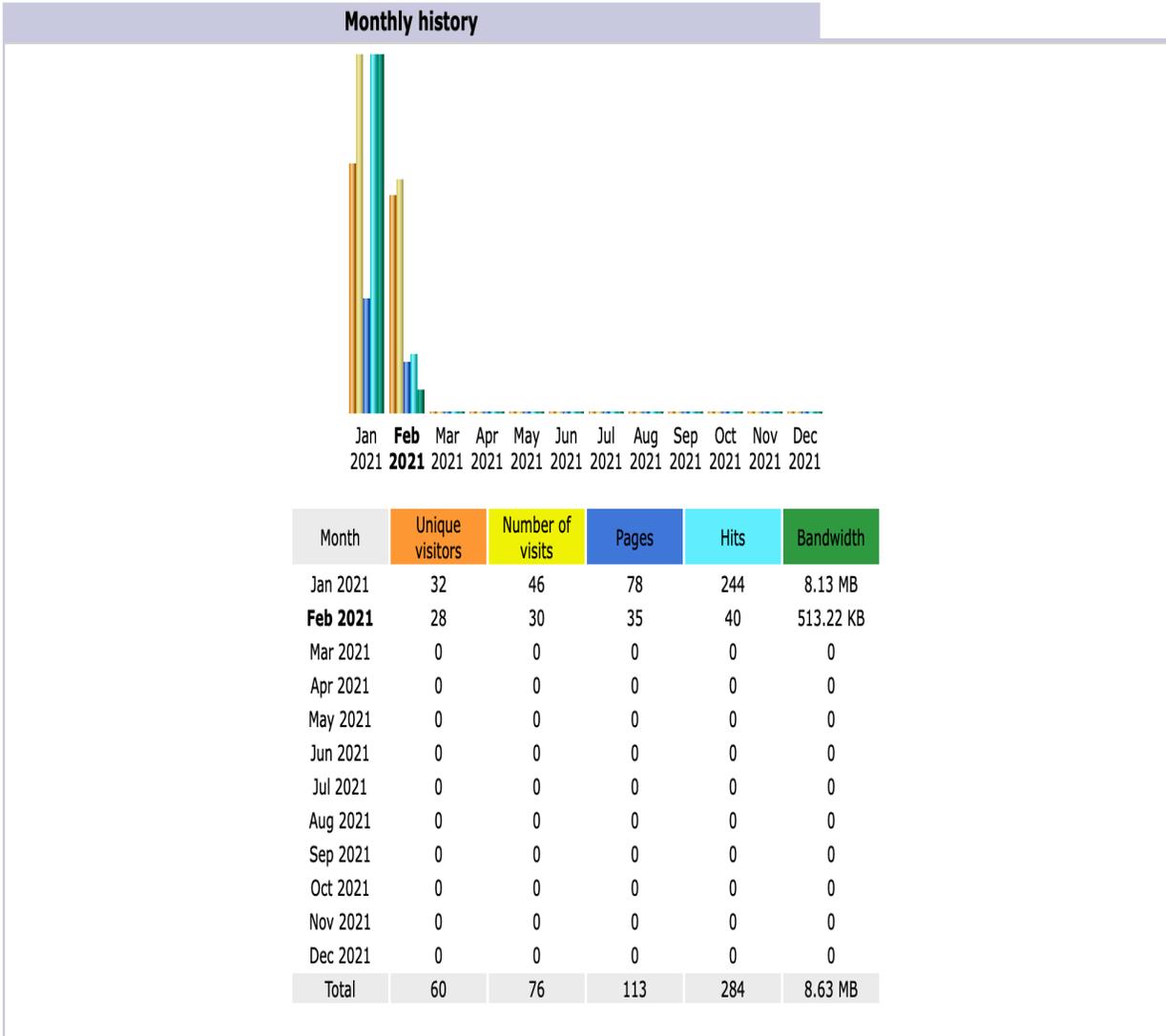
(1) *star, (2) **stars, (3) ***stars, (4) ****stars, (5) ******stars

4. Please provide any feedback or thoughts related to **THIS WEBSITE** below (e.g. the site needs more, less, or different information such as…; this website could be improved by..., etc.)**:**

Appendix B

Website Traffic Record

Chart 1

Monthly history

Month	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Jan 2021	32	46	78	244	8.13 MB
Feb 2021	28	30	35	40	513.22 KB
Mar 2021	0	0	0	0	0
Apr 2021	0	0	0	0	0
May 2021	0	0	0	0	0
Jun 2021	0	0	0	0	0
Jul 2021	0	0	0	0	0
Aug 2021	0	0	0	0	0
Sep 2021	0	0	0	0	0
Oct 2021	0	0	0	0	0
Nov 2021	0	0	0	0	0
Dec 2021	0	0	0	0	0
Total	60	76	113	284	8.63 MB

Appendix C

Table 3

DNP Essentials Criteria

Essential	Description	Connection
I	Scientific Underpinnings for Practice	• Appraised and synthesized current scientific research related benefits of patient education, patient engagement, and positive practitioner-patient relationships to guide the creation of a medical cannabis educational resource • Implemented and evaluated a practice change based on recent literature from the healthcare field
II	Organizational and Systems Leadership	• Sought out and fostered relationships with experts in the field of medical cannabis, primary care medical practice, and web-design • Developed a final product (website) that encompassed the viewpoints and requirements of multiple stakeholders while also satisfying the specific needs of a particular target population
III	Clinical Scholarship and Analytical Methods for EBP	• Designed and implemented a method to obtain and measure project participant's data • Critically analyzed and synthesized both current scientific literature and other evidence to establish and implement the project's intervention based on best practices
IV	Information Systems and Technology	• Utilized the internet to create an education intervention usable on the most current tech device • Created a tool to capture project participant data electronically
V	Health Care Policy for Advocacy in Health Care	• Consulted current national practice recommendations to establish APRN's place in the management of patients using or seeking to use medical cannabis • Evaluated current local standards of practice related to medical cannabis to establish gaps in care that may affect specific patient populations
VI	Interprofessional Collaboration	• Communicated and collaborated with members of different professions to move toward a shared desired outcome
VII	Clinical Prevention and Population Health	• Designed, implement, and evaluated a project to improve the health outcomes of elderly patients using or considering using medical cannabis
VIII	Advanced Nursing Practice	• Utilized EBP principles to aid a specific patient population transitioning to the use of a new type of medication

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