

What do we mean by “Psychedelic Knowledge” in Medical Education? A Scoping Review and Taxonomy of Educational Representations

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Abstract

Despite growing interest in integrating “psychedelic knowledge” into medical and health professions training, the term remains inconsistently conceptualised and operationalised across the literature. This scoping review investigates how psychedelic knowledge is represented, justified and translated within medical education scholarship. Using the Mak and Thomas (2022) methodological framework, we systematically searched five databases: ERIC, Embase, MEDLINE, PsycINFO and Scopus. We identified 28 studies addressing psychedelic education across undergraduate medical education, graduate medical education, continuing professional education and mixed educational contexts. Through descriptive mapping and interpretive analysis, we developed an empirically emergent taxonomy that classifies psychedelic knowledge into four conceptual categories: (1) Attitudinal Knowledge, (2) Preparatory Knowledge, (3) Technical Knowledge and (4) Experiential–Relational–Formational Knowledge. While psychedelic education was commonly justified by linking present educational conditions with anticipated workforce needs, regulatory change, implementation readiness, and future clinical practice, we observed substantial variability in learner populations, educational aims, pedagogical approaches, and the forms of knowledge represented. The literature was predominantly recent and survey-based, with educational justifications most commonly reflecting a transitional orientation between present educational needs and anticipated future developments, and relatively few studies describing or evaluating structured educational programmes. This conceptual pluralism, while reflecting the multidisciplinary character of psychedelic knowledge scholarship in medical education, complicates curriculum development, comparative evaluation and assessment by combining distinct educational objects under a single label. Our findings offer a conceptual map of how psychedelic knowledge is currently situated within medical education and provide a taxonomy to support greater clarity, coherence and intentionality in the design, implementation and assessment of psychedelic education.

Introduction

Over the past two decades, research on psychedelic substances has undergone a substantial resurgence, particularly in relation to depression, post-traumatic stress disorder, substance use disorders, and other mental health conditions. Although psychedelics became associated with recreational misuse and sociopolitical controversy following their prohibition in the 1970s, the present moment is frequently described as a “psychedelic renaissance,” marked by renewed clinical investigation, expanding regulatory pathways, growing public interest, and commercial investment (Shane et al., 2024; Song-Smith et al., 2024; Chaudhry et al., 2024). This revival follows several decades of limited scientific activity despite earlier reports of therapeutic potential (Nutt & Carhart-Harris, 2021).

The contemporary psychedelic renaissance extends beyond biomedical research. Ethical, regulatory, economic, and sociocultural transformations are reshaping how psychedelics are understood and incorporated into healthcare systems. Projected market growth has accelerated discussion of psychedelic-assisted therapies (Phelps et al., 2022), while scholars caution that enthusiasm may outpace the available evidence, contributing to inflated expectations, premature implementation, and potential regulatory backlash (Yaden et al., 2022). Debates concerning commercialisation, medicalisation, equitable access, consent, and therapeutic versus non-therapeutic uses further position psychedelics as subjects of social, ethical, and political inquiry (Caraccio et al., 2025).

Psychedelic research has consequently developed into a multidisciplinary area spanning neuroscience, psychiatry, pharmacology, psychology, anthropology, sociology, education, ethics, decolonial studies, Indigenous studies, and the humanities. Terminological precision is important within this literature because substances

discussed within the broader discourse of psychedelic medicine are not necessarily pharmacologically interchangeable. For the purposes of this review, classic psychedelics include compounds such as psilocybin, lysergic acid diethylamide (LSD), N,N-dimethyltryptamine (DMT), mescaline, and DMT-containing preparations such as ayahuasca. The literature reviewed also includes educational scholarship concerning MDMA and, where retrieved and situated within the broader discourse of psychedelic-assisted care, ketamine. Their inclusion within a shared educational literature should not be interpreted as implying pharmacological, mechanistic, or clinical equivalence.

Psychedelic substances also carry diverse histories and modes of use. Whereas compounds such as lysergic acid diethylamide are synthetic, others, including psilocybin and ayahuasca, have long been embedded within ceremonial, spiritual, and Indigenous traditions. Their incorporation into biomedical research therefore represents more than pharmacological development; it also entails the translation of knowledge across epistemological and cultural domains (Dyck, 2019). Experiences historically situated within ceremonial, spiritual, and relational contexts increasingly become represented through clinical categories, therapeutic protocols, standardised interventions, and measurable outcomes (Chaudhry et al., 2024; Pagán et al., 2023). Although such translation may facilitate clinical investigation and professional regulation, it may also privilege biomedical forms of evidence while marginalising alternative knowledge systems, cultural traditions, and understandings of healing (Williams & Labate, 2020; Burt, 2024).

In short, psychedelics enter medical education through a complex multidisciplinary landscape of scholarship and practice spanning biomedical, educational, social-scientific, humanities, and Indigenous knowledge domains. They also enter with presupposed values and meanings shaped by personal and professional experiences, legal and regulatory frameworks, cultural practices, and broader social understandings of psychedelics. Biomedical research contributes knowledge of mechanisms, therapeutic evidence, risks, and safety; educational scholarship addresses curricula, pedagogy, assessment, and professional learning; the social sciences examine institutions, regulation, culture, and public attitudes; while humanities and Indigenous scholarship foreground ethics, history, lived experience, epistemic authority, colonialism, and pluralist understandings of psychedelic healing. Psychedelic knowledge therefore enters medical education not as a singular or neutral body of information, but as knowledge already constituted through multiple disciplinary, experiential, cultural, and normative frames (Dyck, 2019).

For the purposes of this review, we use “psychedelic knowledge” as an educational and epistemic umbrella term rather than as a claim of pharmacological uniformity. The term designates the heterogeneous educational objects assembled within scholarship concerning psychedelic substances, psychedelic-assisted therapies, and related forms of clinical and professional preparation. Where pharmacologically distinct agents such as MDMA or ketamine appear within the included literature, their inclusion reflects how those studies position them within the broader educational discourse of psychedelic-assisted care rather than an assumption that these agents are pharmacologically equivalent to classic psychedelics.

A further distinction is necessary between the pharmacological agent and the broader therapeutic intervention in which an agent may be used. Psychedelic-assisted therapies are not reducible to administration of a psychoactive substance alone. Across the literature represented in this review, therapeutic and training models may encompass preparation, the acute treatment session, therapeutic or supportive relationships, supervision, management of altered states, and post-session integration or follow-up (Aicher et al., 2025; Passie et al., 2026; Phelps & Henry, 2022; Rosenbaum et al., 2024). These components constitute different objects of professional

knowledge and may therefore require different educational competencies. Knowledge concerning pharmacology and drug-related safety, for example, is conceptually distinct from knowledge concerning therapeutic support, relational practice, session management, or integration. Throughout this review, we therefore distinguish knowledge concerning psychoactive agents from knowledge concerning the broader therapeutic practices within which those agents may be situated.

The expansion of psychedelic clinical research, evolving regulatory frameworks, growing public interest, and increasing consideration of psychedelic-assisted therapies within healthcare have important implications for healthcare professionals. Clinicians are increasingly likely to encounter patients seeking information about psychedelic therapies, discussing self-directed psychedelic use, or raising culturally sensitive questions about psychedelic practices (Lake & Lucas, 2023; Lake & Lucas, 2024). Preparing clinicians for these encounters requires more than knowledge of pharmacology or clinical efficacy; it also demands engagement with the ethical, legal, cultural, relational, and experiential dimensions of psychedelic care (Gearin et al., 2026).

Medical education is a key site where psychedelic knowledge is selected, organized, and translated into professional practice. Across learner groups, studies consistently report limited curricular exposure, low self-reported preparedness, and strong interest in further education (Song-Smith et al., 2024; Li et al., 2023; Geller et al., 2025; Barnett et al., 2025). Psychiatry residency program directors likewise report growing demand for psychedelic education alongside barriers related to faculty expertise, curriculum development, institutional priorities, and educational resources (Yaden et al., 2024). Existing initiatives remain largely elective, introductory, or institution-specific rather than integrated across medical training (Prueitt & Sloshower, 2023; Aicher et al., 2025). Their inclusion is typically justified by anticipated workforce needs, evolving regulatory environments, ethical complexity, harm reduction, and future clinical implementation (Perez Rosal et al., 2024; Shane et al., 2024).

Despite growing educational interest, no comprehensive review has examined how psychedelic knowledge is conceptualized, justified, and represented within medical education scholarship. Existing reviews have focused primarily on clinical efficacy, therapeutic outcomes, implementation, or regulation, leaving the educational literature fragmented. Given the breadth and emerging nature of this scholarship, a scoping review is well suited to map its conceptual and methodological characteristics. Accordingly, this review examines how psychedelic knowledge is conceptualized, justified, and translated within medical education scholarship. We map the learner populations, educational settings, rationales for curricular inclusion, pedagogical approaches, and educational objectives represented across the literature. Rather than evaluating clinical efficacy, we examine how psychedelics are constructed as objects of medical education. Through an inductive synthesis (Hemadi et al., 2026), we develop a taxonomy of psychedelic knowledge that provides a framework for curriculum development, educational research, and critical analysis of what psychedelic education prioritizes, legitimizes, and leaves underrepresented.

Methodology

Study Design

Our research question is exploratory in nature: How is psychedelic knowledge conceptualised and justified within medical education scholarship, and how is it translated into educational discourse and, where applicable, educational practice? This study examines how psychedelic knowledge is framed, positioned, and incorporated

across medical education and physician professional learning contexts, spanning undergraduate, postgraduate, and continuing professional education. Rather than evaluating clinical efficacy, therapeutic safety, or patient outcomes, the review focuses specifically on how psychedelic knowledge is constructed as an object of medical education and situated within educational and professional discourse.

Although psychedelic substances are pharmacologically defined within psychiatric and neuroscientific research, the medical education literature has yet to articulate a clearly standardised pedagogical framework specifying what constitutes “psychedelic knowledge” for medical learners and practicing clinicians. Across studies, psychedelic knowledge is variously constructed as pharmacological literacy (e.g., mechanisms of action, drug–drug interactions, and patient-selection or safety considerations), therapeutic protocol competence, regulatory and policy literacy, harm-reduction preparedness, ethical deliberation concerning altered states of consciousness, stigma reduction, and preparation for anticipated developments in psychedelic-assisted care. While these framings may be internally coherent within their respective disciplinary or professional contexts, the literature does not converge on a unified curricular construct.

This conceptual plurality generates substantial heterogeneity in how psychedelic knowledge is defined, represented, and assessed. Methodological approaches that presuppose definitional stability or comparable educational outcomes, such as meta-analysis, would therefore be poorly suited to the present research question. A scoping review approach was selected to map the conceptual, methodological, and educational contours of this emerging literature.

Given the interpretive and conceptual orientation of the research question, centred on justificatory logics, epistemic assumptions, disciplinary positioning, and modes of educational translation, we employed a scoping review methodology informed by qualitative analytic techniques. Scoping reviews are particularly suited to bodies of literature characterised by disciplinary dispersion, variation in educational stage and specialty focus, methodological diversity, and heterogeneous pedagogical aims. They are especially appropriate when concepts remain emergent, variably defined, or insufficiently synthesised, and when the objective is to map the scope, contours, and internal architecture of a field prior to undertaking evaluative or comparative analysis (Munn et al., 2018).

The review followed the scoping review framework described by Mak and Thomas (2022), encompassing five stages: identifying the research question, identifying relevant studies, study selection, data extraction, and collating, summarising, and reporting the results. The review was designed to provide a comprehensive synthesis of the existing literature and to identify patterns that may inform future curricular development and educational research in psychedelic medicine.

Analytic Orientation

In addition to descriptive mapping, this review adopted an interpretive analytic orientation focused on the epistemic structures underlying the literature. Specifically, the analysis examined how psychedelic knowledge was conceptually defined, how educational and curricular rationales were constructed, how disciplinary and professional frameworks shaped interpretation, and how knowledge was translated into educational contexts.

Rather than treating included studies solely as neutral reports of educational findings, the analysis also examined them as epistemic artifacts that reflect assumptions about what constitutes relevant knowledge, how that

knowledge should be operationalised, and how it becomes legitimised within medical education. This orientation enabled identification of patterns of alignment, divergence, and transformation across the literature, including shifts in how psychedelic knowledge is stabilised, represented, and evaluated as it moves from clinical and scientific domains into educational practice.

Aligned with this analytic orientation, the review sought to:

1. Characterise how psychedelic knowledge is conceptually defined and represented within medical education scholarship, including the clinical, therapeutic, ethical, sociocultural, regulatory, relational, and experiential domains made educationally relevant.
2. Examine the educational rationales used to justify the inclusion of psychedelic knowledge, including how these rationales are oriented toward present educational conditions, emerging clinical and professional needs, and anticipated future clinical or regulatory developments.
3. Map how psychedelic knowledge is translated into educational discourse and, where applicable, educational practice, including the forms through which it is represented, the educational stages and professional populations targeted, and the educational forms and pedagogical strategies through which it is operationalised.

By synthesising and analysing this body of literature, the review aimed to illuminate how psychedelic knowledge is stabilised as an object of medical education, how its educational inclusion is justified, and how emerging scientific, clinical, ethical, and regulatory developments shape educational discourse.

Search Strategy

The search strategy (Supplementary Table S1; Supplementary Table S9) was developed in collaboration with a specialist health sciences librarian at the University of Ottawa to enhance methodological rigour and reproducibility. A comprehensive search was conducted across five databases commonly used in clinical, biomedical, psychological, and educational research: MEDLINE (Ovid), Embase (Ovid), PsycINFO (Ovid), ERIC (Ovid), and Scopus between 9 and 10 March 2026, covering each database from inception to the search date. No publication-date restrictions were applied.

To ensure conceptual breadth and transparency, the search strategy was structured around two core domains: (1) psychedelic substances and related terminology and (2) medical education and physician training contexts. These concepts were operationalised using a combination of controlled vocabulary (e.g., MeSH terms, Emtree headings, and database-specific subject headings) and free-text terms.

The psychedelic domain included controlled vocabulary and keywords representing psychedelic substances and related terminology, including psychedelics, psilocybin, lysergic acid diethylamide (LSD), N,N-dimethyltryptamine (DMT), mescaline, ayahuasca, MDMA, hallucinogens, and psychedelic-assisted therapy, together with relevant chemical and pharmacological synonyms used in biomedical indexing. To maximise retrieval sensitivity, additional chemical and pharmacological drug synonyms were identified using the RxString database (RxString, 2026) and incorporated into the search strings where appropriate.

Ketamine was not included as an independent search concept because the review was not designed as a comprehensive search of ketamine education. However, studies involving ketamine were eligible when they were

retrieved through the broader psychedelic search strategy and explicitly situated ketamine or ketamine-assisted therapy within the educational, clinical, or professional discourse of psychedelic-assisted care. Its inclusion therefore reflects the boundaries of the educational literature retrieved by the search rather than a pharmacological classification of ketamine as a classic psychedelic or a claim of comprehensive coverage of ketamine-related education.

The medical education domain included subject headings and keywords related to medical education, undergraduate medical education (UGME), postgraduate medical education (PGME), residency and fellowship training, medical students, physician trainees, clinical competence, curriculum development, continuing medical education (CME), and professional learning. These terms were used to capture scholarship addressing psychedelic knowledge within physician education and clinical training contexts across the educational continuum.

Search terms from the two conceptual domains were combined using Boolean operators to retrieve studies examining psychedelic substances in relation to medical education. Where appropriate, database-specific indexing terms were exploded to capture narrower related concepts.

Study Selection

The study selection process involved two stages and was managed using Covidence software. First, two reviewers independently screened titles and abstracts according to predefined inclusion and exclusion criteria. The review team included researchers with experience in medical education research and scoping review methodology, including a senior research associate with extensive experience conducting scoping reviews. Discrepancies were resolved through discussion, with mediation by a third reviewer when necessary.

Second, articles deemed potentially eligible underwent full-text review to confirm relevance. Full-text screening assessed whether articles examined psychedelic knowledge in relation to medical education, physician professional learning, or clinical training relevant to physician participation in psychedelic-assisted care. Relevant studies could address conceptualisation of psychedelic knowledge, justification for educational inclusion, pedagogical implementation, educational stage, learner or clinician knowledge and attitudes, competency development, or associated professional and epistemic framing.

Given the interprofessional organisation of psychedelic-assisted care, professional title alone was not used to determine educational relevance. Studies involving mixed healthcare professional populations, therapist-training programs, competency frameworks, or professional certification curricula were eligible when physicians or medical trainees were represented or when the educational content addressed clinical knowledge, competencies, or roles relevant to physician participation in psychedelic-assisted care. Studies confined to non-physician professional education without a clear connection to medical education, physician professional learning, or physician participation in psychedelic-assisted care were excluded. Studies addressing clinical efficacy, pharmacology, or therapeutic outcomes without an explicit educational or training component were also excluded. The inclusion and exclusion criteria used during study selection are presented in Supplementary Table S2.

Data Charting and Analysis

Data were charted using a standardised extraction form that captured study characteristics, educational context, learner or professional population, educational form, pedagogical strategies, educational outcomes, educational justifications, and the temporal orientation of those justifications.

Educational context was classified according to the stage of medical education or professional practice represented within each study. Studies involving medical students were classified as Undergraduate Medical Education (UME). Studies involving residents, fellows, or interns were classified as Graduate Medical Education (GME). Studies involving practicing or licensed healthcare professionals participating in continuing education, professional development, certification programs, or advanced clinical training were classified as Continuing Professional Education (CPE).

Studies involving participants from more than one stage of medical education or physician professional practice (e.g., medical students, residents, and practicing physicians) were classified as Mixed Educational Contexts. This category reflected variation across educational stages rather than professional diversity within a single stage. Accordingly, studies involving multiple healthcare professions within the same educational stage were classified according to that stage and were not considered Mixed Educational Contexts solely on the basis of interprofessional composition.

For the purposes of this review, psychedelic therapist-training programs, competency frameworks, and professional certification curricula were classified under Continuing Professional Education when they addressed advanced clinical knowledge, skills, competencies, or professional roles relevant to physician participation in psychedelic-assisted care. Because psychedelic-assisted therapy is situated within interprofessional clinical environments and therapist roles may span multiple professional backgrounds, professional title alone was not used to determine educational context.

Inclusion of therapist-training programs and competency frameworks did not imply that the competencies described within those sources were applicable to all physicians or medical learners. Rather, these publications were included where they illuminated forms of knowledge, skills, or professional roles relevant to physician participation in interprofessional psychedelic-assisted care. Interpretation of their educational relevance was therefore contingent on learner stage, professional role, and anticipated scope of practice.

Educational rationales were additionally categorised according to their temporal orientation. Studies were classified as Future-Oriented when the dominant educational rationale was framed around anticipated developments in psychedelic clinical practice, healthcare delivery, regulation, curricular needs, or the potential future integration of psychedelic-assisted therapies. Studies were classified as Transitional when the educational rationale explicitly connected present educational conditions, such as knowledge gaps, stigma, limited educational exposure, or training needs, with anticipated future developments or implementation. Studies were classified as Present-Oriented when the educational rationale focused primarily on existing knowledge, familiarity, attitudes, perceptions, or educational conditions without substantial reference to anticipated future implementation. Classification was based on the dominant justificatory framing identified within each study.

For the interpretive synthesis, extracted data were additionally examined across studies to identify recurring ways in which psychedelic knowledge was conceptualised, represented, and operationalised educationally. Particular attention was given to study objectives, the educational constructs examined or assessed, pedagogical approaches, and the forms of knowledge or professional capacity made salient within each study. Recurring

educational objects were identified inductively and coded as non-mutually exclusive, recognising that individual studies could represent multiple forms of psychedelic knowledge simultaneously. These educational objects were first mapped descriptively across the included literature and subsequently compared interpretively to inform the emergent taxonomy presented in the Discussion.

Results

Characteristics of Included Studies

The study selection process is presented in the PRISMA flow diagram (Figure 1). A total of 3,078 records were identified through database searching, including Embase (n = 1,332), MEDLINE (n = 654), PsycINFO (n = 490), Scopus (n = 445), and ERIC (n = 157). Following import into Covidence, 361 duplicate records were removed, including 359 duplicates identified automatically and two identified manually. This resulted in 2,717 unique records proceeding to title and abstract screening.

Of the 2,717 records screened, 2,678 were excluded during title and abstract review. Thirty-nine articles underwent full-text assessment, of which 11 were excluded. Reasons for exclusion included conference abstracts (n = 2), studies not focused on psychedelics (n = 1), and studies that did not address education- or curriculum-related outcomes (n = 8). Twenty-eight studies met all inclusion criteria and were included in the final synthesis. The characteristics of all included studies are presented in Supplementary Table S3. To facilitate reference traceability, all included studies are cited here in Study ID order: Ahmed et al. (2025); Aicher et al. (2025); Argento et al. (2024); Barnett et al. (2022); Barnett et al. (2018); Berger and Fitzgerald (2023); Chaudhry et al. (2024); Choi et al. (2025); Geller et al. (2025); Li et al. (2023); Pagán et al. (2023); Passie et al. (2026); Phelps (2017); Mastelić et al. (2025); Prueitt and Sloshower (2023); Phelps and Henry (2022); Song-Smith et al. (2024); Wang et al. (2023); Yaden et al. (2024); Villiger (2024); Wang et al. (2024); Yalovitser et al. (2025); Page et al. (2021); Žuljević et al. (2024); Rosenbaum et al. (2024); Masse-Grenier et al. (2024); Mota et al. (2025); and Barnett et al. (2025).

Temporal Distribution of the Literature

The temporal distribution of included studies is presented in Figure 4. Although no publication date restrictions were applied during the search process, psychedelic education scholarship was overwhelmingly concentrated in the last decade. The earliest included study was published in 2017 (n = 1, 3.6%), and a majority of the reviewed studies (n = 23, 82.1%) were published between 2023 and 2026. The temporal distribution suggests that psychedelic education represents a rapidly emerging area of scholarship within medical education. The concentration of publications in the most recent years indicates growing academic interest in the educational implications of psychedelic-assisted therapies and coincides with expanding clinical research, evolving regulatory environments, and increasing attention to workforce preparation and training needs. The relative absence of earlier literature further suggests that psychedelic education remains in an early stage of scholarly development compared with more established domains of medical education.

Temporal Orientation of Educational Justifications

Analysis of educational rationales revealed that psychedelic education was predominantly transitional-facing, although this orientation was most commonly expressed through a transitional rather than exclusively anticipatory logic (Figure S1, Supplementary Table S3). Fifteen studies (n = 15/28, 53.6%) were classified as Transitional, linking present educational conditions—such as knowledge gaps, limited educational exposure,

training needs, concerns regarding professional preparedness, and emerging curricular demands—with anticipated developments in psychedelic clinical practice, regulation, and healthcare implementation. In these studies, education was positioned as a response to an evolving field in which current educational limitations were made salient by expected changes in professional practice.

Ten studies ($n = 10/28$, 35.7%) were classified as Future-Oriented. These studies justified education primarily in relation to anticipated developments, including workforce preparation, therapist competency development, future curriculum development, evolving professional standards, and preparation for the broader integration of psychedelic-assisted therapies into healthcare systems. In contrast, only three studies ($n = 3/28$, 10.7%) were classified as Present-Oriented, focusing predominantly on existing levels of knowledge, familiarity, attitudes, perceptions, or current educational conditions without substantial reliance on anticipated future implementation as the primary educational rationale.

Taken together, the findings indicate that psychedelic education scholarship is organized less around established educational practice than around educational preparation for a field in transition. Although Future-Oriented studies explicitly anticipated forthcoming clinical and professional developments, the predominance of Transitional studies suggests that much of the literature operates at the intersection of present educational deficiencies and anticipated future demands. Psychedelic education is therefore commonly framed not simply as preparation for a distant future, but as a response to clinical, regulatory, and professional changes that are already beginning to reshape educational needs.

Educational Contexts

The 28 included studies were conducted across multiple educational contexts within medical education (Figure S2, Supplementary Table S3). Continuing Professional Education (CPE) represented the largest educational context ($n = 11$, 39%), followed by Mixed Educational Contexts ($n = 10$, 36%), Undergraduate Medical Education (UME) ($n = 5$, 18%), and Graduate Medical Education (GME) ($n = 2$, 7%).

Studies situated within Continuing Professional Education primarily involved practicing physicians and mixed healthcare professional populations in which physicians were represented alongside psychiatrists, psychologists, psychotherapists, primary care providers, palliative care professionals, and other healthcare professionals (S2, S3, S12–S14, S16, S20–S22, S25, S26). Within these studies, psychedelic knowledge was commonly constructed in relation to current or anticipated clinical implementation, therapist competency, prescribing readiness, workforce preparation, patient care, and professional development.

Undergraduate Medical Education studies (S7, S10, S11, S17, S18) examined awareness, familiarity, attitudes, educational exposure, therapeutic perceptions, and preparedness for future learning. Graduate Medical Education studies focused on psychiatry residency training and residency program development (S19, S28).

Mixed Educational Contexts accounted for ten studies (36%) and frequently combined participants from substantially different educational and professional stages, including medical students, residents, psychiatrists, psychologists, and practicing clinicians (S1, S4, S5, S6, S8, S9, S15, S23, S24, S27). Across these studies, attitudes, preparedness, educational needs, and knowledge were often reported across heterogeneous populations despite substantial differences in professional responsibilities, clinical experience, and relationships to psychedelic practice.

Overall, three-quarters of the literature (75%; 21/28 studies) involved either practicing healthcare professionals or mixed populations that included practicing healthcare professionals. This concentration suggests that psychedelic education has developed largely as a response to perceived knowledge and training needs among clinicians already in practice, potentially reflecting efforts to adapt to a rapidly evolving clinical and therapeutic landscape rather than the prospective integration of psychedelic content within undergraduate or postgraduate curricula.

Study Designs

The 28 included studies employed a range of methodological approaches (Figure 3, Supplementary Table S3). Cross-sectional surveys constituted the dominant study design (n = 17, 61%). Curriculum proposals, competency models, and conceptual scholarship accounted for seven studies (25%). Qualitative studies (n = 2, 7%) and mixed-methods studies (n = 2, 7%) were comparatively uncommon.

Closer examination of the 17 cross-sectional survey studies (Supplementary Table S8) revealed that survey research was primarily concerned with self-reported knowledge (16/17, 94.1%), training needs (16/17, 94.1%), attitudes and perceptions (15/17, 88.2%), therapeutic acceptance (15/17, 88.2%), and preparedness for future practice (14/17, 82.4%). In contrast, objective knowledge assessments (6/17, 35.3%) and educational exposure (5/17, 29.4%) were comparatively uncommon. These findings suggest that survey-based scholarship has largely functioned as an educational needs-assessment literature, documenting clinicians' perceived need for new knowledge and skills in response to an emerging psychedelic clinical landscape, rather than evaluating established educational interventions, educational effectiveness, or demonstrated competence.

These findings also reveal important differences in the evidentiary status of the outcomes represented across the literature. At one evidentiary domain, cross-sectional survey studies predominantly examined perceptions and self-reported constructs, including attitudes, perceived knowledge, confidence, preparedness, therapeutic acceptance, and perceived training needs (S1, S4–S6, S8–S11, S14, S17–S19, S21, S22, S24, S27, S28). At a second domain, six studies incorporated objective knowledge assessment through factual knowledge questions, recognition tasks, or knowledge testing (S1, S4, S21, S22, S24, S28). Curricula and educational programmes described intended forms of knowledge or capability to be developed (S2, S7, S12, S15), while competency and training frameworks articulated professional competencies or expectations considered relevant to psychedelic-assisted care (S13, S16, S20, S25). Importantly, specification of an intended competency or educational outcome should not itself be interpreted as evidence that the competency was demonstrated. A third evidentiary domain concerns whether education produces changes in professional practice or patient-relevant outcomes; such outcomes were not substantively evaluated within the included educational literature. These evidentiary domains should therefore not be treated as interchangeable: perceived preparedness does not establish demonstrated knowledge or competence, and demonstrated educational outcomes would not, by themselves, establish changes in clinical practice or patient outcomes.

Educational frameworks, competency models, and conceptual scholarship focused less on measuring educational outcomes and more on defining competencies, professional standards, therapist development, and educational expectations considered relevant to psychedelic practice and therapist training (S12, S13, S16, S20, S25).

Qualitative and mixed-methods studies explored dimensions of learning that extended beyond knowledge acquisition and competency measurement alone. These studies examined therapist experiences, professional development, experiential learning, empathy, therapeutic presence, self-awareness, implementation challenges, and professional identity formation (S3, S7, S23, S26).

Educational Aims

Educational aims were categorized according to the primary educational activity, curriculum, framework, program, or educational objective that constituted the focus of each study (Figure S3, Supplementary Table S6). Surveys and educational needs assessments represented the most common educational aim (n = 18, 65%). These studies primarily examined attitudes, familiarity, perceptions, educational exposure, confidence, preparedness, implementation readiness, and training needs.

Curricula and educational programs accounted for four studies (14%). These studies described structured educational initiatives including therapist training programs, team-based learning interventions, curriculum models, seminars, and formal educational experiences (S2, S7, S12, S15). Competency and training frameworks also accounted for four studies (14%). These studies focused on defining competencies, educational standards, therapist capabilities, and professional expectations necessary for psychedelic-assisted therapy practice (S13, S16, S20, S25). Qualitative educational studies represented two studies (7%) and focused on experiential learning, implementation challenges, professional dialogue, therapist development, and educational experiences (S3, S26).

Collectively, only four studies (14.3%) described or evaluated structured educational programs directly, whereas nearly two-thirds of the literature focused on educational needs, preparedness, attitudes, perceptions, or workforce readiness. This pattern suggests that much of the existing literature is concerned with identifying educational needs in response to an evolving clinical and professional landscape rather than evaluating established educational practices. However, these educational priorities were not distributed uniformly across the medical education continuum. The forms of psychedelic knowledge emphasized differed according to educational stage and professional context, prompting further examination of how common educational constructs were represented across undergraduate, postgraduate, and continuing professional education.

Pedagogical Strategies

Pedagogical activity across the included literature varied substantially in both form and evidentiary status. Three studies described or evaluated structured educational programmes or interventions that had been implemented (S2, S7, S15; Supplementary Table S3). These included a three-year psychedelic-assisted therapy curriculum integrating theoretical teaching, experiential learning, retreats, supervision, and practical training; a team-based learning curriculum incorporating independent preparation, readiness-assurance testing, clinical application exercises, and group discussion; and an elective psychedelic medicine seminar using readings, mini-lectures, mindful listening, peer discussion, and self-directed learning. Other publications primarily proposed, reviewed, or analysed pedagogical approaches rather than empirically evaluating them (S12, S13, S16, S20, S25). These approaches included competency-based training, apprenticeship and clinical observation, supervision and peer supervision, role-play, reflective practice, experiential or self-experience components, and ethical safeguards surrounding experiential training. Experiential learning was not operationalised uniformly across these publications and should not be understood as synonymous with personal psychedelic experience. Depending on the training model, experiential approaches included role-play, observation, supervised clinical practice, reflective

exercises, non-ordinary-state experiences, and, in some cases, optional controlled or supervised personal psychedelic experience.

Several empirical studies additionally documented participants' prior or existing learning experiences, educational exposures, or information sources—including lectures, conferences, courses, journal reading, informal learning, clinical exposure, and personal or experiential learning—without themselves delivering or evaluating those approaches (e.g., S3, S4, S9, S17, S19, S21, S23, S27, S28). S26 occupied an intermediate position: informational materials, a physician presentation and question period, and facilitated World Café discussions were embedded within the qualitative data-collection process, but the study was not designed as a formal educational intervention.

Cross-sectional surveys constituted 17 of the 28 included studies. None was designed to deliver and evaluate a defined pedagogical intervention; rather, these studies primarily assessed constructs such as objective or perceived knowledge, attitudes, concerns, preparedness or readiness where explicitly operationalised, educational exposure, information sources, and perceived training needs or preferences. Several surveys nevertheless documented existing curricular exposure or learning sources. For example, S27 identified formal clinical training, academic literature, conferences, colleagues, and other sources through which professionals had acquired ketamine-related knowledge, while S28 documented residents' formal educational hours, residency didactics, information sources, and desired educational content. Accordingly, the presence of lectures, conferences, courses, didactics, or self-directed learning within a survey should not be interpreted as evidence that the study implemented or evaluated those pedagogies. Overall, the literature ranged from descriptive assessments of existing educational conditions and exposure, through conceptual and competency-based proposals for training, to a relatively small number of implemented educational programmes. This variation demonstrates the heterogeneous ways in which psychedelic knowledge has been translated into educational discourse and practice, while also highlighting the limited empirical evaluation of pedagogy within the field.

Educational Stage and the Representation of Psychedelic Knowledge

Common educational constructs—including preparedness, readiness, competence, and educational needs—were used differently across educational stages and professional contexts. Although similar terminology appeared across studies, these constructs referred to different educational expectations depending on whether the population comprised medical students, psychiatry residents, practicing clinicians, or psychedelic therapists (S2–S4, S6–S13, S16–S28).

The stage-specific meanings of preparedness, competence, and educational need were reflected in the educational priorities emphasized within each context. Undergraduate Medical Education focused primarily on awareness, familiarity, attitudes, educational exposure, and preparation for future learning (S7, S10, S11, S17, S18). Graduate Medical Education emphasized specialty-specific training, curricular development, and anticipated clinical responsibilities (S19, S28). Continuing Professional Education more commonly addressed clinician-identified training needs, current or anticipated clinical implementation, prescribing or referral considerations, patient care, and professional development (S2–S4, S6, S12–S14, S16, S20–S23, S25, S26). Within therapist-training contexts, educational priorities additionally included experiential learning, relational competence, self-awareness, therapeutic presence, and professional formation (S2, S3, S12, S13, S16, S20, S25). Mixed Educational Context studies combined participants across different stages of training or practice and frequently reported educational outcomes across heterogeneous populations (S1, S5, S8, S9, S15, S24, S27).

The construct of preparedness illustrates this contextual variation. Within Undergraduate Medical Education, preparedness largely referred to foundational awareness, educational exposure, and readiness for future learning. Within Graduate Medical Education, it was more closely associated with specialty-specific knowledge, curricular preparation, and anticipated psychiatric practice. Among practicing clinicians, preparedness more often referred to perceived capacity to respond to emerging clinical applications, including associated knowledge and training needs. Within psychedelic therapist education, preparedness extended further to experiential, relational, ethical, and formational dimensions of practice.

Preparedness therefore did not function as a single, stable educational construct across the literature. Rather, its meaning shifted according to educational stage, professional role, and the forms of psychedelic knowledge considered relevant within each context. Educational stage consequently shaped not only the populations targeted by psychedelic education, but also what counted as relevant knowledge, what forms of preparation were prioritized, and how educational needs were understood. Accordingly, similarly named constructs should not be assumed to imply equivalent competency expectations across learner groups. In particular, competencies emphasized within psychedelic therapist education cannot be directly generalized to medical students, residents, or physicians whose anticipated responsibilities may differ substantially.

Educational Objectives and Constructions of Psychedelic Knowledge

To characterize how psychedelic knowledge was represented across the literature, studies were coded according to the educational objectives they examined, developed, assessed, or justified (Supplementary Table S7). Educational objectives encompassed forms of knowledge, attitudes, competencies, capacities, and perceived educational needs. Because individual studies frequently addressed more than one objective, these categories were non-mutually exclusive.

Objectives related to preparedness were the most prevalent, appearing in 22 of 28 studies (78.6%). These studies examined readiness, confidence, perceived training needs, implementation capacity, institutional preparedness, and preparation for anticipated clinical responsibilities, particularly among psychiatrists, healthcare professionals, and trainees responding to the potential integration of psychedelic-assisted therapies into healthcare systems (S2–S4, S6–S7, S9–S14, S16–S19, S21, S23–S28).

Objectives concerned with knowledge acquisition or assessment appeared in 19 studies (67.9%), while attitudinal objectives and educational or training needs were each represented in 18 studies (64.3%). Across these studies, psychedelic knowledge was commonly approached through awareness, familiarity, perceived and assessed knowledge, attitudes, educational exposure, curriculum gaps, and perceived priorities for further education (S1, S4, S6–S11, S14–S15, S17–S19, S21–S24, S26–S28). Together, these objectives indicate a strong emphasis on identifying what learners and clinicians currently know, how they perceive psychedelics, and what additional education they believe is required.

By comparison, objectives concerned with technical competency were less common, appearing in six studies (21.4%). These studies represented Technical Knowledge through biomedical, clinical, ethical, regulatory, and procedural capabilities relevant to safe practice. Educational content included pharmacological and neurobiological knowledge, knowledge of psychoactive effects, clinical application and protocols, patient assessment and management, altered-state management, ethical and regulatory reasoning, and risk-related clinical decision-making (S2, S7, S12, S13, S15, S16). Technical Knowledge therefore encompassed both

understanding of psychoactive agents and the application of professional judgment within the broader therapeutic intervention. Experiential–relational–formational objectives appeared in seven studies (25.0%) and emphasized therapist development, therapeutic presence, experiential learning, relational competence, self-awareness, reflective practice, and professional identity formation (S2, S3, S12, S13, S16, S20, S25). The frequent overlap among these objectives further illustrates the multidimensional construction of psychedelic knowledge within the literature. Studies examining preparedness often incorporated measures of knowledge, attitudes, and perceived training needs, while therapist-training frameworks commonly integrated technical competencies with experiential, relational, and formational dimensions of learning (S2, S4, S6, S9, S12, S13, S16, S21–S24, S27, S28). Psychedelic knowledge was therefore not organized around a single educational objective; rather, studies made different aspects of knowledge educationally salient depending on what learners or professionals were expected to know, perceive, develop, or enact. This pattern of overlapping educational objects informed the inductive taxonomy presented in the following section.

Discussion: Emergent Taxonomy of Psychedelic Knowledge in Medical Education Scholarship

Our analysis identified four recurrent representations through which psychedelic knowledge was made educationally relevant within medical education scholarship: Attitudinal Knowledge, Preparatory Knowledge, Technical Knowledge, and Experiential–Relational–Formational Knowledge (Figure 2; Table 1; Supplementary Table S4). These categories do not represent mutually exclusive types of studies. Rather, they describe distinct educational objects through which psychedelic knowledge was conceptualized, operationalized, and assessed, with individual studies frequently representing more than one form simultaneously. The taxonomy therefore captures variation not simply in what studies examined, but in what the literature treated as relevant or legitimate knowledge for psychedelic education.

Attitudinal Knowledge represents psychedelic knowledge through awareness, familiarity, beliefs, perceived scientific legitimacy, perceived therapeutic potential, perceived risks and benefits, stigma, and support for research, clinical practice, and education. Within this category, two distinct educational objects were identified. *Attitudes Toward Psychedelic Science* concerned how learners and professionals appraised the legitimacy and evidentiary basis of psychedelic science, including their confidence in the evidence, perceptions of risk and benefit, and beliefs about therapeutic potential. Measures of therapeutic optimism, perceived therapeutic potential, perceived risks and benefits, and confidence in the evidentiary basis of psychedelic therapies capture learners' and professionals' appraisals of the field; they do not constitute evidence that a psychedelic intervention is efficacious, effective, or safe, nor do they measure patient outcomes. *Attitudes Toward Psychedelic Education* concerned judgments about educational need, training content and structure, curriculum development, and institutional responsibility for professional learning (Supplementary Table S5). This distinction indicates that attitudinal scholarship is directed not only toward psychedelics as scientific or therapeutic phenomena, but also toward whether and how psychedelics should become objects of formal education.

Preparatory Knowledge concerns the perceived capacity of learners, clinicians, and institutions to respond to emerging clinical, educational, and regulatory demands associated with psychedelics. Studies representing this form of knowledge commonly examined confidence, perceived educational needs, training gaps, anticipated clinical responsibilities, and implementation capacity. Unlike Technical Knowledge, Preparatory Knowledge generally did not establish whether participants could demonstrate specific competencies. Instead, it made

visible what forms of learning or institutional support were perceived to be necessary for engagement with an evolving area of practice. Its prominence within the literature is therefore consistent with a field in which educational needs are being identified and articulated alongside emerging clinical and professional developments.

Technical Knowledge represents the codifiable biomedical, clinical, and professional knowledge and competencies associated with safe practice. This category encompasses two related but distinguishable educational objects: knowledge concerning the psychoactive agent itself and knowledge concerning the broader therapeutic intervention in which that agent may be used. Within the reviewed literature, *agent-related knowledge* included pharmacological and neurobiological mechanisms, psychoactive effects, drug-related risks and interactions, and other safety considerations. *Intervention-related knowledge* included patient assessment and screening, including consideration of contraindications, precautions, eligibility criteria, and relevant risk factors where applicable, as well as treatment protocols, ethical and regulatory reasoning, risk management, and clinical judgment. These considerations should not be treated as uniform across psychedelic-assisted care, as their relevance may vary according to the psychoactive agent, therapeutic model, indication, professional role, and clinical context. Technical Knowledge is therefore distinguished from more general perceptions of preparedness by its emphasis on what practitioners are expected to know, evaluate, and apply in clinical decision-making. Psychedelic-assisted therapy should likewise not be understood as synonymous with administration of a psychedelic or other psychoactive agent; depending on the model represented, the broader therapeutic intervention may involve preparation, session-related support and management, relational practices, supervision, and post-session integration.

At the same time, the literature does not yet establish a standardized set of biomedical and patient-safety competencies for psychedelic-assisted care. The technical domains identified here should therefore not be interpreted as an exhaustive competency framework. Future curriculum and competency development should determine whether more granular domains—including pharmacokinetics and pharmacodynamics, dose-response relationships, drug–drug interactions, physiological and psychological adverse-effect recognition, clinical monitoring, emergency procedures, and post-treatment monitoring—require explicit educational treatment according to the specific agent, indication, professional role, therapeutic model, and regulatory context.

Experiential–Relational–Formational Knowledge, by contrast, conceptualizes learning as involving embodied, relational, and professional formation. Knowledge within this category was represented as developing through self-experience, reflective practice, supervision, mentorship, and engagement with patients' lived experiences, emphasizing therapeutic presence, relational sensitivity, self-awareness, and professional identity. The distinction is particularly visible within psychedelic therapist education and may be understood, in part, as a distinction between orientations toward *doing* and *being*. Technical Knowledge primarily emphasizes what practitioners need to know, assess, and be able to do in practice, whereas Experiential–Relational–Formational Knowledge emphasizes how practitioners learn to be within practice—how they perceive, relate, reflect, exercise presence, and develop as practitioners. These orientations are not mutually exclusive but reflect different dimensions of professional knowledge and formation.

Taken together, the taxonomy suggests that psychedelic education is organized around multiple conceptions of what counts as educationally relevant knowledge rather than a single stable curricular construct. Attitudinal, preparatory, technical, and experiential–relational–formational representations foreground different relationships between knowing and professional practice. Their frequent overlap further suggests that the central challenge for

psychedelic education may not be simply determining how much knowledge learners require, but clarifying what forms of knowledge are being sought, what educational purposes they serve, and how appropriately they can be taught and assessed. The taxonomy therefore provides both a descriptive framework for organizing the literature and an analytical lens for examining how psychedelic knowledge is represented, operationalized, assessed, and legitimized within contemporary medical education.

Implications for Medical Education

For curriculum developers, the findings suggest that psychedelic education should extend beyond pharmacological knowledge, one component of Technical Knowledge, to encompass the broader domains identified in the taxonomy. This includes preparation for the therapeutic and sociocultural contexts of psychedelic-assisted care (Preparatory Knowledge); clinical, ethical, regulatory, and practice-related competencies, including patient communication and altered-state management (Technical Knowledge); and reflective practice, relational development, therapeutic presence, and practitioner formation (Experiential–Relational–Formational Knowledge). Importantly, however, these domains should not be interpreted as constituting a universal competency framework applicable equally across medical students, residents, practicing physicians, and psychedelic therapists. Rather, their relevance and required depth depend on learner stage, professional role, scope of practice, and anticipated clinical responsibilities. Competencies emphasized within therapist-training literature, such as therapeutic presence, experiential learning, relational development, and professional formation, may be central to direct therapeutic roles without necessarily constituting requirements for all physicians participating in psychedelic care. Conversely, physicians involved in screening, referral, prescribing, patient counselling, or interprofessional care may require different combinations and depths of knowledge. The taxonomy therefore provides a framework for clarifying which forms of psychedelic knowledge are relevant to a particular educational purpose and for considering whether pedagogical and assessment strategies are appropriately aligned with that purpose.

For educational researchers, the findings highlight the importance of aligning educational constructs with learner populations, professional contexts, and assessment strategies. Survey-based needs assessments remain valuable for documenting attitudes, perceived knowledge, and educational gaps, but they provide limited evidence of demonstrated competence or educational effectiveness. Future research should therefore build on and empirically evaluate emerging competency and training frameworks, alongside longitudinal evaluation, qualitative inquiry, and assessment approaches capable of examining technical, experiential, relational, and formational dimensions of learning. Professional practice guidelines have further articulated training needs and standards relevant to psychedelic-assisted therapy (American Psychedelic Practitioners Association [APPA] & BrainFutures, 2023). Such emerging guidance provides an important basis for future research examining how proposed competencies and training expectations can be operationalised, taught, assessed, and adapted across different professional roles and scopes of practice.

For institutions and policymakers, the predominance of Transitional and Future-Oriented educational rationales suggests a need to develop educational capacity alongside evolving clinical, regulatory, and professional developments in psychedelic medicine. Educational planning should address not only clinical knowledge and implementation requirements, but also ethical practice, cultural humility, relational safety, patient communication, and professional formation. Particular attention may also be needed to the different educational needs that arise across undergraduate, postgraduate, and continuing professional education.

More broadly, this review suggests that psychedelic education is not simply the transmission of an already-defined body of knowledge. Across the literature, what counted as educationally relevant psychedelic knowledge depended in part on how studies framed, operationalized, and assessed it. The predominance of survey-based needs assessments made attitudes, perceived knowledge, training needs, and preparatory concerns particularly visible, whereas competency frameworks foregrounded codifiable technical capabilities such as pharmacology, screening, ethical reasoning, and clinical decision-making. Therapist-training literature, in turn, brought experiential, relational, and formational capacities—including therapeutic presence, self-reflection, supervision, and professional identity—into the domain of educational concern. These differences were also patterned by educational stage, with similar constructs such as preparedness assuming different meanings across undergraduate, postgraduate, and continuing professional education.

One interesting pattern that arose during our review concerned the translation of complex forms of psychedelic knowledge into more bounded and measurable educational constructs. In several studies, experiential, relational, or context-dependent forms of knowledge were represented through measures of attitudes, confidence, preparedness, perceived knowledge, or training needs. While we do not examine this pattern in detail here, we tentatively refer to it as *epistemic compression*—the reduction or transformation of multidimensional forms of knowledge into more limited representations for the purposes of educational study and assessment. This concept requires further investigation in future work.

From this perspective, educational practices may do more than transmit psychedelic knowledge; they may also participate in shaping which dimensions of that knowledge become curricular objects, how those dimensions are represented, and what can be made teachable or assessable. Emerging fields may consequently be translated through curricular priorities, educational categories, pedagogical practices, and assessment strategies that foreground some forms of knowledge while rendering others less visible. Psychedelic education consequently offers a useful case for examining how medical education participates in the stabilization and legitimization of emerging domains of clinical knowledge, while underscoring the importance of maintaining conceptual alignment between the forms of knowledge valued, the pedagogies used to cultivate them, and the methods through which they are assessed.

Conclusion

The findings of this scoping review suggest that the central challenge for psychedelic education is not simply whether psychedelics belong in medical curricula, but how psychedelic knowledge is defined. Before preparedness, competence, or curricular effectiveness can be meaningfully evaluated, greater conceptual clarity is needed regarding the forms of knowledge being taught and assessed. Different educational representations embody different assumptions about meaningful learning, shaping educational goals, pedagogies, and assessment practices.

The findings can also be understood as a process of epistemic translation. While psychedelics have been translated from ceremonial and spiritual traditions into biomedical categories (Williams & Labate, 2020; Burt, 2024), this review suggests that a further translation occurs as psychedelic knowledge enters educational settings. The question is therefore not simply whether psychedelic knowledge is incorporated into medical education, but how it is reconfigured into educational forms that define what counts as legitimate knowledge. Viewed in this way, the presented taxonomy does more than classify educational content. It offers a framework for understanding how medical education constructs emerging domains of knowledge by shaping what counts as

expertise, how professional identities are formed, and which ways of knowing become legitimate within contemporary, evolving clinical and professional contexts.

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Table

Table 1. Emergent Taxonomy of Psychedelic Knowledge in Medical Education Scholarship.

Taxonomy Category	Description	Central Question	Epistemic Premise	Representative Educational Objects	Representative Studies
Attitudinal Knowledge	Psychedelic knowledge represented through awareness, familiarity, attitudes, beliefs, stigma, perceptions of risk, and perceived therapeutic potential or optimism.	<i>How do learners and professionals perceive psychedelics and psychedelic education?</i>	Psychedelics are scientific, therapeutic, and educational phenomena whose legitimacy, value, risks, and future role can be evaluated and interpreted by learners and professionals.	Familiarity, awareness, attitudes, stigma, perceived therapeutic potential, risk–benefit perceptions, confidence in evidence, support for research.	S1, S5, S8, S10, S11, S14, S17, S18, S21, S23, S24, S26, S27, S28
Preparatory Knowledge	Psychedelic knowledge represented through readiness for future clinical, educational, regulatory, and workforce contexts.	<i>Are learners and professionals prepared for psychedelic medicine?</i>	Psychedelics are emerging professional and institutional realities that require anticipatory preparation, workforce development, and educational planning.	Educational preparedness, training needs, prescribing readiness, workforce preparation, institutional readiness.	S4, S6, S9, S11, S14, S15, S17, S18, S19, S21, S22, S23, S24, S26, S27
Technical Knowledge	Psychedelic knowledge represented through biomedical, clinical, ethical, regulatory, and procedural capabilities relevant to safe professional practice.	<i>What must practitioners know and be able to do?</i>	Psychedelics are clinical and therapeutic interventions requiring specialized knowledge, skills, judgment, and professional competence.	Pharmacological and neurobiological knowledge; patient assessment and screening; clinical protocols; risk and safety considerations; clinical competency, altered-state management; ethical and regulatory reasoning; clinical decision-making.	S2, S7, S12, S13, S15, S16
Experiential–Relational–Formational Knowledge	Psychedelic knowledge represented through embodied experience, relational engagement, phenomenological understanding,	<i>Who must the practitioner become?</i>	Psychedelic knowledge emerges through lived experience, relational encounters, meaning-making, and	Embodiment, empathy, therapeutic presence, relational safety, lived experience, self-experience, professional	S3, S12, S13, S16, S20, S25

therapeutic presence, self-reflection, and professional identity formation.	processes of personal and professional transformation.	identity formation.
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This table presents the taxonomy of psychedelic knowledge developed through interpretive synthesis of the included studies. The taxonomy identifies four distinct representations of psychedelic knowledge—Attitudinal Knowledge, Preparatory Knowledge, Technical Knowledge, and Experiential–Relational–Formational Knowledge—each characterized by a unique educational focus, central question, and epistemic premise. The taxonomy illustrates how psychedelic knowledge is variously constructed as an object of evaluation, preparedness, professional competence, or personal and professional formation within medical education scholarship.

Figures

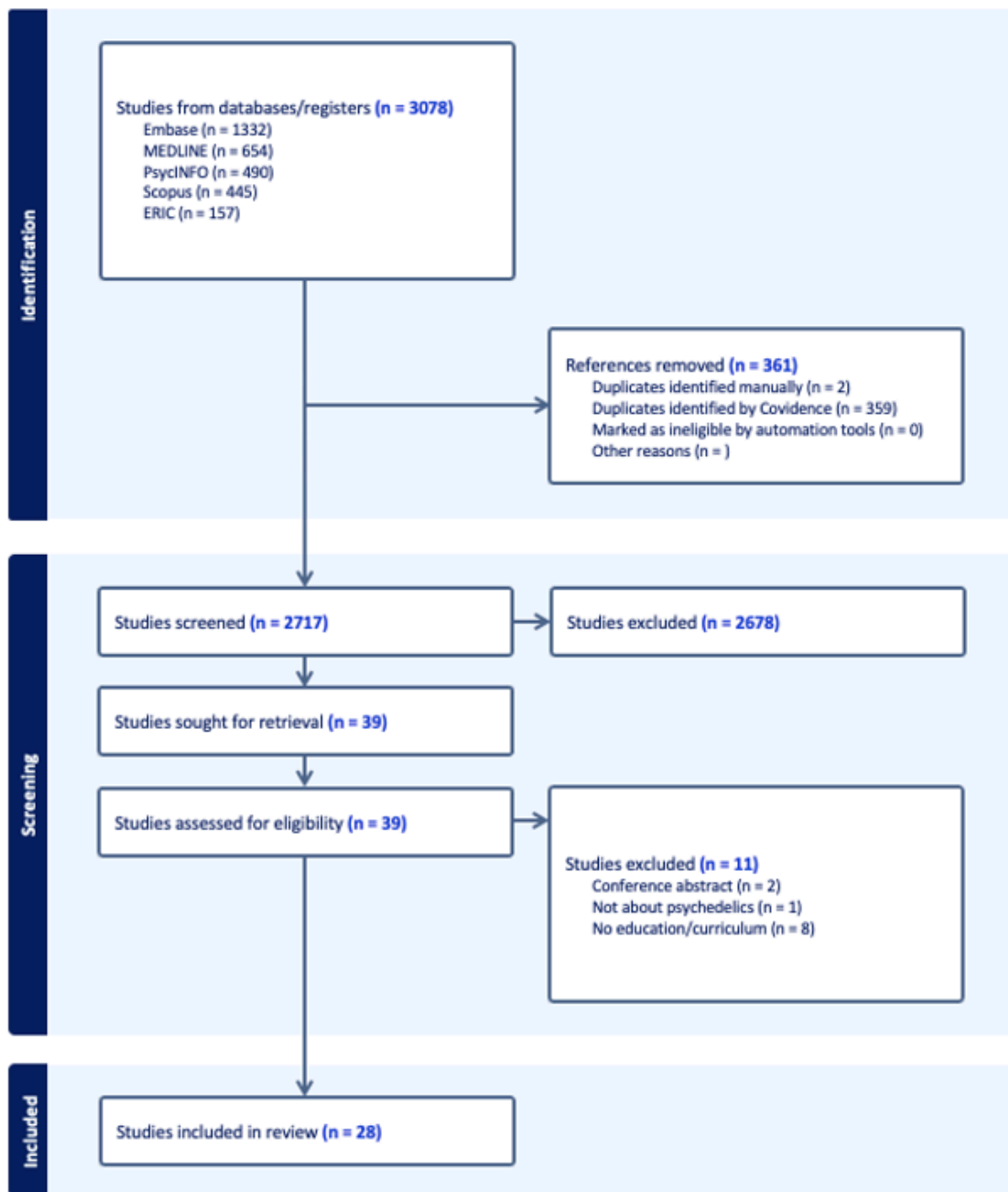


Figure 1

PRISMA Flow Diagram of Study Selection Process

PRISMA flow diagram illustrating the identification, screening, eligibility assessment, and inclusion of studies examining psychedelic knowledge within medical education. The database search yielded 3,078 records from Embase (n = 1,332), MEDLINE (n = 654), PsycINFO (n = 490), Scopus (n = 445), and ERIC (n = 157). Following removal of 361 duplicate records, 2,717 records underwent title and abstract screening, resulting in the exclusion of 2,678 records. Thirty-nine full-text articles were assessed for eligibility, of which 11 were excluded because they were conference abstracts (n = 2), were not focused on psychedelics (n = 1), or did not address education or

curriculum-related outcomes (n = 8). Twenty-eight studies met the inclusion criteria and were included in the final synthesis.

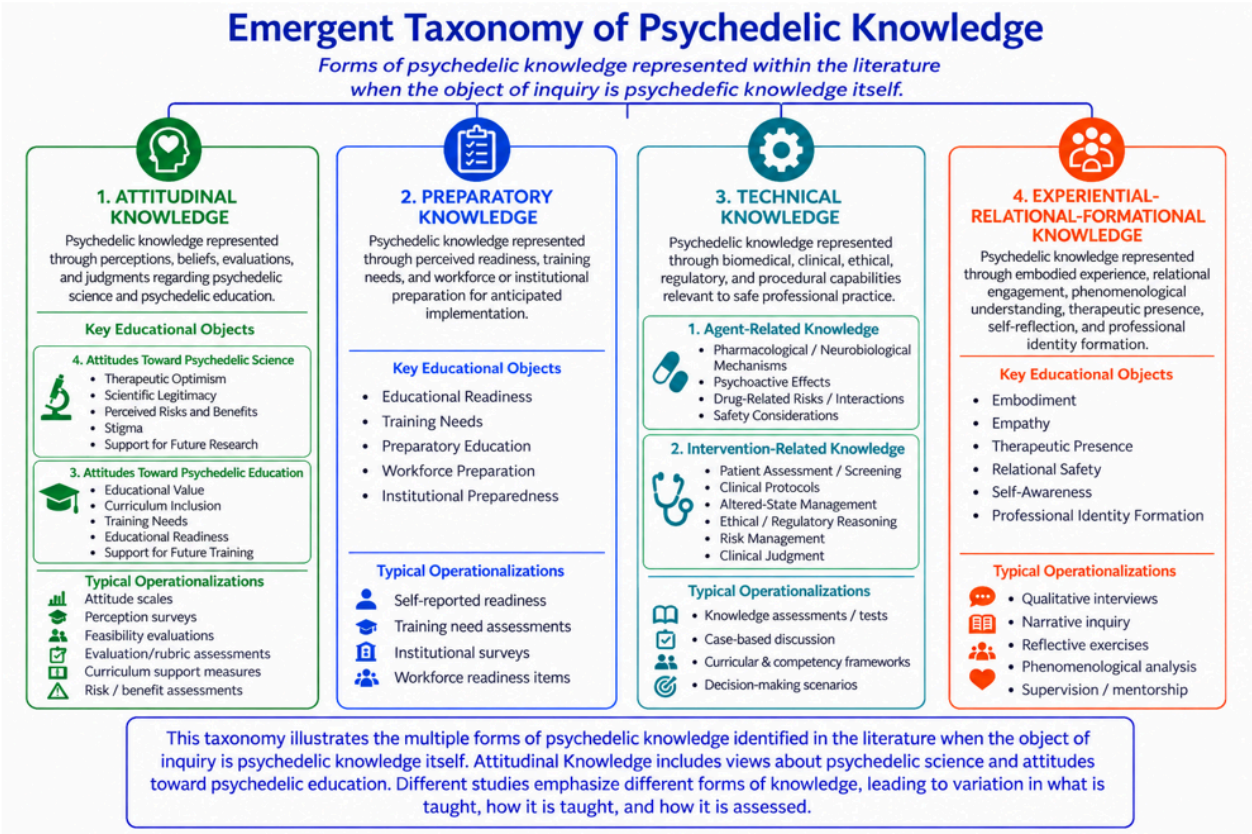


Figure 2

Emergent Taxonomy of Psychedelic Knowledge in Medical Education Scholarship.

Analysis of the included studies identified four forms of psychedelic knowledge: Attitudinal Knowledge, Preparatory Knowledge, Technical Knowledge, and Experiential–Relational–Formational Knowledge. Attitudinal Knowledge included orientations toward both psychedelic science (e.g., therapeutic optimism, scientific legitimacy, and risk–benefit perceptions) and psychedelic education (e.g., educational value, curriculum inclusion, and training needs). Collectively, the taxonomy illustrates the multiple ways psychedelic knowledge is conceptualized and represented within medical education scholarship.

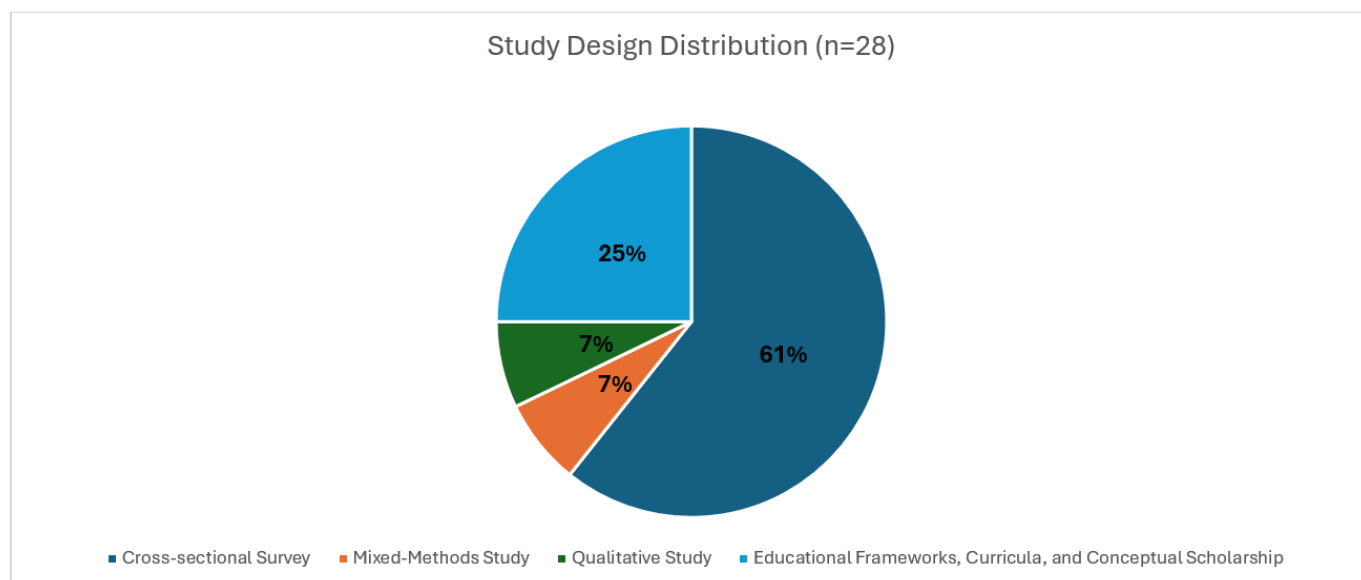


Figure 3

Study Design Distribution Across Included Studies (n = 28).

Distribution of study designs among the 28 included studies examining psychedelic education. Cross-sectional surveys constituted the largest proportion of included studies (n = 17, 61%), followed by educational frameworks, curricula, and conceptual scholarship (n = 7, 25%). This category included competency frameworks, consensus curriculum development studies, training program descriptions, educational case reports, and conceptual analyses focused on the development, justification, and organization of psychedelic education. Qualitative studies (n = 2, 7%) and mixed-methods studies (n = 2, 7%) were less frequently represented.

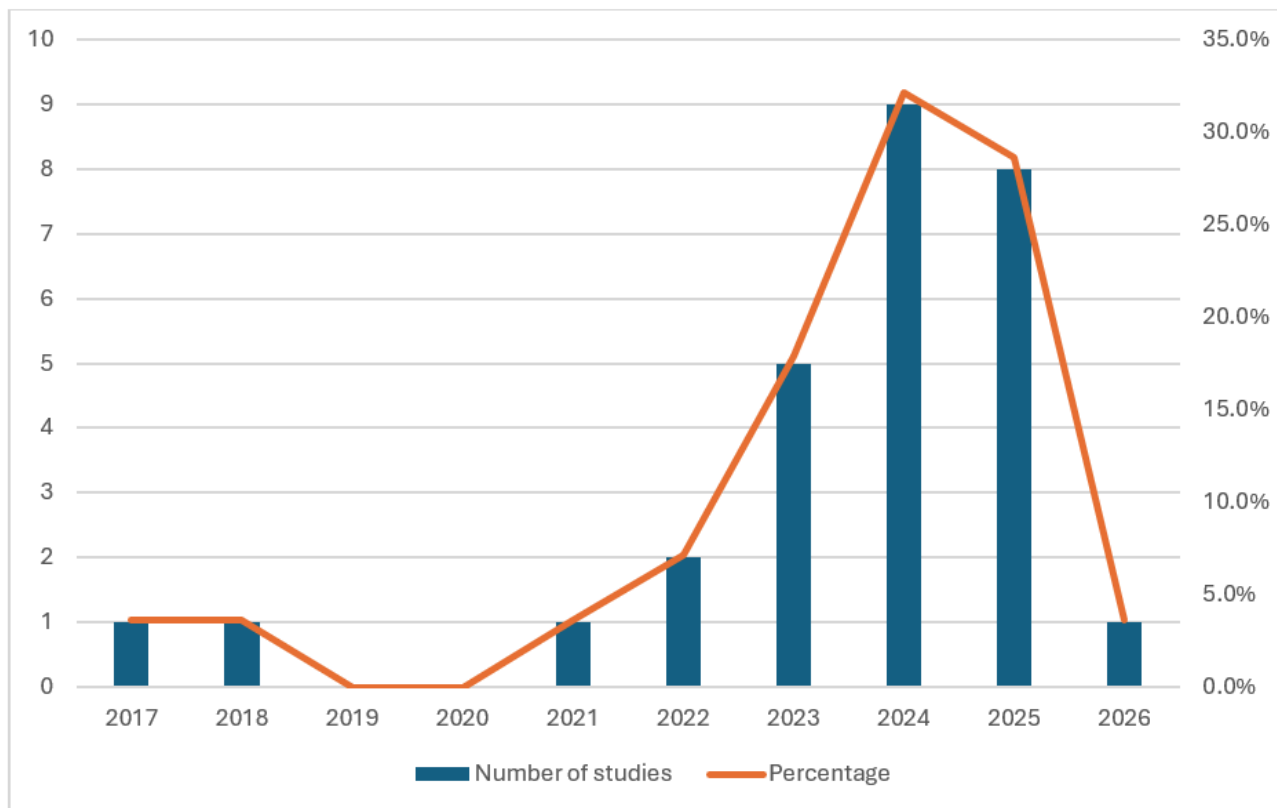


Figure 4

Temporal growth of psychedelic education scholarship, 2017–2026 (n=28)

Temporal distribution of the 28 studies included in the scoping review. Despite the absence of publication date restrictions in the search strategy, psychedelic education scholarship was overwhelmingly recent. Only five studies (17.9%) were published between 2017 and 2022, whereas 23 studies (82.1%) were published between 2023 and 2026. Publication activity increased markedly beginning in 2023, reaching its highest level in 2024 ($n = 9$), followed by eight studies in 2025 and one study published in 2026. Because 2026 represents a partial publication period within the review’s search timeframe, its lower count should not be interpreted as evidence of declining scholarly interest.

Supplementary Files

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