

Silver AH, Tishberg L, Bhansali P. This *is* our lane: the urgent need to train residents to talk about firearm injury prevention for children. *J Grad Med Educ.* 2024;16(2):119-123.

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Supplementary Data

Current State of Firearm Injury Prevention Training in Pediatric Residency Programs: A National Survey

We appreciate your participation in this brief survey about firearm injury prevention training in pediatric residency programs. This voluntary, anonymous survey should take no more than 10 minutes to complete. Your responses will help increase awareness of the current state of such training and may inform future interventions to improve education of pediatric residents. There are 16 questions in this survey.

Perceptions regarding firearm injury prevention

1. Please rate how strongly you agree or disagree with each of the following statements.

* Please choose the appropriate response for each item:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Easy access to firearms in the United States is a public health crisis.					
Pediatricians have a responsibility to counsel patients/families about firearm injury prevention.					
Counseling of patients/families by pediatricians about firearm injury prevention will reduce the number of ACCIDENTAL homicides or injuries due to firearms.					
Counseling of patients/families by pediatricians about firearm injury prevention will reduce the number of INTENTIONAL homicides or injuries due to firearms.					

Counseling of patients/families by pediatricians about firearm injury prevention will reduce the number of suicides due to firearms.					
Firearm injury prevention counseling should be incorporated into the pediatric residency training curriculum.					

Formal residency training

2. Does your program offer formal training (an explicit method in your curriculum) regarding firearm injury prevention? * Please choose **only one** of the following:

- Yes
- No
- Unsure

2. a) What are the methods of firearm injury prevention counseling training in your program?

* Only answer this question if the following conditions are met:

Answer was 'Unsure' or 'Yes' at question '2 [Screener]' (Does your program offer formal training (an explicit method in your curriculum) regarding firearm injury prevention?)

Please choose the appropriate response for each item:

	Yes	Uncertain	No
Lectures			
Small group discussions or workshops			
Research projects			
Required readings, modules, or podcasts			
Optional or required rotation (ie: advocacy or community health)			
Dedicated elective in firearm-related injury prevention			

Formal advocacy opportunities (ie: meeting with legislators)			
Involvement in formal firearm injury prevention interventions (ie: distribution of gun locks)			
Discussions with inpatient/ED attendings pertaining to patient care			
Discussions with outpatient preceptors pertaining to patient care			

2. b) If your program uses a different method of training not outlined above, please explain here:

*Only answer this question if the following conditions are met:

Answer was 'Unsure' or 'Yes' at question '2 [Screener]' (Does your program offer formal training (an explicit method in your curriculum) regarding firearm injury prevention?)

Please write your answer here: _____

Formal residency training

3. How much of a barrier are the following to providing firearm injury prevention training as a part of your residency program?

Please choose the appropriate response for each item:

	Major barrier	Minor barrier	Not a barrier	Unsure
There is a lack of knowledgeable or trained staff to teach the material.				
There is a lack of educational resources.				
There are time constraints.				
It is not a requirement for the ACGME.				
It is not emphasized on the board certifying examination.				

There is a lack of resident interest.				
There is a lack of faculty interest.				
There is a lack of funding sources.				
It is a controversial issue.				
There is a lack of support from hospital leadership.				

3. a) If there are any other barriers not listed above, please specify here:

Please write your answer here: _____

4. What is your perception of the risk of firearm-related injury or death for the patients who seek care at your institution?

Choose one of the following answers (Please choose **only one** of the following):

- Low risk
- Average risk
- High risk
- Unsure

Demographic Information

5. In what setting does your program hold the majority of its rotations? *

Choose one of the following answers (Please choose **only one** of the following):

- City
- Suburban
- Rural

6. Percent of patients with Medicaid in setting in which your program holds the majority of its rotations: *

Choose one of the following answers (Please choose **only one** of the following):

- More than 75% Medicaid
- 51-75% Medicaid
- 25-50% Medicaid
- Less than 25% Medicaid
- I don't know

7. Diversity of patients seen by pediatric residents at your institution.

Percentages may not add up to 100% given potential for overlap, as these are estimations.

Please check one percentage box for each racial group. * Please choose the appropriate response for each item:

	0-24%	25-49%	50-74%	75-100%	I don't know
White					
Black or African American					
American Indian or Alaska Native					
Asian					
Native Hawaiian or other Pacific Islander					

Program Director Characteristics

8. Number of years as residency Program Director: *

Choose one of the following answers (Please choose **only one** of the following):

Less than 10 years

10-20 years

Greater than 20 years

Prefer not to say

9. I identify my gender as: *

Choose one of the following answers (Please choose **only one** of the following):

Male

Female

Other/Non-binary

Prefer not to say

10. My age in years: *

Choose one of the following answers (Please choose **only one** of the following):

Less than 40

40-60

More than 60

Prefer not to say

11. My clinical training and/or practice is in: *

Check all that apply (Please choose **all** that apply):

General Pediatrics

Adolescent Medicine

Cardiology

Child Abuse Pediatrics
Critical Care Medicine
Developmental-Behavioral Pediatrics
Emergency Medicine
Endocrinology
Gastroenterology
Hematology-Oncology
Hospital Medicine
Infectious Diseases
Neonatal-Perinatal Medicine
Nephrology
Pulmonology
Rheumatology
Other:

12. Next steps

Would you be interested in helping to create a standardized curriculum for firearm injury prevention for residents? *

Choose one of the following answers (Please choose **only one** of the following):

Yes

No

13. We encourage you to include any comments about training for pediatric residents on firearm injury prevention or comments about the survey here. Please feel free to contact the research team with any questions, or if interested in helping to create a standardized curriculum. alysilve@montefiore.org. Please write your answer here.

Submit your survey.

Thank you for completing this survey.

TABLE 1
Program Director and Residency Program Characteristics (N=39)

Program Director Characteristics	n (%)
<i>Gender, Female</i>	32 (82)
<i>Age</i>	
<40 years	16 (41)
40-60 years	21 (54)
>60 years	2 (5)
<i>Training</i>	
General Pediatrics	28 (72)
Adolescent Medicine	1 (3)
Critical Care	1 (3)
Emergency Medicine	1 (3)
Hematology-Oncology	1 (3)
Hospital Medicine	13 (33)
Infectious Diseases	1 (3)
Neonatology-Perinatology	2 (5)
Rheumatology	1 (3)
<i>Number of years as Program Director</i>	
<10 years	34 (87)
10-20 years	4 (10)
Prefer Not to say	1 (3)
Residency Program Characteristics	n (%)
<i>APPD Region</i>	
New York	9 (23)
Southeast	7 (18)
Western	5 (13)
Mid-West	4 (10)
Mid-Atlantic	4 (10)
Mid-America	4 (10)
Southwest	3 (8)
New England	3 (8)
<i>Program Setting</i>	
Rural	2 (5)
Suburban	5 (13)
City	32 (82)
<i>Program Affiliation</i>	
University Based	17 (44)

Community Based, University Affiliated	19 (49)
Community Based	3 (8)
<i>Number of Residents in Program</i>	
<20	5 (13)
21-40	15 (38)
41-60	9 (23)
61-80	5 (13)
81-100	3 (8)
>100	2 (5)
Median Number of Residents [Range]	40 [12-165]
<i>Estimated percentage of patients with Medicaid</i>	
<25%	1 (3)
25-50%	4 (10)
51-75%	12 (31)
>75%	22 (56)
<i>Perception of Patient Risk of Firearm Injury/Death</i>	
Low	4 (10)
Average	17 (44)
High	17 (44)
Unsure	1 (3)
<i>Estimated Patient Population Racial Characteristics</i>	
50-74% White	12 (31)
75-100% White	1 (3)
50-74% Black	7 (18)
75-100% Black	3 (8)
Unsure	3 (8)

*Percentages may not total 100% due to rounding, or in some cases, categories of answers are not exclusive.

TABLE 2

Methods of FIP Training in Program reported by Pediatric Program Director (N=11 respondents to this question)

Method of FIP Training (N=11)	Yes, n (%)	Unsure, n (%)	No, n (%)
Lectures	8 (73)	0 (0)	3 (27)
Small group discussions or workshops	6 (55)	3 (27)	2 (18)
Research projects	6 (55)	2 (18)	3 (27)
Required readings, modules or podcasts	4 (36)	5 (45)	2 (18)
Rotations in Advocacy or Community Health	8 (73)	1 (9)	2 (18)
Formal Advocacy Opportunities (i.e. meeting with legislators)	8 (73)	0 (0)	3 (27)
Involvement in formal FIP Interventions (i.e. gunlock distribution)	3 (27)	4 (36)	4 (36)
Discussions with Inpatient or EM Attendings related to patients	4 (36)	5 (45)	2 (18)
Discussions with Outpatient Attendings related to patients	10 (91)	1 (9)	0 (0)

*Percentages may not total 100% due to rounding.

TABLE 3

Top portion: program director (PD) level of agreement with the following statements using a Likert scale description of level of agreements, N=37. (Note: there were no responses of “Strongly Disagree” with any of the statements). Bottom portion: degree to which PD reported each of the following is a barrier to providing FIP training in their residency program. (N=39). *Percentages may not add to 100% due to rounding. ACGME=Accreditation Council for Graduate Medical Education

Statements About Firearm Injury Prevention (FIP) N=37	Level of PD Agreement, n (%)			
	Strongly Agree	Agree	Neutral	Disagree
Easy access to firearms in the United States is a public health crisis.	31 (84)	6 (16)	0 (0)	0 (0)
Pediatricians have a responsibility to counsel patients/families about FIP.	28 (76)	8 (22)	1 (3)	0 (0)
Counseling by pediatricians about FIP will reduce the number of ACCIDENTAL homicides or injuries due to firearms.	21 (57)	10 (27)	3 (8)	0 (0)
Counseling by pediatricians about FIP will reduce the number of INTENTIONAL homicides or injuries due to firearms.	16 (43)	8 (22)	8 (22)	5 (14)
Counseling of by pediatricians about FIP will reduce the number of suicides due to firearms.	15 (41)	15 (41)	6 (16)	2 (5)
FIP counseling should be incorporated into the pediatric residency training curriculum.	23 (62)	10 (27)	3 (8)	1 (3)
Potential Barriers, N=39	Major Barrier	Minor Barrier	Not a Barrier	Unsure
Lack of knowledgeable or trained staff to teach the material	12 (31)	16(41)	8 (21)	3 (8)
Lack of educational resources	8 (21)	17 (44)	11 (28)	3 (8)
Time Constraints	19 (49)	18 (46)	1 (3)	1 (3)
Not an ACGME requirement	6 (15)	14 (36)	16 (41)	3 (8)
Not emphasized on the board certifying exam	3 (8)	14 (36)	20 (51)	2 (5)

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Counseling by pediatricians about FIP will reduce the number of ACCIDENTAL homicides or injuries due to firearms.	21 (57)	10 (27)	3 (8)	0 (0)
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FIP counseling should be incorporated into the pediatric residency training curriculum.	23 (62)	10 (27)	3 (8)	1 (3)
Potential Barriers, N=39	Major Barrier	Minor Barrier	Not a Barrier	Unsure
Lack of knowledgeable or trained staff to teach the material	12 (31)	16(41)	8 (21)	3 (8)
Lack of educational resources	8 (21)	17 (44)	11 (28)	3 (8)
Lack of resident interest	2 (5)	14 (36)	21 (54)	2 (5)