

## Abstract 30

### Research Study

Title: “Firearm Violence Prevention: A Survey Exploring Knowledge, Beliefs and Confidence Among Medical Students and Healthcare Providers in South Florida”

Amir Karimi; Joshua Langberg; Michael Stone, MD

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**Introduction and Objective.** Firearm violence in the United States has significant morbidity and mortality, yet prevention has been sidelined as a priority and research exploring the role of healthcare providers is scarce. In this study, we explore perspectives of medical students and healthcare providers regarding knowledge, attitudes, and confidence in addressing firearm violence prevention (FVP) with patients.

**Methods.** This was a cross-sectional survey of medical students, alumni, and community healthcare providers. Primary outcomes were: 1) knowledge, 2) beliefs, and 3) confidence in addressing FVP with patients. Medical students and providers were analyzed separately and together in SPSS to generate descriptive statistics. Associations between demographic variables and outcomes were determined by multinomial logistic regression using odds ratios and p-values.

**Results.** There were 176 participants in total, 103 (59%) medical students and 73 (41%) healthcare providers. Half (55%) were knowledgeable about strategies for FVP counseling, risk factors (82%) and safe storage practices (74%). Most consider firearm safety a public health issue (93%) and feel a responsibility to counsel patients (73%). Most (88%) medical students reported it would better prepare them for residency, though 40% never received any training. Barriers to addressing FVP included lack of time (30%), considering it irrelevant (25%), political challenges (24%), and insufficient knowledge/training (16%). Males were more likely to feel knowledgeable (AOR 3.67,  $p=.009$ ) and confident (AOR 3.61,  $p=0.006$ ) in addressing FVP compared to females after adjusting for provider vs student status, age, gender, race and ethnicity. Males (AOR 0.01,  $p=0.005$ ) and providers (AOR 0.07,  $p=0.014$ ) were also less likely to feel responsible for delivering FVP counseling compared to females and medical students.

**Conclusions-Implications.** Our findings demonstrate gaps in knowledge, training, and confidence to provide FVP counseling despite strong support for addressing it as a public health issue. Lack of time, prioritization, and political barriers impede these conversations. Healthcare professionals have unique opportunities to address FVP as part of preventative counseling and screening but lack the tools to do so. Greater integration of FVP training into medical school curriculums and at all levels of training is needed to better serve patients.