



Reducing Firearm Injury & Death: What Clinicians Can Do

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Why Firearms Curriculums for Healthcare Providers?

- ▢ Firearms injury and death are public health problems
- ▢ Physicians feel counseling is within clinical responsibilities
- ▢ Patients say generally appropriate
- ▢ Physicians often report needing more information
- ▢ Lethal means safety saves lives



Judy Melinek M.D. [@drjudymelinek](#)

Do you have any idea how many bullets I pull out of corpses weekly? This isn't just my lane. It's my fu highway.

Judy Melinek M.D. [@drjudymelinek](#) · Nov 8, 2018

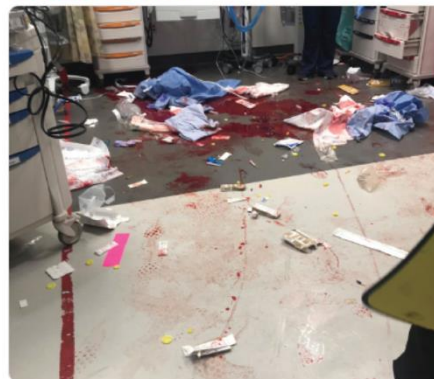
'Stay in your lane,' NRA tells doctors who want to reduce gun deaths
[nbcnews.com/health/health-... via @nbcnews](#)

7:12 AM · Nov 9, 2018 · Twitter for iPad

144.2K Retweets 3K Quote Tweets 499.3K Likes

Regina Royan, MD MPH [@ReginaRoyan](#)

I held this 22-year-old's heart & used my hand to pump blood through a bullet-riddled body. We resuscitated this person for nearly an hour & they made it to the OR, but would never make it home to their family. Tell me whose lane this is [@NRA](#) ? [#thisisOURlane](#) [@ResearchAffirm](#)



4:01 AM · 14 Nov 2018 from Chicago, IL

590 Retweets 1,518 Likes



Can't post a patient photo.... so this is a selfie.

This is what it looks like to [#stayinmylane](#).

[@NRA](#) [@JosephSakran](#)



A-ILA | Surprise: Physician Group Rehashes Same Tired Gun
everyone has hobbies. Some doctors' collective hobby is opir
arms policy. Half of the articles in the "Latest from Annals"
[nraila.org](#)

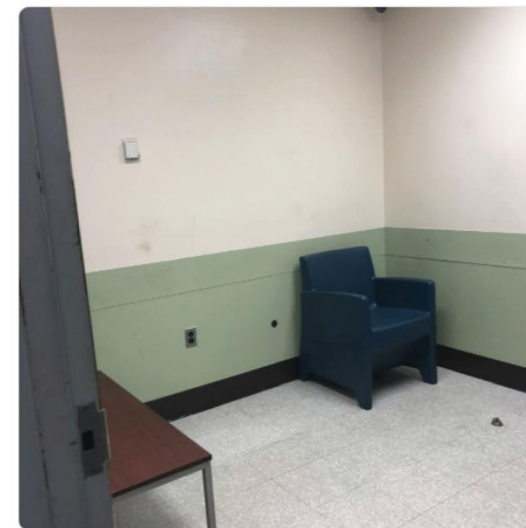
20.2K

10.3K

2.5K

Stephanie Bonne [@scrubbedin](#)

Hey [@NRA](#) ! Wanna see my lane? Here's the chair I sit in when I tell parents their kids are dead. How dare you tell me I can't research evidence based solutions. [#ThisIsMyLane](#) [#ThisIsOurLane](#) [#thequietroom](#)



3:19 PM · 9 Nov 2018

14,023 Retweets 46,366 Likes



AB-521 Physicians and surgeons: firearms: training. (2019-2020)

Text	Votes	History	Bill Analysis	Today's Law As Amended ⓘ	Compare Versions	Status	Comments To Author
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Date Published: 10/14/2019 09:00 PM

Assembly Bill No. 521

CHAPTER 728

An act to amend Section 14232 of, to add the heading of Chapter 1 (commencing with Section 14230) to Title 12.2 of Part 4 of, and to add Chapter 2 (commencing with Section 14235) to Title 12.2 of Part 4 of, the Penal Code, relating to healing arts.

[Approved by Governor October 11, 2019. Filed with Secretary of State October 11, 2019.]

LEGISLATIVE COUNSEL'S DIGEST

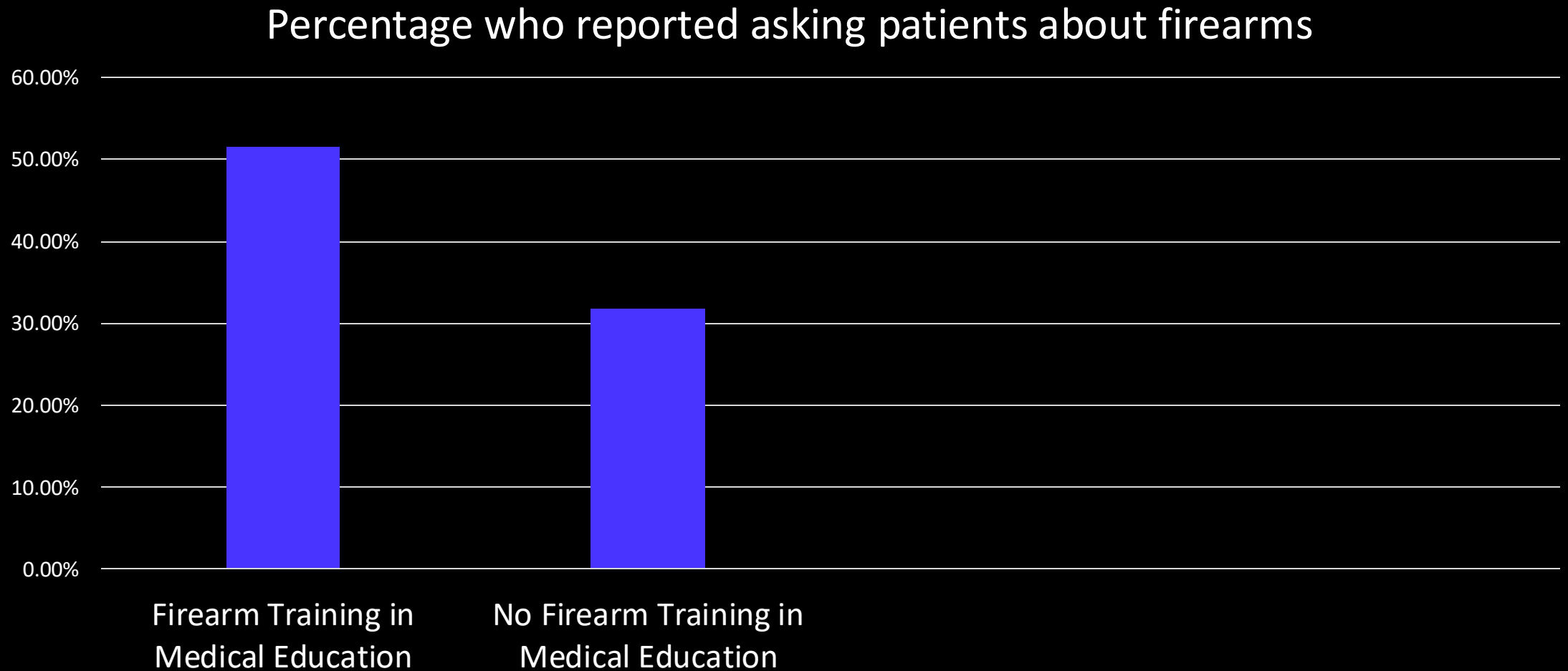
AB 521, Berman. Physicians and surgeons: firearms: training.

Existing law establishes and funds various research centers and programs in conjunction with the University of California. Under existing law the University of California has the authority to establish and administer a Firearm Violence Research Center to research firearm violence.

The bill would, upon adoption of a specified resolution by the Regents of the University of California, require the center to develop multifaceted education and training programs for medical and mental health providers on the prevention of firearm-related injury and death, as specified. The bill would, upon adoption of that resolution, require the university to report, on or before December 31, 2020, and annually thereafter, specified information regarding the activities of, and financial details relating to, the program. The bill would also make conforming changes.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

Survey Data from UC Davis Residents and Fellows



Most common barriers to asking patients about firearms

- ▢ Not knowing what to do with patients' answers (72.1%)
- ▢ Not having enough time (66.2%)
- ▢ Not feeling comfortable identifying patients at risk (49.2%)
- ▢ Not knowing how to ask (48.6%)

BulletPoints Learning Objectives

- ▢ Identify risk for firearm-related harm and ways to engage with patients to reduce that risk
- ▢ Understand how to have culturally appropriate and respectful conversations with patients and their families to reduce risk
- ▢ Describe available interventions for patients at risk of firearm-related harm

The 3A's Framework



Approach



Be Informed



Be Respectful



Focus on Harm Reduction



Be Individualized



Assess



Risk Factors



Ideation or Threats



Access to Guns



Willingness to Collaborate



Act



Safe Storage



Temporary Transfer



Mental Health Hold



Civil Protective Order

LOW RISK

HIGH RISK

Approach



Approach



Be Informed



Be Respectful



Focus on Harm Reduction



Be Individualized



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Civil Protective Order

LOW RISK

HIGH RISK

The Clinician's Role

Assess risk and **talk with patients** about risk and access to firearms when it's **clinically relevant**

Assess



Approach



Be Informed



Be Respectful



Focus on Harm
Reduction



Be Individualized



Assess



Risk Factors



Ideation or
Threats



Access to Guns



Willingness to
Collaborate



Act



Safe Storage



Temporary
Transfer



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Approach



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Safe Storage



Temporary Transfer



Mental Health Hold



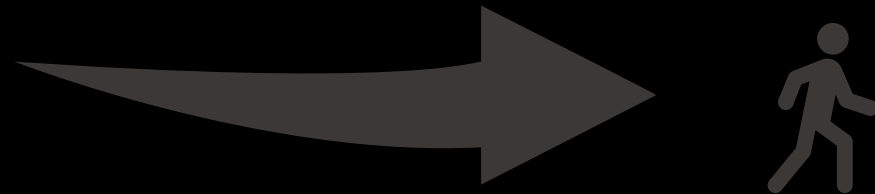
Civil Protective Order

LOW RISK

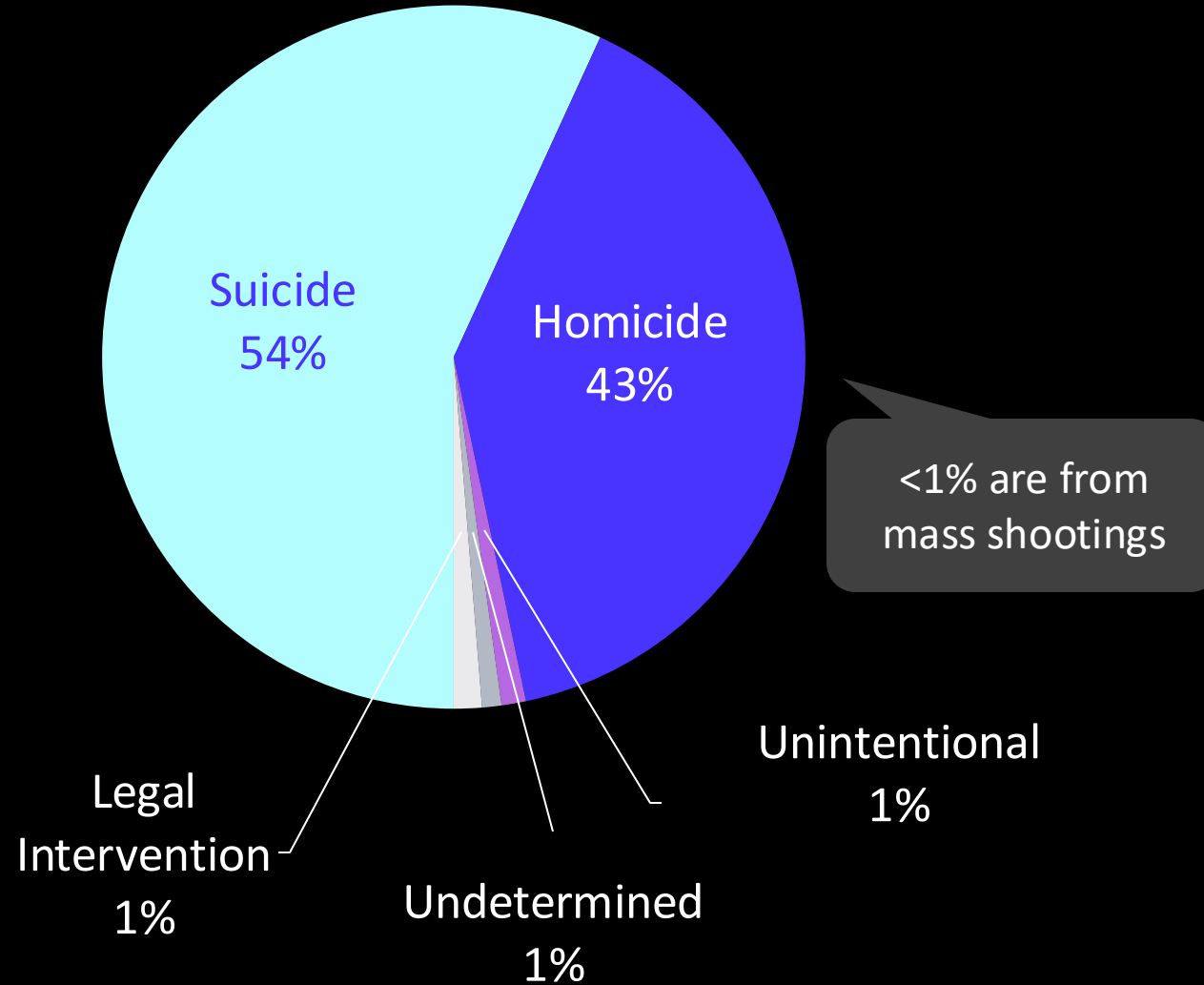
HIGH RISK

Lethal Means Safety

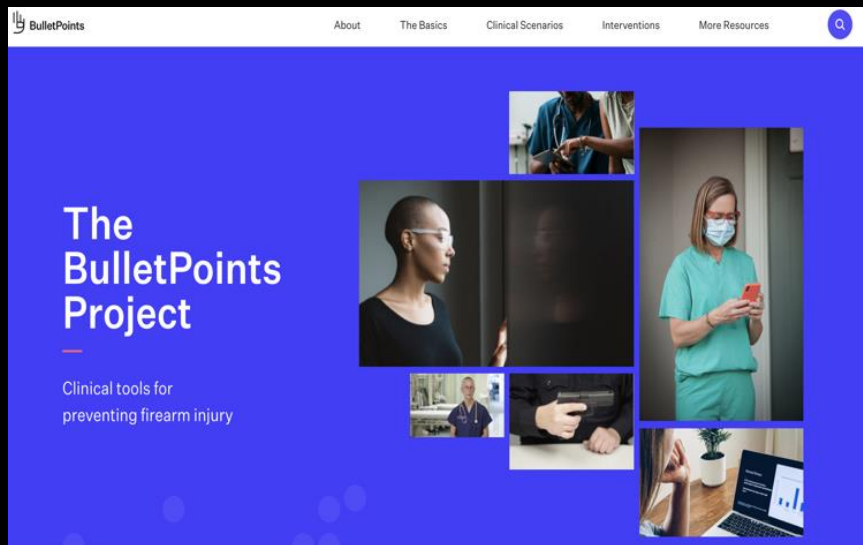
One of the most effective ways to reduce suicide risk is to put time and distance between the at-risk person and lethal means



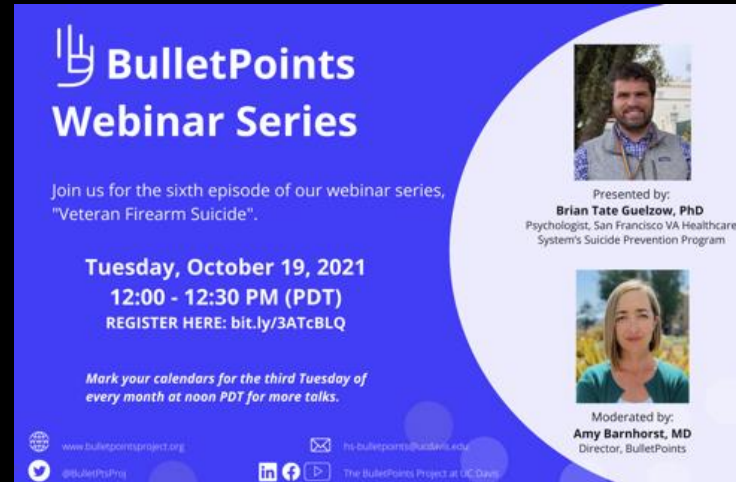
Most firearm deaths in US are suicides



BulletPoints Materials & Resources



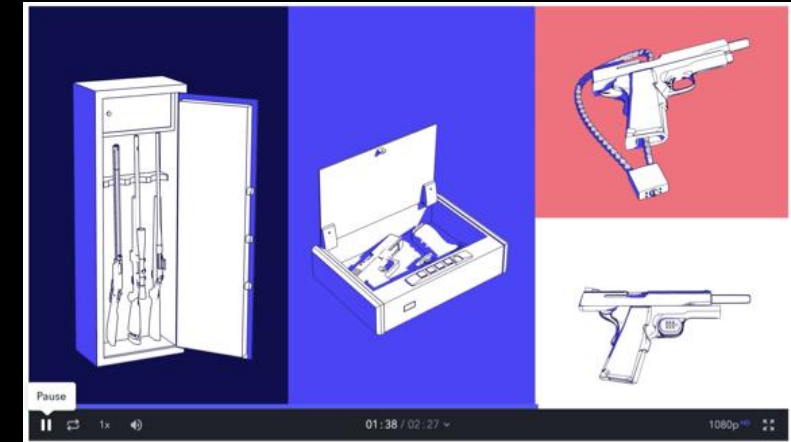
BulletPoints Website



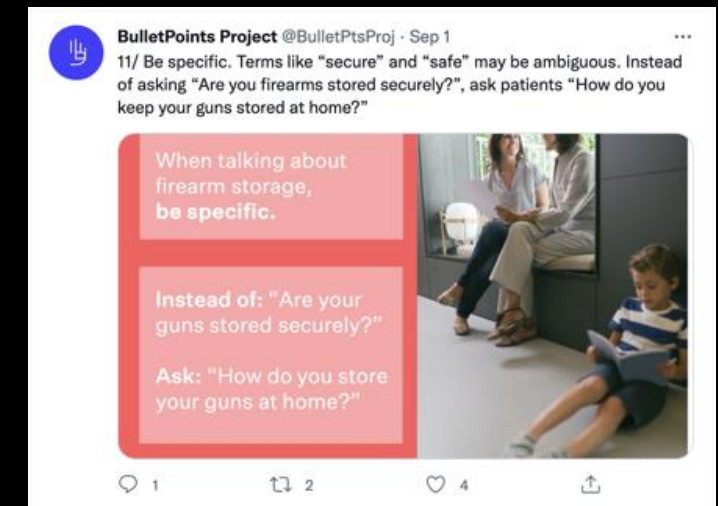
Presentations & Webinars



Continuing Education Course



Explainer Videos



Social Media



Our Reach

Between November 1, 2019 and September 30, 2022, we reached over **65,000** people, including:

53,570

people visited our website, representing all **50** US states and **168** countries



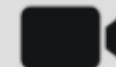
2,106

people attended our **69** presentations



1,299

people watched our **14** webinars



1,852

people subscribed to our monthly mailing list



7,402

people followed or engaged with our 3 social media accounts, where we shared **923** posts



Our Impact on Knowledge and Practices

Learners valued our presentations:

87% said they learned a lot

87% found the content very useful

94% reported being likely or very likely
to change their practice

Our presentations **significantly improved** learners' knowledge of firearm injury risk and appropriate interventions and their perceived self-efficacy.

What's Next?

- ▢ Expanding reach of BulletPoints to healthcare providers nationwide
- ▢ Training new trainers
- ▢ Adapting for new audiences

Firearms and Mental Health for CCW Classes

Mental health crises and firearms can be a deadly combination



You can protect your friends and family by being aware of crisis warning signs, and being stewards of safety and mental health. As a responsible firearm owner, you can learn to recognize someone who is in a crisis and help put time and space between them and their firearms until they're better – so if they make a bad decision, it's not as likely to be a permanent one.

For More Information



www.bulletpointsproject.org
www.bulletpointscommunity.org



hs-bulletpoints@ucdavis.edu



[@BulletPtsProj](https://twitter.com/BulletPtsProj)



The BulletPoints Project at UC Davis

Questions?