

COVER PAGE

- Project title
- Name and degree of primary investigator (PI)
- Name and degrees of co-investigators/collaborators
- Name of affiliated department(s)
- Section(s) that grant focuses on: UGME, GME, CME, IPE
- Contact information for primary investigator

PROPOSAL ABSTRACT

- 12-point font and 1-inch margins, no more than 300 words.
- Format: Problem/Educational Issue, Goal, Approach, Predicted Outcomes, and Anticipated Impact including dissemination plan.

PROPOSAL NARRATIVE

- Does not exceed five, single-spaced pages, 12-point font; 1-inch margins
- Rationale & Statement of the Problem**
- Background & Theoretical Framework**
- Approach**
- Outcomes and Evaluation Plan**
- Plan for dissemination of project outcomes regionally and nationally**
- References (not included in the 5-page limit)**
- Necessary addendums / appendices (not included in 5-page limit)**

PROJECT TIMELINE

BUDGET

- Itemized costs
- Statement of justification for each budget line item

BIOGRAPHICAL SKETCHES

- Template provided in guidelines has been used for each biosketch

LETTERS OF SUPPORT

- One letter of support for each study applicant (PI and Co-PI[s])

INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL

- If this is a research project involving human subjects, documentation that the proposal has been submitted to the Institutional Review Board (IRB) for review must be included in the application

I have reviewed the proposal and verify that the items listed above are included.

PI Signature: _____

J. M. Beckman

Gun Safety and Injury Prevention Education: GME Curriculum Development Through Interdepartmental Collaboration

Primary Investigator:

Stacy McGeechan, MD, FAAP

Assistant Professor of Pediatrics

Co-Director of Education, Center for Gun Violence Prevention at Northwell Health

Co-Investigators:

Jeffrey Oestreicher, MD, FAAP

Assistant Professor of Pediatrics

Co-Director of Education, Center for Gun Violence Prevention at Northwell Health

Sandeep Kapoor, MD, MS-HPPL

Assistant Vice President of Emergency Medicine Service Line

Director, Screening, Brief Intervention, and Referral to Treatment

Chethan Sathya, MD, MSCE

Assistant Professor of Surgery

Director, Center for Gun Violence Prevention at Northwell Health

Contributors: Member of the Northwell Center for Gun Violence Prevention Educational Collaborative

Name of Affiliated Departments:

Zucker School of Medicine at Hofstra/Northwell

Northwell Health

Northwell Center for Learning and Innovation

Departments of:

Addiction Services

Emergency Medicine

Family Medicine

Internal Medicine

Pediatrics- Emergency Medicine, Hospital Medicine

Psychiatry

Section Grant Focuses on: GME, CME, IPE

Contact: Joestreich@Northwell.edu; smcgeechan@northwell.edu

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Proposal Abstract

Problem/Educational Issue:

Firearm injury is a critical public health issue. Multiple studies across clinical settings demonstrate that physician counseling improves patient gun safety and injury prevention (GSIP) practices. However, there is currently no standardized GSIP curriculum for medical students nor residents, and thus most report discomfort due to lack of formal training which has resulted in physician inaction.

Goal:

Promote an institutional culture focused on GSIP by creating and disseminating a system-level curriculum for graduate medical education (GME) learners.

Approach:

Aim 1: Designate GSIP Champions across Northwell and nurture their development into firearm safety experts through a series of training modules, workshops, and expert instruction

Aim #2: Create a GSIP catalog of educational material that addresses relevant GSIP topics for learners

Aim 3: Assist champions in utilizing GSIP catalog to develop and implement individualized educational curricula for their unique GME learners.

Predicted Outcomes:

Champions will complete a post-workshop survey showing improvement in knowledge, attitudes and comfort discussing GSIP strategies compared to pre-workshop survey. Champions will create an educational catalog that is accurate, easily disseminated, and uses the apolitical language focusing on safety fostered by the Northwell Center for GVP. Champions will apply these learned skills by completing an OSCE where they provide gun safety counseling to a gun owner. By 6-month follow-up, Champions will develop and start to implement firearm safety curricula for their unique residents.

Anticipated Impact:

A system-wide, interdepartmental educational approach to GSIP education for GME learners that will lead to Northwell residents excelling in GSIP competence beyond that reported in recent healthcare trends. In creating an easily disseminated and reproducible curriculum for all GME learners we foresee a huge public health impact given the number of trainees we graduate each year who will now be equipped to provide GSIP education and counseling.

Proposal Narrative

Rationale and Statement of the Problem

Given the number of Americans dying from firearm-related injuries continuing to increase each year — more than 40,000 in 2019 alone — the epidemic of gun violence in America has become a critical public health issue. Of all the children in the world less than 14 years old killed by a firearm, 91 percent are killed in the United States¹, making gun violence the leading cause of death in children and teens in 2019².

In prior American public health epidemics, it has been the health care community that sounded the alarm and advocated for change in order to reduce injury and death burden. To this end, multiple medical organizations like the American Academy of Pediatrics (AAP) and American Medical Association (AMA) officially recommend that physicians routinely counsel on gun safety and gun violence prevention³. A recent official policy statement from the Pediatrics Committee on Injury, Violence, and Poison Prevention identifies physician gun safety counseling as a key component of the prevention of firearm injury and deaths⁴.

These recommendations are supported by multiple studies across various clinical settings demonstrating that physician counseling improves patient gun safety and injury prevention practices⁵. For example, Barkin et al found that 1 out of every 2.5 patient-families practiced safer firearm storage after verbal safety counseling from a physician during routine visits⁶.

The problem, however, is that data demonstrate that the overwhelming majority of physicians are not performing these interventions⁷. While physicians do generally view firearm counseling as a professional obligation, very few engage consistently in the practice. In a large 2019 survey study, Hoops et al demonstrated that while 96 percent of residents overwhelmingly agreed that physicians have a responsibility to counsel patients on the risks posed by firearms, most (63%) never did so⁸.

Goal of the Study

To utilize a system-level educational approach to motivate an institutional culture change to embrace the urgent need for gun safety and injury prevention (GSIP) training for our GME learners.

To identify and collaborate with passionate educators from the Northwell health system in the development of a core group of GSIP Champions, who will then collaborate to develop a GSIP curriculum that can be individualized and disseminated to GME learners across the health system. To develop these Champions, we will utilize a series of workshops, on-line resources as well as expert off-site firearm instructional sessions.

By the completion of this study, we will have trained a core group of GSIP Champions and created an easily individualized and disseminated curriculum for GME learners to provide physicians with the necessary knowledge, skills, and attitudes to participate in GSIP discussions with patients and families.

Background & Theoretical Framework

Utilizing the approach of the Northwell Center for Gun Violence Prevention (CGVP), all instruction will focus on educating the champions to address the conversations around firearms in an apolitical fashion and with a focus on safety rather than gun-control. Each Champion workshop as well as the overall study will be evaluated for satisfaction of the learner, knowledge/skills gained and attitudes/ level of comfort changes (Kirkpatrick 1 and 2). The curriculum developed will be evaluated based on curriculum theory and development (aims/objectives, content, methods, assessment). An OSCE at the completion of the workshops will assess the degree to which a participant can apply what they have learned (Kirkpatrick 3) and a 6 month follow up will assess whether the training has led to the development of an individualized Firearm Safety Curriculum in the various departments (Kirkpatrick 4).

Approach

The PI's and CoPI's for this study are working closely with the listed collaborators as part of the interdisciplinary, interinstitutional Northwell Center for Gun Violence Prevention (CGVP), Educational Workgroup to develop, implement and evaluate this system-wide educational initiative. The contributors represent clinical and non-clinical members of many departments within the health system and the Zucker SOM, as well as leadership for the Northwell CGVP. These participants have been instrumental in both advising and ensuring that the product remains consistent with the overall aim of the study and that it meets the needs of its ultimate learners.

Aim 1: Designate GSIP Champions across Northwell health system and nurture their development into firearm safety experts through a series of training modules, workshops, reference materials and expert instruction.

In collaboration with the CGVP Educational workgroup, we identified key system stakeholders, specifically GME site subcommittee directors and solicited their partnership in recruiting departmental champions. By presenting our model for champion development and curriculum development we successfully recruited >40 Champions from 12 departments across 10 system hospitals.

To develop these champions into true firearm safety experts we have created a series of four in-person as well as synchronously streamed workshops and a resource repository for independent research.

Workshop #1 will focus on reviewing the current epidemic of gun violence, the literature supporting physician firearm safety counseling as a critical intervention and the reasoning for suboptimal physician engagement. The focus of our education will always be that of firearm safety rather than control and will be presented in an apolitical manner as to engage rather than alienate the gun owner. In small work groups, participants will identify the educational gaps for themselves as well as their learners and as a larger group we will use this to create the complete list of topics for us to master in order to create curricula for our learners. Champions will be asked to identify topics which they feel are pertinent to their specialty and to collaborate with other champions to utilize the resource repository to create educational material for each topic. They will again work in small groups where they will be asked to identify obstacles to this

interdepartmental, interinstitutional collaboration and brainstorm solutions. We will review these in the larger group for general discussion of solutions.

The detailed anatomy, terminology and mechanics of a firearm is an area that we felt our champions could not independently master in the time constraints of this study. While we do educate briefly about these topics, participants will have the opportunity to attend a firearm safety instructional session with a NYS certified instructor. This will be completed off-site at a certified Firearm Range and could include optional hands-on participation.

Post Workshop #1 Independent Learning and Development. Champions are expected to independently review the online modules and resources in the repository that pertain to their educational topic in order to become content experts.

Aim #2 Collaborate to create GSIP educational material that will address all major topics identified by each specialty and catalog this material for ongoing use.

Workshop #2 A firearm safety curriculum that was piloted and evaluated with Pediatric residents at CCMC will be presented as an example of a firearm safety curriculum. Representatives from the ZSOM will give an overview of curriculum development focusing on developing goals and objectives, using Bloom's taxonomy, and assessing curriculum.

Topic groups will then work in smaller groups to begin developing goals and objectives, content for their individual learning topic and to brainstorm ways to assess their curriculum.

Post Workshop #2 Independent Learning and Development. Champions are expected to work with their topic groups to populate the content of their curriculum and develop an assessment. Format will be Northwell PowerPoint slides with detailed speaker notes to allow others to utilize the presentation. If funding is available, these PowerPoint presentations would be transferred to iLearn modules for ease of use and dissemination. All groups will be responsible for noting their references. The presentations will be assessed for accuracy by the study PI and CoPI's with corrections made as needed.

Workshop #3 contributes to both Aim 1 and 2. During this workshop each topic group will present their topic as both a way to continue the education of our champions and to create a catalog of available educational presentations.

Aim 3: To assist each Champion in using the GSIP catalog to develop and implement individualized educational curricula for their unique GME learners.

Workshop #4 Utilizing mostly small group dynamics, champions will focus on developing their individualized curriculum. We will review and create SWOT models to assist in strategic planning; identify topics to be included in the curriculum; brainstorm modalities and assessment.

Predicted Outcomes and Evaluation Plan:

Aim 1 Evaluation Plan:

Pre and post module surveys will be completed that quantitatively assess the learner's comfort, perceived skill, and attitudes related to firearm safety and counseling using a 5-point Likert Scale and their knowledge with factual questions. Qualitative data will also be obtained in this survey-pre, asking for their individual goal in joining this collaborative and post, if this goal has been met.

After each workshop, using Likert scale quantitative questions, we will assess the learner's response to the session to determine if they were satisfied, if objectives were realized, if new material was learned, and if they could see themselves utilizing this information in practice as well as the overall strengths of the session and areas for improvement. This information will be utilized to improve further workshops.

Surveys will be administered via REDCap anonymous survey links. Participants will be asked to put a de-identified code on the top of the survey to be able to pair their initial survey with the post-module survey and follow-up survey.

Those that participate in the off-site NYS Firearm Instructional Session will receive an additional evaluation that is provided by the training course.

Predicted Outcomes:

The post-module survey will show an improvement in knowledge, attitudes, and comfort with firearm safety compared to pre-module survey. Their individual goals for joining the collaborative will be met.

Aim #2 Evaluation Plan:

Upon completion of the topic specific educational PowerPoints, they will be assessed by the PI and Co-PI using a standardized assessment for accuracy of content, keeping with the apolitical tone of the overall Center, development of goals and objectives, appropriateness of slides and references.

Predicted Outcomes:

By the completion of the study period the champions will create educational presentations for each topic that are rooted in the apolitical language and safety theory of the Center, with appropriately generated goals and objectives as well as content, that can be utilized by other providers.

Evaluation Plan:

Upon completion of workshop 3 the champions are expected to have gained enough knowledge to perform an OSCE where they will interview a patient about firearm exposure and counsel accordingly. They will complete this OSCE with an actual gun-owner and their performance will be assessed using a standardized OSCE assessment.

Predicted Outcomes:

Champions will be able to perform a patient interview where they will inquire about firearms in a non-judgmental fashion and counsel regarding evidence-based firearm safety strategies using terminology that engages rather than alienates the gun owner.

Aim 3 Evaluation plan:

The 6-month follow-up survey will also ask both quantitative and qualitative questions to gauge changes in behaviors, specifically whether participants have implemented a firearm safety curriculum at their individual programs.

Predicted Outcome:

The Champions will have developed an individual firearm safety curriculum with clear plans for implementation.

Data Analysis

Paired sample t-tests will be used to compare pre workshop to post workshop Likert Scale and knowledge questions.

For qualitative questions, themes will be extracted and evaluated to ensure we have a firm understanding of the motivation of these champions to incorporate into future iterations of the curriculum.

Plan for Dissemination of Project Outcomes Regionally and Nationally

Our initial goal for dissemination would be for the Champions to educate their GME learners. Following this, we would make our curriculum available for dissemination among other departments and sites at Northwell. Regionally and nationally, we would share our work through our participation in the National Gun Violence Prevention Learning Collaborative for Health Systems and Hospitals and possibly at an upcoming Gun Violence Prevention Forums hosted by Northwell. We plan to present our findings at both regional and national conferences and publish in academic journals, including *Academic Medicine*. We will submit the results of this study for the Association of American Medical Colleges (AAMC) Conference, the Northeastern Group on Educational Affairs (NEGEA) Conference and the ThinkFirst Conference on Injury Prevention.

Addendum/Appendix

See Links to all surveys and evaluation tools

[Assessment](#)

<https://docs.google.com/document/d/1RmhPr8dO59HviSjRpAUaK2wVgpXwNHig/edit>

References:

Grinshteyn E, Hemenway D. Violent death rates: the US compared with other high-income OECD countries, 2010. *Am J Med.* 2016;**129**(3):266–273pmid:26551975

²[Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Injury prevention & control: Data & statistics \(WISQARS\).](#)

³Dowd MD, Sege RD, Council on Injury, Violence, and Poison Prevention Executive Committee. American Academy of Pediatrics Firearm-Related injuries affecting the pediatric population. *Pediatrics.* 2012; 130(5): e1416-e1423

⁴Committee on Injury, Violence, and Poison Prevention. Policy statement—role of the pediatrician in youth violence prevention. *Pediatrics.* 2009;124(1):393–402.

⁵Barkin SL, Finch SA, Ip EH, et al. Is office-based counseling about media use, timeouts, and firearm storage effective? Results from a cluster-randomized, controlled trial. *Pediatrics.* 2008; 122(1): e15-e25.

⁶Albright TL, Burge SK. Improving firearm storage habits: impact of brief office counseling by family physicians. *J Am Board Fam Pract.* 2003; 16(1): 40-46.

⁷Damari, N., Ahluwalia, K. S., Viera, A., & Goldstein, A. (2018). Continuing Medical Education and Firearm Violence Counseling. *AMA J Ethics*, 20(1), 56–68

⁸Hoops K, Crifasi C. Pediatric resident firearm-related anticipatory guidance: why are we still not talking about guns? *Prev Med.* 2019;124:29–32. doi: 10.1016/j.ypmed.2019.04.020

Budget:

Funds received from the Dean’s Grant for Innovation in Medical Education would be utilized to transfer the Firearm Safety educational material to more convenient iLearn videos. Currently the training of the Champions will occur either in small in-person workshops or via teleconference given post-COVID restrictions and the educational material created by the Champions will be catalogued in PowerPoint format. Transferring both to iLearn modules would greatly increase our abilities to train Champions as well as to disseminate the materials throughout the health system to facilitate creation of individualized curriculum thereby expanding our educational reach.

Additionally, many physicians feel they do not have the knowledge and language necessary to discuss firearm safety strategies with gun owners. We feel it would be a valuable experience to provide the Champions with an optional off -site classroom instructional experience with a NYS certified firearms instructor.

iLearn video production- \$3,000

Range Instruction - \$1,500

Champion T-shirts - \$500

Timeline

Projected Date	Activity Completed
June 2021	Identify Champions (completed)
January -February 2022	Workshop #1 and Off-site Instructional Session
March- April 2022	Workshop #2
May-June 2022	Workshop #3
July-August 2022	Workshop #4
September 2022	Catalog Completion
October 2022	OSCE completion
April 2023	6 month follow up for implementation

Biographical Sketch

Name: Stacy McGeechan, MD

Position Title: Associate Director, Division of Pediatric Hospital Medicine, Cohen Children's Medical Center; Associate Medical Director of Inpatient Units, Cohen Children's Medical Center; Associate Professor of Pediatrics, Zucker School of Medicine at Hofstra/Northwell; Northwell Center for Gun Violence Prevention, Co-Lead for Educational Workgroup, Northwell Health

Education/Training:

Institution and Location	Degree	Completion Date	Field of Study
St. John's University, Jamaica, NY	B.S.	01/2000	Biology
SUNY Downstate Medical Center, Brooklyn, NY	M.D.	06/ 2005	Medicine
Cohen Children's Medical Center Residency		6/2009	Pediatrics
Cohen Children's Medical Center Chief Residency		6/2010	Pediatrics

A. Personal Statement:

As Coinvestigator for this project, I feel I have the leadership skills, training, and motivation necessary to successfully carry out the proposed research project. During my 15 years at Cohen Children's Medical Center, I have been an active educator and mentor within the Pediatric Residency Program, as well as through the Hofstra School of Medicine, where I serve as the General Pediatric Acting Internship Director.

As the physician- lead for Project BREATHE, a multidisciplinary asthma management initiative, since its inception at CCMC in 2013 and have been responsible for its multidisciplinary curriculum design and implementation, data collection and analysis, monthly audits, and collaboration with the DOH sponsored Asthma Coalitions of Long Island and Queens. As a pediatric hospitalist, I collaborated with the Pediatric Program Director and the Pediatric Clerkship Director for the ZSOM to teach incoming residents telemedicine communication skills. We were responsible for the development of this web-based self-directed curriculum, its implementation, data collection and analysis. In July 2022 we will be partnering with our Fellowship Directors to deliver this curriculum to the incoming fellows. As the General Pediatric Acting Internship Director for the ZSOM since 2011, I have developed and implemented a longitudinal hands-on curriculum for medical students and have mentored them in the completion of two collaborative advocacy projects completed during their 4th year. The results of their firearm safety project were presented at several national conferences and is currently in the manuscript phase of development. Completing these educational projects, many of which spanned divisions, departments, hospitals, and extended time periods has provided me with the skills to lead large groups of diverse educators and learners, teach at many different levels of training (from student to attendings) and to persist in my efforts until project completion.

As a Physician leader at CCMC, I have participated in several quality improvement projects within the Department of Pediatrics and feel that this has afforded me the opportunity to grow as a leader and has provided me with a skill set necessary to motivate change and growth within an institution, skills paramount to this project.

I hold a unique position in relation to the topic of firearm safety as a pediatrician, a mother, and the wife of a law enforcement officer. This has afforded me a broad lens with which to view this topic and was my motivation for joining the Northwell Center for Gun Violence Prevention (CGVP), an initiative that calls for the critical need to implement evidence-based firearm injury prevention strategies, led by Drs. Chethan Sathya and Sandeep Kapoor (study Co-PI's). I serve as the physician co-lead of the Educational Workgroup, along with Dr. Jeffrey Oestreicher (study PI). Our workgroup consists of clinical as well as non-clinical personnel from numerous departments and disciplines across Northwell Health and the ZSOM. It is through this collaboration that we have already identified >40 Champions across 12 departments spanning 10 hospitals. As leaders and active members of the CGVP, the CGVP Steering Committee and the CGVP Learning Collaborative for Hospitals and Health Systems we are passionate about gun violence prevention and well positioned to develop, implement, and evaluate injury prevention education for Northwell that can be widely disseminated through these partnerships.

B. Positions and Honors

Physician Co-Lead	CGVP Educational Workgroup, Northwell	11/2020- Present
Associate Division Director	Pediatric Hospital Medicine, CCMC	7/2019-Present
Associate Medical Director of Inpatient Units	Cohen Children's Medical Center	6/2017- Present
Physician Lead	Project BREATHE, CCMC	11/2013- present
Director of Pediatric Acting Internships	CCMC/ZSOM	7/2011- present

- a. Recipient of the 2012 Philip Lankowsky Award for Teaching Excellence
- b. Best Collaborative Project, CCMC Annual Quality Research Day, Med3: AE-C Directed Project BREATHE: Improving Adherence to Guidelines.

C. Contributions to Medical Education:

- a. Luke M, Benston B, Cabera K, Samuels R, **McGeechan S**, Oestreicher J, Barone SR. Bridge to Residency: Call to Action! Using a 4th Year Retreat to Encourage the Development of Advocacy Skills. Pediatric Academic Society National Conference. Baltimore, MD. May 2019.
- b. McLeod K, Chowdhury N, **McGeechan S**, Samuels R, Oestreicher J, Barone S. Developing a Model for Delivering Firearm Safety Education to Families in the Pediatric Inpatient Setting. Platform Presentation. Pediatric Academic Society National Conference, Philadelphia, PA. May 2020
- c. Sondhi J, Crilly C, **McGeechan S**, Samuels R, Oestreicher J, Barone S. Pediatrician Advocates for Gun Violence Education (PAGE): next Steps of an Innovative 4th Year Medical Student Advocacy Group, Poster Presentation, Pediatric Academic Society National Conference, Philadelphia, PA. May 2020
- d. Kilinsky, A., Dolinger, M., Plichta, A., **McGeechan S.**, Barone, S., Taurassi, C., "ResiLIEnCe: Resident Led Initiative to Empower a Change in Culture and Promote Resilience in Accordance with the ACGME Learning Environment Guidelines". Association of Pediatric Program Directors Conference. Atlanta, GA, March 2018

D. Additional Information:

- a. Farzan S, Rai S, Coscia G, Hirsch J, **McGeechan S**, Makaryus M, McInerney A, Quizon A, Santiago M 2021. ‘Asthma and COVID-19: An early inpatient and outpatient experience at a US children’s hospital’, *Pediatric Pulmonology*, 2021 Jun 1. 10.1002.
- b. Goenka P, Hall M, Shah S, Florin T, Leone N, Liewehr S, Palumbo N, **McGeechan S**, Mestre M, Parikh K. 2021, ‘Corticosteroids in the Treatment of Pediatric Retropharyngeal and Parapharyngeal Abscesses’, *Pediatrics*. 2021 Nov; 148 (5).

Biographical Sketch

Name: Jeffrey Oestreicher, MD

Position Title: Assistant Professor, Hofstra-Northwell School of Medicine Division of Pediatric Emergency Medicine, Cohen Children's Medical Center of NY; Chair, Northwell Center for Gun Violence Prevention, Co-Lead for Educational Workgroup, Northwell Health; Chair, AAP Gun Violence Prevention (GVP) Committee for New York State; Faculty Lead, Hofstra/Zucker SAFE (Students Addressing the Firearms Epidemic)

Education/Training:

Institution and Location	Degree	Completion Date	Field of Study
Brandeis University	B.A.	05/2001	History
Columbia University	M.D.	06/ 2012	Medicine
Mount Sinai Hospital		6/2015	Pediatrics
Northwell Health/Cohen Children’s Medical Center		6/2018	Pediatric Emergency Medicine

A. Personal Statement:

As a pediatric emergency room physician at a level-one trauma center in 2019, when gun violence became the leading cause of death in children, I implemented an aggressive medical resident education and advocacy curriculum, given that in prior public health emergencies, it was physicians who sounded the alarm. The difficulty has been that standardized gun violence prevention curricula for medical trainees do not yet exist and thus almost all physicians across the country remain deficient. My passion for curbing this public health emergency in conjunction with the urgency of identifying a valid curriculum is why I am absolutely committed to completing this research. Virtually all of my non-clinical time in the last three years since I've become an attending has been laser-focused on gun violence prevention. As the Co-Director of Education for the Northwell Health Center for Gun Violence Prevention, I am currently working on implementing and studying a broad gun safety and GVP curriculum for our nearly 2000 residents. And as the Chair of the AAP Gun Violence Prevention (GVP) Committee for New York State, I represent nearly 5,000 pediatricians across NYS to educate and advocate at clinical, local, state, and federal levels for strong, commonsense gun safety programs.

B. Positions and Honors

Physician Co-Chair	CGVP Educational Workgroup, Northwell	11/2020- Present
Chair	AAP-NYS Gun Violence Prev. Init.	7/2018-Present
Faculty Lead	Hofstra-Zucker SOM SAFE	9/2020- Present
Board of Directors	Doctors For Gun Safety https://doctors4gunsafet y.org	9/2019- present
Board member	NYS Governor’s Task Force for ERPO Monitoring	9/2020- present

C. Honors and Awards:

- a. 2020 - New Yorkers Against Gun Violence Benefit Honoree “for his commitment to gun violence prevention and education on Long Island and throughout New York State.”
- b. 2019 - American Academy of Pediatrics Special Achievement Award “for his ongoing work and commitment to the local and national conversation about gun violence”
- c. 2015 - Outstanding Teaching by Faculty (House Staff) Award, Mount Sinai Icahn SOM
- a. 2015 - AAP chapter 3 Grant award, AAP 2014 Legislative Advocacy Conference

B. Contributions to Medical Education:

- a. Oestreicher, J. Chapter - Legislative and Regulatory Solutions to Adolescent Gun Violence; Title: Adolescent Gun Violence Prevention: Clinical and Public Health Approaches. Springer Publishing, 2021
- b. Luke M, Benston B, Cabera K, Fort V, Feldman E, Guttadauria B, Hartman C, McLeod K, Pagagermanos, V, Reese K, Slamowitz A, Stave K, Strawer J, Tchaconas A, Samuels R, McGeechan S, **Oestreicher J**, Barone SR. Bridge to Residency: Call to Action! Using a 4th Year Retreat to Encourage the Development of Advocacy Skills. Northeast Group on Medical Affairs – AAMC. Philadelphia PA. April 2019.
- c. McLeod K, Chowdhury N, McGeechan S, Samuels R, **Oestreicher J**, Barone S. Developing a Model for Delivering Firearm Safety Education to Families in the Pediatric Inpatient Setting. Platform Presentation. Pediatric Academic Society National Conference, Philadelphia, PA. May 2020
- d. Sondhi J, Crilly C, McGeechan S, Samuels R, **Oestreicher J**, Barone S. Pediatrician Advocates for Gun Violence Education (PAGE): next Steps of an Innovative 4th Year Medical Student Advocacy Group, Poster Presentation, Pediatric Academic Society National Conference, Philadelphia, PA. May 2020

- e. **Oestreicher J, Krief W.**, Comparison of Premature Death from Firearms versus Motor Vehicles in Pediatric Patients, American Surgical Congress, Jacksonville, FL, 2018
- f. **Oestreicher J, Krief W.**, Pre-hospital Intervention in Pediatric Firearm Injury, Eastern Society for Pediatric Research, Philadelphia, PA, 2018

BIOGRAPHICAL SKETCH

NAME: Sandeep Kapoor, MD, MS-HPPL

POSITION TITLE: Assistant Vice President, Emergency Medicine Service Line, Northwell Health; Director, Screening Brief Intervention and Referral to Treatment (SBIRT), Northwell Health; Assistant Professor of Medicine, Emergency Medicine, and Science Education, Zucker School of Medicine at Hofstra/Northwell
EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE	Completion Date	FIELD OF STUDY
State University of Massachusetts, Amherst, MA	EMT-MAST	06/1997	Emergency Medical Services
State University of New York at Stony Brook	EMT-D	06/1997	Emergency Medical Services
University College Dublin School of Medicine and Medical Science, Dublin, Ireland	BMedSci	06/2005	Public Health and Epidemiology
University College Dublin School of Medicine and Medical Science, Dublin, Ireland	MD (MBBChBAO)	06/2007	Medicine, Surgery, and Obstetrics
Hofstra University School of Education, Health and Human Services	MS-HPPL	06/2018	Health Professional Pedagogy and Leadership

A. Personal Statement

I am well-suited to serve the role of Principal Investigator on the proposed project because I have successfully performed such duties and responsibilities including providing scientific leadership and oversight of development, formative and evaluation milestones and deliverables, planning, data collection and analysis, reporting, staffing, human subject protections, and personnel and financial management. As an Assistant Professor of Medicine, Emergency Medicine, and Science Education at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell (ZSOM), and Assistant Vice President of Addiction Services for the Northwell Health Emergency Medicine Service Line, I have had the privilege to respectfully challenge fellow healthcare professionals to destigmatize, reframe, and rethink community health issues, such as substance use and firearm injury/violence. Most recently, in collaboration with Dr. Chethan Sathya (study Co-I), and multi-disciplinary Northwell collaborators, I am leading efforts to implement our team-based universal firearm injury risk screening and intervention program under the NIH funded study titled “Evaluating implementation and feasibility of evidence-based universal screening and intervention strategies for firearm injury and mortality among youth and adults in emergency departments” (NIH; R61HD104566). Our strategic approach in fostering an environment of collaboration has been rooted with a genuine regard for implementation science, drive to provide optimal patient care, and commitment to lessen the burden on clinical team members. Along our journey we have been privileged to recruit a diverse group of stakeholders that are invested in firearm injury prevention and motivate a shift in industry-level standards and practices. As a member of the Northwell Center for Gun Violence Prevention (CGVP), led by Dr. Chethan Sathya, and co-chair of the CGVP Steering Committee and the Gun Violence Prevention Learning Collaborative for Hospitals and Health Systems (GVPLC), I am focused on developing, implementing and evaluating firearm injury prevention protocols for clinical settings and curricula for Undergraduate and Graduate Medical education programs at

ZSOM, Northwell Health, and beyond. In 2014, I worked with the ZSOM curricular development team to have a two-hour session on evidence-based screening for alcohol use embedded in the curriculum for first year medical students. By 2020, this work rapidly evolved into a 30+ hour 4-year longitudinal “Addressing Substance Use” curriculum, for which I serve as course director. Elements of the UME curriculum have been adapted and embedded into GME residency sessions for six (6) Northwell programs, into continuing education (CME) sessions, and into community education sessions. Iterative feedback has been the key to improving and building on educational content. This work has led to education-focused awards from: a) the CDC and American Association of Medical Colleges; and b) American Academy of Child and Adolescent Psychiatry and NIDA. I have a programmatic management and evaluation team skilled in project management, data-based evaluation and quality improvement, and they serve to support various system-level implementation projects and associated education and research efforts. Beginning with a Screening, Brief Intervention, and Referral to Treatment (SBIRT) Implementation grant in 2013 (SAMHSA; 5U79TI025102) my team and I have successfully implemented a portfolio of services to address substance use, based on a foundation of universal screening, in all 18 Northwell Health EDs, 14 inpatient hospitals, 5 primary care practices, with a remote service option open to all clinical locations. Ongoing evaluation and feedback to stakeholder has allowed us to continually identify and improve gaps in care. I have served as principal investigator on several education, service, and research grants. Recently, I served as PI for three Office of Addiction Services and Supports (OASAS) grants, supported by Substance Abuse and Mental Health Services Administration (SAMHSA), aiming to: a) develop curricula and implement and evaluate an inter-professional and multidisciplinary learning collaborative for healthcare professionals to enhance knowledge, skills, and comfort in addressing substance use; b) provide technical assistance and to evaluate state-wide OASAS-funded learning collaboratives focused on substance use and addiction care; and c) develop, implement, and evaluate clinical workflows for ED point-of-service medication for addiction treatment initiation, and longitudinal care navigation frameworks to support patients and families through their journey towards well-being and recovery. In collaboration with NYU, I serve as the Northwell site-PI for a National Institute on Drug Abuse (NIDA) study to evaluate the feasibility and implementation of addiction treatment initiation utilizing ED clinical decision units. Before this, I had over eight years of experience working on NIMH funded clinical randomized controlled trials and prospective naturalistic cohort studies in Child and Adolescent Psychiatry at the Feinstein Institute for Medical Research and Zucker Hillside Hospital.

1. O’Grady, M. A., Conigliaro, J., Levak, S., Morley, J., **Kapoor, S.**, Ritter, M., Marini, C., Morgenstern, J. “I Felt I Was Reaching a Point with My Health”: Understanding Reasons for Engagement and Acceptability of Treatment Services for Unhealthy Alcohol Use in Primary Care. *Journal of Primary Care & Community Health*, March 2021,12.

2. Kirane H, Drits E, Ahn S, **Kapoor S**, Morgenstern J, Conigliaro J, Enden J. Addressing the Opioid Crisis: An Assessment of Clinicians' Training Experience, Practices and Attitudes within a Large Healthcare Organization – *Journal of Opioid Management*, [S.l.], v. 15, n. 3, p. 193-204, May 2019. ISSN 1551-7489. doi:10.5055/jom.2019.0503.

B. Positions and Honors

Positions and Employment

2008-2009 Research Coordinator, Zucker Hillside Hospital, Division of Child & Adolescent Psychiatry

2009-2013 Post-Doctoral Research Fellow, Zucker Hillside Hospital, Division of Child & Adolescent Psychiatry

2013 – Director, SBIRT, Northwell Health

2015 – Assistant Professor of Medicine, Emergency Medicine, and Science Education, Communications Faculty, Family Head, Zucker School of Medicine at Hofstra/Northwell

2020 – Assistant Vice President, Addiction Services, Emergency Medicine Service Line, Northwell Health

Honors

2005 BMedSci w/ Honors, Department of Public Health, University College Dublin School of Medicine

2006 Dean’s Honor Roll, Department of Pediatrics, University College Dublin School of Medicine

- 2014 President’s Award for Teamwork (Distinguished Nominee), Northwell Health
- 2018 Taste of Hope Annual Gala Honoree, Central Nassau Guidance and Counseling
- 2020 Dr. Michael Guttenberg Award for Physician of the Year, Emergency Medicine Service Line, Northwell Health
- 2020 President’s Award for Leader of the Year, Northwell Health
- 2020 Outstanding Mentor Award, American Academy of Child & Adolescent Psychiatry

C. Contributions to Science.

1. Medical Education

The landscape of undergraduate medical education (UME) graduate medical education (GME), and continuing medical education (CME) have significant deficiencies in dedicated curricula regarding substance use disorders and addiction. I have made it a focus mine, with the support collaborators of may like-minded colleagues, to backfill these gaps in education by developing, implementing, and evaluating focused curricular to enhance healthcare professional’s comfort in delivering humanistic and compassionate patient care.

- a. **Kapoor, S.**, Block, L., Pearlman, E. Addressing Substance Abuse in Clinical and Educational Settings. Society of General Internal Medicine (SGIM) Forum. 2018 Feb 18;41(2): goo.gl/C4d1My

2. Addressing Substance Use in Healthcare Systems and Settings

Substance use is often not addressed in healthcare systems. There are many barriers to implementation of screening and providing humanistic care in traditional healthcare settings. I have conducted implementation and evaluation studies to learn the best ways to provide care for those dealing with substance use issues in healthcare settings.

- a. Kapoor S, Screening/Physical Exam/Health Maintenance, In: Handbook of Outpatient Medicine, Lisa Rucker, MD; Elana Sydney, MD; and Eleanor Weinstein, MD, Springer, 3-26, 2018
- b. Press, A., DeStio, C., McCullagh, L., **Kapoor, S.**, Morley, J., SBIRT NY-II Team, Conigliaro, J. Usability Testing of a National Substance Use Screening Tool Embedded in Electronic Health Records. JMIR Human Factors. 2016;3(2):e18. doi:10.2196/humanfactors.5820.
- c. O’Grady M, **Kapoor S**, Morgenstern J, Auerbach M, Morley, Neighbors C, Kwon N, Conigliaro J. Substance use screening and brief intervention: Evaluation of patient and implementation differences between primary care and emergency department settings. J Eval Clin Pract 2019 Jun;25(3):441-447. doi: 10.1111/jep.13060. Epub 2018 Nov 13.

D. Additional Information: Research Support

Ongoing Research Support

1 R61HD104566, National Institute of Child Health and Human Development (Sathya, PI) 2020-2022
Evaluating implementation and feasibility of evidence-based universal screening and intervention strategies for firearm injury and mortality among youth and adults in emergency departments

Role: Co-Principal Investigator

1 R61 DA049265-01, National Institute on Drug Abuse (NIDA) (McCormack NYU, PI) 2019-2024

BIOGRAPHICAL SKETCH

NAME: CHETHAN SATHYA, MD, MSc, FRCSC

POSITION TITLE: Assistant Professor, Surgery and Pediatrics, Zucker School of Medicine at Hofstra/Northwell; Director, Center for Gun Violence Prevention, Northwell Health; Associate Trauma Director, Cohen Children’s Medical Center, Northwell Health

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE	Completion Date	FIELD OF STUDY
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McGill University	BSc	2006	Anatomy and Cell Biology
University of Toronto	MD	2010	Medicine
Institute of Health Policy, Management, and Evaluation, University of Toronto	MSc	2014	Clinical Epidemiology
Munk School of Global Affairs, University of Toronto	FGJ (certificate)	2014	Fellowship In Global Journalism
Dalla Lana School of Public Health, University of Toronto	GPH (certificate)	2014	Global Public Health
University of Toronto	-	2017	General Surgery (Residency)
Northwestern Medicine	-	2019	Pediatric Surgery (Fellowship)

A. Personal Statement

My background in health services research and quality improvement, as well as my national and local involvement in trauma and firearm injury prevention activities gives me the expertise to serve as a co-investigator on this project. Furthermore, my professional experience treating multiple firearm injured patients in Chicago and New York have made firearm injury and mortality prevention an issue that I am particularly passionate about. I am currently appointed as Assistant Professor in the Departments of Surgery and Pediatrics at Zucker School of Medicine at Hofstra/Northwell, and Associate Trauma Director at Cohen Children’s Medical Center.

I serve as the Director of Northwell Health’s Center for Gun Violence Prevention (CGVP). The CGVP was established in Dec 2019 as part of our organizational mission to organize stakeholders to implement protocols to address community health-related issues, including human trafficking, child abuse, sexual assault, and substance use, with firearm injury at the forefront. As Director of the CGVP, I oversee a number of internal system-wide initiatives spanning our firearm injury prevention focus areas which include industry-wide collaboration, educational curricula development, research, clinical integration, community outreach, and advocacy. Responsible for local and national efforts, I have the pleasure of partnering with Dr. Sandeep Kapoor (study PI, expert in curricular development, evaluation, and implementation science) for multiple projects and initiatives, including: a) serving as co-chairs of the CGVP Steering Committee; b) serving as co-chairs for our national Gun Violence Prevention Learning Collaborative for Hospitals and Health Systems (GVPLC), a multi-year multi-phase platform in which hospitals and integrated health systems can learn about gun violence prevention from experts, engage in open dialogue, develop best practices through an iterative process, and implement and evaluate strategies for the prevention of firearm related injuries and deaths; and c) serving as Co-PIs on our NICHD NIH R61HD104566 grant titled, “Evaluating implementation and feasibility of evidence-based universal screening and intervention strategies for firearm injury and mortality prevention among youth and adults in emergency departments”.

I have presented on firearm injury and mortality prevention in various forums and understand the importance of implementing universal screening and preventative strategies for firearm injury risk. Furthermore, I have been invited to speak at a number of events, including the American Hospital Association Leadership Summit on Violence Prevention and as keynote speaker for the Healthcare Association of New York State symposium on best practices in gun violence prevention. I am also a consultant to the American College of Surgeons (ACS) Committee on Trauma serving as a core member of the Trauma Quality Improvement Program (TQIP) taskforce and the national firearm injury data collection initiative. As such, I am a collaborator on an ACS grant from the National Collaborative on Gun Violence Research aimed at developing a national dataset of non-fatal firearm injuries. In addition, I serve on the National Academies of Sciences, Engineering, and Medicine Action Collaborative for preventing firearm-related violence. I look forward to collaborating with Drs. Kapoor, Oestreicher and McGeechan to complete this important Gun Violence Prevention Education project.

B. Positions and Honors

Positions and Employment

2209-Present Pediatric General and Thoracic Surgeon, Associate Trauma Medical Director, Surgical Director of Pediatric Critical Care, Cohen Children's Medical Center of New York, Northwell Health, NY

2019-Present Assistant Professor of Surgery and Pediatrics, Zucker School of Medicine at Hofstra/Northwell

2019-Present Director, Northwell Health Center for Gun Violence Prevention, Northwell Health, New York

Other Experience and Professional Memberships

2017-Present Council of Injury, Violence and Poison Prevention, American Academy of Pediatrics (AAP)

2019-Present Consultant, American College of Surgeons Committee on Trauma, Trauma Quality Improvement Program and national firearm injury data collection initiative

2020-Present Member, National Academies of Science, Engineering and Medicine (NASEM), Action Collaborative to Prevent Firearm-Related Injury

C. Contribution to Science

1) I currently serve as the Director for Northwell Health's Center for Gun Violence Prevention, which was established in Dec 2019. In this role, I am responsible for overseeing our health system wide approach to firearm injury and mortality prevention. We are taking a public health approach to do so and focusing on key areas such as research, education (healthcare workers, nurses, medical students, residents), advocacy, and community engagement. Along with organizational leadership, I truly believe that firearm injury prevention is a public health issue and as such, understand the importance of research to help inform best practices. We wish to leverage our diverse patient population and wide reach to implement preventative strategies and perform high level research. I have presented on gun violence prevention in various forums and appreciate the importance of implementing universal screening for firearm injury risk as well as targeted interventions. I also serve as a member of the Canadian Doctors for Protection from Guns Executive Committee, which also views firearm injury and mortality prevention as a public health issue. Nationally, I am a collaborator on a grant from the National Collaborative on Gun Violence Research aimed at developing a national dataset of non-fatal firearm injuries and I serve on the National Academies of Sciences, Engineering, and Medicine Action Collaborative for preventing firearm-related violence.

- a. Sathya C. Gun violence: the expanding role of the Pediatric Provider. Trauma Grand Rounds Ann and Robert H. Lurie Children's Hospital of Chicago. Chicago, Oct 2018.
- b. Sathya C. Gun Violence as a public health issue. Surgery Grand Rounds, Cohen Children's Medical Center, New York, NY. Nov 2019.
- c. Sathya C. Gun Violence Prevention Forum. Northwell Health. New York, NY. Dec 2019. (Panel Moderator)
- d. Sathya C. Gun violence prevention and the role of health systems. Healthcare Association of New York State (HANYs). New York, NY. June 2020. (Keynote)

D. Additional Information: Research Support

Ongoing Research Support

1R61HD104566 (Sathya PI) 2019-2021

NIH/NICHD

Evaluating implementation and feasibility of evidence-based universal screening and intervention strategies for firearm injury and mortality prevention among youth and adults in emergency departments

The objective of this research is to develop, implement, and evaluate the feasibility of evidence-based universal screening and intervention among youth and adults at risk of firearm injury across pilot emergency departments and educate clinical team members about firearm injury prevention strategies. Our rationale is that determining how to implement firearm injury prevention strategies into the healthcare setting is central to disseminating preventative strategies to patients and to provide infrastructure for downstream research. The long-term goal of our implementation research is to inform industry practices to efficiently screen, intervene, and provide resources to patients at risk of firearm injury.

Role: PI

NCGVR (Nathens PI, Kuhls PI, American College of Surgeons) 2020-2022

National Collaborative on Gun Violence Research

Bridging the Gaps: Individual and Community-Level Risk Factors for Non-Lethal Firearm in the US

A nationally representative sample of ACS TQIP Level I and II trauma centers will be recruited to collect and submit additional data elements in the following categories: demographics, patient risk factors, circumstances of injury, and early functional outcome information. To optimize data quality, a detailed data dictionary will be developed, which will be accompanied by registrar training and a rigorous data validation protocol. The research team will perform descriptive analyses to characterize and quantify the population of patients with firearm injuries; will assess how these domains differ based on injury intent, victim age, and urbanicity; and will examine how victim characteristics, risk factors and circumstances differ between lethal and non-lethal firearm injuries. The collected patient data will then be linked by zip code to community- and neighborhood-level indices and data sources, to explore the association of injury and social determinants of health. This study intends to fill a critical data gap in understanding the burden of non-lethal firearm related injuries and contextual information that can inform actionable policies and interventions.

Role: Collaborator

Completed Research Support

None.

Contributors: Member of the Northwell Center for Gun Violence Prevention Educational Collaborative who served to support the study aims.



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Charles L. Schleien, MD, MBA

Senior Vice President of Cohen Children's Medical Center &
Pediatric Services
Philip Lanzkowsky Professor and Chair of Pediatrics
Zucker School of Medicine at Hofstra/Northwell

November 15, 2021

To Whom it May Concern,

It is my pleasure to write this letter of support for Dr. Jeffrey Oestreicher as PI in a grant application for the Academy of Medical Educator Dean's Fund for Innovation in Medical Education. Dr. Oestreicher is a dedicated educator and mentor in his dual roles as co-chair of Education for the Northwell Gun Violence Prevention Center and Chair of the New York State American Academy of Pediatrics Gun Violence Prevention Initiative. In addition, Dr. Oestreicher serves as the faculty mentor for the Zucker School of Medicine's SAFE (Scrubs Addressing the Firearms Epidemic) Chapter.

In these capacities Dr. Oestreicher has developed, implemented, and evaluated a firearm safety and gun violence prevention curriculum for pediatric residents and is now in the process of developing curricula for all 1900 Northwell residents and fellows throughout the health system. As a pediatric emergency medicine physician, Dr. Oestreicher has focused on education and advocacy around the epidemic of gun violence. His current proposed curriculum aims to address this public health emergency given that standardized gun violence prevention curricula for medical trainees remain woefully deficient as 75% of current physicians lack formal training and most physicians report discomfort with evidence-based gun safety counseling.

I am in full support of Dr. Oestreicher's project as it promotes education and awareness of what in 2019 became the single leading cause of death in children and teens ages 1-19. I am confident he will remain dedicated to this important project.

Sincerely,

Charles L. Schleien, MD, MBA
Senior Vice President of Cohen Children's Medical Center &
Pediatric Services
Philip Lanzkowsky Professor and Chair of Pediatrics
Zucker School of Medicine at Hofstra/Northwell



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Charles L. Schleien, MD, MBA

Senior Vice President of Cohen Children's Medical Center &
Pediatric Services
Philip Lanzkowsky Professor and Chair of Pediatrics
Zucker School of Medicine at Hofstra/Northwell

November 15, 2021

To Whom it May Concern,

It is my pleasure to write this letter of support for Dr. Stacy McGeechan as a co-PI in a grant application for the Academy of Medical Educators Dean's Fund for Innovation in Medical Education. Dr. McGeechan is a passionate educator in her role as the Site Director for the Pediatric Acting Internship at Zucker SOM at Hofstra/Northwell and as a Pediatric Hospitalist with close ties to our Residency program. She has a robust teaching portfolio for residents and medical students alike that she has developed over her 15 years at Cohen Children's Medical Center. Most recently, she joined Dr. Jeffrey Oestreicher as co-lead of the Center for Gun Violence Prevention (CGVP) Educational Workgroup, overseen by Dr. Chethan Sathya, the Center's Director. She is an active member of the CGVP Steering Committee and the National GVP Learning Collaborative for Health Systems and Hospitals, both Chaired by Drs. Chethan Sathya and Sandeep Kapoor. (Co-PI's)

As a pilot to this larger educational initiative, Dr. McGeechan, along with Dr. Oestreicher have developed, implemented, and evaluated a firearm safety curriculum for the pediatric residents and through the collaboratives listed above have already enlisted >40 champions in 12 Departments, spanning 10 Northwell Hospitals to commit to collaborating in the development of firearm safety curricula for the 1900 residents and fellows throughout Northwell.

I am in full support of Dr. McGeechan's project as it promotes education and awareness of this public health crisis and focuses on the unique role that healthcare providers can play in combating this. I am confident that she and her colleagues will remain dedicated to this important project

Sincerely,

Charles L. Schleien, MD, MBA
Senior Vice President of Cohen Children's Medical Center &
Pediatric Services
Philip Lanzkowsky Professor and Chair of Pediatrics
Zucker School of Medicine at Hofstra/Northwell



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Charles L. Schleien, MD, MBA

Senior Vice President of Cohen Children's Medical Center &
Pediatric Services
Philip Lanzkowsky Professor and Chair of Pediatrics
Zucker School of Medicine at Hofstra/Northwell

November 15, 2021

To Whom it May Concern,

It is my pleasure to write this letter of support for Dr. Chethan Sathya as Co-PI in a grant application for the Academy of Medical Educator Dean's Fund for Innovation in Medical Education. Dr. Sathya is a dedicated clinician, educator and advocate whose passion for prevention of firearm injury is palpable. As a pediatric trauma surgeon and National Institute of Health (NIH)-funded firearm injury prevention researcher, he has served as the Director of the Northwell Center for Gun Violence Prevention (CGVP) since its inception in 2020 and oversees the System's expansive approach to firearm injury prevention. Utilizing a public health approach, the Center focuses on research, medical education, screening, advocacy and community outreach and Dr. Sathya has been fully engaged in all aspects of this work, overseeing the individual workgroups, and leading the CGVP Steering Committee.

In collaboration with Dr. Sandeep Kapoor (Co-PI) he was awarded a NIH grant to implement the first-of-its-kind protocol to universally screen at risk individuals regarding firearms. Dr. Sathya spearheaded the formation of the National Gun Violence Prevention Learning Collaborative for Hospitals and Health Systems, a multi-year, multi-phase platform dedicated to learning about GVP and developing best practices through national collaboration.

As a surgeon-journalist with first-hand experience with firearm injury in children, he has a unique perspective and passion for telling stories of those affected by gun violence as has presented on gun violence prevention in various forums, including numerous national conferences and at major media outlets. He is part of the National Academies of Sciences, Engineering and Medicine Action Collaborative for gun violence prevention and the National Firearm Injury Data Collection Initiative.

I am in full support of Dr. Sathya's project as he has proven to have the dedication and skill needed to see this important project through to completion.

Sincerely,

Charles L. Schleien, MD, MBA
Senior Vice President of Cohen Children's Medical Center &
Pediatric Services
Philip Lanzkowsky Professor and Chair of Pediatrics
Zucker School of Medicine at Hofstra/Northwell



November 15, 2021

To Whom It May Concern:

I am very pleased to support **Dr. Sandeep Kapoor** as Co-PI for the Academy of Medical Educator Dean's Fund for Innovation in Medical Education submission titled, *"Gun Safety and Injury Prevention Education: GME Curriculum Development Through Interdepartmental Collaboration"*.

As a senior member of my team, Dr. Kapoor has consistently demonstrated his passion and dedication to the field of medicine and a sincere interest in improving patient care by empowering others to proactively address stigmatized health concerns as part of usual care. Be it substance use, addiction, or firearm safety and violence, Sandeep has a proven record in the development of interprofessional education, and is a skillful educator who infuses compassion and patience in his delivery.

The domain of firearm violence prevention and safety is one that Dr. Kapoor has recently incorporated into his professional portfolio and the portfolio of emergency medicine. Dr. Kapoor is on the Northwell Center for Gun Violence Prevention (CGVP) leadership team, co-chair of the CGVP Steering Committee, co-leads Northwell's National Gun Violence Prevention Learning Collaborative for Hospitals and Health Systems, a multi-year, multi-phase interprofessional, interdisciplinary platform dedicated to education and collaboration, and serves as Co-PI for a National Institute of Health (NIH)-funded firearm injury prevention grant.

The collaborative approach needed for this endeavor is clearly illustrated by the interdisciplinary group of investigators. Together, they have the ability to motivate organizational culture change via graduate medical education (GME), and further the mission to view firearm safety and violence prevention from the lens of healthcare. Drs McGeechan-Chianese, Oestreicher, Sathya, and Kapoor represent a partnership which serves as model.

I commend Dr. Kapoor for his consistency and drive. He has my full support, and I wish him and the team continued success.

Sincerely,

A handwritten signature in black ink, appearing to read "John D'Angelo MD".

John D'Angelo MD, FACEP
Chief, Integrated Operations
Executive Director & Senior Vice President
Emergency Medicine Service Line

INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL
IRB #: 21-1110 - Approval pending