

Pediatric Emergency Medicine

Children's Hospital at Montefiore / Albert Einstein College of Medicine



111 East 210th Street
Bronx, NY 10467
Telephone (718) 920-5312
Fax (718) 798-6485

June 2015

Dear Applicant:

Thank you for expressing interest in the Pediatric Emergency Medicine Fellowship Program at The Children's Hospital at Montefiore and The Albert Einstein College of Medicine. Attached, as a pdf file, is a brochure and other information about our program. Our fellowship is fully accredited by the Residency Review Committee for Pediatrics. As in the recent past, our fellowship will be using ERAS for the application. Please see our brochure for the required documents and other information

This has been a very exciting time for our service. We continue to experience growth in our service and are currently one of the busiest Pediatric Emergency Departments in our region with an annual census of about 60,000. We have a diverse group of over 21 faculty and 7 PNPs in our Division and continue to recruit new staff. Additionally, we have begun planning for expansion of the ED as part of a major expansion of the Children's Hospital.

Our fellowship curriculum is continually being updated to conform to the ACGME's NAS (Next Accreditation System). Currently, our fellowship program is fully accredited without any citations. Additionally, we have added a variety of new components including a structured ultrasound curriculum.

In addition, The Department of Pediatrics has successfully recruited renowned specialists with expertise in both medical and surgical care of children. Thus, the Children's Hospital can offer our patients access to the highest quality care and services available anywhere. All subspecialties are well developed in both breadth and depth, and each area includes several faculty members with a variety of clinical and research interests.

Please review the enclosed material or check out the hospital's website, <http://www.montekids.org/>. You can also take a virtual tour of the Children's Hospital by visiting the website: <http://www.montekids.org/guide/virtual-tour/>

If there are any questions, please feel free to contact our administrative supervisor, Irma Gonzalez (718-920-5312, email Irgonzal@montefiore.org) or myself (718-920-5312, or email to JRAvner@montefiore.org).

Sincerely,

JRAvner

Jeffrey R. Avner, M.D.
Director, Children's Emergency Service

ALBERT EINSTEIN COLLEGE OF MEDICINE CHILDREN'S HOSPITAL AT MONTEFIORE



PEDIATRIC EMERGENCY MEDICINE FELLOWSHIP PROGRAM

PEDIATRIC EMERGENCY MEDICINE
FELLOWSHIP PROGRAM
Children's Hospital at Montefiore
Albert Einstein College of Medicine



INTRODUCTION

The fellowship in Pediatric Emergency Medicine is offered by the Department of Pediatrics of the Albert Einstein College of Medicine and its major teaching affiliated hospital, The **Children's Hospital at Montefiore** (CHAM). Montefiore Medical Center is a tertiary care center and the home of the Children's Hospital. Montefiore is also a site of Einstein's Emergency Medicine Residency program, a primary training center for Emergency Medicine in New York City. The hospitals are located in the northeast Bronx, near the Albert Einstein College of Medicine, and within easy commuting of Connecticut, Westchester County, Queens, Manhattan, and Northern New Jersey.

NEW YORK LIVING

The Children's Hospital at Montefiore is located in the north Bronx, easily accessible to Manhattan by car or by public transportation. There are excellent leisure time activities just a short distance away: the world famous Bronx Zoo, the New York Botanical Gardens and, of course, Yankee Stadium. For golfers, the Van Cortland Park course is only a block away from Montefiore, while tennis, horseback riding and sailing off City Island are only a few minutes away. For the culturally inclined, the nearby Lehman College Center for the Performing Arts offers opera, concerts, theater and dance.



The Falk Athletic Center on the Einstein campus is available to the Department's residents and fellows. The gym features an Olympic-sized indoor swimming pool, as well as a running track, a weight room, and regulation basketball and racquetball courts.

Beyond the program's immediate vicinity, but within an hour or two, are many miles of beach along the shores of Long Island and New Jersey. Skiing and other winter sports are convenient to the Bronx, just upstate in the Catskills and Adirondacks, or west of the city in New Jersey and Pennsylvania. New England's ski slopes are a bit further away, but certainly in easy reach for weekends.

Only 30 minutes away by subway, bus or car is Manhattan, with its theaters, museums, concerts, sports activities, historical landmarks, restaurants, shopping, night spots, and an endless variety of other attractions.

THE CHILDREN'S HOSPITAL AT MONTEFIORE

The Children's Hospital at Montefiore (CHAM) is a 132-bed hospital which houses the majority of the pediatric inpatient and outpatient facilities and programs. In addition, this hospital is designed to be the hub of a substantial, highly integrated network of primary and specialty services for children throughout the Bronx and lower Westchester. CHAM,



opened in October 2001, is a new 10-story facility attached to the existing MMC complex.

The Children's Hospital, located at Montefiore's Moses campus is a large medical-surgical facility providing comprehensive childcare services. It functions as the primary residency-training site of the AECOM/MMC

program in pediatrics. The Moses Division, a 745-bed full service teaching hospital located in the northwest section of the Bronx, is the largest component of Montefiore's many facilities. Children receive care on four distinct units, including an Infants' Unit, housing patients from birth to two years of age; a Children's Unit, for patients three to 12 years of age; the Susan G. Benson Adolescent Unit, among the first inpatient facilities in the country devoted exclusively to the treatment of young people from 13 to 21 years old; and a Pediatric Critical Care Unit, providing state of the art care to any critically ill child.

Plans have already begun for the expansion of the Children's Hospital that will more than double the existing physical plant and expand all pediatric services including the Pediatric Emergency Department, Pediatric Radiology, Pediatric Critical Care as well as all the Inpatient Units (including the Neonatal Intensive Care Unit).

Integral to the care of children hospitalized on any of the Center's inpatient units is a wide range of psychosocial and educational support services, including a school and an extensive Child Life Program. In addition, there are Child Protection Services and a Lead Screening Program. The Children's Hospital also provides a full array of pediatric subspecialty programs, both medical and surgical, offering care to children on the inpatient units as well as in a variety of ambulatory settings. Pediatric laboratory services, with sophisticated microchemical technology, and a full complement of pediatric imaging facilities also contribute to the broad diagnostic and therapeutic capabilities available for the care of our patients and the education of our house officers.

THE PEDIATRIC EMERGENCY DEPARTMENT



Opened in September 2000, the Pediatric Emergency Department is a large, state-of-the-art emergency facility dedicated to children. From entrance to exit, the PED is uniquely designed to address the needs of ill and injured children. Over 10,000 square feet of clinical area is housed in a bright area, decorated with a "space" theme that sets a calm mood a child of any age can relate to. There are many separate treatment areas, which

assure a family's privacy, and are all equipped with the latest in diagnostic and therapeutic monitoring equipment so families do not have to be moved from room to room during the course of their child's treatment. The overhead lights can be dimmed for child comfort and there are backlit ceiling panels of galaxies for children to imagine drifting off into space and away from their pain and fear. And there are many other features to make a difficult experience as comfortable as possible. Expansion of the Emergency Department is already being planned as part of a major expansion of the Children's Hospital.

THE CHILDREN'S EMERGENCY SERVICE

The Children's Emergency Service at the Children's Hospital at Montefiore is responsible for about 60,000 visits per year of patients under the age of 21 years. As the primary tertiary care center in the Bronx, the Children's Emergency Service cares for children with high acuity illness and is responsible for most of the admissions to the inpatient units. Patient care is provided by members of the pediatric and emergency medicine house staff under the supervision of primarily full-time Pediatric Emergency Medicine faculty. The PEM faculty is one of the largest groups of fellowship-trained and PEM sub-board certified physicians on the East Coast. At least two of the Attending PEM staff is present in the Emergency Department 24-hours a day, 7-days a week; although it is more common to have 3-4 PEM faculty present in the PED. The mix of PEM Attendings, PEM Fellows and Pediatric Attendings together with pediatric nurse practitioners, child life specialists, pediatric residents, emergency medicine residents, family medicine residents, and third and fourth year medical students gives the Pediatric Emergency Department a rich academic atmosphere.





FELLOWSHIP GOALS

The goals of the fellowship are to:

- 1) become clinically proficient in the medical, surgical, and behavioral aspects of emergency pediatrics through participation in hospital based outpatient and inpatient units, pre-hospital care delivery, and specialized programs related to emergency pediatrics.
- 2) develop research skills in the formulation of hypotheses, study design, project execution and implementation, and data analysis through participation in a research design and methods course as well as weekly research seminars in order to become a productive investigator.
- 3) develop skills as a teacher of emergency pediatrics to medical students, pediatric house officers, emergency medicine residents, and other health care providers through on-site precepting as well as participation in conferences.
- 4) develop skills necessary for the administration of an emergency department through participation in weekly administrative conferences and involvement in program development.

CLINICAL EXPERIENCE

The clinical experience for the fellow is based on exposure to a wide variety of patient complaints. At CHAM, the fellow will not only take care of the basic diagnoses seen in pediatric emergency medicine, but there is ample opportunity for emergent care of subspecialty patients from all disciplines. The average admission rate over 10% attests to the high acuity of patients seen. The PEM staff assumes responsibility for all children

seen in the Pediatric ED, regardless of the nature of the chief complaint. Therefore, the fellow will have the opportunity to manage an extensive array of medical and surgical problems. This experience will provide a breadth of learning and a depth of knowledge necessary to grow into the role of a Pediatric Emergency Medicine Attending Physician.



REQUIREMENTS FOR FELLOWSHIP

The fellowship program accepts candidates who have their primary training in pediatrics or emergency medicine. If the primary training is in pediatrics, the Sub-board for Pediatric Emergency Medicine Certification requires three years of fellowship training. The academic year is based on 13 cycles, each containing 4 weeks. Sample first year, second year and third year rotations are as follows:

FIRST YEAR

Adult ED - 1
 Anesthesia - 1
 Toxicology - 1
 Pediatric ICU- 1
 Trauma- 1
 Child Abuse- 1/2
 Vacation- 1
 Research- 1 1/2
 Pediatric ED- 5

SECOND YEAR

Adult ED- 1
 Peds Radiology- 1/2
 Ped Surg Clinic- 1
 Obstetrics- 1/2
 EMS- 1/2
 Child Abuse - 1/2
 Vacation - 1
 Research - 3
 Pediatric ED - 5

THIRD YEAR

Adult ED - 1
 Ultrasound - 1
 Electives - 2 1/2
 Vacation - 1
 Research - 3
 Pediatric ED - 4 1/2

RESEARCH PROGRAM

Our PEM Fellowship Program considers the research experience to be an essential part of the fellow curriculum. Each fellow conducts a research project developed by the fellow under faculty supervision as well as a Scholarship Oversight Committee. Numerous resources of the Department of Pediatrics as well as the nearby medical school are available to the fellow. In addition, there are a variety of formal conferences on research methodology. The fellow also participates in a nine-month Fellows' Research Seminar series given by the Department of Pediatrics. Ongoing seminars on journal writing are given monthly.



TEACHING PROGRAM

The fellow will have increasing responsibility for medical student and resident supervision in the emergency department. In the First Year, fellows will be responsible for identifying teaching cases while on their rotations as well as giving occasional morning conferences. During the Second and Third Years, fellows will assume increasing responsibility for morning conferences and will participate in PALS courses offered by the Pediatric Emergency Service.

There are many opportunities to participate in regularly scheduled conferences including lectures, case conferences, general reviews and research seminars. A special weekly Fellows' Conference is designed to address issues and topics that relate



directly to the education of the PEM fellow. These conferences include not just lectures at the fellow's level, but also include topics related to administration of the ED, looking for a job, legal issues, ethical issues, and other academic pursuits.

CERTIFICATION

By the completion of the fellowship, all fellows should be certified in Pediatric Advanced Life Support and Advanced Trauma Life Support. Our fellowship is kept up-to-date regarding the qualifications needed for future accreditation by the Residency Review Committee. The fellows will also have fulfilled the requirements needed to sit for the Pediatric Emergency Medicine Subspecialty Board Examination.

PREREQUISITES

At least three years of clinical training in a Pediatric Residency Program or four years of clinical training in an Emergency Medicine Residency Program approved by the Accreditation Council for Graduate Medical Education is required.

APPLICATION PROCESS

Our fellowship program uses the uniform application and associated services provided by ERAS[®] (Electronic Residency Application Service). An online application is required of all applicants and letters of reference will similarly be processed by ERAS. Applicants can access information on ERAS at www.aamc.org/eras. A more comprehensive description is detailed in the April issue of *Pediatric Emergency Care*.

The following documents are required for applications to be complete:

- Common Application Form
- Personal Goals Statement
- Three (3) Letters of Reference
- NBME/NBOME Transcript
- ECFMG Status Report
- Photograph
- Dean's Letter/MSPE

Please submit the application and other documents as soon as possible. The deadline for the common application form is August 15th. Any questions related to the application or pending documents should be addressed to Irma Gonzalez at 718-920-5312 or email Irgonzal@montefiore.org.

THE MATCH

This fellowship program participates in the Pediatric Emergency Medicine Fellowship Matching Program. Accepted candidates will be notified in December, as agreed to by all fellowship programs in Pediatric Emergency Medicine.

For Information Contact:

Jeffrey R. Avner, M.D.
Director, Children's Emergency Service
Children's Hospital at Montefiore
111 East 210th Street
Bronx, NY 10467
Phone: 718-920-5312
Fax: 718-798-6485
Email: JRAvner@montefiore.org



OR

Irma Gonzalez
Administrative Supervisor
Pediatric Emergency Medicine
111 East 210th Street
Bronx, NY 10467
Phone: 718-920-5312
Fax: 718-798-6485
Email: Irgonzal@montefiore.org

“A hundred years from now it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove...but the world may be different because I was important in the life of a child.”

Web site: www.montekids.org

Pediatric Emergency Service (2015)
Children's Hospital at Montefiore / Albert Einstein College of Medicine

Jeffrey R. Avner, M.D.

Division Chief, Pediatric Emergency Medicine

Fellowship Director

Professor of Clinical Pediatrics

Fellowship training: Children's Hospital of Philadelphia

Interests: febrile infants, occult bacteremia, fever, minor trauma

Rebecca Burton, M.D.

Attending Physician

Assistant Professor of Pediatrics

Fellowship Training(PEM) : New York University School of Medicine/Bellevue

Fellowship Training (ultrasound): New York University School of Medicine/Bellevue

Interests: Emergency ultrasound

Christopher Cavagnaro, M.D.

Attending Physician

Director, Resident Education in PEM

Assistant Professor of Pediatrics

Fellowship Training: Children's Hospital of Los Angeles

Interests: bronchiolitis, management of cutaneous infections

Paul Chambers, M.D.

Quality Assurance Coordinator

Risk Management Coordinator

Assistant Professor of Pediatrics

Interests: asthma, quality assurance

Margaret Collins, P.N.P.

Pediatric Nurse Practitioner

Michele Fagan, M.D.

Attending Physician

Assistant Professor of Pediatrics

Fellowship Training: Children's Hospital at Montefiore/

Albert Einstein College of Medicine

Interests: diabetes, education

Daniel Fein, M.D.

Attending Physician
Assistant Fellowship Director
Assistant Professor of Pediatrics
*Fellowship Training: Children's Hospital at Montefiore
Albert Einstein College of Medicine*
Interests: sedation, pain management, education

Michael Gombos, M.D.

Attending Physician
Assistant Professor of Pediatrics
Fellowship training: Schneider's Children's Hospital/Long Island Jewish Medical Center
Interests: otitis media, occult bacteremia, RSI

Maya Haasz, M.D.

Attending Physician
Assistant Professor of Pediatrics
Fellowship Training: University of Toronto, Hospital for Sick Children
Interests: bronchiolitis, bacteremia

Waseem Hafeez, M.D.

Attending Physician
Director, CME Courses
Associate Professor of Clinical Pediatrics
Interests: mock codes, RSI

Hye Won Hong , P.N.P.

Pediatric Nurse Practitioner

Marianne Hughes, P.N.P.

Pediatric Nurse Practitioner
Follow-up Program
Interests: minor trauma, wound care

Hnin Khine, M.D.

Attending Physician
Associate Director, ED Operations
Associate Professor of Clinical Pediatrics
Fellowship Training: Children's Hospital of Pittsburgh
Interests: trauma, evidence-based medicine, pain management

Diana King, M.D.

Attending Physician
Assistant Professor of Pediatrics
Fellowship training: Montefiore Medical Center – critical care
Interests: education, ethics, critical care issues

Dimitri Laddis, M.D.

Attending Physician
Assistant Professor of Pediatrics
Fellowship Training: Mount Sinai Medical Center (NY)
Interests: anaphylaxis, education

Richard Levine, A.N.P., P.N.P.

Pediatric Nurse Practitioner
Follow-up Program

Theresa Maldonado, M.D.

Attending Physician
Assistant Professor of Pediatrics
*Fellowship Training: Children's Hospital at Montefiore/
Albert Einstein College of Medicine*
Interests: asthma, triage protocols, education

Lourdes Maisonet, M.D.

Attending Physician
Assistant Professor of Pediatrics

Jennifer Morrison, P.N.P.

Pediatric Nurse Practitioner

Joni Rabiner, M.D.

Attending Physician
Director, ED Ultrasonography
Assistant Professor of Pediatrics
*Fellowship Training: Children's Hospital at Montefiore
Albert Einstein College of Medicine*
Interests: point of care ultrasonography

Ruby Rivera, M.D.

Attending Physician
Associate Fellowship Director
Assistant Professor of Pediatrics
*Fellowship Training: Montefiore Medical Center/
Albert Einstein College of Medicine*
Interests: asthma, psychiatric issues, toxicology, education

Marlene Rivera, M.D.

Attending Physician
Assistant Professor of Pediatrics

Suzanne Roberts, D.O., MPH

Attending Physician
Assistant Professor of Pediatrics
Fellowship Training: Jacobi Medical Center
Interests: asthma

Kathleen Ronca, A.N.P., P.N.P.

Pediatric Nurse Practitioner
Follow-up Program

Victoria Shulman, M.D.

Attending Physician
Assistant Clinical Professor of Pediatrics
Interests: resident education, infectious diseases

Cathi Sellinger, M.D.

Attending Physician
Associate Director (Clinical Service)
Assistant Professor of Pediatrics
Interests: education, diabetes, dermatology

Young Jin Sue, M.D.

Attending Physician
Assistant Clinical Professor of Pediatrics
Fellowship Training: Children's Hospital, Boston
Interests: toxicology, RSI, sedation

Joy Tun, M.D.

Attending Physician
Assistant Professor of Pediatrics
*Fellowship Training: Bronx Municipal Hospital Center/
Albert Einstein College of Medicine*
Interests: trauma, toxicology

Sarah Barrett Wren, P.N.P.

Pediatric Nurse Practitioner
Follow-up Program
Interests: adolescent care, gynecology

Pediatric Emergency Medicine Fellows (2015):

3rd Year:

Julia Tokarski, M.D.

Residency: Children's Hospital at Montefiore/Albert Einstein, New York

2nd Year:

Ellie Rakovchik, M.D.

Residency: Cohen's Children's Hospital / Long Island Jewish

1st Year:

Ariella Nadler, M.D.

Residency: Children's Hospital at Montefiore/Albert Einstein, New York

PEDIATRIC EMERGENCY MEDICINE FELLOWSHIP

*Children's Hospital at Montefiore
Albert Einstein College of Medicine*

Conference Schedule

Resident Conference	-	Monday to Thursday 12:15 pm
ED Case Conference	-	every Wednesday 7:30-8:00 am
Grand Rounds	-	every Wednesday 8:00 – 9:00 am
PED Fellows Conference	-	every Wednesday 9:30-12 noon
Morbidity/Mortality Conference	-	once/ month 1 – 2 pm
Research Conference	-	every Thursday 12:15-1:00 pm
Professor's Rounds	-	every Friday 8:30-9:30 am

In addition, there is a course in research design, data management, data analysis given by the Department of Epidemiology and Department of Pediatrics biweekly during the year.

PEDIATRIC EMERGENCY SERVICE
Children's Hospital at Montefiore
Albert Einstein College of Medicine

Sample Fellow Conference Topics

- All fellows conferences begin with a 30 minute case conference presented by a fellow

Journal writing seminars

How to publish a paper

How a paper is peer reviewed

Computer basics

Epi Info primer

Designing a study

Confidence intervals

Didactic lectures on PEM topics

How to study for the subspecialty exam

Journal Clubs

Controversial areas in PEM

Looking for a job

Toxicology Cases

ECG interpretation

How to write a CV

Interviewing Skills

Rapid Sequence Intubations

Preparing slides

Preparing a lecture

Writing an abstract

Radiology Cases

How the ED bills

Child Health Issues

State of Health of NY's Children

Economic Efficiency in the delivery of health care services

Micro-teaching techniques

Mini-workshops

Evaluating the residents

Microteaching

Case Conferences

PEM Board Prep and Question Review

**Children's Hospital at Montefiore
Albert Einstein College of Medicine**

Division of Pediatric Emergency Medicine

RESEARCH ACTIVITIES 2008-2015

Journal Articles

1. Avner JR (editor). Fever. Clin Ped Emerg Med. Volume 9, Issue 6, December 2008.
2. Baker MD, Avner JR. The Febrile Infant: What's New? Clin Ped Emerg Med. 2008;9:213-220.
3. Cavagnaro C, Brady K, Seigel C. Fever after international travel. Clin Ped Emerg Med. 2008;9:250-257.
4. Laddis D, Khine H, Goldman D. Fever and Rash: A Changing Landscape in the 21st Century. Clin Ped Emerg Med. 2008;9:244-249.
5. Fagan MJ, Avner J, Khine H. Initial fluid resuscitation for patients with diabetic ketoacidosis: how dry are they? Clin Pediatr (Phila). 2008; 47: 851-5.
6. Khine H, Mayers M, Avner JR, Fox A, Herold B, Goldman D: Association Between Herpes Simplex Virus-1 Infection And Idiopathic Unilateral Facial Paralysis In Children and Adolescents. Pediatr Infect Dis J 2008; 27(5):468-9.
7. Tay ET, Needleman JP, Avner JR. Nebulizer and spacer device maintenance in children with asthma. J Asthma. 2009; 46: 153-5.
8. Avner JR, Baker MD. Occult bacteremia in the post-pneumococcal conjugate vaccine era: does the blood culture stop here? Acad Emerg Med. 2009; 16: 258-60.
9. Avner JR. Acute fever. Pediatr Rev. 2009; 30: 5-13.
10. Khine H, Weiss D, Graber N, Hoffman R, Esteban-Cruciani N, Avner JR. A cluster of children with seizures due to camphor poisoning. Pediatrics 2009; 123(5): 1269-1272.

11. Racine AD, Alderman EM, Avner JR. Effect of telephone calls from primary care practices on follow-up visits after pediatric emergency department visits: evidence from the Pediatric Emergency Department Links to Primary Care (PEDLPC) randomized controlled trial. *Arch Pediatr Adolesc Med* 2009;163:505-11.
12. Fein D, Avner JR, Khine H. Pattern of pain management during lumbar puncture in children. *Pediatr Emerg Care* 2010;26:357-60.
13. Olympia RP, Brady J, Kapoor S, Mahmood Q, Way E, Avner JR. Compliance of child care centers in Pennsylvania with national health and safety performance standards for emergency and disaster preparedness. *Pediatr Emerg Care* 2010;26:239-47.
14. Olympia R, Rivera R, Heverly S, Anyanwu U, Gregorits M. Natural Disasters and Mass-Casualty Events Affecting Children and Families: A Description of Emergency Preparedness and the Role of the Primary Care Physician. *Clin Pediatr* 2010 49:686-
15. Rizkalla C, Bauman LJ, Avner JR. Structural Impediments to Condom Access in a High HIV/STI-Risk Area. *J Environ Public Health* 2010;2010.
16. Ng L. Adolescent with Abdominal Pain and Altered Mental Status: Are You Confused? *Clin Pediatr Emerg Med* 2010;11;293-300
17. Brady K, Avner JR, Khine H. Perception and attitude of providers toward pain and anxiety associated with pediatric vaccine injection. *Clin Pediatr (Phila)* 2011;50:140-3.
18. Munjal I, Gialanella P, Goss C, McKittrick J, Avner JR, Pan Q, Litman N, Levi M. Evaluation of the 3M rapid detection test for respiratory syncytial virus (RSV) in children during the early stages of the 2009 RSV season. *J Clin Microbiol* 2011;49:1151-3.
19. Fein DM, Janow G, Avner JR, Fagan MJ. The heart of the matter: an atypical presentation of Takayasu arteritis in the Pediatric Emergency Department. *Pediatr Emerg Care*. 2011 Sep;27(9):857-9.
20. Alderman EM, Avner JR, Racine AD. Adolescents use of the Emergency Department: Does source of primary care make a difference? *Journal of Primary Care & Community Health*. 2012; 3: 36-41
21. Tsung JW, Kessler DO, Shah VP. Prospective application of clinician-performed lung ultrasonography during the 2009 H1N1 influenza A pandemic: distinguishing viral from bacterial pneumonia. *Crit Ultrasound J*. 2012 Jul 10;4(1): 16

22. Keller MJ, Madan RP, Shust G, Carpenter CA, Torres NM, Cho S, Khine H, et al. Changes in the soluble mucosal immune environment during genital herpes outbreaks. *J Acquir Immune Defic Syndr*. 2012;61(2):194-202.
23. Ng L, Khine H, Taragin BH, Avner JR, Ushay M, Nunez D. Does bedside sonographic measurement of the inferior vena cava diameter correlate with central venous pressure in the assessment of intravascular volume in children? *Pediatr Emerg Care*. 2013;29(3):337-41.
24. Rabiner JE, Friedman LM, Khine H, Avner JR, Tsung JW. Accuracy of Point-of-Care Ultrasound for Diagnosis of Skull Fractures in Children. *Pediatrics*. 2013;131(6):e1757-64.
25. Rabiner JE, Khine H, Avner JR, Friedman LM, Tsung JW. Accuracy of point-of-care ultrasonography for diagnosis of elbow fractures in children. *Ann Emerg Med*. 2013;61(1):9-17.
26. Murphy M, Smith L, Palma A, Lounsbury D, Bijur P, Chambers P, et al. Feasibility of a computer-delivered driver safety behavior screening and intervention program initiated during an emergency department visit. *Traffic Inj Prev*. 2013;14(1):39-45.
27. Shah VP, Tunik MG, Tsung JW. Prospective evaluation of point-of-care ultrasonography for the diagnosis of pneumonia in children and young adults. *JAMA Pediatr*. 2013;167(2):119-25.
28. Kessler DO, Arteaga G, Ching K, Haubner L, Kamdar G, Krantz A, Lindower J, Miller M, Petrescu M, Pusic MV, Rucker J, Shah N, Strother C, Tilt L, Weinberg ER, Chang TP, Fein DM, Auerbach M. Interns' Success with Clinical Procedures in Infants After Simulation Training. *Pediatrics*, 2013 Mar;131(3):e811.
29. Fein DM, Hafeez Z, Cavagnaro C. Hafeez ZF, Cavagnaro C., An overdose of extended-release guanfacine. *Pediatr Emerg Care*. 2013 Aug;29(8):929-31
30. Rabiner JE, Auerbach M, Avner JR, Daswani D, Khine H. Comparison of GlideScope Videolaryngoscopy to Direct Laryngoscopy for Intubation of a Pediatric Simulator by Novice Physicians. *Emerg Med Int*. 2013;2013:407547
31. Chang TP, Kessler D, McAninch B, *Fein DM, Scherzer DJ, Seelbach E, Zaveri P, Jackson JM, Auerbach M, Mehta R, Van Ittersum W, Pusic MV. Script Concordance Testing demonstrates increasing Clinical Decision Making Skills in Residents for Infant Lumbar Punctures *Academic Medicine* 2014;89(1)
32. Auerbach M, Chang T, Fein D, White M, Mehta R, Gerard J, Zaveri P, Kou M, Reid J, Agrawal D, Van Ittersum W, Scherzer D, Vasquez E, Iyer S, Thomas A, Sawyer T, Kessler D. A Comprehensive Infant Lumbar Puncture Novice Procedural

Skills Training Package: An INSPIRE Simulation-Based Procedural Skills Training Package. MedEdPORTAL; 2014. Available from: www.mededportal.org/publication/9724https://www.mededportal.org/publication/9724

33. Kessler D, Pusic M, Chang TP, Fein DM, Grossman D, Mehta R, White M, Jang J, Whitfill T, Auerbach M; INSPIRE LP investigators. Impact of Just-in-Time and Just-in-Place Simulation on Intern Success With Infant Lumbar Puncture. *Pediatrics*. 2015 May;135(5):e1237-46
34. Rabiner, JE, Khine, H, Avner, JR, Tsung, JW. Ultrasound Findings of the Elbow Posterior Fat Pad in Children with Radial Head Subluxation. *Pediatr Emerg Care*. 2015 May;31(5):327-30.
35. Khine H, Goldman DL, Avner JR. Management of Fever in Post Pneumococcal Vaccine Era: Comparison of Management Practices By Pediatric Emergency Medicine and General Emergency Medicine Physicians. *Emerg Med Int*. 2014;2014:702053.
36. Fein DM, Sellinger C, Fagan MJ. Acute Salpingitis in a Non-Sexually Active Adolescent". In Press, *Pediatr Emerg Care*
37. Hananiya A, Fagan M, Douglas L: Rickettsial Pox in a Pediatric Patient. *Pediatric Emergency Care* (In Press)

Book Chapters & Review Articles

1. Forti R, Avner JR: Altered Mental Status. In Primary Pediatric Care 5th Edition, Hoekelman RA (ed), Mosby Inc, St. Louis, MO, 2008.
2. Avner JR: Fever. In Pediatric Emergency Medicine Secrets 2nd Edition, Selbst S, Cronan K (eds), Hanley and Belfus Inc, 2008.
3. King D, Hafeez W. Irritability. In Primary Pediatric Care 5th Edition, Hoekelman RA (ed), Mosby Inc, St. Louis, MO, 2008.
4. Rivera R, Sellinger C. Dizziness and Vertigo. In Primary Pediatric Care 5th Edition, Hoekelman RA (ed), Mosby Inc, St. Louis, MO, 2008.
5. Avner JR: Gastrointestinal hemorrhage. In Primary Pediatric Care 5th Edition, Hoekelman RA (ed), Mosby Inc, St. Louis, MO, 2008.

6. Avner JR: Neonatal fever. In Pediatric Practice: Infectious Disease, Shah S (ed), McGraw Hill, New York, NY, 2009.
7. Tay ET, Hafeez W: Intraosseous Access – online E-Medicine Journal/Clinical Procedures/Vascular Techniques (CME Article). 4/04/2007 updated 2009
Access at: <http://www.emedicine.com/proc/topic80431.htm>.
8. Hafeez W: Resuscitation in Crain EF, Gershel JC (eds.) Clinical Manual of Emergency Pediatrics (5th ed.) Cambridge University Press, 2009: 1 - 29
9. Hafeez W: Code Card in Crain EF, Gershel JC (eds.) Clinical Manual of Emergency Pediatrics (5th ed.) Cambridge University Press, 2009: Index 771
10. Forti RJ, Gluckman W. Pneumothorax. In eMedicine Pediatrics. Website: <http://emedicine.medscape.com/article/1003552-overview>. Web MD. 2009.
11. Sue Y. Mercury. In Flomenbaum NE, Goldfrank LR, Hoffman RS, Howland MA, Lewin NA, and Nelson, LS (eds): Goldfrank's Toxicologic Emergencies, 9th ed, New York, New York, McGraw-Hill, 2010.
12. Avner JR: Abdominal distention. In Textbook of Pediatric Emergency Medicine - 6th Edition; Fleisher G, Ludwig S (eds), Williams & Wilkins, 2010.
13. Avner JR, Sue YJ: Trauma, Ingestions and Burns. In Pediatrics for Medical Students (3rd edition); Bernstein D, Shelov SP (eds), Lippincott Williams & Wilkins. Philadelphia, PA. 2011.
14. Avner JR: Gastrointestinal hemorrhage. In Textbook of Pediatric Care, McInerney TK, et al. (ed), American Academy of Pediatrics, Elk Grove Village, IL. (In Press).
15. Avner JR: Guest Editor. Cardiovascular Emergencies. Clinical Pediatric Emergency Medicine. 2011.
16. Cavagnaro C. Back Pain in Fleisher and Ludwig's 5-Minute Pediatric Emergency Medicine Consult, R Hoffman, R Scarfone, V Wang, et al. eds. Lippincott Williams & Wilkins. Philadelphia, PA. 2011.
17. Forti R, Avner JR: Altered Mental Status. In Textbook of Pediatric Care, McInerney TK, et al. (ed) American Academy of Pediatrics, Elk Grove Village, IL. (In Press).
18. Khine H. Mandibular Fractures in Fleisher and Ludwig's 5-Minute Pediatric Emergency Medicine Consult, R Hoffman, R Scarfone, V Wang, et al. eds. Lippincott Williams & Wilkins. Philadelphia, PA. 2011.

19. Khine H. Nasal Fractures in Fleisher and Ludwig's 5-Minute Pediatric Emergency Medicine Consult, R Hoffman, R Scarfone, V Wang, et al. eds. Lippincott Williams & Wilkins. Philadelphia, PA. 2011.
20. Okun O, Hafeez, W: Session 3. Training Issues for Residents and Students: Ethical and Professional Conflicts in the Context of Valued Learning Opportunities in Adam MB, Diekema DS, Mercurio MR, eds. American Academy of Pediatrics Bioethics Resident Curriculum: Case-Based Teaching Guides. 2011; 17-23. Access at: <http://www.aap.org/sections/bioethics/default.cfm>
21. Rabiner J, Avner JR. Atlantoaxial Instability in Fleisher and Ludwig's 5-Minute Pediatric Emergency Medicine Consult, R Hoffman, R Scarfone, V Wang, et al. eds. Lippincott Williams & Wilkins. Philadelphia, PA. 2011
22. Rabiner J, Avner JR. Bacteremia in Fleisher and Ludwig's 5-Minute Pediatric Emergency Medicine Consult, R Hoffman, R Scarfone, V Wang, et al. eds. Lippincott Williams & Wilkins. Philadelphia, PA. 2011
23. Rivera R, Sellinger C. Dizziness and Vertigo. In Textbook of Pediatric Care, McNerny TK, et al. (ed), American Academy of Pediatrics, Elk Grove Village, IL. (In Press).
24. Rivera R. Blepharitis in Fleisher and Ludwig's 5-Minute Pediatric Emergency Medicine Consult, R Hoffman, R Scarfone, V Wang, et al. eds. Lippincott Williams & Wilkins. Philadelphia, PA. 2011.
25. Rivera R. Mallet Finger in Fleisher and Ludwig's 5-Minute Pediatric Emergency Medicine Consult, R Hoffman, R Scarfone, V Wang, et al. eds. Lippincott Williams & Wilkins. Philadelphia, PA. 2011.
26. Shulman V. Orbital Fracture in Fleisher and Ludwig's 5-Minute Pediatric Emergency Medicine Consult, R Hoffman, R Scarfone, V Wang, et al. eds. Lippincott Williams & Wilkins. Philadelphia, PA. 2011.
27. Sue YJ, Fagan M. Overdose of Prescription Drugs and other Medications, Textbook of Adolescent Health Care, Martin Fisher, Elizabeth Alderman, Richard Kreipe, eds., 2011
28. Tay ET, Hafeez W: Intraosseous Access – online E-Medicine Journal/Clinical Procedures/Vascular Techniques (CME Article). 4/04/2007 updated 2011 Access at: <http://www.emedicine.com/proc/topic80431.htm>
29. Edmonds S, Fein DM, Gurtman A. Pheochromocytoma. .Pediatr Rev. 2011 Jul;32(7):308-10.

30. Fein DM, Sue YJ. Methanol ingestion. *Pediatr Rev.* 2011 Dec;32(12):549-50.
31. Rabiner, J, Fagan, MJ, Walsh, CA. Can you read this ECG? *Clinical Pediatric Emergency Medicine.* 2011;12(4)333-342
32. Hafeez W, Ronca L, Maldonado T. Pediatric Advance Life Support Update for the Emergency Physician. *Clinical Pediatric Emergency Medicine,* 2011;12(4)333-342
33. Ruby R, Chambers P, Ceresnak S. Evaluation of the Child with Palpatations. *Clinical Pediatric Emergency Medicine,* 2011;12(4)333-342
34. Fein DM, Avner JR. The Febrile or Septic Appearing Neonate. In: *Strange and Schafermeyer's Pediatric Emergency Medicine,* 4th edition. McGraw-Hill Professional. 2015
35. Avner JR, The Febrile or Septic Appearing Infant or Child. In: *Strange and Schafermeyer's Pediatric Emergency Medicine,* 4th edition. McGraw-Hill Professional. 2015
36. Avner JR: Fever. In *Pediatric Emergency Medicine Secrets 3rd Edition,* Selbst S, Cronan K (eds), Hanley and Belfus Inc, 2015
37. Avner, JR. Core Knowledge for Medical Decision Making in Succinct Pediatrics, Mahan J and Feld L eds. American Academy of Pediatrics Press, Elk Grove Village, IL. (in press)

Abstract Presentations

1. Karpowisc M, Levin M, Giallanella P, McKitrick J, Avner JR, Litman N, Levi M. The impact of a PCR-based diagnosis for enteroviral meningitis in a large pediatric hospital. Presented at the American Society for Microbiology Conference on Emerging Technologies of Medical Importance, Beijing, China, April, 2008
2. Schechter M, Avner JR. Weighing in: addressing the lack of medical student exposure to performance of basic pediatric skills. Presented at the Committee on Medical Student Education in Pediatrics annual meeting, Atlanta, GA, April, 2008
3. Schechter M, Avner JR. Pediatric shadowing program: An introduction to clinical pediatrics for new medical students. Presented at the Committee on Medical Student Education in Pediatrics annual meeting, Atlanta, GA, April, 2008

4. Rizkalla C, Futterman D, Pollack HC, Lyle M, Avner JR. HIV testing in the pediatric emergency department: feasible and important. Presented at the Pediatric Academic Societies annual meeting, Honolulu, Hawaii, May, 2008
5. Rizkalla C, Bauman L, Avner JR. Barriers to Barriers: Structural impediments to condom access in a high HIV/ STI- risk area. Presented at the Pediatric Academic Societies Meeting, Honolulu, Hawaii, May, 2008
6. Maldonado A, Avner JR, Rajpathak S, Khine H. Camphor: An ongoing public health concern for children. Presented at the Eastern Society for Pediatric Research Annual Meeting, Philadelphia, PA, March 2009 and the Pediatric Academic Societies Meeting, Baltimore, MD, May 2009
7. Munjal I, Gialanella P, Goss C, McKittrick JC, Avner JR, Litman N, Levi MH. Evaluation of the 3M Rapid Detection Test for Respiratory Syncytial Virus (RSV) during the Early Stages of the 2009 RSV Season. Presented at the American Society for Microbiology Annual Meeting, San Diego, CA, May 2010.
8. Brady K, Khine H, Avner JR. Perception and Attitude of Caregivers Toward Pain and Anxiety Associated with Pediatric Vaccine Injection. Presented at the Eastern Society for Pediatric Research Annual Meeting, Philadelphia, PA, March 2010.
9. Shah V. Correlation of lung ultrasound findings in infants with bronchiolitis and the Respiratory Distress Assessment Instrument (RDAI) score. Presented at the 6th WINFOCUS World Congress on ultrasound in Emergency and Critical Care. Rome, Italy, October 2010
10. Shah V. Prospective Evaluation of Point-of-care Ultrasound for the Detection of Pleural Effusion and Assisted Thoracentesis in Children Presenting to the Emergency. Presented at the 6th WINFOCUS World Congress on ultrasound in Emergency and Critical Care. Rome, Italy, October 2010
11. Shah V. Prospective Application of the Bedside Lung Ultrasound in Emergency (BLUE) Protocol for Rapid Emergency Department Triage and Management During The 2009 H1NI Epidemic. Presented at the 6th WINFOCUS World Congress on ultrasound in Emergency and Critical Care. Rome, Italy, October 2010
12. Fein D, Avner JR, Auerbach M, et. al. Patterns of Analgesia Use by Pediatric Interns for Lumbar Puncture in Children Less Than One Year of Age. Presented at the 11th Annual International Meeting on Simulation in Healthcare (IMSH), New Orleans, Louisiana, January 2011
13. Fein D, Avner JR, Auerbach M, et. al. Analgesia Use for Infant Lumbar Puncture by Interns after an Educational Intervention. Presented at the Eastern Society for Pediatric Research Annual Meeting, Philadelphia, PA, March 2011

14. Ng L, Taragin B, Avner JR, Ushay M, NunezD. Does the IVC diameter correlate with central venous pressure (CVP) in the assessment of intravascular volume in children?
Presented at the Eastern Society for Pediatric Research Annual Meeting, Philadelphia, PA, March 2011 and the Pediatric Academic Societies Meeting, Denver, CO, May 2011
15. Fein DM, Racine AD. Efficacy of primary care clinics offering increased influenza vaccine delivery. Presented at the Eastern Society for Pediatric Research Annual Meeting, Philadelphia, PA, March 2011 and the Pediatric Academic Societies Meeting, Denver, CO, May 2011
16. Shah VP, Tsung JW. Point-of-Care lung ultrasound (Lung US) findings in children with bronchiolitis and correlation with the respiratory distress assessment instrument (RDAI) Score. Presented at the Pediatric Academic Societies Meeting, Denver, CO, May 2011
17. Canares T, Chambers P, Scharbach K. The Etiology of Respiratory Infection and Severity of Illness. Presented at the Pediatric Academic Societies Meeting, Denver, CO, May 2011
18. Auerbach M, Chang TP, Fein D, Gerard JM, Scherzer DJ, Reid J, Rabe G, Pusic MV and Kessler DO. Simulator Based Just-In-Time Competency Assessment to Predict Clinical Infant Lumbar Puncture Success . Presented at the 2011 AAP national conference.
19. Kessler D, Fein D, Agrawal D, Reid J, Rucker J, Pusic M, Haubner L, Auerbach M. Impact of a Simulation Based Just in Time Refresher Training for Interns on Their Clinical Success Rate with Infant Lumbar Puncture Abstract presented as a platform presentation at the 2011 International Pediatric Simulation Symposia and Workshop Conference, Toulouse, France

20. Auerbach M, Chang T, Fein D, Gerard J, Mehta R, Scherzer DJ, Reid J, Rabe G, Pusic M, Kessler D. Simulation Based Competency Assessment to Predict Clinical Infant Lumbar Puncture Success. Abstract presented as a platform presentation at the 2011 International Pediatric Simulation Symposia and Workshop Conference, Toulouse, France
21. Khine H, Goldman D, Ochoa K, Avner JR. Comparison of the management of Fever in Children aged 3-36 months by PEM and GEM physicians. Presented at the Pediatric Academic Societies Meeting, Boston, MA. May 2012
22. Rabiner J, Khine H, Avner JR, Tsung JW. Accuracy of Point-of-Care Ultrasound for Diagnosis of Elbow Fractures in Children. Presented at the Pediatric Academic Societies Meeting, Boston, MA. May 2012 (*Dr. Rabiner received the APA Fellow Research Award for this presentation*) and presented at the Society for Emergency Medicine National Meeting, Chicago, IL, May 2012.
23. Friedman L, Rabiner JE, Tsung JW. Accuracy of Point-of-Care Ultrasound (PoCUS) by Novice Pediatric Emergency Sonologists in the Diagnosis of Skull Fractures. Presented at the Pediatric Academic Societies Meeting, Boston, MA. May 2012
24. Chang TP, Kessler D, Auerbach M, Scherzer DJ, McAninch B, Jackson J, Zaveri P, Seelbach E, Mehta R, Ching K, van Ittersum W, Dobson J, Fein D, Strother C, Rocker J, Pusic M. Script Concordance Testing and Lumbar Puncture Practice Variation among Trainees and Physicians. Presented at the Pediatric Academic Societies Meeting, Boston, MA. May 2012
25. Rabiner, JE, Auerbach, M, Avner, JR, Daswani, D, Khine, H. Comparison of GlideScope Videolaryngoscopy to Miller Direct Laryngoscopy for Intubation of a Pediatric Simulator by Novice Physicians. Presented at the Pediatric Academic Societies Meeting, Boston, MA. May 2012 and at the Society for Emergency Medicine National Meeting, Chicago, IL, May 2012.
26. Rabiner, JE, Khine, H, Avner, JR, Tsung, JW. Ultrasound Findings of the Elbow Posterior Fat Pad in Children with Radial Head Subluxation. Presented at the Pediatric Academic Societies Meeting, Boston, MA. May 2012 and at the Society for Emergency Medicine National Meeting, Chicago, IL, May 2012.
27. Freundlich C, Kavanagh P, Khine H. The utility of chest radiographs in the evaluation of febrile children with sickle cell disease. Presented at the Pediatric Academic Societies Meeting, Boston, MA. May 2012

28. Auerbach M, Chang T, Mehta R, Reid J, Lemke D, Gerard J, Fein D, Zaveri P, Kessler D. Does “Just in Time” Simulation Based Competency Assessment Predict Clinical Infant Lumbar Puncture Success. Abstract presented as a poster at the 2012 International Meeting on Simulation and Healthcare
29. Delany K, Pankow A, Rabiner J. Analgesia for Appendicitis in Children in Pediatric and General Emergency Departments. Accepted for presentation at the Pediatric Academic Societies Meeting, Washington, DC, May 2013.
30. Tokarski J, Rabiner J. Observation after Racemic Epinephrine for Croup in the Pediatric Emergency Department. Accepted for presentation at the Pediatric Academic Societies Meeting, Washington, DC, May 2013.
31. Fein D, Avner JR, Auerbach M, et. al. Analgesia Use for Infant Lumbar Puncture by Interns after an Educational Intervention. Accepted for presentation at the Pediatric Academic Societies Meeting, Washington, DC, May 2013.
32. Kessler D, Chang T, Mehta R, Agrawal D, Zaveri P, Grossman D, Seelbach EB, Lavoie M, Gerard J, Fein DM, Trainor J, Lee MO, Srivastava G, Iyer S, White ML, McQueen A, Auerbach M. Does A Just- in- Time Simulation Based Competency Assessment Improve Trainee Clinical Success With Their first Infant Lumbar Puncture. Abstract presented as a poster at the 2013 International Pediatric Simulation Society Meeting in April 2013 and at 2013 Pediatric Academic Societies Conference.
33. White ML, Burns R, Zaveri PP, McAninch B, Auerbach M, Seelbach B, Fein DM, Jang J, Mehta R, Chang T, Kessler D. Infant Lumbar Punctures Success Rates Reported by Upper Level Residents Abstract presented as a poster at the 2014 International Meeting on Simulation and Healthcare
34. Wren SB, Agcanas N, Goldman DL, Khine H. Pattern of Presentations Among Female Adolescent patients with Gonorrhea and Chlamydia Infections in the Pediatric Emergency Department. Presented at the ESPR Annual Meeting, Philadelphia, PA March 2014.
35. Altberg G, Koons K, SilverE , Khine H, Avner JR: Validation of a Risk Stratification Strategy to Identify Serious Bacterial Illness in Febrile Patients with Sickle Cell Disease Who Present to the ED in the Post-PCV7 Era. Poster presentation to the National Meeting of the Pediatric Academic Societies, Vancouver, BC, May 2014.

36. Fein D, Hartley R, Choi S, Chambers P: A Quality Improvement Project to Improve Pain Management for Patients With Extremity Pain in the Pediatric ED. Platform presentation to the ESPR Annual Meeting and National Meeting of the Pediatric Academic Societies, Vancouver, BC, May 2014.
37. Kessler DO, Auerbach M, Fein DM, Chang TP, Lee M, Mehta R, Gerard JM, Trainor J, Pusic M. Implementation and Impact of a Just-in-Time Assessment to Determine Intern Readiness to Perform Their First Infant Lumbar Puncture. Abstract presented as platform presentations at the at 2014 AAP NCE
38. Daswani DD, Shah VP, Avner JR, Manwani DG, Kurian J, Rabiner JE. Accuracy of Point-of-Care Lung Ultrasound for Diagnosis of Acute Chest Syndrome in Pediatric Patients with Sickle Cell Disease and Fever. Presented at the Eastern Society for Pediatric Research meeting in Philadelphia, PA March 2015 and the Pediatric Academic Societies Meeting, San Deigo, CA. April 2015 (*Dr. Daswani received the APA Fellow Research Award for this presentation*).
39. Fein DM, Scharbach K, Manwani D, Avner JR, Khine H. Intranasal Fentanyl for Initial Treatment of a Vaso-occlusive Crisis: A Randomized, Double Blind Placebo Controlled Trial. Accepted for platform presentation at the American Academy of Pediatrics National Fall Meeting, Washington DC, October 2015.

Awards & Honors (2012-2015)

Dr. Jeffrey R. Avner received the Harry Gordon Award for outstanding clinical teaching of medical students at the Albert Einstein College of Medicine commencement ceremony, 2012.

Dr. Joni Rabiner was awarded the APA Fellow Research Award at the Pediatric Academic Societies Meeting (2012) for her research presentation entitled: Accuracy of Point-of-Care Ultrasound for Diagnosis of Elbow Fractures in Children.

Dr. Joni Rabiner was awarded the “Golden Probe Award” at the 8th Annual WINFOCUS World Conference (Barcelona, October 2012) for her research on “Accuracy of point-of-care ultrasound for diagnosis of elbow fractures in children”.

Dr. Daniel Fein was awarded the “outstanding housestaff award” at the Resident and Alumni Dinner of Montefiore Medical Center, March 2013.

Dr. Hnin Khine received the William Obrinsky Award from the Department of Pediatrics for excellence in medical student teaching, June 2013.

Dr. Dina Daswani received 1st place in the Evidence Based Medicine Competition for her presentation on Point of Care Ultrasound in the Pediatric ED for the Diagnosis of Pneumonia. May 2014.

Marianne Hughes PNP, received Montefiore’s Advance Practice Nurse of the Year award. May 2014.

Dr. Dina Daswani was awarded Society of Pediatric Research Richard D. Rowe Award in Clinical Research 2015 awarded at the Pediatric Academic Societies Meeting (2015) for her research presentation entitled: Accuracy of Point-of-Care Lung Ultrasound for Diagnosis of Acute Chest Syndrome in Pediatric Patients with Sickle Cell Disease and Fever