



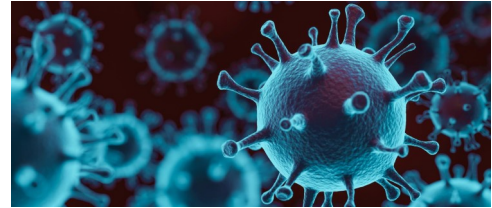
Special points of interest

- COVID-19 Pandemic Update
- Response of the Medical Education Community to the Pandemic
- Compliments & e-Recognitions
- Scholarly Activities
- Legislative Advocacy
- CME News



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From the Editor

Working Through a Pandemic: Medical Education response and Lessons Learned

This March issue of *Milestones in Medical Education* is released at a crucial time of the academic year. Typically, this is a time where the residency program prepares to celebrate the Match results and welcome a new class of interns. This is also a time where the current residents and fellows harvest the fruit of their scholarly pursuits by showcasing their projects at national academic meetings and conferences. This is a time where we typically hold our CME events, connect with others, travel, take vacations and spring breaks, and plan for various social events such as our annual Softball game picnic, and Graduation celebration.

This March 2020 issue comes out in an atypical time where social events are replaced by "social isolation/ distancing"; conferences and meetings are replaced by "Virtual/ Zoom" events and working from home, telehealth is replacing face to face doctor-patient interactions, travel restrictions and "quarantines" are replacing vacations and travels for the pursuit of scholarly activities. New vocabulary is now part of the daily life: Pandemic, PPEs, lock down,

stay at home, and quarantine. Home-schooling of children is becoming the new norm for everyone.

In the midst of the chaos and the unprecedented changes in our daily lives, the Medical Education community has strived to find some normalcy for our trainees, students, and educational programs. Reflecting on these times, and trying to find a glimmer of light in the darkness, I like to highlight the following positive thoughts in this issue brought about by these trying times:

- ◆ Learned valuable lessons about the power of Epidemiology and Public Health particularly in times of pandemics
- ◆ Appreciated the value of research, evidence-based practice, and the reliance on experts and the need for RCTs
- ◆ Valued more than before the contribution of WHO and CDC in working with the Federal Government start trials and research through rapidly-designed studies

- ◆ Got creative in maximizing the use of technology for education & meetings
- ◆ Improved the competency in providing clinical care via telemedicine
- ◆ Emphasized the power of simple measures such as social distance, appropriate handwashing, infection prevention measures, and the use of PPEs
- ◆ Learned to depend on each other at times like these and try to stay connected even when we are not physically together
- ◆ Became adept at working through a novel unknown pathogen with no established treatments

I wanted to highlight in this issue what is known about COVID-19 and summarize the tremendous response to it from the Medical Education Community at all levels (CME, GME, and UME).

Stay safe and keep an eye on your wellbeing now more than ever before. Happy reading!!!

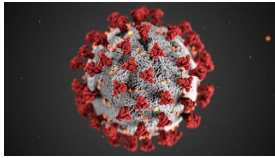
Rani S Gereige, MD, MPH,
FAAP - DIO

Milestones in Faculty Development

COVID-19 Pandemic Update

What is COVID-19?

According to the WHO, Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.



Ways to Prevent COVID-19?

The best way to prevent and slow down transmission is to:

- ◆ Be well informed about the COVID-19 virus, the disease it causes and how it spreads.
- ◆ Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently and not touching your face.
- ◆ Practice respiratory etiquette (for example, by coughing into a flexed elbow as COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes)

Any Vaccines or Treatments Available?

At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments.

What is the Natural Origin of COVID-19?

A new genomic study described by the NIH points to the natural origin of COVID-19 and debunks claims that the new coronavirus was

engineered in a lab and deliberately released to make people sick. The study provides scientific evidence that this novel coronavirus arose naturally.

The findings are the result of genomic analyses conducted by an international research team, partly supported by NIH. In their study in the journal *Nature Medicine*, researchers used sophisticated bioinformatic tools to compare publicly available genomic data from several coronaviruses, including the new one that causes COVID-19. The researchers began by homing in on the parts of the coronavirus genomes that encode the spike proteins that give this family of viruses their distinctive crown-like appearance.

All coronaviruses rely on spike proteins to infect other cells. The genomic data of the new coronavirus responsible for COVID-19 show that its spike protein contains some unique adaptations. One of these adaptations provides special ability of this coronavirus to bind to a specific protein on human cells called angiotensin converting enzyme (ACE2). A related coronavirus that causes severe acute respiratory syndrome (SARS) in humans also seeks out ACE2.

Existing computer models predicted that the new coronavirus would not bind to ACE2 as well as the SARS virus. However, to their surprise, the researchers found that the spike protein of the new coronavirus actually bound far better than computer predictions, likely because of natural selection on ACE2 that enabled the virus to take advantage of a previously unidentified alternate binding site. Researchers said this provides strong evidence that that new virus was not the

product of purposeful manipulation in a lab.

Analysis of genomic data related to the overall molecular structure, or backbone, of the new coronavirus showed that its backbone of the genome most closely resembles that of a bat coronavirus discovered after the COVID-19 pandemic began. However, the region that binds ACE2 resembles a novel virus found in pangolins, a strange-looking animal sometimes called a scaly anteater. This provides additional evidence that the coronavirus that causes COVID-19 almost certainly originated in nature.

So, what is the natural origin of the novel coronavirus responsible for the COVID-19 pandemic? The researchers don't yet have a precise answer. But they do offer two possible scenarios:

1. In the first scenario, as the new coronavirus evolved in its natural hosts, possibly bats or pangolins, its spike proteins mutated to bind to molecules similar in structure to the human ACE2 protein, thereby enabling it to infect human cells. This scenario seems to fit other recent outbreaks of coronavirus-caused disease in humans, such as SARS, which arose from cat-like civets; and Middle East respiratory syndrome (MERS), which arose from camels.
2. The second scenario is that the new coronavirus crossed from animals into humans before it became capable of causing human disease. Then, as a result of gradual evolutionary changes over years or perhaps decades, the virus eventually gained the ability to spread from human-to-human and cause serious, often life-threatening disease.

Either way, this study leaves little room to refute a natural origin for COVID-19. And that's a good thing because it helps us keep focused on what really matters:

- observing good hygiene
- practicing social distancing

Milestones in Faculty Development

COVID-19 Pandemic Update (Cont'ed)

- supporting the efforts of all the dedicated health-care professionals and researchers who are working so hard to address this major public health challenge.

What are Symptoms of COVID-19? (WHO)

The COVID-19 virus affects different people in different ways. COVID-19 is a respiratory disease and most infected people will develop mild to moderate symptoms and recover without requiring special treatment. People who have underlying medical conditions and those over 60 years old have a higher risk of developing severe disease and death.

Common symptoms include:

- fever
- tiredness
- dry cough.

Other symptoms include:

- shortness of breath
- aches and pains
- sore throat

and very few people will report diarrhoea, nausea or a runny nose.

People with mild symptoms who are otherwise healthy should self-isolate and contact their medical provider or a COVID-19 information line for advice on testing and referral.

Practical Tips to Slow Transmission

For Individuals (WHO):

- Wash your hands regularly with soap and water, or clean them with alcohol-based hand rub.
- Maintain at least 1 meter distance between you and people coughing or sneezing.
- Avoid touching your face.
- Cover your mouth and

nose when coughing or sneezing.

- Stay home if you feel unwell.
- Refrain from smoking and other activities that weaken the lungs.
- Practice physical distancing by avoiding unnecessary travel and staying away from large groups of people.

For Pediatric Patients:

- Keep children out of the health care system if it is not necessary
- Use telemedicine and non-direct care when appropriate
- Review infection prevention measures including asking patients with symptoms to call ahead so they can be evaluated in isolation from other patients
- Triage all patients to either onsite clinic visit versus telehealth versus deferred visit versus refer to ED
- Use 24 hour advance reminder calls to triage patients who must be seen in clinic and those who can be treated by phone or virtual visit
- Medical Assistants should use standardized COVID-19 screening questions (e.d. known positive or suspected COVID-19 contact, fever, cough, respiratory distress) during triage calls
- Defer well child visits for all children except those 2-months old or younger and substitute with vaccination-only appointments. When possible administer vaccines at offsite locations
- When indicated, bring children in for rapid vaccination-only appointments and whenever possible innovate alternative locations outside the clinic building for vaccine administration

- Patients that are scheduled for appointments that can be performed virtually or by phone, keep clinic appointment slots and simply label as telehealth visit.
- Consider decreasing onsite clinic staffing to reduce staff exposure risk and preserve staffing capacity
- Pediatricians should take into account families' living environments, access to material support, overcrowding, and literacy levels
- For patients who must come to the clinic:
 - ◇ Triage patients and family members before entering the clinic.
 - ◇ Implement waiting room precautions to provide limited exposure.
 - ◇ Strategically place hand sanitizer stations.
 - ◇ Forego all non-essential paperwork usually required for patients and attempt to do pre-registration online or by phone.
 - ◇ Separate clean and dirty exam rooms.
 - ◇ No nebulizer treatments should be administered but MDIs should be used instead with spacers
 - ◇ Clean equipments and scales
 - ◇ Healthcare providers can model social distancing by taking the History via phone or keeping a distance
 - ◇ Remember PPEs when needed

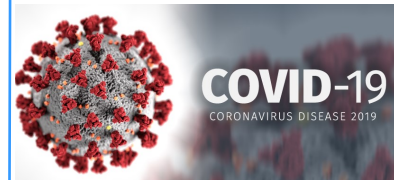
Reference:

[1] [The proximal origin of SARS-CoV-2](#) . Andersen KG, Rambaut A, Lipkin WI, Holmes EC, Garry RF. Nat Med, 17 March 2020. [Epub ahead of publication]

[2] WHO Website

[3] CDC Website

[4] <https://www.ariadnelabs.org/resources/articles/news/keeping-kids-out-of-the-clinic-who-dont-need-to-be-there/>



Milestones in Pandemic Response

The Medical Education Community Responds to COVID-19 Pandemic

The COVID-19 pandemic had a huge impact on the medical system in general and the Medical Education community in particular. During these unusual times, there has been a great deal of timely response from the Medical Education community to answer questions, bring up concerns, and address issues that are of importance at UME, GME, and CME levels.



The AMA

- Created COVID-19 Physician Resource Center <https://www.ama-assn.org/delivering-care/public-health/covid-19-2019-novel-coronavirus-resource-center-physicians>
- Provided link to the Society of Teachers of Family Medicine teaching resources for distance learning curriculum, telemedicine, wellbeing, among other topics <https://stfm.org/teachingresources/covid19resources/>
- Partnered with Headspace to provide free access to the wellbeing platform to US health professionals through 2020

The AAMC/ LCME

The AAMC/ LCME provided guidance to support the protection of Medical Students by canceling clinical rotations and live classrooms. The guidance states:

1. "Current medical students are students, not employees. Although they are on a path to becoming licensed MDs, they are not

yet MDs.

2. At this point in the COVID-19 pandemic, our medical students' participation in direct care of patients with or without known or suspected COVID-19 must be **voluntary**, not required.
3. Opportunities to volunteer should be offered to students *only* if there is a critical HCW need for them to do so. Schools must document with their medical students that their participation is purely voluntary for public service or humanitarian reasons only, it will not be compensated, and it will not be considered for any required medical school course credit.
4. To ensure patient and student safety, students must be appropriately supervised at all times by faculty and other health professionals acting within their scope of practice.
5. Decisions about if, where, when, or how to deploy student volunteers to participate in the clinical care of patients with or without known or suspected COVID-19 should reflect local health system needs, the competence of the student to take on the responsibilities assigned, and safety considerations (e.g., available safety equipment and hospital staffing)."

LCME also provided guidance and flexibility related to clinical rotations including 4th year clerkships. "**Some**

required fourth year clerkships (typically, emergency medicine, critical care, neurology) may be delayed or cancelled and/or there can be a block of time when the school has cancelled in-person clinical activities in general."

The NBME

The NBME provided guidance regarding NBME subject examinations as well as USMLE testing. Give the CDC guidance, Prometric temporarily closed its testing centers in the US and Canada for a period of 30 days to reassess after that period.

The ACGME

In a letter from Dr. Thomas Nasca; CEO of the ACGME to the GME community, Dr. Nasca reported that:

1. The ACGME suspended its accreditation-related activities to allow programs to focus on dealing with the pandemic
2. ACGME accelerated the implementation of Telemedicine requirements that was not scheduled to take into effect till July 1 2020.
3. Flexibility in case log numbers away from focusing on case volume minimums given the low volume of patients. The ACGME visit/case minima were not designed to be a surrogate for the competence of an individual program graduate. It is up to the program director, with consideration of the recommendations of the program's Clinical Competence Committee, to assess the competence of an individual resident/fellow as one part of the determination of whether that individual is prepared to enter the unsupervised practice of medicine.
4. The visits/Case Logs of a program's graduates who were on duty during this pandemic will be judiciously evaluated in



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Milestones in Pandemic Response

The Medical Education Community Responds to COVID-19 Pandemic (Cont'ed)

light of the impact of the pandemic on that program. The program can delineate for the Review Committee how it was affected by the pandemic in the Major Changes and Other Updates section of the Annual Update.

The letter stressed that the following priorities must be adhered to:

1. **Work Hour Requirements**
2. **Adequate Resources and Training:** Clinical learning environments must provide adequate resources,

facilities, and training to properly recognize and care for patients, including the need to take a complete travel and exposure history in patients presenting with signs and symptoms associated with COVID-19.

3. **Adequate Supervision**

4. **Professionalism:** This includes arriving fit for duty, practicing at the appropriate level of competence with appropriate supervision, and training physicians to care for patients and the public without causing harm to themselves and those they care for.

The ACCME

Provided guidance to accredited CME providers on:

1. Virtualizing live meetings
2. Approving workplace learning activities
3. Developing a rapid-approval process for a CE activity
4. Providing support from ACCME with resources for virtual learning, wellbeing, and flexibility in accreditation data submission deadlines



Milestones in Faculty Farewell

The pediatric Residency Program and Medical Education Say Goodbye to Dr. Amanda Porro

The Department of Medical Education and the Pediatric Residents bid farewell to Dr. Amanda Porro (Director of the Primary Care and Continuity

Clinic). Thank you Dr. Porro for all the contributions you made over the years in teaching, mentoring, and supervising NCH Pediatric

Residents. We wish you well in your new endeavors and we want to express our gratitude and thanks for all you have done.



Thank
You
AND
Good
Bye

Milestones in Humanism and Professionalism

NCH Trainees Compliments and e-Recognitions



Nicolle Diaz,
MD (PL3)

Dr. Nicole Diaz received an e-Recognition from Dr. Marry Vuong; Clinical Pharmacist for her **Excellent Performance**. Dr. Vuong commented: *"Nicolle is an exemplary resident. Not only is she warm, caring, and compassionate, but she is incredibly intelligent. She is one of our greatest assets and really goes above and beyond with the care that she gives her patients. I am happy that we are not only coworkers, but friends :). Nicolle, you are truly appreciated!!"*. Congratulations Nicolle for your display of the NCHS iCREATEWay.

Daniel Torres, MD
(PL3)



Dr. Daniel Torres received an e-Recognition from Dr. Marry Vuong; Clinical Pharmacist for his **Excellent Performance**. Dr. Vuong commented: *"Daniel is a model PL3. He always made sure that his interns were not only one time with signout, but cool, calm and collected. He has great clinical judgement and is able to keep things under control when they feel like they're spinning out of control. Thanks for all of your hard work on 5T! "*. Congratulations Daniel for your display of the NCHS iCREATEWay.



Saleem Almasarweh,
MD (Peds
Cardiology
Fellow)

Dr. Saleem Almasarweh received and e-Recognition from Ms Alice Latorre; Clinical

CICU Coordinator for his display of the **NCHS Values**. Ms Latorre commented: *"I'd like to recognize Dr. Saleem Almasarweh for his dedication to provide excellent care to the patients in the CICU. On Saturday February 8th, we had a patient's mother that required multiple conversations and approaches to reassure her that her child was stable and progressing as expected post open heart surgery. Saleem made multiple visit to the patient's bedside to listen to the parent's concerns and addressed them with empathy and care. Thank you Saleem for being a valuable part to the success of our heart program by adopting the vision to improve patient outcomes"*. Congratulations Saleem on your commitment to excellent performance!!!



Andrew Farias,
MD (PL3)

Dr. Andrew Farias received a Recognition from Ms Lissette Cruz, BSN, RN; Quality review Coordinator for his **Excellent Performance**. Ms Cruz commented: *"I wanted to take this time to give an outstanding recognition to Dr. Andrew Farias. Today, we had the pleasure of attending the NICU M & M in which three cases were presented by Dr. A. Farias. Speaking on behalf of the entire NICU medical staff, the presentations were very thorough, clear and informative. He kept the audience connected at all times and the physicians were engaged in discussion. Dr. Farias discussed the cases as if he had personally cared for these patients when in fact, he was not rotating in NICU at the time. Thank you for allowing us to share his enthusiasm and professionalism with us"*. Congratulations Andrew on a job well-done!!!!



Farouk Farouk,
MD (PL1)

Dr. Farouk Farouk received a compliment from one of the patients' families. The parent commented: *"Dr farouk and the most recent resident were amazing individuals and I hope that they are part of the MCH team one day. They are being trained by one of the BEST Pediatrician Dr Porro that I have seen in years, and I am a Nurse who knows what to expect being on both sides of the bed.."* Congratulations Farouk for an excellent job!!!

Eric Tano, MD
(PL1)



Dr. Eric Tano received a compliment from one of the patients' families. The parent commented: *"Eric Tano performed the check up on my child prior to *Dr. Gloria meeting with us. He was very personable & did an amazing job!"*. Congratulations Farouk for an excellent job!!!

Another patient's parent on 3S asked to speak to the Pediatric Residency Program Director to personally acknowledge **Dr. Eric Tano** and express their gratitude in person.



Ashish Saini,
MD (PL1)

Dr. Ashish Saini received an e-Recognition from Dr. Marry Vuong; Clinical Pharmacist for his **Excellent Performance**. Dr. Vuong commented: *"You are truly an exemplary resident. You give your patients the best care and are truly always willing to learn more. I love how humble you are"*

Milestones in Humanism and Professionalism

NCH Trainees Compliments and e-Recognitions (Cont'ed)

and how much time you give to teach others. You are a team player and are very much appreciated!". Congratulations Ashish on your display of the NCHS iCREATEWay!!!



Dennerd Ovando, MD (PL3)

Dr. Dennerd Ovando received an e-Recognition from Dr. Marry Vuong; Clinical Pharmacist for his display of the **NCHS Values**. Dr. Vuong commented: *"It was a pleasure having you as a senior resident on 5T. The best way to describe you is a stage manager--you had your residents all organized and ready to go for everything. You made sure that everything was done accurately and in a timely manner and always put them first. You spent a lot of time teaching and always gave great feedback. Your attention to time and detail was very much appreciated."* Congratulations Dennerd on your commitment to excellent performance!!



Niveditha Balakumar, MD (PICU Fellow)

Dr. Niveditha Balakumar received an e-recognition from Ms Nishika Mistry (Certified Child Life Specialist) for her display of the NCHS Values of **Excellent Performance**. Ms Mistry commented: *"Thank you Nivea for collaborating with me for another end of life case. Nivea made sure to keep me updated and included child life in every step of the way to make sure the family had psychosocial support throughout this difficult process. I always love working with you!"* Congratulations Niveditha on your display of the NCHSWay.

Dennerd Ovando, MD (PL3)



Paula Prieto, MD (PL3)



Giancarlo Giovannini Sanguineti, MD (PL1)

Patricia Jimenez, DO (PL1)



Drs. Ovando, Prieto, Giovannini Sanguineti, and Jimenez received a Recognition for their teamwork as the PCC team in Block 7. The PCC faculty shared the following comments about the PCC team: *"They worked efficiently and effectively. They were excellent in follow up calls. Very good on identifying patients that needed further evaluation (ED) or admission. It was a pleasure having them in December 2019"*. Congratulations on your display of dedication, professionalism and teamwork!!!!

Milestones in Staff Recognitions

Medical Education Staff e-Recognitions

Ms Samantha Salman (Medical Education Coordinator) received an e-Recognition from Mr. Calixto Garcia (Client Support Technician - IT Service

Management) for her **Excellent Performance**. Mr. Garcia commented: *"Samantha has an exceptional professional attitude and friendliness to*

address any requests with promptness and always with a smile." Congratulations Samantha on a job well-done!!

Milestones in Faculty in the Spotlight

Faculty in the News - Dr. Diaz Quoted by the Endocrine Society

Dr. Alejandro Diaz (Pediatric Endocrinology) was quoted in Endocrine News; the Official Newsletter of the Endocrine Society in an article published on February 2020 titled:

"Budding Problems: Essential Oils as Endocrine Disruptors". The article highlights the effects of certain essential oils e.g. Lavender oil on causing premature

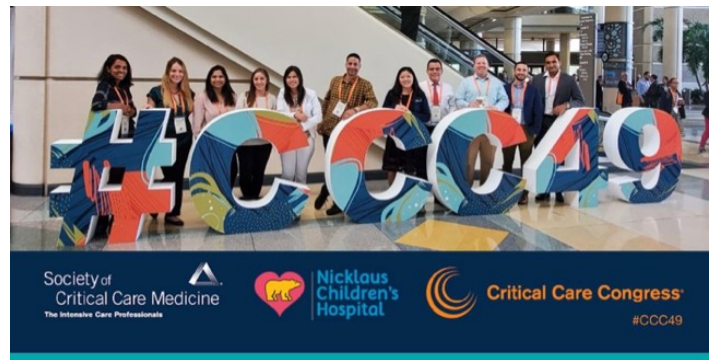
Thelarche/ gynecomastia. The article can be accessed at: <https://endocrinenews.endocrine.org/budding-problems-essential->

Milestones in Residents and Fellows' Scholarly Activities

NCH Trainees Faculty Showcase their Work Nationally

A Strong Presence for NCH Trainees at SCCME Meeting

Nicklaus Children's Hospital, faculty, trainees and Alumni had a strong presence at the [2020 Annual Meeting for the Society for Critical Care Medicine \(SCCM\)](#) meeting in Orlando. Current residents and fellows presented several posters, and podium presentations. The meeting also was an opportunity for the trainees to reconnect with PCCM alumni from the NCH Program. Congratulations to all presenters on a great representation of NCH on the national stage. Below are some of the pictures from the meeting.



NCH Trainees Abstracts Accepted to PAS 2020

Dr. Manette Ness-Cochinwala (PICU fellow) was notified that her abstract titled: **"Utilization of Ultra-**

Rapid Genomic Evaluation to Obtain NAXE Mutation Diagnosis in a previously Healthy Toddler with Acute Onset

Encephalopathy, and Progressive Neurodeterioration" was accepted for poster presentation at the 2020 PAS meeting. Congratulations!!

Milestones in Legislative Advocacy

NCH Pediatric Residents Participate in Children's Week

Nicklaus Children's Hospital's Pediatric Residents participated in the FCAAP Pediatric Resident Legislative Advocacy Training program hosted during Children's Week in Tallahassee. Residents from all 13 FL pediatric residency programs learned about the legislative process, how to advocate on behalf of children. The event was hosted in the FL State Capitol on January 28; 2020 and it draws over 5000 attendees. The group also received a behind-the-scenes look at the legislative process with Senator Aaron Bean before meeting with a variety of legislators in both the House and Senate to discuss pending legislation which would impact the practice of

pediatrics and the health of Florida's Children. Children's Week reminds FL legislators to keep the health and welfare of kids in mind while considering bills. **Dr. Melanie Suaris (PL2)** and **Farimah Shariati (PL1)** represented the NCH Pediatric residency program at this great event.



FCAAP NEWS



Milestones in CME News

The 55th Annual Pediatric Post-Graduate Course, a Success!!

On February 27-March 1; 2020, the Nicklaus Children's Hospital held the 55th Annual Pediatric Post-Graduate Course (PPGC) at the Diplomat beach Resort celebrating 55 years of the longest running general pediatric CME meeting aimed at providing continuing medical education to a general pediatric audience.

The course was attended by over 450 attendees and was transmitted live to Peru. The PPGC course featured common hot topics (Coronavirus, wellbeing, and vaping), practical lectures, hands-on interactive workshops, and state-of-the-art innovations. In addition the course featured sessions by non-physicians highlighting the importance of interprofessional education as well

as "Patient Perspectives". The speakers featured were national experts, local NCH faculty, and trainees. The course was highly rated and well-received. The course also featured a celebration for the Nicklaus Children's Hospital 70th Anniversary attended by course registrants, community physicians, and exhibitors. Below are some of the pictures from the course.





Medical Education Birthdays

March	
Chloe Edinger	8
Parastoo Modirshahla	9
Zoe O'Connor	15
Ana Del Valle Penella	16
Deidre Chang	20
Sophia Hassor	23
Maria Lopez Gonzalez	23
Giselle Deiros	23
Elizabeth Villaverde	29
Monica Rezk	30

April	
Anthony Liberti	1
Nataly Sanchez Solano	2
Pablo Yopez Bracamonte	4
Ashley Fonseca	8
Nicolle Diaz	8
Eliana Sanchez	11
George Ransford	13
Elisa Prebble	14
Niveditha Balakumar	16
Melissa Cardenas-Morales	16
Melissa Mendoza Suyo	16
Eilaf Fallatah	16
Kathleen Murphy	21
Ileana Torres-Burgos	21
Daniel Torres	21
Rodrigo Cavalcante	24
Zachary Manier	27
Yatyng Chang	29



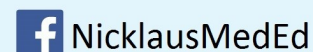
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To Teach is To Touch a Life Forever