**Faculty Information:**
- Last name: Koutroulis
- First name: Ioannis
- Faculty Position: Assistant Professor
- Department: Pediatric Emergency Medicine
- Institution: St Christopher’s Hospital for Children
- Phone: 2154275000
- Email Address: ioannis.koutroulis@drexelmed.edu

**Type of Research?**
- Clinical Research

**Please describe your research interests:**
- Respondent skipped this question

**Please provide a brief description of research opportunity/project(s):**
- Respondent skipped this question

**Please indicate the specific level of experience required, if applicable:**
- Open to all medical students