

CURRICULUM for ALLERGY & IMMUNOLOGY

Trainee's Name _____

Date _____

	Monday	Tuesday	Wednesday	Thursday	Friday
9-11	Office	Office	MR (9-10)	Office	Office
11-12 P	MR	MR	Office	MR	
Noon	Conference	Conference	Conference	Grand Rounds	Conference
1-5 P	Office	Office	Office	Office	Office

I. Objectives

Patient Care

	Unsatisfactory	Satisfactory	Superior
• Takes a complete subspecialty focused history and physical examination and gathers appropriate data for presentation to consultant	1 2 3	4 5 6	7 8 9
• Written work is complete and organized in a problem-centered format	1 2 3	4 5 6	7 8 9
• Careful follow-up of patient's problems, providing assistance to the primary inpatient care team	1 2 3	4 5 6	7 8 9
• Develops own appropriate problem-based diagnostic and therapeutic plans and offers them to consultant	1 2 3	4 5 6	7 8 9

Medical Knowledge

• Commitment to Continuing Medical Education demonstrated through daily rounds, reading and completion of portfolio, if applicable	1 2 3	4 5 6	7 8 9
• Demonstrates adequate knowledge for common inpatient and outpatient subspecialty-specific conditions	1 2 3	4 5 6	7 8 9
• Applies knowledge appropriately and effectively using systematic Bayesian reasoning	1 2 3	4 5 6	7 8 9

Interpersonal and Communication Skills

• Caring, respectful behaviors	1 2 3	4 5 6	7 8 9
• Organized consultant-appropriate oral presentations	1 2 3	4 5 6	7 8 9
• Works well with primary team members – communicates consultant's suggestions	1 2 3	4 5 6	7 8 9
• Works and communicates effectively and collegially with nursing and ancillary staff	1 2 3	4 5 6	7 8 9

Practice-based learning and Improvement

• Appreciates the limitations of his/her medical knowledge and asks for help when needed	1 2 3	4 5 6	7 8 9
• Independent study and learns from mistakes	1 2 3	4 5 6	7 8 9
• Responsive to constructive criticism	1 2 3	4 5 6	7 8 9
• Able to use the computerized patient database (Powerchart) effectively to obtain information	1 2 3	4 5 6	7 8 9
• Produces at least one original research article that is relevant to diagnostic or therapeutic strategies in active patients	1 2 3	4 5 6	7 8 9

Professionalism

- Vigorous patient advocate; knows ALL the relevant facts about patients 1 2 3 4 5 6 7 8 9
- Honesty, reliability, responsibility, cooperativeness and timeliness 1 2 3 4 5 6 7 8 9
- Shows respect, compassion, and integrity in working with patients, peers and attendings, and hospital staff 1 2 3 4 5 6 7 8 9
- Follows the rules of the residency program (e.g., work hour regulations) 1 2 3 4 5 6 7 8 9
- Attends the formal educational and didactic sessions 1 2 3 4 5 6 7 8 9

Systems-based practice

- Trainee's suggestions, during presentations, are cost-effective and demonstrate proper use of available inpatient (e.g. tests) and outpatient resources (e.g. home IV therapy, visiting nurses, hospice etc.) 1 2 3 4 5 6 7 8 9

Comments:

General

- These objectives were discussed with the resident at the beginning of the rotation Yes No
- The trainee has successfully achieved the above-listed objectives of this rotation. Yes No
- This evaluation was discussed with the resident by the end of the rotation Yes No

Name of Attending Physician _____

II. Educational Purpose of Rotation:

The purpose of the Allergy elective is to expose and instill a reasonable working knowledge and problem-solving skill-set required to optimally diagnose and care for patients with allergic and immunologic diseases.

A) Knowledge: Trainees will learn the skills necessary to diagnose and manage common allergic diseases, including:

1. Basics of immunology and allergic disorders,
2. Review of common allergens,
3. Understanding of "avoidance" principles used to minimize patients' exposures to allergens,
4. Symptoms/Diagnosis/Treatment of anaphylaxis, allergic rhinitis and sinusitis, asthma, urticaria, eczema, drug/food allergies,
5. Understanding of and indications for RAST/ELISA testing,
6. Indications for and mechanisms of immunotherapy.

B) Skills: From the experiences gained during the rotation, the resident will:

1) Refine his/her skills in medical history taking especially as pertains to Allergy & Immunology problem-solving. He/she will master relevant Allergy review of systems and physical diagnosis, 2) Learn to prioritize tasks, 3) Use time efficiently, 4) Learn the principles of medical decision making, 5) Learn to cost-effectively order diagnostic studies and provide therapeutic interventions.

C) Attitudes: He/she should:

1) Assume responsibility for aiding in patients' allergy management – knowing every detail of their Allergy-relevant history (including old records), physical examination, laboratories, diagnostic/therapeutic plan, 2) Access the opinions of attending physicians and consultants ONLY AFTER thinking about a case and offering their best effort at synthesis and a plan, 3) Appreciate the role of and when to consult the Allergist/Immunologist.

III. Principal Teaching Methods:

Residents will learn by seeing between 5 and 8 patients in the office each day, presenting them to the attending consultant, followed by discussion. The resident will ALWAYS offer his/her diagnostic and therapeutic plan for correction and/or refinement by the attending physician. The resident will read articles that are germane/applicable to their patients' problems. Residents will follow-up inpatients on whom they've completed a consultation until resolution or discharge to understand the course of disease. Daily required conferences/activities include:

1. Resident's Morning Report – Daily
2. Office Allergy and Immunology - Daily (10 - 5 PM or as required to complete patient care)
3. Noon conference lecture series – 5 days/week, July-September is a repeating course of core topics, while October-June includes specialty and sub-specialty lectures comprising a 2-year cycle that covers most fundamental topics for each discipline.

IV. Patient Characteristics

The Allergy & Immunology office practice is amongst the busiest and most academic referral centers in the Southwestern Connecticut. Patients referred for assessment include nearly equal numbers of men and women, ranging in age from 2 to over 70 years and of average age in the mid 40's. The socioeconomic demographic mirrors that of the community (0 - 20% poor, 80 - 90% middle class).

V. Procedures

Residents will learn how to measure pollen/mold counts, observe preparations and dilutions for skin testing/immunotherapy, and observe the methodology of skin testing.

VI. References

Harrison's, Principles of Internal Medicine: Trainees are expected to read all sections of Harrison's (or similar text) referable to the Allergy & Immunology (i.e. "Disorders of the Immune System").

Computerized data-bases available throughout the hospital at every terminal: *Up-to-Date* and *MDConsult*. All trainees are expected to use one of these or similar resources to master topics that are germane to their patients every day. *Middleton's Allergy: Principles and Practice*, is a reference text that can be used to research topics in much greater detail as patient problems dictate.

V. Methods of Evaluation

Residents and interns are evaluated by the office Allergist-Immunologist attending physicians with whom they work during the 4-week rotation.

All evaluations will be performed on-line, by email, using the E-value system. A resident shall not receive credit for a rotation until he has evaluated the rotation, attending and the degree to which he had opportunity to complete the objectives.

FACULTY

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