

## Allergy and Immunology Rotation Objectives

**Contact Persons:** Dr. Lynn Dickens or Dr. Susan Andrew

### **Educational Purpose**

The allergy and immunology rotation provides an opportunity for PGY2 and PGY3 residents to have basic exposure to the principles of the field of allergy and immunology.

Many clinical states caused by allergic or immunologic disorders are regularly encountered by the general internist. Patient allergies can cause profound occupational and socioeconomic changes as well as require extensive environmental alterations. The allergy and immunology rotation is primarily an office-based rotation in the private office of a faculty allergist.

Each resident should develop an understanding of basic allergic and immunologic disease processes and how to initiate work-ups and treatment of those disorders. The resident should also gain an understanding of when consultation with an allergist is indicated.

### **Teaching Methods**

Residents in the allergy and immunology rotation will participate in supervised patient encounters, discussion sessions with the attending, suggested readings, and may be required to prepare an oral presentation as per the direction of the faculty.

### **Disease Mix**

The following disorders will be reviewed during the rotation with the supervising attending or through direct patient interactions:

1. Outpatient asthma management, including evaluation of pulmonary function tests
2. Asthma diagnosis, pathophysiology and treatment
3. Rhinitis, classification, diagnosis and treatment
4. Atopic dermatitis
5. Anaphylaxis, diagnosis and treatment
6. Drug reactions, diagnosis and treatment
7. Food reactions, diagnosis and treatment
8. Urticaria/Angioedema, diagnosis and treatment
9. Initial evaluation of immunodeficiency states
10. Allergy skin testing
11. Allergen immunotherapy
12. Status asthmaticus, diagnosis and treatment
13. Care of patients with asthma and allergic rhinitis during pregnancy
14. Sinusitis
15. Allergic contact dermatitis, diagnosis and treatment
16. Atopic dermatitis, diagnosis and treatment
17. Stinging insect reactions, diagnosis and treatment
18. Clinical immunology, including components of the immune system and immunological reactions in the more common immunodeficiency states
19. Non-asthmatic immunologic lung disease (i.e. hypersensitivity pneumonitis)
20. Vasculitis and other systemic inflammatory disorders

### **Patient Characteristics and Types of Clinical Encounters**

Patients are almost exclusively outpatients presenting in non-acute settings. Patients evaluated by the resident will range from adolescent to older adults. A wide range of the clinical management problems noted above will be encountered including initial evaluation, chronic maintenance, and relapse. The resident will be supervised at all times by the attending allergist who will be present on site. The resident will also have the opportunity to work with nurse practitioners as well as other specialized ancillary staff as they participate in the various procedures performed in an allergist's office.

### **Procedures and Services**

The resident will observe and participate in the evaluation of:

- A. Allergy skin testing.
- B. Pulmonary function testing.
- C. Allergen immunotherapy.
- D. History taking and physical examination of patients with allergic disorders.
- E. Immunotherapy.
- F. In vitro serum IGE allergen specific assays.

### **Performance Evaluation**

- A. Resident performance will be assessed through direct observation on teaching and management rounds, active participation during discussions on teaching rounds, chart audit and review, and input from the fellow, peers, and support personnel
- B. A verbal mid-month evaluation will be given by the attending to Housestaff
- C. An end of month verbal and written evaluation will be given by the Attending to Housestaff
- D. All Housestaff will be expected to give a written evaluation of the rotation and of their Attending

### **Suggested Reading List and References:**

1. National Institute of Health Guidelines for asthma should be reviewed:  
<http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>
2. The Washington Manual Allergy, Asthma, and Immunology Subspecialty Consult (Washington Manual Subspecialty Consult Series), Jost BC, ed. Lippincott-Williams and Wilkins
3. Shearer WT, Li JT (eds): Primer on Allergic and Immunologic Diseases. 5th Edition. *JACI*. 2003
4. Greenberger PA, et al: Northwestern University Allergy-Immunology Syllabus: Residents and Students. *Allergy and Asthma Proceedings*, Volume 25, Number 4 Supplement. July 2004
5. Rich RR (ed): Clinical Immunology: Principles and Practice 2<sup>nd</sup> edition, C.V. Mosby, 2001
6. "The Allergy Report" vol. 1, 2, and 3 (published by AAAAI, available online at: [www.theallergyreport.org](http://www.theallergyreport.org))

### **For suggested articles:**

[http://www.aaaai.org/members/resources/teachingcurriculum/teaching\\_curriculum.pdf](http://www.aaaai.org/members/resources/teachingcurriculum/teaching_curriculum.pdf)

On pages 13 and 14 you will find a list of articles that cover all the aforementioned topics.