I. **Educational Purpose and Goals** The purpose of the allergy & clinical immunology rotation is to prepare the resident to recognize and treat commonly encountered problems in allergy and immunology, to familiarize the patient with the diagnostic techniques used in the field, and to determine when it is appropriate to initiate a referral to an allergist/clinical immunologist.

II. **Principal Teaching Methods**
1. **Supervised Direct Patient Care Activities:** Patient encounters occur primarily in private practice settings. The rotation is primarily an outpatient experience, but residents are invited to perform hospital consultations if any are requested while they are on the rotation. After a brief period of orientation, the resident will be expected to take a complete patient allergy history, with emphasis on the social, occupational, and environmental histories, order appropriate diagnostic tests, and present an appropriate treatment plan, including allergen avoidance measures if indicated.
2. **Didactic Teachings:** didactic teaching is provided during the rotation. In addition, residents attend the core curriculum lecture on allergy and immunology. Specific topics discussed include:
   i. Step therapy for asthma
   ii. Differential diagnosis and treatment of allergic rhino conjunctivitis
   iii. Evaluation and treatment of urticaria and angioedema
   iv. Evaluation and treatment of insect venom allergy
   v. Food allergy
   vi. Drug allergy
   vii. Diagnosis of humoral immunodeficiency
   viii. Allergen avoidance
   ix. Controversial issues in allergy and clinical immunology

III. **Educational Content**
1. **Disease Mix:** Residents are exposed to many allergy and immunology conditions including but not limited to: asthma, allergic rhinoconjunctivitis, care of pregnant patients with asthma and/or allergic rhinitis, contact dermatitis, atopic dermatitis, urticaria, angioedema, anaphylaxis, insect venom allergy, food allergy and reaction, drug allergy and reactions, and humoral immunodeficiency
2. **Patient Characteristics:** Patients seen by the residents range from young adolescents to elderly patients and from mild to severe disease. Patients are of different racial and socioeconomic backgrounds.
3. **Learning Venues**: Type of clinical encounters, procedures and services:
   i. Residents will observe and be able to appropriately order a variety of allergy and immunology tests and treatments including immunizations, desensitizations, and allergen testing.
   ii. Residents will work in community, private practice clinics which service a diverse community of patients.

4. **Structure of Rotation**: Residents work in the preceptor clinics daily during the rotation. There may be occasional hospital consults for the residents to do, but this is unusual. There is no call or weekend responsibility on this rotation.

IV. **Principal Ancillary Educational Materials**
   a. Residents are given a reading list at the beginning of the rotation.
   b. Primer on Allergic and Immunologic Diseases: Journal of Allergy and Clinical Immunology, February 2003, vol. 111, issue 2, supplement 2.
   c. Online access to standard cardiology texts and journals through TTUHSC library.

V. **Methods of Evaluation**
   1. **Resident Performance**: Allergy and Immunology clinical faculty complete written resident evaluation forms provided by the Internal Medicine Residency coordinators. The evaluation is competency-based, and uses a detailed assessment of resident’s effort, progress and achievement on each core competency component. Clinical faculty review the written evaluation in person with each resident and provide detailed feedback on resident's performance. In addition, the following sources and methods of evaluation are included in assessing residents performance: a) mini-CEX and CEX. b) all other (verbal, written) evaluation comments provided to the Program Director/Associate Program Director by faculty and community physicians interacting with the resident during cardiology rotation are documented in writing. All evaluations are available for resident review (excluding direct review of evaluations completed by resident colleagues). All evaluations are part of the resident file and are incorporated into the semiannual performance review for directed resident feedback.

   2. **Program and Faculty Performance**: By end of the Allergy and Immunology rotation, the residents are asked to complete a service evaluation form commenting on the attending clinical faculty, facilities, and service experience. These evaluations are returned by the residents to the residency office and are reviewed by Program Director and department chair.

VI. **Rotation Specific Competency Objectives**
   1. **Patient Care**:
      i. By the end of the rotation, PGY1 residents will be able to complete a comprehensive allergy/immunology consultation including identification, chief complaint, history of present illness, past history, review of systems, personal and social history and complete physical examination with particular focus on the allergy and immunology examination.
      ii. By the end of the rotation PGY 1 residents be able understand the management of asthma and the interpretation of allergy and immunology tests including skin (RAST) tests, patch tests, and common immunology serology. Residents are generally not taught to perform the testing (although that can be done by resident request), but residents are taught to understand and use the results in the care of patients.
iii. By the end of the rotation PGY 2 and 3 residents will perform the above skills and will independently create and justify an appropriate management plan.

2. **Medical Knowledge:**
   i. By the completion of the rotation, the resident must be able to describe the physiologic and anatomical features of cellular and humoral immunity and related medical conditions.
   ii. Residents should demonstrate understanding of the action and pharmacology of common allergy and immunology medications and treatments, including inhaled medications, steroids, other anti-inflammatory agents, and ancillary pharmacological therapies.

3. **Practice Based Learning and Improvement:**
   i. The resident will use the library resources of TTUHSC to search the medical literature, critically appraise articles, and apply evidence to the care of patients.
   ii. When other learners are on the service residents will facilitate their education.

4. **Interpersonal and Communication Skills:**
   i. The resident will develop skills at communicating with primary care physicians as a consultant.
   ii. The resident will develop skill communicating with patients with severe allergy and immune based conditions and communicate effectively with the families of patients.

5. **Professionalism:**
   i. Throughout the rotation, residents are expected to exhibit reliability in their clinical duties, as well as integrity and respect in their interactions with patients, their family members, colleagues, and all other members of the healthcare team.
   ii. Residents will be able to demonstrate appropriate consultative principles of communication and responsiveness to professional consultative requests.

6. **Systems Based Practice:**
   i. The resident will work with technicians who perform testing as a team member.
   ii. Residents will understand and use disease management protocols for the care of allergic and immunologic conditions.
   iii. PGY 2 and 3 residents will demonstrate an understanding of cost-effective care by incorporating cost effectiveness into their diagnostic and therapeutic plans.