

Internal Medicine Residency Program Rotation Curriculum**I. Rotation Sites and Supervision**

Rotation Name: Allergy Clinic, UCIMC and Gottschalk Medical Plaza

Rotation Duration: 1 week (optional elective for interested residents 1-4 weeks)

Supervisor: Sudhir Gupta, MD

Primary Site	Faculty Supervisor	Administrator	Phone
UCIMC	Sudhir Gupta, M.D.	Mitzi Vanhorn	949-824-5818
UCIMC	Donald Levy, M.D.	Mitzi Vanhorn	949-824-5818

Daily Schedule:

Location	AM (8-12)	PM (1-5)
Mon	Gottschalk Medical Plaza Patch Clinic	Gottschalk Medical plaza Allergy Clinic
Tues	Gottschalk Medical Plaza Allergy Clinic	Gottschalk Medical Plaza Allergy Clinic
Wed	UCI Medical Center Allergy Clinic	UCI Medical Center Allergy Clinic
Thurs	Gottschalk Medical Plaza Allergy Clinic	Didactics with PD
Fri	UCI Internal Medicine Academy (8:30am)	Gottschalk Medical Plaza Patch Clinic

Locations:

UCI Allergy Clinic: Pavilion I, second floor (multispecialty clinic). 714-456-7101

UCI Gottschalk Medical Plaza Allergy Clinic. 949-824-8639

Didactics:

Monday AM : 11-12PM/ Basic Immunology Lecture at UCI Campus, Hewitt Hall

Wednesday Noon: 12-1PM/ Core Allergy Lecture at Pavilion I, Allergy Conference Room

Wednesday PM: 5-6PM/ Practice Parameter review at Pavilion I, Allergy Conference Room

Thursday PM: 2-4PM/ EBM and Allergy for IM board review with Ravi Gutta

II. The educational rationale and goals for this rotation

To provide an experience in the evaluation, diagnosis, and treatment of common allergic conditions to which a primary care physician will be exposed in a busy office practice. This includes obtaining an allergic history, performing the appropriate physical examination, and understanding the findings and observations, developing a differential diagnosis based upon the historical and physical findings with emphasis on the most likely diagnosis, deciding if and what further evaluation or tests are necessary, including the relative cost specificity and sensitivity of these tests, and lastly, initiating a reasonable treatment plan including those aspects of treatment which should be undertaken by the primary care physician.

III. The principal teaching methods for this rotation

Residents and students evaluate new and follow-up patients in the allergy outpatient clinic. Each case which is evaluated is discussed on a one-to-one basis with a faculty member. It is at this time that the historical and physical findings are described and the other aspects of evaluation and treatment discussed with an experienced faculty member. Reading material is also provided and recommended both on a general and a case specific basis. Generally, each individual on this rotation is provided with a primer which discusses common allergic and immunologic conditions. There is a weekly didactic conference presented by the faculty, fellows, and at times, rotating medical residents on Wed at Noon.

IV. Competency-based Objectives for the Allergy Elective Rotation

Educational Objectives: The PGY1 resident

1. Will be capable of taking a comprehensive history related to intrinsic and extrinsic allergic disease.
2. Will demonstrate the ability to conduct a comprehensive exam related to the lungs, sinus, skin, and lymphatic system.

Educational Objectives: The PGY2 & PGY3 resident

1. Will be capable of the diagnosis and management of allergic diseases including extrinsic allergy, vasculitis, and hypersensitivity diseases.
2. Will be capable of explaining the risks and benefits of the various therapies for extrinsic allergic disease, including allergen Immunotherapy (allergen shots).

V. Responsibilities for medical students, PGY1 residents (interns), PGY2 & PGY3 residents and attendings on this rotation

- **Medical Student:** Initially, medical students participate primarily as observers working with the allergy/immunology fellow on a one-to-one basis. During the rotation the medical student will progress according to their demonstrated abilities, but generally will be expected to obtain a history and perform a physical examination in a competent manner. They will also be expected to present their findings in a concise, well-organized, and systematic manner to the attending physician. During the rotation they will be expected to present a brief discussion of an allergy topic, either basic or clinical in nature. This may be done in the presence of only one faculty member, and it will further serve as a means of evaluating the student.
- **Medical Resident:** Medical residents will evaluate both new and follow-up patients in the outpatient allergy clinic. They may also be asked to see inpatient consultations. They are expected to obtain the appropriate historical information and understand the meaning of this information in the context of the patient's condition. They are also expected to be capable of performing a skillful physical examination with particular emphasis on the head, eyes, ears, and nose, throat, chest and skin examinations. They should be capable of presenting an accurate case presentation to the attending faculty and developing an evaluation and treatment plan. They will be totally responsible for the evaluation and treatment of patients they see in the outpatient clinic. They generally will present, during the course of their rotation, one conference, or participate in

the presentation of one conference, such as a journal club or a discussion of a relevant clinical topic in allergy.

The medical resident will be expected to observe any procedures performed within the allergy clinic necessary in the evaluation of their or other patients. This includes pulmonary function testing, the application and interpretation of immediate hypersensitivity skin testing, and if appropriate, observation of other procedures such as bronchial challenge, oral medication challenges, food challenges, patch testing, Xolair injections and allergen immunotherapy.

- **Fellow:** The fellows participate in this rotation primarily as an allergy/immunology specialist. They are given full responsibility for the ongoing care of the patients seen both in the outpatient allergy clinic and through consultation on the hospital wards. Early in the rotation, each case which they evaluate is presented to a faculty member and later in the rotation, they are expected to present the more difficult or interesting patients to the faculty member. They provide supervision on a one-to-one basis to the medical residents and students, but do not replace the supervision provided by the faculty. The fellows will also perform many of the diagnostic procedures such as immediate hypersensitivity skin testing, patch testing, oral challenges, drug sensitivity testing and desensitizations. They will be expected to be able to demonstrate these procedures to the medical resident and student and explain the meaning of any findings.
- **Attending:** The attending is responsible for the ultimate supervision of patient care. This includes the historical information and physical findings, any evaluations which are necessary to be performed either in the allergy clinic or other areas, and the appropriateness of medical treatment. Of equal importance is the training of the fellows, medical residents, and medical students.

V. Core primary resource readings Basic Recommended Readings for this rotation are selected chapters in Middleton's Allergy: Principles and Practice, 8th Edition. and Cellular and Molecular Immunology, 8th edition, EPR3 Asthma Guidelines summary, NIAID Food Allergy Guidelines summary, Practice Parameter on Drug Allergy update 2010, Chronic Urticaria and Angioedema Practice Parameter update 2014, Allergy primers on selected topics.
(All recommended reading materials will be provided to rotating resident in electronic format)

VI. Key physical diagnosis skills which should be reviewed during this rotation

Emphasis is placed on examination of eyes, ears, nose, throat, chest, and skin. The student and resident are expected to be able to recognize normal anatomical structures, particularly those observed during the ear and nose examinations. This includes the recognition of various landmarks of a normal tympanic membrane and internal nasal examination. The examination of the ears and nose will be taught using a standard hand-held otoscope with the addition of a pneumatic otoscope head for ear examinations. Emphasis will also be placed on an understanding of the generation of and auscultory findings of the chest or lungs and the evaluation of normal skin and various skin diseases

VII. Key procedures which the resident should be able to perform

The resident generally is not expected to be able to perform any of the specialty procedures. They may, if interested, participate in performance of any of the procedures which are generally

performed in our clinic with the appropriate supervision. Performance of procedures is allowed on an individual basis.

VIII. Key tests or procedures which the resident should be able to understand the indications for and to interpret

The resident is expected to be able to understand the indications and interpretation of immediate and delayed hypersensitivity skin testing. They should be able to differentiate between the mechanisms underlying these skin tests and the time course for the development of a positive test, as well as the criteria for interpreting a positive test. They should be familiar with common in-vitro tests which are performed in the diagnosis of immediate hypersensitivity, particularly for total and specific IgE measurements. They should have a basic understanding of common tests for complement deficiencies, particularly C1 esterase inhibitor

IX. The most important diseases or conditions which the resident should see and understand during this rotation

The most frequent conditions they will see include: acute and chronic allergic and non-allergic rhinitis, conjunctivitis, acute or chronic sinusitis, otitis media, asthma, urticaria, angioedema, atopic dermatitis, contact dermatitis, anaphylaxis, latex allergy, drug allergy, food allergy. They should understand the pathogenesis and rationale for the treatment of these conditions.

X. Evaluation Methods

Faculty will evaluate each resident's performance using the standard "Internal Medicine Resident Evaluation Form" at the end of each block rotation. Evaluation forms will be submitted to the Residency Program for review by the Program Director and by the Residency Oversight Committee. Residents will complete evaluations of their attending faculty, their supervising residents, and the rotation itself. These evaluations will be submitted to the Residency Program for Review by the Program Directors and the Curriculum Committee. Copies of evaluations will be submitted to the Division Chiefs for their review.

Evaluation Form:

Patient Care

1. Acquires accurate and relevant histories from patients (PC 1)
2. Performs accurate and appropriate physical exams (PC 1)
3. Synthesizes data to define a patient's central clinical problem(s) (PC 1)
4. Consistently develops an appropriate care plan (PC 2)
5. Efficiently organizes for the care of patients (PC3)
6. Recognizes situations requiring urgent or emergent care (PC 2)
7. Seeks additional guidance or consultation when appropriate (PC 2)
8. Provides consultation services for patients with basic and complex clinical problems (PC5)

Medical Knowledge

1. Possesses the scientific knowledge required to provide care for common medical conditions (MK 1)
2. Able to interpret basic diagnostic tests accurately (MK 2)
3. Understands the rational and risks associated with common procedures (MK 2)

Systems Based Practice

1. Works effectively within the team (SBP1)
2. Advocates for safe patient care (SBP2)
3. Reflects upon and learns from own incidents that may lead to medical error (SBP2)
4. Minimizes unnecessary diagnostic and therapeutic tests (SBP 3)
5. Provides complete and appropriate verbal and written care plans to the primary team (SBP 4)
6. Communicates effectively with other caregivers during transitions in patient care (SBP 4)

Practice Based Learning

1. Consistently self-reflects upon one's practice and performance (PBL-1)
2. Solicits feedback and is open to unsolicited feedback (PBL 3)
3. Able to utilize information technology effectively (PBL 4)
4. Able to critically appraise clinical research studies and reports (PBL 4)

Professionalism

1. Is respectful of and responsive to needs and concerns of patients, caregivers and members of the team (PROF 1)
2. Completes tasks in a timely manner (PROF 2)
3. Is sensitive to each patient's unique characteristics and needs (PROF 3)
4. Demonstrates accountability for the care of patients (PROF 4)
5. Is honest and forthright in clinical interactions and documentation (PROF 4)

Interpersonal & Communication Skills

1. Engages patients in shared decision making (ICS 1)
2. Able to develop therapeutic relationships with patients and caregivers (ICS 1)
3. Engages in collaborative communication with appropriate members of the team (ICS 2)
4. Health records are organized and accurate (ICS 3)