

## NAME OF ROTATION: **IM Clinical Immunology and Allergy**

### FOCUS OF THIS ROTATION

- The goal of this elective rotation is to provide the Internal Medicine trainee (PGY2s and PGY3s) with the opportunity to develop competencies in the assessment and management of patients with Clinical Immunological and Allergic disorders in the on the ward, and in the ambulatory clinic setting.
- This rotation will be completed by some residents at the senior level in the Internal Medicine training program. The goals listed will be completed, in part, during the subspecialty rotation. Completion of all goals is expected by the end of the PGY 3 year and will be accomplished through ongoing clinical exposure, participation in the formal academic curriculum and personal learning strategies. Residents are encouraged to prioritize goals during their initial focused clinical exposure to this discipline.

### CBD stage(s) for this rotation:

- COD

### Length of this rotation:

- 1 block

### PGY Level(s) for this rotation:

- PGY2
- PGY3

### Locations for rotation:

- SMH

### Required training experiences (Core of Discipline = PGY2s and PGY3s)

- COD 1 Clinical training experiences:
  - 1.1.2 Ambulatory care: clinic, include experience with a broad spectrum of Clinical Immunology and Allergy conditions as well as patients with complex disorders
  - 1.1.3 Service providing Clinical Immunology and Allergy consultation to other disciplines or to medical subspecialty inpatient units
  - 1.1.5 After hours on call coverage for a broad spectrum of inpatients and internal medicine consultation to the emergency department
  - 1.1.6 Experience with Clinical Immunology and Allergy consulting on critically ill patients. This must include ICU, CCU, and internal medicine consultation to the emergency department.

### Other training experiences (Core of Discipline = PGY2s and PGY3s)

- COD 4 Clinical training experiences:
  - 4.4.2 Interprofessional ambulatory care

EPAs Mapped to this rotation	Total # of EPAs 4+ per block
<b>CORE OF DISCIPLINE PGY2 &amp; 3</b>	
COD 2A Assessing and managing patients with complex chronic conditions: Part A: Assessment, Diagnosis, and Management	1
COD 2B Assessing and managing patients with complex chronic conditions: Part B: Patient Education/Communication	Optional
COD 3A Providing internal medicine consultation to other clinical services: Part A: Patient Assessment and Decision-Making	1
COD 3B Providing internal medicine consultation to other clinical services: Part B: Written Communication:	1

<b>EPAs Mapped to this rotation</b>	<b>Total # of EPAs 4+ per block</b>
COD 3C Providing internal medicine consultation to other clinical services: Part C: Oral Communication	Optional
COD 6 Assessing capacity for medical decision-making	Optional
COD 7 Discussing serious and/or complex aspects of care with patients, families, and caregivers	Optional
COD 8 Caring for patients who have experienced a patient safety incident (adverse event)	Always do when you can
COD 10 Implementing health promotion strategies in patients with or at risk for disease	1

	<b>Other assessments during this rotation:</b>	<b>Tool Location / Platform (e.g. POWER, Entrada):</b>
1.	ITAR	POWER

	<b>Key Objectives for this Rotation:</b>	<b>CanMEDS Role(s):</b>
1.	Demonstrate knowledge of the basic principles of the pathobiology of major disorders of clinical immunology and allergy	Medical expert
2.	Perform an accurate and detailed history and physical examination to elicit details of common disorders of clinical immunology and allergy.	Medical expert
3.	Correlate relevant pathophysiology to the ordering and interpretation of laboratory and imaging investigations commonly used in the assessment of clinical immunology and allergy disorders.	Medical expert
4.	Demonstrate a cost-effective, patient-centred approach to and evidence-informed rationale for the management of common clinical immunology and allergy disorders.	Medical expert
5.	Describe how to manage anaphylaxis.	Medical expert
6.	Communicate effectively with physicians and the interprofessional health team in written formats, including well organized, timely and legible orders, progress notes and consult letters.	Communicator Collaborator
7.	Educate patients on the impact of lifestyle factors that exacerbate allergic and/or immunologic disease and advise on preventative measures.	Advocate

## **Royal College Internal Medicine Competencies emphasized on the Clinical Allergy and Immunology rotation.**

Numbers refer to items identified in the Royal College Competencies document

Principles of immunology and immune dysfunction in autoimmune disease and the immunocompromised host 1.3.7

### Findings

Identify the causes and be able to use history, physical exam and investigations to arrive at a differential and provisional diagnosis for the following:

- Urticaria and angioedema

### Investigations

Demonstrate familiarity with the indications, contraindications and awareness of technique for:

- The challenge procedures

### Disorders

Using results of history, physical examination and investigations, be able to confirm the diagnosis of each of the following, and propose a management plan. The plan may include further investigations and treatment, taking into account the underlying cause and any complications. Must be able to manage Clinical Allergy and Immunological emergencies.\*

- Anaphylaxis\*
- Immunoglobulin deficiencies 1.4.10.2 (congenital and acquired)
- Adverse drug reactions
- Allergic rhino-conjunctivitis
- Asthma\*
- Atopic dermatitis
- Congenital and acquired
- Occupational-related asthma and allergy

### Therapies

Integrate knowledge of the indications/contraindications, side-effects and pharmacokinetics of the following therapies in the care of patients with Clinical Immunology and Allergy disorders:

- Antihistamines
- Systemic corticosteroids
- Inhaled, intranasal, and topical corticosteroids
- Other asthma inhaler therapies
- Immunoglobulin replacement therapy
- Injectable epinephrine
- Leukotriene receptor antagonists
- Treatments For C1 inhibitor deficiencies
- Biologic therapies (Anti-IgE, Anti-IL5, Anti-IL4R)