Allergy, Immunology and Dermatology Rotation Orientation Package

Welcome to Allergy & Immunology and Dermatology at Queen's University. In this document you will find information pertaining for this rotation at Kingston General Hospital and Hotel Dieu Hospital including rotation objectives, expectations, methods of assessment and other useful resources. If you have any questions regarding dermatology clinics, please contact the program administrator Anna Deriusheva (anna.deriusheva@queensu.ca). Questions regarding allergy and immunology clinics, please contact the divisional administrator Danielle Simpson (danielle.simpson@kingstonhsc.ca).

1. Rotation Objectives and Assessment Plan

Rotation objectives for each of the Internal Medicine rotations are based upon entrustable professional activities or EPAs. These are the professional tasks in which residents are expected to gain competence (within the dermatology context) over the course of the rotation, and according to their stage of training. Please see Appendix A for an expanded description of the EPAs and how they relate to the dermatology rotation.

ENTRUSTABLE PROFESSIONAL ACTIVITIES

FOUNDATIONS OF DISCIPLINE

- FD1 Assessing, diagnosing, and initiating management for patients with common allergic/immunologic/dermatologic presentations in ambulatory care settings
- FD7 Identifying personal learning needs while caring for patients and addressing those needs

CORE OF TRAINING

- CD1 Assessing, diagnosing and managing patients with complex or atypical presentations
- CD2 Assessing, diagnosing, and managing patients with complex chronic diseases (including those with dermatologic manifestations)
- CD3 Providing allergy/dermatology consultation to other clinical services
- CD5 Performing the procedures of Internal Medicine (e.g., skin biopsies, suturing)
- CD7 Discussing serious and/or complex aspects of care with patients, families, and caregivers
- CD10 Implementing health promotion strategies in patients with or at risk for disease

TRANSITION TO PRACTICE

- TP2 Managing longitudinal aspects in ambulatory care
- TP3 Assessing and managing patients in whom there is uncertainty in diagnosis and/or treatment

TP6 Working with other physicians and healthcare professionals to develop collaborative patient care plans

Observable Professional Activities

These are granular, specific tasks that are often required to complete a larger EPA. They are often specialty specific skills such as interpret ECGs or determine NIH Stroke Scale score.

Allergy and Immunology

- Interpret allergy skin tests
- Recognize acute allergic reactions
- Interpret patch testing.
- Interpret spirometry.
- Demonstrate the proper administration and use of epinephrine auto-injectors, asthma inhalers and intranasal corticosteroids
- Counsel patients about avoidance measures for allergic triggers.
- Participate in providing safe food or drug challenge challenges and drug desensitization protocols (in patient consults).

Dermatology

- Describe rashes
- Perform skin biopsies

2a. Key Allergy and Immunology Presentations

Residents should focus their independent study and expect to be evaluated on the following dermatology presentations. The table below divides the presentations into the settings in which you can expect to see them during the rotation.

	Clinic	Only by Study*		Clinic	Only by Study*
RHINITIS / ENT / ENVIRONMENTAL DISORDERS			**ANAPHYLAXIS / HAE / FLUSHING SYNDROMES / MAST CELL**		
Allergic and non-allergic rhinitis	✓		Mastocytosis / Mast Cell Activation Dis	±	✓
Acute and Chronic Rhinosinusitis	✓		Hereditary/Acquired and Idiopathic Angioedema	✓	
PVFM (aka VCD)		✓	Eosinophilia/Hypereosinophilic Syndrome	✓	±
			Idiopathic Anaphylaxis	✓	
ASTHMA/LUNG DISEASES			Flushing Syndromes		✓
Asthma Diagnosis/Mgt/Pathophys	✓		Chronis Spontaneous Urticaria	✓	
Occupational Asthma	✓		**DRUG / VACCINE ALLERGY**		
AERD/ABPA/EGPA Contact Dermatitis	±	✓	IgE Mediated Drug Allergy	✓	
Chronic Cough & UACS	✓		DRESS; SJS/TENS; AGEP; SSL Reactions; other drug rxn		✓
			ASA & NSAID Allergy	✓	

AUTOIMMUNITY/ AUTOINFLAMMATORY			Beta Lactam and Other Antibiotics	✓	
Autoinflammatory Syndromes		✓	Biologics Allergy	✓	
IgG4 Disease		✓	Drug desensitization (*Consults)	✓	
IMMUNODEFICIENCY			**ALLERGY TESTING/IT/VENOM**		
CVID & other PID Syndromes	±	✓	Skin testing	✓	
HIV & Secondary Immunodeficiency		✓	Serum Specific IgE: (ImmunoCAP)	✓	
			Inhalant immunotherapy	✓	
FOOD ALLERGY / LATEX ALLERGY			Insect Allergy & Venom IT	✓	
Latex Allergy	✓				
Food Allergy	✓		**MEDICATIONS & VACCINES**		
FPIES		✓	Allergy & Asthma Medications	✓	
Oral Food Challenges	✓		IVIG & SCIG	✓	
			Biologics in Allergy & Asthma	✓	

*Some less common presentations/diagnoses may not be encountered during the rotation and require you learn the material exclusively through independent study.

2b. Key Dermatology Presentations

Residents should focus their independent study and expect to be evaluated on the following dermatology presentations.

PRESENTATIONS BY RASH APPEARANCE			**DERM AND NEOPLASTIC DISEASE**		
Petechial rashes			Melanoma		
Macular rashes			Basal cell carcinoma		
Papular and pustular rashes			Squamous cell carcinoma		
Ulcerative lesions			Monitoring moles		
Fungating lesions			Paraneoplastic syndromes		
Plaques					
Blisters/bullae			**PRIMARY DERMATOLOGIC CONDITIONS**		
Morbilliform rashes			Seborrheic keratosis		
			Actinic keratosis		
DRUG REACTIONS			Blistering disorders		
Common drug eruptions			Alopecia areata		
EM/SJS/TEN			Eczema		
DRESS syndrome			Acne		
DERMATOLOGIC MANIFESTIONS OF INFECTIOUS DISEASE			**DERM IN NON-NEOPLASTIC SYSTEMIC DISEASE**		
Impetigo			Psoriasis		
Herpes simplex			Systemic lupus erythematosus		

Varicella zoster			Erythroderma		
Scabies			Vasculitis		
Tinea infections			Pyoderma gangrenosum		
			Peripheral vascular disease		

*Some less common presentations/diagnoses may not be encountered during the rotation and require you learn the material exclusively through independent study.

3. Assessment

Assessment on this rotation reflects its ambulatory focus. Residents are expected to initiate 4 EPA-based assessments from clinic each week. These can be either field notes or supervisor forms. In additional, residents are expected to have 2 (two) periodic performance assessments (PPAs) from staff worked with on multiple occasions.

REMINDER: For point of care assessments, request the assessment IN ADVANCE of a clinical interaction whenever possible.

4. Description of rotation

Overview:

This rotation is usually attended by a senior internal medicine resident (PGY-2/3/4). It is primarily an ambulatory block, although you may also be asked to perform urgent inpatient consults for Allergy/Immunology. All inpatient consults will be reviewed and supervised by an Attending Physician. Morning clinics in Allergy and in Dermatology begin at 8:30am; afternoon clinics at 1pm. On Wednesday and Thursday mornings you are expected to attend Morbidity and Mortality Rounds and Medical Grand Rounds. You should join clinic by 9am on those days. Allergy clinics take place in the Brock 1 Allergy Clinic of Hotel Dieu Hospital. The general dermatology clinics are in the Jeanne Mance 5 clinic area (as is asthma clinic if assigned). Dermatology cancer clinic on Friday afternoon occurs in the Burr wing of KGH.

Please be advised that this schedule is subject to change and that residents should contact the relevant division to ensure updated times and locations. Also note that dermatology clinics are extremely busy due to high volumes therefore residents may be learning through observational experiences as opposed to didactic teaching.

Residents are not responsible for doing inpatient Allergy/Immunology consultations while they are in the dermatology clinic. If residents are paged about an inpatient consult during their dermatology clinic, they should simply take down the information and inform the Allergy/Immunology staff on call. Sometimes consults will be deferred and can be arranged to be done during an upcoming allergy/immunology clinic time, but this should always be confirmed with the attending.

Typical Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Patch Testing *HDH – J2 (Molin)*	Allergy (Ellis)* *HDH - Brock 1* *Last Tuesday of month is combined Allergy/Derm	Gen Derm (Herzinger) HDH Jeanne-Mance 5	Allergy (Ellis) *HDH – Brock 1*	Mohs Clinic (Mohs surgeons) HDH – J2 *Drug reaction clinic, when available
PM	Gen Derm Jeanne-Mance 5	Derm: Lesion clinic HDH - J2 (Herzinger)	AHD	Dictation Review	Cancer Derm* *Cancer Centre* *No clinic this afternoon when residents attend Allergy Journal Club

Once per block Friday at 7:30 – multi-disciplinary cancer rounds

5. Teaching

Mandatory: Attend Allergy Journal Club on Friday afternoon, whenever offered. No clinic scheduled on the afternoon of Allergy Journal Club.

The teaching in clinic is generally informal and focuses on patient presentations. The more you read around patients, the more informed you can be in discussing your plans with staff, and the more you will get out of the teaching.

6. Expectations of Residents

Daily Encounters: In clinics, residents will be expected to review new and returning patients with a variety of problems and present them to the attending physician. They are expected to dictate summary letters and recommendations to the referring physicians. Residents are expected to attend morning report and other medicine conferences at noon when possible. All residents will be released on Wednesday afternoon for the academic half-day.

Formal Presentations: Residents will be expected to prepare and deliver a presentation during their rotation on a subject related to allergy and immunology and/or dermatology. Timing of presentations will be discussed with the attending physician.

7. Rotation Feedback

At the end of the rotation, you will be asked to complete an evaluation form on the rotation and individual preceptors. If any issues arise prior to the end of your rotation that need to be addressed, please contact Geneviève Bureau (improg@queensu.ca) or Dr. Gauthier (sg54@queensu.ca).

8. Recommended Readings and Resources:

1. American Academy of Dermatology provides online modules as curricular resources for medical learners. You will need to set up an account (which is free) to use the modules.

   https://www.aad.org/member/education/residents/bdc

2. JACI allergy & immunology primers: Access the following preface through Libaccess/Pubmed - Links are seen below to individual topic primers. Journal of clinical immunology 2010 - Preface to the primer on allergic and immunologic disease. Shearer WT.

   http://www.jacionline.org/issue/S0091-6749%2810%29X0004-5

   This resource provides some more in detailed basis with a focus on basic science. This is a great resource to read further on a topic or to prepare for a presentation.

3. AAAAI Practice Parameters/Guidelines:

   https://www.aaaai.org/Allergist-Resources/Statements-Practice-Parameters/Practice-Parameters-Guidelines

   This provides the current guidelines on the major topics encountered in the practice of allergy and immunology. Evidence and reasoning behind each practice point is provided.

4. Practical guide to allergy and immunology in Canada

   http://www.aacijournal.com/supplements/7/s1

   This provides short summary articles on the major topics in the practice of allergy and immunology. This is a great start to get a brief summary then use the other two resources to really enhance your knowledge.

5. Other Resources and References:
   - Allergy: Principle and Practice (6th Edition 2003), Middleton and Reed.
   - Current Therapy in Allergy, Immunology, and Rheumatology (5th Edition 1996), Lichtenstein and Fauci.
   - Training Program Directors Reading List - sponsored by the American Academy of Allergy, Asthma, and Immunology. (www.aaaai.org)

- American College of Allergy, Asthma, and Immunology Practice Parameters. (www.acaai.org) 5. MKSAP Allergy and Immunology (3rd Edition 2000) and full series.
- Handbook of Clinical Immunology Laboratory procedures prepared for residents by clinical laboratory staff.
- Nelson Textbook of Pediatrics (19th edition, 2011), Kliegman et al.
- Immunologic Disorders of Infants and Children (5th edition, 2004), Stiehm et al.
- Textbook of Pediatric Rheumatology (6th edition, 2011), Cassidy et al.
- Journals: Journal of Allergy and Clinical Immunology. Annals of Allergy, Immunology Today, New England Journal of Medicine, Annals of Internal Medicine Clinical and Experimental Allergy (online).

Appendix A: Sample Dermatology Consult Note

The following can be used as a template for the content expected in consultation letters. The elements of the history and physical that you should make *particular* note of when doing a consult are included under each section. This list is not exhaustive and this format is a guideline only.

ID / REASON FOR REFERRAL: (EXAMPLE IS FROM GI – can update with key components that should be included)

HPI:

ROS:

- *General GI ROS* (appetite/diet, nausea/vomiting/ /hematemesis, dysphagia, heartburn/indigestion/reflux, abdominal pain, bloating / distension, constipation/diarrhea [what is the normal bowel habit?], melena/hematochezia)
- *Liver* (pale stool, dark urine, pruritus, jaundice)

PMHx:

- *Liver disease* (etiology, complications & their severity / past management, community follow-up, MELD score / Child-Pugh)
- *Prior GI Bleed* (source, timing & results of most recent scope)
- *IBD* (year diagnosed, past / current treatments and response to treatment, past operations, who follows them)
- *Past blood transfusions*

PHYSICAL EXAM

Vitals: *orthostatics* (in GIB / diarrhea)

General:

- *Stigmata of chronic liver disease* (Terry's nails, leukonychia, palmar erythema, Dupuytren's contractures, spider angiomata, jaundice, scleral icterus, caput medusa, gynecomastia, testicular atrophy, peripheral edema, muscle wasting, enlarged parotid glands, etc.)
- *Extraintestinal manifestations of IBD* (peripheral arthritis, sacroiliitis, erythema nodosum, pyoderma gangrenosum, apthuous stomatitis, episcleritis, scleritis, uveitis, etc.)
- *Lymphadenopathy*

CVS:

- *Volume status* (esp. for bleeds / diarrhea)
- *Peripheral edema* (best LR(-) for ascites)

GI:

- *Masses*
- *Bowel sounds* (increased? decreased?)
- *Tenderness* (light / deep palpation, rebound, percussion)
- *Liver* (size, contour i.e. nodular? firm?)
- *Splenomegaly* (percussion of Traube's space, Nixon's sign, attempt to palpate)
- *Ascites* (fluid wave, shifting dullness, bulging flanks)
- ***DRE*** (for any UGIB/LGIB)

*NB that there is NO ROLE for FOBT in the acute management of a GI bleeds (used for outpatient CRC screening only)

Neuro: *asterixis* (if suspected HE)

Meds:

- *NSAIDS* (particularly if GIB)
- *Anticoagulants / antiplatelets*
- *Diuretics* (for ascites)
- *Lactulose* (for encephalopathy)
- *NS beta-blockers* (for portal-hypertension)
- *Iron supplementation*

Allergies / ADR:

SHx:

- *Liver disease risk factors* (history of travel / place of birth, IVDU, history of incarceration, sexual history)
- *Current employment / insurance* (may be important for IBD drug coverage - $$$)

FHx:

- *IBD / other autoimmune conditions*
- *GI bleeds*
- *Cancers* (especially CRC; note the age at which they were diagnosed)

INVESTIGATIONS: Bloodwork, Imaging, Pathology (if relevant)

IMPRESSION / PLAN:

Appendix B: Sample Allergy Consult Note

The following can be used as a template for the content expected in consultation letters. The elements of the history and physical that you should make *particular* note of when doing a consult are included under each section. This list is not exhaustive and this format is a guideline only.

<table>
<tr><td colspan="2"><u>ID / REASON FOR REFERRAL</u>: (Age, gender, occupation/demographic, reason for referral)</td></tr>
<tr><td>HPI: Describe presenting symptoms, onset, perennial or seasonal, severity (effect on work or daily activities), palliating factors, triggers, treatments prescribed.

ROS:
Typically other allergic symptoms
- Asthma: Wheezing, cough, SOB, mucous, DT/NT symptoms, QoL issues, triggers, missed work/school
- Rhinitis: Rhinorrhea, obstruction, post nasal drip, facial pain/pressure, discharge, anosmia, itching; chronicity
- Conjunctivitis: Watery, itchy, red, swollen, discharge
Atopic Dermatitis: areas involved, prior/current treatment
- Contact Dermatitis/Irritant Dermatitis: specific triggers, areas affected
- Urticaria/Angioedema.
- Food allergy.
- Drugs/Latex allergy.
- Venom/Insect Stings.</td><td>PMHx: Include prior/current medical conditions.
Environmental History:
1. _____year old house/apt/condo for _____years.
2. Forced air heating/air conditioning/central air/windows
3. Number of people in home:
4. Personal smoking history/ anyone smokes inside the house?
5. Pets:_____
6. Bedroom: Carpeting/Area Rugs/Hardwood/Pets allowed?
7. Workplace exposures:</td></tr>
<tr><td rowspan="5"><u>PHYSICAL EXAM</u>
- Vitals/weight
- General appearance.
- ENT.
- Chest auscultation.
- Skin: describe any rash or swelling.</td><td>Meds:
• prescribed drugs, vitamins, natural products and any over the counter medications (NSAIDs/ASA/BB)</td></tr>
<tr><td>Allergies / ADR: specify time, agent and reaction, subsequent exposures</td></tr>
<tr><td>SHx:
• include country of birth, NSVD/CS, and any complications, vaccination status and any adverse events, as well as recent booster status, smoking/EtOH/recreational drugs, occupation, insurance/drug plan</td></tr>
<tr><td>FHx:
• Asthma/Allergic rhinitis/eczema/food allergy/angioedema/drug allergy
• Autoimmune diseases/immunodeficiencies</td></tr>
<tr><td><u>INVESTIGATIONS</u>: Skin testing, PFTs, methacholine challenge, food/drug challenge, CBC with differential, IgE, CXR, CT sinuses</td></tr>
<tr><td colspan="2"><u>IMPRESSION / PLAN:</u></td></tr>
</table>

Appendix C: Sample Allergy Consult Note (Pediatrics)

The following can be used as a template for the content expected in consultation letters. The elements of the history and physical that you should make *particular* note of when doing a consult are included under each section. This list is not exhaustive and this format is a guideline only.

ID / REASON FOR REFERRAL: (Age, gender, reason for referral)

HPI: Describe presenting symptoms, onset, perennial or seasonal, severity (effect on sleep/energy), palliating factors, triggers, treatments prescribed.

ROS:
Typically other allergic symptoms
- Asthma: Wheezing, cough, SOB, mucous, DT/NT symptoms, QoL issues, triggers, missed work/school
- Rhinitis: Rhinorrhea, obstruction, post nasal drip, facial pain/pressure, discharge, anosmia, itching; chronicity
- Conjunctivitis: Watery, itchy, red, swollen, discharge
Atopic Dermatitis: areas involved, prior/current treatment
- Contact Dermatitis/Irritant Dermatitis: specific triggers, areas affected
- Urticaria/Angioedema.
- Food allergy.
- Drugs/Latex allergy.
- Venom/Insect Stings.
- Recurrent infections/ recurrent hospital visits/antibiotics

PMHx: *Include prior/current medical conditions.*

Birth History: *SVD/CS, Full term/preterm/post term, maternal complications during pregnancy, fetal complications, NICU admission.*

Environmental History:
1. _____year old house/apt/condo for _____years.
2. Forced air heating/air conditioning/central air/windows
3. Number of people in home:
4. Personal smoking history/ anyone smokes inside the house?
5. Pets:_____
6. Bedroom: Carpeting/Area Rugs/Hardwood/Pets allowed?

PHYSICAL EXAM
- Vitals/weight
- General appearance.
- ENT.
- Chest auscultation.
- Skin: describe any rash or swelling.

Meds:
- *prescribed drugs, vitamins, natural products and any over the counter medications (NSAIDs/ASA/BB)*

Allergies / ADR: *specify time, agent and reaction, subsequent exposures*

SHx:
- *include country of birth, NSVD/CS, and any complications, vaccination status and any adverse events, as well as recent booster status, insurance/drug plan*

FHx:
- *Asthma/Allergic rhinitis/eczema/food allergy/angioedema/drug allergy*
- *Autoimmune diseases/immunodeficiencies*
- *Parental consanguinity*

INVESTIGATIONS: Skin testing, PFTs, methacholine challenge, food/drug challenge, CBC with differential, IgE, CXR, CT sinuses

IMPRESSION / PLAN: