

Combined Rotation: Immunology/Allergy & Dermatology

GOALS AND OBJECTIVES

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](mailto:anna.deriusheva@queensu.ca) (anna.deriusheva@queensu.ca). Questions regarding allergy and immunology clinics, please contact the divisional administrator [Danielle Simpson](mailto:danielle.simpson@kingstonhsc.ca) (danielle.simpson@kingstonhsc.ca).

Rotation Goals

Through caring for patients presenting with a broad spectrum of allergic and dermatologic conditions, residents will develop the skills required to evaluate, diagnose, and manage complex immune-mediated and cutaneous disorders. Specifically, residents will gain competence in the assessment and treatment of conditions such as asthma, anaphylaxis, atopic dermatitis, urticaria, drug reactions, psoriasis, bullous disorders, and cutaneous manifestations of systemic disease. By the end of the rotation, residents will be able to integrate allergy and dermatology knowledge into comprehensive care plans, provide consultative services, and recognize when to engage subspecialty expertise. Residents will also strengthen their ability to identify and manage severe or life-threatening presentations, implement evidence-based therapies, and incorporate preventive and health promotion strategies relevant to allergic and dermatologic disease.

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

Clinical Presentations and Diagnoses

In alignment with the *Royal College Internal Medicine Competencies*, residents are expected to encounter and manage the following Medical Expert topics on this rotation:

Key Immunology & Allergy Presentations and Diagnoses

	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	✓	

Key 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 MANIFESTATIONS 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		

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 addition, residents are expected to have 2 (two) periodic performance assessments (PPAs) from staff worked with on multiple occasions.

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	Derm Clinic (Dr. Asai)	Allergy Clinic (Dr. Ellis) or Atopic Disease Clinic Allergy/Derm (last day of month with Ellis & Asai)	Derm Clinic	Allergy Clinic (Dr. Ellis)	GIM Clinic (Brock 1; when assigned by Core)
PM	Allergy Clinic (Dr. Ip)	Allergy Clinic (Dr. Ip)	Academic Half Day (R2's Nov-June) (R3's July-Oct) or Self-Study/Dictation Review (when no AHD)	Academic Half Day (R2's July-Oct) (R3's Nov-June) or Self-Study/Dictation Review (when no AHD)	Derm Cancer Clinic (when available) or Allergy Journal Club (once per month takes priority over clinic)

Teaching

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

Most of the teaching occurs one-on-one with the preceptor while discussing patients immediately after they are seen. 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.

Objectives (by Stage of Training)

The specific objectives for this rotation align with the CanMEDS Competencies and Milestones as outlined in the *Royal College 2023 Entrustable Professional Activities for Internal Medicine* document (Version 3.0, 2023) and the *Royal College Internal Medicine Competencies* (Version

1.0, 2018). Objectives are structured to ensure progressive acquisition of competence across stages.

Transition to Discipline

Medical Expert

1. Practice medicine within their defined scope of practice and expertise (ME1)
2. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner (ME1.4)
3. Perform a patient-centered clinical assessment and establish a management plan (ME2)
4. Prioritize issues to be addressed in a patient encounter (ME2.1)
5. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion (ME2.2)
6. Establish plans for ongoing care and, when appropriate, timely consultation (ME4)
7. Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)

Communicator

1. Establish professional therapeutic relationships with patients and their families (CM1)
2. Communicate using a patient-centered approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion (CM1.1)
3. Share health care information and plans with patients and their families (CM3)
4. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy (CM5)
6. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements (CM5.1)

Collaborator

1. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care (CL3)
2. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL3.2)

Foundations of Discipline

Medical Expert

1. Practice medicine within their defined scope of practice and expertise (ME1)
2. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner (ME1.4)
3. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice (ME1.6)

4. Perform a patient-centered clinical assessment and establish a management plan (ME2)
5. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion (ME2.2)
6. Establish a patient-centered management plan (ME2.4)

Communicator

1. Share health care information and plans with patients and their families (CM3)
2. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
3. Engage patients and their families in developing plans that reflect the patient's health care needs and goals (CM4)
4. Use communication skills and strategies that help patients and their families make informed decisions regarding their health (CM4.3)
5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy (CM5)
6. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements (CM5.1)

Collaborator

1. Work effectively with physicians and other colleagues in the health care professions (CL1)
2. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centered collaborative care (CL1.1)

Professional

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards (PR1)
2. Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality (PR1.1)

Core of Discipline

Medical Expert

1. Practice medicine within their defined scope of practice and expertise (ME1)
2. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner (ME1.4)
3. Carry out professional duties in the face of multiple, competing demands (ME1.5)
4. Perform a patient-centered clinical assessment and establish a management plan (ME2)
5. Prioritize issues to be addressed in a patient encounter (ME2.1)

6. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion (ME2.2)
7. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation (ME2.3)
8. Establish a patient-centered management plan (ME2.4)
9. Plan and perform procedures and therapies for the purpose of assessment and/or management (ME3)
10. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy (ME3.2)
11. Establish plans for ongoing care and, when appropriate, timely consultation (ME4)
12. Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)
13. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety (ME5)
14. Recognize and respond to harm from health care delivery, including patient safety incidents (ME5.1)
15. Adopt strategies that promote patient safety and address human and system factors (ME5.2)

Communicator

1. Establish professional therapeutic relationships with patients and their families (CM1)
2. Manage disagreements and emotionally charged conversations (CM1.5)
3. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families (CM2)
4. Provide a clear structure for and manage the flow of an entire patient encounter (CM2.2)
5. Share health care information and plans with patients and their families (CM3)
6. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
7. Disclose harmful patient safety incidents to patients and their families accurately and appropriately (CM3.2)
8. Engage patients and their families in developing plans that reflect the patient's health care needs and goals (CM4)
9. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe (CM4.1)
10. Use communication skills and strategies that help patients and their families make informed decisions regarding their health (CM4.3)
11. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy (CM5)
12. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements (CM5.1)

Collaborator

1. Work effectively with physicians and other colleagues in the health care professions (CL1)
2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care (CL1.2)
3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions (CL1.3)

Leader

1. Contribute to the improvement of health care delivery in teams, organizations, and systems (LD1)
2. Analyze patient safety incidents to enhance systems of care (LD1.3)
3. Engage in the stewardship of health care resources (LD2)
4. Allocate health care resources for optimal patient care (LD2.1)

Health Advocate

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment (HA1)
2. Work with patients to address determinants of health that affect them and their access to needed health services or resources (HA1.1)
3. Work with patients and their families to increase opportunities to adopt healthy behaviors (HA1.2)
4. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients (HA1.3)

Scholar

1. Integrate best available evidence into practice (SC3)
2. Integrate evidence into decision-making in their practice (SC3.4)

Professional

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards (PR1)
2. Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality (PR1.1)

Transition to Practice

Medical Expert

1. Practice medicine within their defined scope of practice and expertise (ME1)
2. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner (ME1.4)
3. Perform a patient-centered clinical assessment and establish a management plan (ME2)

4. Prioritize issues to be addressed in a patient encounter (ME2.1)
5. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion (ME2.2)
6. Establish a patient-centered management plan (ME2.4)
7. Plan and perform procedures and therapies for the purpose of assessment and/or management (ME3)
8. Determine the most appropriate procedures or therapies (ME3.1)
9. Establish plans for ongoing care and, when appropriate, timely consultation (ME4)
10. Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)
11. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety (ME5)
12. Recognize and respond to harm from health care delivery, including patient safety incidents (ME5.1)
13. Adopt strategies that promote patient safety and address human and system factors (ME5.2)

Communicator

1. Share health care information and plans with patients and their families (CM3)
2. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
3. Engage patients and their families in developing plans that reflect the patient's health care needs and goals (CM4)
4. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe (CM4.1)
5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy (CM5)
6. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements (CM5.1)

Collaborator

1. Work effectively with physicians and other colleagues in the health care professions (CL1)
2. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centered collaborative care (CL1.1)
3. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care (CL1.2)
4. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions (CL1.3)
5. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts (CL2)
6. Show respect toward collaborators (CL2.1)

7. Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture (CL2.2)

Leader

1. Contribute to the improvement of health care delivery in teams, organizations, and systems (LD1)
2. Apply the science of quality improvement to contribute to improving systems of patient care (LD1.1)
3. Analyze patient safety incidents to enhance systems of care (LD1.3)
4. Engage in the stewardship of health care resources (LD2)
5. Allocate health care resources for optimal patient care (LD2.1)
6. Manage career planning, finances, and health human resources in a practice (LD4)
7. Set priorities and manage time to integrate practice and personal life (LD4.1)
8. Manage a career and a practice (LD4.2)
9. Implement processes to ensure personal practice improvement (LD4.3)

Health Advocate

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment (HA1)
2. Work with patients to address determinants of health that affect them and their access to needed health services or resources (HA1.1)

Scholar

1. Engage in the continuous enhancement of their professional activities through ongoing learning (SC1)
2. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice (SC1.1)
3. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources (SC1.2)
4. Integrate best available evidence into practice (SC3)
5. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them (SC3.1)
6. Integrate evidence into decision-making in their practice (SC3.4)

Professional

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards (PR1)
2. Exhibit appropriate professional behaviors and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality (PR1.1)
3. Demonstrate a commitment to excellence in all aspects of practice (PR1.2)
4. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care (PR2)
5. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians (PR2.1)

6. Demonstrate a commitment to patient safety and quality improvement (PR2.2)
7. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation (PR3)
8. Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice (PR3.1)
9. Demonstrate a commitment to physician health and well-being to foster optimal patient care (PR4)
10. Promote a culture that recognizes, supports, and responds effectively to colleagues in need (PR4.3)

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).

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).