

Residents Level of Care

First Year (PG IV)

- Complete history taking, appropriate physical examination, review of medical records, formulate a differential diagnosis, and design a plan for evaluation.
- Presentation of patients to the attending faculty who verifies certain issues in the history or physical findings. After discussion with the faculty, the resident orders the necessary tests, prescribes medications, provides patient education, and arranges for follow up.
- Continuity of care is enhanced by scheduling F/U visits with the same fellow as much as possible.
- A written report to the referring or primary care physician, which in some cases may be preceded by a telephone call.
- By the end of the first year, the resident is expected to master the medical history taking and physical examination. The fellow is also expected to be able to reach an appropriate differential diagnosis and formulate satisfactory diagnostic and therapeutic plans, at least for the common A/I disorders. This would include the performance and interpretation of allergy skin testing, pulmonary function testing, oral food challenge tests, IVIG therapy, and selection and interpretation of in vitro allergy tests.

Second Year (PG V)

- All responsibilities outlined for the first year, albeit with lesser involvement by the supervising faculty as the resident's competencies advance.
 - Progress in patient care, particularly in patients with complex diagnostic or therapeutic problems.
 - Assist the first-year residents in consultations and share in teaching the rotating primary care residents and medical students.
 - Provide continuity care for complex and unusual cases.
 - Demonstrate an increasing gain in knowledge and hands-on experience in various diagnostic and therapeutic modalities of the A/I specialty, including the performance and interpretation of skin testing for allergies to insect, drug, and biologic agents, prescribing and administration of immunotherapy for aeroallergens, rush immunotherapy with insect venom, and desensitization to certain drugs.
 - During the last quarter of the second year, the trainee is expected to:
 - provide adequate patient care with little intervention by the supervising faculty and to demonstrate increasing ability towards independent quality clinical practice.
 - complete preparing his/her research project for publication in a reputable journal.
- Throughout the above learning process, an adequate number of supervising faculty instruct the resident and evaluate his/her performance in all of the above components of the program. The resident will be assessed in 6 competency areas: patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and system-based practice.