



# Allergy Immunology Fellowship Guide

---

Program Director: Theresa A. Bingemann, MD

Associate Program Director: Katherine L. Tuttle, MD

Program Administrator: Krista Pike

## **OVERALL GOALS AND OBJECTIVES**

The mission of the University of Rochester Allergy and Clinical Immunology fellowship program is to prepare fellows to provide expert medical care for patients with allergic and immunologic disorders, and to train academic leaders in Allergy and Clinical Immunology as consultants, educators, advocates, and physician scientists. We advance the career development of our fellows through outstanding clinical and research environments in the Allergy, Immunology, and Rheumatology (AIR) and Pediatric Allergy and Immunology Divisions, as well as mentoring.

1. Provide state-of-the-art clinical training in Allergy and Clinical immunology.
2. Develop a solid foundation in immunology to better understand and manage clinical disorders.
3. Provide training in safety, quality improvement, research, and scholarship so that graduates will be in a position to advance the field of Allergy Immunology.
4. Develop trainees' skills of life-long learning, professionalism, collaborative practice, and advocacy.
5. Ensure trainees develop skills to manage their own wellness.
6. Create a supportive, inclusive, and diverse work environment.

## FELLOWSHIP OVERVIEW

- The fellowship curriculum is comprised of a combination of clinical and research opportunities in order to prepare fellows to be experts in Allergy and Clinical Immunology who will be successful in academia, clinical practice and other settings.
- Fellows will learn to manage patients with a diverse spectrum of allergic and immunologic disorders, including anaphylaxis, food and drug hypersensitivity, asthma, eosinophilic disorders, primary immunodeficiency, autoimmune disorders, hereditary angioedema, and mastocytosis.
- Fellows will complete a scholarly project that aligns with their career goals.
- URM C Allergy and Immunology recognizes that mentorship, coaching, and advising are important for professional development at all levels. Each fellow in this program will have a scholarship committee and a faculty advisor to serve as an advocate and general resource for both fellowship and career planning. Fellows are encouraged to seek out additional mentoring from other faculty within or outside the division as needed.
- Block schedules, clinic schedules, conference schedules, and other organization are managed by our fellowship administrator; fellows are expected to be in close communication about any requests for change or other concerns.

### Contact information

Fellowship Administrator:

- Krista Pike (interim): [Krista\\_Pike@URMC.Rochester.edu](mailto:Krista_Pike@URMC.Rochester.edu)
  - Office number: (585) 275-7810

Clinical and Research Faculty:

Name	Office Location
Jennifer Barnas MD, PhD	5-6220G
Theresa Bingemann MD	G-6410B
Eric Dreyfuss, MD	Off-site
Kirsi Jarvinen-Seppo MD, PhD	4-8163
Jeanne Lomas, DO	4-8164
R. John Looney MD	G-6427C
Jessica Stern, MD	5-6220
Katherine Tuttle, MD	4-8164
Emily Weis, MD	5-6620N

## Clinic locations: \*

Mary Parkes Center for Asthma, Allergy, and Pulmonary Care (Red Creek)	400 Red Creek Drive, Suite 140 Rochester, NY 14623	Phone: (585) 486-0901
Lattimore Allergy	125 Lattimore Road, Suite G-110 Rochester, NY 14620	Phone: (585) 486-0901
Pediatric Allergy and Immunology (AC-6)	601 Elmwood Avenue, AC-6 Rochester, NY 14642	Phone: (585) 276-7190
Pediatric Allergy and Immunology (East River Road)	200 East River Road, Third Floor Rochester, NY 14623	Phone: (585) 275-2986

**CLINICAL OPPORTUNITIES***Orientation*

- Fellows will complete mandatory training and paperwork during orientation.
  - o Including institutional orientation, EHR training, human subjects' protection paperwork, and other formal training as assigned.
- Fellows will be oriented to the clinics and meet with clinic staff, to the inpatient service (by a senior fellow), to the research laboratories within the division, and to the clinical research program.
- During July and early August, there will be a series of introductory clinical teaching sessions held by faculty. All new fellows must participate; senior fellows are encouraged to attend when possible.
- Fellows will meet with each faculty member individually during orientation to discuss each faculty member's roles within the division, their clinical interests, possible research options, and mentorship opportunities.

*Inpatient Service/Call*

- The fellow on service ('fellow on call') is responsible for running the inpatient service (with progressive independence).
  - o Responsibilities:
    - Evaluate new and follow-up patients and communicate with primary team or other consulting teams.
      - Most patients are seen as consults. Very rarely patients will be on the AI service (AI attending of record); these pts need to be seen every day, but there will still be a resident team or APP assigned for daily tasks such as orders.
      - Emergency Department consults need to be seen within 60 minutes per hospital policy unless other arrangements are made.
    - Organize and run rounds daily.

- Coordinate resident and student participation – rotators may see and patients independently with fellow oversight.
- Inpatient Call:
  - The fellow on service is expected to be available by pager while assigned to call.
  - Weekend call starts Friday afternoon 3pm through Monday 8am.
- Handoffs:
  - Fellow is expected to coordinate signout to the next service team (resident, fellow, attending) and to the AI outpatient physician who will see the patient when discharged.

#### *Outpatient telephone calls*

- All outpatient calls should be reviewed with service attending within 24 hours for the first 6 months of fellowship. After the first 6 months of fellowship, the fellow can review with the attending on call as needed. Please contact the service attending anytime you have questions about a patient's care.
- All calls should be documented in the URM C EHR (eRecord) and routed to the patient's primary Allergist.

#### *Continuity Clinic*

- Continuity clinic occurs every Monday morning at AC-6 (Pediatric Allergy and Immunology) and every Wednesday morning at Lattimore (Adult Allergy and Immunology, AIR)
- In continuity clinic, the fellow (within safe limits and with faculty guidance) determines management plans, follow-up intervals, and are responsible for follow up of labs, referrals, and other testing.
- There is a pre-clinic weekly Wednesday conference at 7:30 am.

#### *Faculty Clinics*

- Faculty clinics rotate every 3 months. Typically you will have 4 faculty clinics each week when you are in Block A. Some will be "general" allergy faculty clinics and specialized faculty clinics, such as eosinophilic esophagitis and primary immune deficiency disorders (PIDD).
- *Fellows are responsible for notifying their faculty in advance* if you will be missing faculty clinics (as some will book patients specifically for the fellow to see.)

## SCHOLARLY PROJECT/RESEARCH

- Every fellow must complete a scholarly project during their training, consistent with your individual career goals and interests. Each fellow will choose a primary mentor and a research committee of at least two additional faculty members. All fellows will work with their mentor and committee to choose a project and a research plan, and will present their work to the division at least once each year.
- URMCI Allergy and Immunology encourages all fellows to publish or present their work externally at an academic meeting (such as the AAAAI or ACAAI) or in a peer-reviewed publication.
- Be proactive in meeting with all division faculty to discuss research ideas within the first month of your training, and understand (broadly) what active research is going on within the division. Once you have chosen a project, be an active part of hypothesis generation and planning. Initiate meetings with your mentor at least monthly, and with your mentor committee every few months.
- Formally write up a research plan in the 3<sup>rd</sup> quarter of your first year. Your mentor and committee should be involved in the planning and your mentor should review your written plan before you submit it. You should plan to present your plan (without data is fine) between January and March of your first year, in the form of your research talk. This will include background information on the topic including prior studies and their results, your hypothesis and a description of how you chose it, and your planned methods.
- Keep up with your project -- when you are on clinical rotations, you may not be able to do experiments but you should be able to continue with some reading and planning. Attend research/lab meetings with your mentor when possible.
- Get help if you need it! It's helpful to talk about your ideas with others, even those not formally involved. Other fellows, faculty in other divisions, and other university staff can be very valuable resources and help you refine your project.
- When you are on block B or C, you are NOT expected to attend faculty clinics, do electives, schedule vacation or personal days, moonlight, or take call (weekday). You will still attend your continuity clinic and all division didactic sessions as usual and take call.
- Updated research plans (reviewed with your primary mentor) are due before every 6-month review.
- You will present your final research talk in the spring of your second year. This is an opportunity to refine your thinking in anticipation of submitting your work for publication or for presentation at a national meeting.

## OTHER FELLOWSHIP RESPONSIBILITIES and OPPORTUNITIES

### *Immunology Course*

- First year fellows will take the graduate course in Immunology (MBI 473) during the fall academic semester.
  - This lecture-based course will cover basic concepts in development and function of the immune system, including innate immunity and inflammation, adaptive T and B lymphocyte responses, immunity to infection, vaccination, tumor immunotherapy, transplantation, allergy, and autoimmunity. Students will be evaluated by three exams.
- This will involve class work three days/week, as small group meetings will be held weekly to discuss open-ended problems based on recent lectures. Clinic schedules will be adjusted to account for this basic science training.
- To get tuition covered fellows must get an A or B.

### *Conferences and Didactics (internal)*

- Pre-clinic conferences occur at Saunders Research Building on Wednesday mornings at 7:30 am.
- Tuesday noon (12:00 pm): Medicine Grand Rounds (Location: Class of 62 Auditorium). Fellows will typically present a 30-minute presentation once during their fellowship.
- Every 5<sup>th</sup> Thursday (quarterly): multidisciplinary AIR/Dermatology Grand Rounds
- Fellows are invited to attend conferences in other divisions/departments as time allows.

### **Didactics**

Pre clinic Conference <ul style="list-style-type: none"> <li>• Schedule should be available on I drive</li> </ul>	Wed 7:30 -8:15 am
Allergy Immunology Conference <ul style="list-style-type: none"> <li>• Grand rounds</li> <li>• Journal club</li> </ul>	Thursdays: 8:00-9:00
Fellows Conference <ul style="list-style-type: none"> <li>• Case conundrums</li> <li>• Immunology cases</li> <li>• Board review</li> <li>• Procedural competency</li> </ul>	Thursdays, 9-10 am (usually)

### *Conference (external)*

- The Division has a budget to support travel to scientific meetings – generally each fellow has sufficient funds to attend at least one meeting per year. It is expected that a second-year fellow submits an abstract to the meeting (first year fellows may submit if they like and time allows).
  - The American Academy of Allergy, Asthma, and Immunology meeting is annual, typically in February or March
  - The American College of Allergy, Asthma, and Immunology is annual, usually in October or November.
  - Travel grants are usually available for fellows.
- Fellows may travel to other meetings depending on individual interests and educational needs.

### *Procedure Log*

Fellows are required to log all their procedures on the ACGME website. Importantly, fellows must have a minimum number of ordered/performed/interpreted a certain number of selected procedures.

- Procedures: writing for allergen immunotherapy 5, drug desensitization or incremental challenge 10, immediate hypersensitivity skin testing 30, immunoglobulin prescription 10, interpretation of pulmonary function testing 30, food challenge 10, delayed skin testing 5

The fellowship also requires that fellows keep a record of all the PIDD and telemedicine patients you have seen.

### *Practice based learning and improvement*

- Portfolio of cases that have raised questions and what you have learned from those cases.
- Evaluation for changes in practice and procedures you have initiated.

### *Electives*

- Over the course of 2 years, each fellow is expected to complete electives in Dermatology, Otolaryngology, Pulmonary, and Rheumatology, which will be arranged in part by the fellowship coordinator.

### *QI/QA, patient safety, practice-based learning*

- Each fellow is expected to complete a basic course in QI through the Institute for Healthcare Improvement (IHI). Details regarding enrollment and schedules are available on the program's BlackBoard site.
- Fellows are responsible for identifying patient safety concerns and participating in division and institutional patient safety initiatives. At a minimum, all trainees must use the RL Solutions events reporting system to at least one patient safety event or near-miss each year. Fellows are strongly encouraged to communicate within the

division as well if patient safety concerns are identified, and to become involved in division and institutional patient safety advocacy and initiatives.

- All fellows must complete at least one QI/QA project during fellowship and/or to be involved in division projects, which will be mentored by faculty and reviewed at least yearly.
- All fellows will identify sources of individual, practice, and hospital practice data. Trainees will learn to query the EMR to identify individual practice data as a source to identify individual or group practice improvement goals.

### *Clinical Competency*

In-training exam, procedural competency, observed mock patient encounters, and observed patient encounters

- Once yearly (early spring) fellows will be administered the American Board of Allergy and Immunology In-Training Exam to assess medical knowledge. You may be assigned additional review or readings if you perform below the target percentile.
- Procedural competency will be assessed in the 2<sup>nd</sup> year.
- On an irregular basis, faculty and fellows will perform simulated patient encounters with each fellow to assess application of medical knowledge in standard clinical situations and to assess our program's efficacy in our teaching. Faculty also provide structured feedback around real observed patient encounters.

### *Biannual fellowship meeting and performance review*

- Every 6 months the program director and/or associate program director will review your evaluations, self-evaluations, logs, research and QI/QA progress, and other relevant information with you.



## TRAINEE RESOURCES

### *Trainee wellness*

Trainee and clinician wellness are a priority for this program and division. We recognize that burnout and work-related stress are common in nearly all areas of healthcare, and can reduce both quality of life and work-related effectiveness. We encourage all fellows to self-monitor to address individual signs of stress and burnout, and to identify systemic issues that could be changed to improve wellness throughout our division and our clinical practice.

To gauge the status of trainee wellness at URMC, all residents and fellows are asked to complete the **Well-Being Index** at least yearly. You will be invited to participate each fall by email.

We will also have a faculty member meet with each fellow quarterly to ascertain how they are doing and what problems or plans they have for various dimensions of wellness (nutrition, fitness, emotional health, preventive care, financial, mindset/adaptability). We are also interested in feedback on how the fellowship can enhance the wellness of fellows.

If you believe you need help with burnout or are having other problems you'd like to address, you have many options:

- URMC's Employee Assistance (475-0432) , <http://www.urmc.rochester.edu/eap> - URMC has a variety of other resources available for fellows:  
<https://www.urmc.rochester.edu/education/graduate-medical-education/wellness.aspx>  
 ...or clinicians in general:  
<http://sites.mc.rochester.edu/departments/medical-faculty-and-clinician-wellness>
- Your program director (Dr. Bingemann), or any faculty mentor within AIR or Peds AI would be happy to discuss your concerns.
- If you have program-related concerns and would like to speak with faculty in outside of our division in confidence, Dr. Alec O'Connor (IM residency PD) or Dr. Brett Robbins (Med-Peds residency PD) have offered to meet with any of our fellows as needed.

### *Fellow feedback and evaluation*

*Feedback:* Fellows are encouraged to seek and provide feedback in all areas of their training within the program. Feedback provides formative information to an individual or program.

- Fellows should expect informal verbal feedback regarding patient care in outpatient, inpatient, and distance encounters from faculty, peers, and other members of the care team, and are encouraged to ask for constructive input regularly.
- Fellows are a key element of the educational experience of rotating residents and students, and are encouraged to provide individualized feedback to these learners.

- Fellows are encouraged to provide feedback to their faculty regarding areas in which clinical teaching might be optimized for their learning needs.
- Fellows are strongly encouraged to provide feedback to the program (to the program director, or through other channels if needed) regarding the fellowship itself.
- Education regarding effective feedback techniques is available to all fellows and faculty.

*Evaluations:* Evaluations serve to provide summative information to an individual or program, as well as other stakeholders such as their supervisors.

- All fellows will receive written evaluations from faculty regarding their performance in both inpatient and outpatient settings. Evaluations from staff and patients may also be collected. These will be reviewed twice yearly at the Clinical Competency Committee meetings and with the fellow at each biannual review.
- Fellows are expected to evaluate their faculty regularly and the program at least yearly. These evaluations are kept confidential, and are a key source of information used for future faculty development and program improvements.

### Block Diagram – Sample '

<u>Block A</u> (15 months)	Clinics	Conferences
Mon	Pediatric Continuity AM Adult or Pediatric faculty clinic PM	
Tues	Adult or Pediatric faculty clinic AM or PM	
Wed	Adult Continuity AM	7:30 to 8:30
Thurs		8 to 9 fall, 8 to 10
Fri	spring Pediatric Food Allergy AM Primary Immune Deficiency PM	
Inpatient AI	Average of 2 consults per week	
<u>Block B</u> (April 1 <sup>st</sup> year through December 2 <sup>nd</sup> year – 9 mo)		
Mon	Pediatric Continuity AM	
Tues		
Wed	Adult Continuity AM	7:30 to 8:30
Thurs	Educational conferences	8 to 10
Fri	PIDD clinic pm once a month	
Inpatient AI	Average of 2 consults per week	
<u>Block C</u> (subspecialty rotations, 2 weeks each year)		

Mon	ENT, Dermatology, Pulmonary, rheumatology will be scheduled during this block when not in conferences of continuity clinics
Tues	Pediatric Continuity AM
Wed	Adult Continuity AM
Thurs	
Fri	PIDD clinic twice per month
Inpatient AI	Average of 2 consults per week