**New Application: Allergy and Immunology**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 www.acgme-i.org

**Submission for Initial Accreditation:** This Advanced Specialty application is for programs applying for **Initial Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed in order for the application to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Allergy and Immunology. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org).

Email questions regarding ADS to [ADS@acgme.org](mailto:ADS@acgme.org) (type the program number in the subject line).

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| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

1. What will be the length, in months, of the educational program?

Choose an item.

**Institution**

**Sponsoring Institution**

1. Is the fellowship associated with a residency in one of the following?
2. Internal medicine YES NO
3. Pediatrics YES NO

Explain if ‘NO’ to both a. and b. (Limit 250 words). For information on independent subspecialty status, email [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org)

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**Participating Sites**

1. Does the program plan to use participating sites in a private practitioner’s office? YES NO

If ‘NO,’ skip to the section on Program Personnel and Resources below.

If ‘YES,’ answer Questions 2 and 3 below.

1. Will educational experiences be limited to the offices of program faculty members? YES NO
2. Will all educational experiences in a private practitioner’s office have defined goals and objectives?

YES NO

Explain any ‘NO’ responses to 2. or 3. (Limit 250 words)

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**Program Personnel and Resources**

**Faculty**

1. Will at least one core faculty member be a qualified allergist-immunologist who has completed an ACGME-I-accredited residency in pediatrics? YES NO

If ‘NO,’ explain the specialty qualifications the program deems equivalent. (Limit 250 words)

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1. Will at least one core faculty member be a qualified allergist-immunologist who has completed an ACGME-I-accredited residency in internal medicine? YES NO

If ‘NO,’ explain the specialty qualifications that the program deems equivalent. (Limit 250 words)

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**Resources**

1. Will there be a sufficient number of pediatric patients to ensure adequate exposure to and education in the following?
   1. Allergic disorders YES NO
   2. Asthma YES NO
   3. Immunodeficiency diseases YES NO
   4. Immunologic disorders YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will there be a sufficient number of adult patients to ensure adequate exposure to and education in the following?
   1. Allergic disorders YES NO
   2. Asthma YES NO
   3. Immunodeficiency diseases YES NO
   4. Immunologic disorders YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Fellow Appointment**

**Eligibility Criteria**

1. Prior to appointment, will all fellows successfully complete an ACGME-I-accredited residency in internal medicine or pediatrics or an internal medicine or pediatrics residency acceptable to the Sponsoring Institution’s Graduate Medical Education Committee? YES NO

Explain if ‘NO.’ (Limit 250 words)

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**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How will graduating fellows demonstrate a commitment to fulfilling their professional responsibilities and to adhering to ethical principles?

Describe how these skills will be evaluated. (Limit 300 words)

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**Patient Care and Procedural Skills**

1. How will graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this will be evaluated. (Limit 300 words)

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* + - 1. How will graduating fellows demonstrate competence in the following?

1. Assessing the risks and benefits of allergic and immunologic disorder therapies, including allergen immunotherapy, drug therapy, and immunomodulatory therapy
2. Conducting comprehensive and detailed medical interviews with children and adults who present suspected allergic and/or immunologic disorders
3. Performing a physical examination
4. Selecting, performing, and interpreting the results of diagnostic tests and studies

Provide an example of how competence will be evaluated in three of the four areas listed. (Limit 300 words)

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1. How will graduating fellows demonstrate competence in performing and evaluating results in at least five of the following procedures?
   1. Allergen immunotherapy preparation and administration
   2. Contact or delayed hypersensitivity testing
   3. Drug hypersensitivity diagnosis and treatment
   4. Food hypersensitivity diagnosis and treatment
   5. Immediate hypersensitivity skin testing
   6. Immunoglobulin treatment and/or other immunomodulator therapies
   7. Pulmonary function testing

List the all procedures on which fellows will be evaluated and provide an example of how competence will be evaluated in three of those procedures. (Limit 300 words)

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**Medical Knowledge**

1. How will graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge will be evaluated. (Limit 300 words)

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1. How will graduating fellows demonstrate knowledge of the pathophysiology, diagnosis, differential diagnosis, complications and treatment of the following?
2. Hypersensitivity
3. Immunodeficiency and autoimmunity
4. Disorders of mast cells, basophils, and eosinophils
5. Contact system-related angioedema

Describe how knowledge will be evaluated in each of the areas listed. (Limit 400 words)

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**Practice-based Learning and Improvement**

1. How will graduating fellows demonstrate their ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning?

Describe how these will be evaluated. (Limit 300 words)

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1. How will graduating fellows demonstrate they have developed skills and habits to conduct comprehensive literature searches and critiques?

Provide one example of how this will be evaluated. (Limit 300 words)

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**Interpersonal and Communication Skills**

1. How will graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals?

Describe how these skills will be evaluated. (Limit 300 words)

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1. How will graduating fellows demonstrate communication skills to counsel and educate patients about their diagnosis, prognosis, and treatment?

Describe how these skills will be evaluated. (Limit 300 words)

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**Systems-based Practice**

* + - 1. How will graduating fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care?

Describe how these skills will be evaluated. (Limit 300 words)

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**Regularly Scheduled Educational Activities**

1. Using the format provided, complete Appendix A. Formal Didactic Sessions by Academic Year and attach to submission.
2. Will the program have a structured core didactic curriculum that includes the following?
3. Pathophysiology YES NO
4. Diagnosis YES NO
5. Differential diagnosis YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will the program have a structured core didactic curriculum that includes complications and treatment of disorders of innate and adaptive immunity, including the following?
2. Immunoglobulin E (IgE) and dependent hypersensitivity YES NO
3. Non-IgE dependent hypersensitivity YES NO
4. Immunodeficiency YES NO
5. Autoimmunity YES NO
6. Disorders of mast cells YES NO
7. Disorders of basophils YES NO
8. Disorders of eosinophils YES NO
9. Contact system-related angioedema YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Clinical Experiences**

1. Will 50 percent of the program be devoted to direct patient care activities, clinical case conferences, and medical record review? YES NO
   1. Will at least 20 percent of the direct patient care experience focus on patients from birth to 18 years? YES NO
   2. Will at least 20 percent of the direct patient care experience focus on patients over the age of 18 years? YES NO
2. Will 25 percent of the program be devoted to scholarly activity and research? YES NO
3. Will 25 percent of the program be devoted to other educational activities? YES NO

Explain any ‘NO’ responses to Questions 1-3. (Limit 250 words)

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1. Describe how the program will ensure that fellows’ experiences in direct patient care include continuing care of pediatric and adult patients with allergic disorders. (Limit 300 words)

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1. Check the appropriate box below to indicate whether the fellows’ educational experiences providing continuing patient care for pediatric or adult patients will include care of the following disorders. Indicate ‘Yes’ or ‘No’ for each disorder for both pediatric and adult patients.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Pediatric Patients (from Birth to 18 Years) | | Adult Patients (Over 18 Years) | |
| Yes | No | Yes | No |
| Allergic disorders |  |  |  |  |
| Asthma |  |  |  |  |
| Immunologic disorders |  |  |  |  |
| Immunodeficiency diseases |  |  |  |  |

Explain any boxes checked ‘No.’ (Limit 250 words)

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1. Check the appropriate box below to indicate if all residents will have direct patient contact with pediatric and/or adult patients with the following diagnoses. Indicate ‘Yes’ or ‘No’ for each diagnosis for both pediatric and adult patients.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Diagnosis | Pediatric Patients (from Birth to 18 Years) | | Adult Patients (Over 18 Years) | |
| Yes | No | Yes | No |
| Anaphylaxis |  |  |  |  |
| Asthma |  |  |  |  |
| Atopic dermatitis |  |  |  |  |
| Contact dermatitis |  |  |  |  |
| Drug, vaccine, or immunomodulator allergy; or adverse or allergic reactions to drugs, vaccines, immunomodulator therapies; or other biological agents |  |  |  |  |
| Food allergy |  |  |  |  |
| Ocular allergies |  |  |  |  |
| Primary and acquired immunodeficiency |  |  |  |  |
| Rhinitis |  |  |  |  |
| Sinusitis |  |  |  |  |
| Stinging or biting insect and arthropod allergy |  |  |  |  |
| Uticaria and angioedema |  |  |  |  |

Explain any boxes checked ‘No.’ (Limit 250 words)

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**Fellows’ Scholarly Activity**

1. Will the curriculum contain a research experience for every fellow that includes the following?
   1. An understanding of basic principles of study design YES NO
   2. Data collection YES NO
   3. Data analysis, including statistics and epidemiology YES NO
   4. Reporting research results YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will each fellow, under faculty member supervision, design and conduct allergy and/or immunology research that is either laboratory-based, epidemiologic, continuous quality improvement, or clinical investigation-based? YES NO

Explain if ‘NO.’ (Limit 250 words)

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1. Will all fellows be required to present their research findings orally and in writing? YES NO

Explain if ‘NO.’ (Limit 250 words)

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1. Will fellows receive instruction on reading and critiquing the relevant medical literature? YES NO

If ‘YES,’ describe the proposed criteria and process for evaluation. (Limit 300 words)

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Explain if ‘NO.’ (Limit 250 words)

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**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows will rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows.**

Year in the program:

Number:                Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

|  |
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| Y-1  01. Introduction to Allergy and Immunology  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of allergy and immunology, including approaches to clinical work with minority populations.  d) Weekly, for 8 sessions.  02. Departmental Grand Rounds  a) Discussion groups  b) Required, Y-1, Y-2, Y-3  c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.  d) Twice monthly, 24 sessions |

**Example:**

If attendance is monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words)

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