# How to Guide Fellows on Board Preparation

### Session #1110

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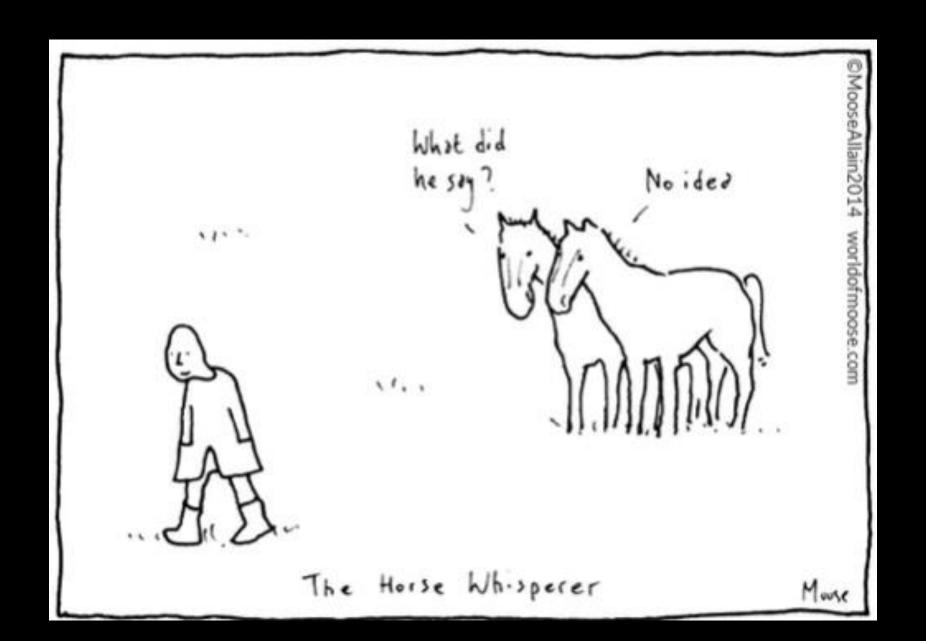
#### Disclosures

No disclosures

 The views expressed are those of the presenter and do not reflect the official views or policy of the Department of Defense or its components

# Learning Objectives

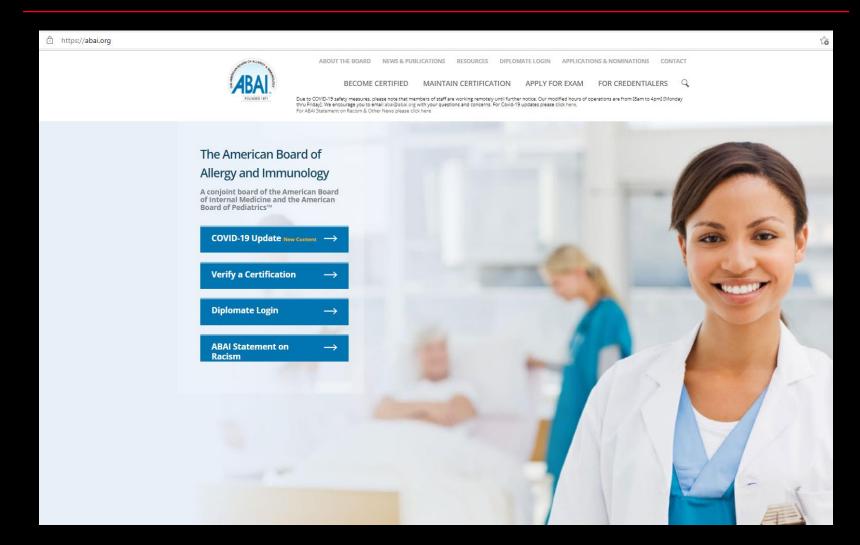
- Review important aspects of the American Board of Allergy & Immunology (ABAI) certification exam
- Identify resources available for board preparation
- Discuss elements of the learning environment to enhance success



### Overview

- The Challenge ABAI board exam
- Resources
- Curriculum
- Learning environment

### **ABAI**



- Registration
  - Application & agreement
  - Fees
  - Medical license
  - Recommendation letters
  - Program Director (PD) documentation

- Application & agreement fellow
  - On line <a href="https://abai.org/exam\_howto.asp">https://abai.org/exam\_howto.asp</a>
  - Dates
    - Registration opens: January 1, 2022
    - Registration deadline to avoid late fees: March 15, 2022
    - Registration closes: May 31, 2022
    - Test cite registration opens: August 1, 2022
    - Cancellation deadline: August 31, 2022
    - Certification exam: October 3-7, 2022
    - Certification exam results released: December 1, 2022

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<ul> <li>Certification exam</li> </ul>	\$2,650
• Late fee (after March 15) (non-refundable)	\$500
• Rescore	\$100
<ul> <li>Returned check</li> </ul>	\$50

\$1,850

- Cancellation refund (by August 31)
  - \$800 of fee is non-refundable for processing fee

Medical license

#### Recommendation letters x 2

Recommendation Letter for ABAI Certification Exam
For the Candidate (Name):
This section to be completed by one of the following acceptable references:  ABAI-certified Diplomates in the community  Chief of Medicine, Pediatrics, or chiefs of community hospitals  Officers of state or regional societies
NOTE: The information you provide is confidential. Please attach additional comments you would wisl share with ABAI's Conjoint Credentials Committee regarding the qualification of this candidate for AI Certification.
The candidate whose name appears above has applied for entrance to the upcomi ABAI Certification Examination. In order to process the application, the Conjo Credentials Committee requests your assistance in the assessment of the candidat qualifications. The candidate provided us with your name as a reference and requesting that you complete the assessment on the following pages. Our Board Directors will ultimately approve or reject the candidate's application based on findings of the Committee, including your response. Please return the complete recommendation within 30 days of receipt.
Candidates, who completed two years of accredited ACGME-training in allergy a immunology prior to the examination, are required to provide bona fide verification their medical, ethical, and moral standing in the community and document recognition themselves as clinically competent consultants in allergy and immunology with appointment in good standing on a hospital staff.
1. My knowledge of the candidate dates from to
2. I have known the candidate in my position as (indicate with a check mark):  ABAI Diplomate  Officer of National, Regional, State, or Local A/I Society  Specify affiliation:
Chief of Medicine at
Chief of Pediatrics at
Chief of Hospital at
<ol><li>The candidate is recognized as a specialist in the field of</li></ol>

SATISFACTORY or UNSATISFACTORY				
If you assess the candidate as "unsatisfactory", please provide comments. (Deficiencies may relate to patient care, lack of professional integrity, fraudulent or criminal activities, drug and alcohol abuse.)				
As a consultant in allergy and immunology, the candidate holds an appointment in good standing on staff at the following hospital:				
6. Rank the candidate's overall clinical competence (circle one):				
Outstanding Far exceeds reasonable expectations.				
Good Usually exceeds reasonable expectations, but is not really outstanding.				
Satisfactory Always meets reasonable expectations and occasionally exceeds them.				
Doubtful May meet reasonable expectations, but often falls short.				
<b>Unsatisfactory</b> Usually falls short of reasonable expectations, cannot be considered as a specialist consultant.				
If you ranked the candidate with either doubtful or unsatisfactory, please provide comments. $ \\$				
7 Ohor communication and of the contract of this condition to the ADAL Continue				
7. Other comments in support of the entry of this candidate to the ABAI Certification Examination:				

Please mail, fax, or email to: American Board of Allergy and Immunology 1835 Market Street, suite 1210 Philadelphia, PA 19103 Telephone 215-592-9466 Fax 215-592-9411 Email abai@abai.org

Reference's Signature

4. Assessment of candidate's ethical and moral standing in the community (circle one):

#### Program Director documentation

GENERAL COMPETENCIES:			_
1. Patient Care	OUnsatisfactory	OSatisfactory	Osuperior
<ul> <li>Performs accurate and comprehensive medica</li> <li>Capable of essential procedural skills.</li> <li>Makes diagnostic and therapeutic decisions ba</li> </ul>			200 (00025000)
2. Medical Knowledge	OUnsatisfactory	OSatisfactory	OSuperior
<ul> <li>Knowledge of basic and clinical sciences.</li> <li>Demonstrates interest in development of know</li> <li>Understands complex relationships and mechanisms</li> </ul>			10.00
3. Practice-Based Learning and Improvement	OUnsatisfactory	OSatisfactory	OSuperior
<ul> <li>Self-evaluates performance.</li> <li>Incorporates feedback.</li> </ul>			magnification of the special con-
Uses technology to enhance patient care and s	self-improvement.		
4. Interpersonal and Communication Skills	OUnsatisfactory	OSatisfactory	OSuperior
<ul> <li>Explains medications in language appropriate</li> <li>Ensures patients understand condition and tree</li> <li>Encourages questions from patients.</li> <li>Educates and counsels patients, families, colle</li> </ul>	atment.		
5. Professionalism	OUnsatisfactory	OSatisfactory	OSuperior
<ul> <li>Respectful, compassionate, honest, and has ir</li> <li>Exhibits responsible behavior.</li> <li>Committed to self-assessment.</li> <li>Acknowledges errors.</li> <li>Considers needs of patients, families, and colle</li> </ul>			
6. System-Based Practice	OUnsatisfactory	OSatisfactory	OSuperior
<ul> <li>Utilizes/accesses outside resources.</li> </ul>		- The section of the control of the section of the	
<ul> <li>Aware of patients' financial constraints.</li> <li>Incorporates subspecialty consultation.</li> </ul>			
Aware of economic, systemic, and social factor	rs on health care.		

ALLERGY & IMMUNOLOGY SPECIFIC COMPETENC	IES:		
Medical Interview Conducts comprehensive and detailed medical interview with children and adults who present with suspected allergic and/or immunologic disorders.	OUnsatisfactory	OSatisfactory	OSuperior
Comments:			
2. Physical Examination Performs a physical examination appropriate to the specialty.	OUnsatisfactory	Osatisfactory	Osuperior
Comments:			
3. Diagnostic Tests and Studies Selects, performs, and interprets diagnostic tests or studies.	OUnsatisfactory	Osatisfactory	OSuperior
Comments:			
4. Risks and Benefits of Therapy Assesses the risks and benefits of therapies for allergic and immunologic disorders (e.g. drug therapy, allergen immunotherapy, immunomodulatory therapy).	OUnsatisfactory	OSatisfactory	OSuperior
Comments:			
5. Counseling Patients Counsels and educates patients about diagnosis, prognosis, and treatment.	OUnsatisfactory	Osatisfactory	OSuperior
Comments:			
Consulting Resources  Consults with and educates other physicians and health care providers.	OUnsatisfactory	OSatisfactory	OSuperior
Comments:			
7. Application of Basic and Clinical Science Applies basic and clinical science to the clinical care of patients.	OUnsatisfactory	OSatisfactory	OSuperior
Comments:			
8. Research and Participation Quality of resident's research and participation. Include short description.	OUnsatisfactory	OSatisfactory	OSuperior
Comments:			
<ol> <li>Coordination of Patient Care</li> <li>Coordinates the care of patients, including the use of consultation; Interaction with faculty, peers, and supportive staff.</li> </ol>	OUnsatisfactory	OSatisfactory	OSuperior
Comments:			
<ol> <li>Lifelong Learning         Accepts the need for a lifelong pursuit of excellence, self-directed learning, and continuing education.     </li> </ol>	OUnsatisfactory	OSatisfactory	OSuperior
Comments:			
Overall Clinical Competence in Allergy & Immunology	OUnsatisfactory	OSatisfactory	OSuperior

#### Program Director documentation

REVIEW A	AND SIGN			
Print names in sign	nature box to indicate that a hard copy was signed.			
Resident (Full Name):	Program Director/Supervisor (Full Name):			
Resident (Signature):	Program Director/Supervisor (Signature):			
Date:	☐ have assessed the General and Specific Competencies for the above-named resident and verify the	nat the resident has received this feedbar	ck during his/her rotation. (Support	ing information is on file)
Final Evaluation	I attest to the fact that the above-named fellow/resident has achieved all academic and clinical composite and clinical composition of the fact that the above-named fellow/resident has achieved all academic and clinical composition.	etencies set by the ACGME & ABAI and is	s prepared to practice competently	and independently as an

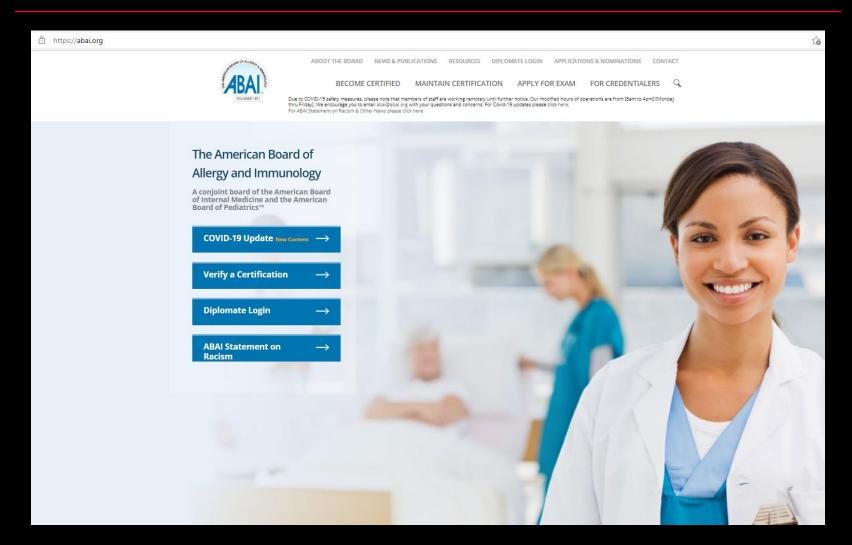
#### Program Director documentation

REQUIRED PROCEDURES AND ACHIEVEMENT OF COMPETENCY

(all procedures must be completed)

Procedure Name	Date		
Immediate hypersensitivity skin testing			
Allergen immunotherapy			
Drug hypersensitivity diagnosis and treatment			
Food hypersensitivity diagnosis and treatment			
Immunoglobulin treatment and other immunomodulator therapies			
Contact/delayed type hypersensitivity testing			
Pulmonary function testing			
REVIEW AND SIGN:			
Resident's Full Name:		Program Director/Supervisor (Full Name):	
Resident's Signature:		Program Director/Supervisor (Signature):	
I have assessed the competency of the above-named resident in	n each of the proce	edures listed and verify that the resident is skilled to per	rform these procedures. (Supporting information is on file).
Signed			

### **ABAI Exam**



# ABAI Exam

	Certification Examination
Items	225
Time	7hrs (2 sessions)
Location	Pearson Vue Test Center
Method	computer-based
Passing Score	absolute minimum
Basic Science*	25%
Clinical Science*	75%
*Percentages are approximations.	

# ABAI Exam

	Certification Examination
Items	225
Time	7hrs (2 sessions)
Location	Pearson Vue Test Center
Method	computer-based
Passing Score	absolute minimum
Basic Science*	25%
Clinical Science*	75%
*Percentages are approximations.	

A. Allergy and Hypersensitivity Principles and Disorders (epidemiology, risk factors, clinical presentation, diagnosis and differential diagnosis, treatment/management, physiology/pathophysiology)	54%
1. Head and neck	11%
A.1.a. Nasal (allergic and non-allergic rhinitis)	
A.1.b.Sinus (acute and chronic, NP, allergic fungal sinusitis)	
A.1.c. Ocular	
A.1.d. Anatomy, physiology & pathology	
A.1.e. Diagnostics – Nasal/conjunctival provocation, mucociliary function	
A.1.f. Cough	
2. Dermatologic	1196
A.2.a. Eczema	
A.2.b. Atopic Dermatitis	
A.2.c. Contact Hypersensitivity	
A.2.d. Urticaria	
A.2.e. Angioedema (hereditary and acquired)	
A.2.f. Anatomy, physiology & pathology	
3. Lung	11%
A.3.a. Asthma and related disorders	
A.3.b. Occupational diseases	
A.3.c. ABPA	
A.3.d. Hypersensitivity pneumonitis	
A.3.e. Eosinophilic granulomatous polyangiitis (CSS)	
A3.f. COPD	
A3g. ILD	
A.3.h. Anatomy, physiology & pathology	
A.3.i. Pulmonary diagnostic testing: e.g., spirometry, bronchoprovocation, body plethysmography, FeNO, IOS, Mucociliary function)	
4. Food and Drug Allergy/Hypersensitivity Reactions (not including eosinophilic Gl disease)	1196
A.4.a. Adverse Reactions to Foods	
A.4.b. Allergens	
A.4.c. Adverse Reactions to Drugs & Biologicals (epidemiology, mechanism & management principles)	
5. Anaphylaxis and Mast Cell Activation Disorders (not food or drug-related)	10%
A5.a. Idiopathic	
A.S.b. Exercise	
A5.c. Latex	
A.5.d. Stinging insect	
A.S.e. Mastocytosis	
A.S.f. Other mast cell disorders	

B. Immunological Disorders (epidemiology, risk factors, pathogenesis, clinical presentation, diagnosis and differential diagnosis, treatment/management)	45%
1. Immune Inflammatory Disorders	10%
B.1.a. Immune complex disorders	
B.1.b. Autoimmune disorders	
B.1.c. Autoinflammatory (febrile) disorders	
B.1.d. Vaccination & immunomodulatory therapeutics	
B.1.e. Other aspects of immune-mediated inflammation	
2. Immunodeficiencies	16%
B.2.a. SCID	
B.2.b. Combined Immunodeficiency	
B.2.c. T cell disorders	
B.2.d. B cell disorders (hypogammaglobulinemia, antibody deficiencies)	
B.2.e. Phagocytic disorders	
B.2.f. Complement disorders	
B.2.g. TLR signaling pathways	
B.2.h. IL-12/IFN-gamma pathways	
B.2.i. Secondary immune deficiency	
B.2.j. Other immune dysregulation and immunodeficiencies	
3. Eosinophilic and Gastrointestinal Disorders	6%
B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)	
B.3.b. Hypereosinophilic syndromes	
B.3.c. Inflammatory bowel disease	
B.3.d. Celiac disease	
B.3.e. Anatomy, physiology & pathology	
4. Immune system & Research Principles	9%
B.4.a. Immune system development/normal immune system	
B.4.a. Antigens including superantigens, determinants	
B.4.a. Antigen presentation & histocompatibility	
B.4.a. Immunoregulation / Tolerance	
B.4.a. Immunogenetics / Molecular Biology	
B.4.a. Immunoglobulin structure and function	
B.4.a. T & B Cell Ligand-Receptor Interactions & Signal Transduction / Cell Activation / Anergy	
B.4.a. Cytokines / Chemokines & Their Receptors	
B.4.a. Adhesion Molecules	
B.4.a. Complement, coagulation, fibrinolytic & kallikrein-kinin immune system	
B.4.a. Immediate Hypersensitivity (IgE-Mediated)	
B.4.a. IgG/IgA/IgM/FcR-Mediated Reactions (e.g. ADCC, immune complex, opsonization)	

B.4.a. Innate Immunity	
B.4.b. Cellular mechanisms of immune responses including cytokines and mediators	
B.4.b. Lymphocytes	
B.4.b. T cells & receptors	
B.4.b. B cells & receptors	
B.4.b. Other lymphocytes (e.g. NK, NK-T)	
B.4.b. Antigen-Presenting Cells (e.g., Monocytes, Macrophages, Dendritic Cells)	
B.4.b. Mast Cells / Basophils	
B.4.b. Eosinophils	
B.4.b. Neutrophils	
B.4.b. Other cells (e.g. endothelial, epithelial, smooth muscle, fibroblasts, platelets)	
B.4.c. Research Principles	
B.4.c. Experimental Design	
B.4.c. Data Analysis & Biostatistics	
B.4.c. Epidemiology	
8.4.c. Human subject protection & adverse event reporting  5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)	
B.6.a. Aerobiology (e.g. pollens & measurement)	
B.6.b. Molds & Fungi	
B.6.c. Indoor Allergens	
B.6.d. Animal, insect & arthropod allergens	
B.6.e. Pollutants	
B.6.f. Allergen extract standardization & stability	
B.6.g. Specific Diagnostic Modalities	
C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	1%
Total:	100%

A. Allergy and Hypersensitivity Principles and Disorders (epidemiology, risk factors, clinical presentation, diagnosis and differential diagnosis, treatment/management, physiology/pathophysiology)	54%
1. Head and neck	11%
A.1.a. Nasal (allergic and non-allergic rhinitis)	
A.1.b.Sinus (acute and chronic, NP, allergic fungal sinusitis)	
A1.c. Ocular	
A.1.d. Anatomy, physiology & pathology	
A.1.e. Diagnostics - Nasal/conjunctival provocation, mucociliary function	
A.1.f. Cough	
2. Dermatologic	11%
A2.a. Eczema	
A.2.b. Atopic Dermatitis	
A.z.c. Contact Hypersensitivity	
A2.d. Urticaria	
A.2.e. Angioedema (hereditary and acquired)	
A.2.f. Anatomy, physiology & pathology	
3. Lung	11%
A.3.a. Asthma and related disorders	
A.3.b. Occupational diseases	
A.3.c. ABPA	
A.3.d. Hypersensitivity pneumonitis	
A.3.e. Eosinophilic granulomatous polyangiitis (CSS)	
A.3.f. COPD	
A3g.ILD	
A.3.h. Anatomy, physiology & pathology	
<ul> <li>A.3.i. Pulmonary diagnostic testing: e.g., spirometry, bronchoprovocation, body plethysmography, FeNO, IOS, Mucociliary function)</li> </ul>	
4. Food and Drug Allergy/Hypersensitivity Reactions (not including eosinophilic Gl disease)	11%
A.4.a. Adverse Reactions to Foods	
A.4.b. Allergens	
A.4.c. Adverse Reactions to Drugs & Biologicals (epidemiology, mechanism & management principles)	
5. Anaphylaxis and Mast Cell Activation Disorders (not food or drug-related)	10%
A.S.a. Idiopathic	
A.S.b. Exercise	
A5.c. Latex	
A.5.d. Stinging insect	
A.S.e. Mastocytosis	
A.S.f. Other mast cell disorders	

B. Immunological Disorders (epidemiology, risk factors, pathogenesis, clinical presentation, diagnosis and differential diagnosis, treatment/management)	45%
1. Immune Inflammatory Disorders	10%
B.1.a. Immune complex disorders	
B.1.b. Autoimmune disorders	
B.1.c. Autoinflammatory (febrile) disorders	
B.1.d. Vaccination & immunomodulatory therapeutics	
B.1.e. Other aspects of immune-mediated inflammation	
2. Immunodeficiencies	16%
B.2.a. SCID	
B.2.b. Combined Immunodeficiency	
B.2.c. T cell disorders	
B.2.d. B cell disorders (hypogammaglobulinemia, antibody deficiencies)	
B.2.e. Phagocytic disorders	
B.2.f. Complement disorders	
B.2.g. TLR signaling pathways	
B.2.h. IL-12/IFN-gamma pathways	
B.2.i. Secondary immune deficiency	
B.2.j. Other immune dysregulation and immunodeficiencies	
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B.3.b. Hypereosinophilic syndromes B.3.c. Inflammatory bowel disease B.3.d. Celiac disease	9%
B.3.b. Hypereosinophilic syndromes B.3.c. Inflammatory bowel disease B.3.d. Celiac disease B.3.e. Anatomy, physiology & pathology	9%
B.3.b. Hypereosinophilic syndromes B.3.c. Inflammatory bowel disease B.3.d. Celiac disease B.3.d. Anatomy, physiology & pathology 4. Immune system & Research Principles	9%
B.3.b. Hypereosinophilic syndromes B.3.c. Inflammatory bowel disease B.3.d. Celiac disease B.3.d. Anatomy, physiology & pathology  4. Immune system & Research Principles B.4.a. Immune system development/normal immune system	9%
B.3.b. Hypereosinophilic syndromes B.3.c. Inflammatory bowel disease B.3.d. Celiac disease B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles B.4.a. Immune system development/normal immune system B.4.a. Antigens including superantigens, determinants	9%
B.3.b. Hypereosinophilic syndromes B.3.c. Inflammatory bowel disease B.3.d. Celiac disease B.3.d. Anatomy, physiology & pathology  4. Immune system & Research Principles B.4.a. Immune system development/normal immune system B.4.a. Antigens including superantigens, determinants B.4.a. Antigen presentation & histocompatibility	9%
B.3.b. Hypereosinophilic syndromes B.3.c. Inflammatory bowel disease B.3.d. Celiac disease B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles B.4.a. Immune system development/normal immune system B.4.a. Antigens including superantigens, determinants B.4.a. Antigen presentation & histocompatibility B.4.a. Immunoregulation / Tolerance	9%
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B.3.b. Hypereosinophilic syndromes B.3.c. Inflammatory bowel disease B.3.d. Celiac disease B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles B.4.a. Immune system development/normal immune system B.4.a. Antigens including superantigens, determinants B.4.a. Antigen presentation & histocompatibility B.4.a. Immunoregulation / Tolerance B.4.a. Immunogenetics / Molecular Biology B.4.a. Immunoglobulin structure and function B.4.a. T & B Cell Ligand-Receptor Interactions & Signal Transduction / Cell Activation / Anergy B.4.a. Cytokines / Chemokines & Their Receptors	9%
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B.4.a. Delayed type hypersensitivity / Cell-mediated immunity

B.4.a. Innate Immunity	
B.4.b. Cellular mechanisms of immune responses including cytokines and mediators	
B.4.b. Lymphocytes	
B.4.b. T cells & receptors	
B.4.b. B cells & receptors	
B.4.b. Other lymphocytes (e.g. NK, NK-T)	
B.4.b. Antigen-Presenting Cells (e.g., Monocytes, Macrophages, Dendritic Cells)	
B.4.b. Mast Cells / Basophils	
B.4.b. Eosinophils	
B.4.b. Neutrophils	
B.4.b. Other cells (e.g. endothelial, epithelial, smooth muscle, fibroblasts, platelets)	
B.4.c. Research Principles	
B.4.c. Experimental Design	
B.4.c. Data Analysis & Biostatistics	
B.4.c. Epidemiology	
B.4.c. Human subject protection & adverse event reporting	
5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)	
6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)	2%
B.6.a. Aerobiology (e.g. pollens & measurement)	
B.6.b. Molds & Fungi	
B.6.c. Indoor Allergens	
B.6.d. Animal, insect & arthropod allergens	
B.6.e. Pollutants	
B.6.f. Allergen extract standardization & stability	
B.6.g. Specific Diagnostic Modalities	
C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	1%
Total:	100%

3 Main sections

A. Allergy and Hypersensitivity Principles and Disorders (epidemiology, risk factors, clinical presentation, diagnosis and differential diagnosis, treatment/management, physiology/pathophysiology)	54%
1. Head and neck	11%
A.1.a. Nasal (allergic and non-allergic rhinitis)	
A.1.b.Sinus (acute and chronic, NP, allergic fungal sinusitis)	
A.1.c. Ocular	
A.1.d. Anatomy, physiology & pathology	
A.1.e. Diagnostics - Nasal/conjunctival provocation, mucociliary function	
A.1.f. Cough	
2. Dermatologic	11%
A2.a. Eczema	
A.2.b. Atopic Dermatitis	
A.2.c. Contact Hypersensitivity	
A2.d. Urticaria	
A.2.e. Angioedema (hereditary and acquired)	
A.2.f. Anatomy, physiology & pathology	
3. Lung	1196
A.3.a. Asthma and related disorders	
A.3.b. Occupational diseases	
A.3.C. ABPA	
A.3.d. Hypersensitivity pneumonitis	
A.3.e. Eosinophilic granulomatous polyangiitis (CSS)	
A3.f. COPD	
A3g.ILD	
A.3.h. Anatomy, physiology & pathology	
<ul> <li>A.3.i. Pulmonary diagnostic testing: e.g., spirometry, bronchoprovocation, body plethysmography, FeNO, IOS, Mucociliary function)</li> </ul>	
4. Food and Drug Allergy/Hypersensitivity Reactions (not including eosinophilic Gl disease)	11%
A.4.a. Adverse Reactions to Foods	
A.4.b. Allergens	
A.4.c. Adverse Reactions to Drugs & Biologicals (epidemiology, mechanism & management principles)	
5. Anaphylaxis and Mast Cell Activation Disorders (not food or drug-related)	10%
A.S.a. Idiopathic	
A.S.b. Exercise	
A5.c. Latex	
A.S.d. Stinging insect	
A.S.e. Mastocytosis	
A.S.f. Other mast cell disorders	

	B. Immunological Disorders (epidemiology, risk factors, pathogenesis, clinical presentation, diagnosis and differential diagnosis, treatment/management)	45%
ĺ	1. Immune Inflammatory Disorders	10%
Ī	B.1.a. Immune complex disorders	
	B.1.b. Autoimmune disorders	
	B.1.c. Autoinflammatory (febrile) disorders	
	B.1.d. Vaccination & immunomodulatory therapeutics	
	B.1.e. Other aspects of immune-mediated inflammation	
	2. Immunodeficiencies	16%
Ī	B.2.a. SCID	
Ì	B.2.b. Combined Immunodeficiency	
Ì	B.2.c. T cell disorders	
Ì	B.2.d. B cell disorders (hypogammaglobulinemia, antibody deficiencies)	
Ì	B.2.e. Phagocytic disorders	
Ì	B.2.f. Complement disorders	
ľ	B.2.g. TLR signaling pathways	
	B.2.h. IL-12/IFN-gamma pathways	
Ì	B.2.i. Secondary immune deficiency	
Ì	B.2.j. Other immune dysregulation and immunodeficiencies	
1		
Ш	3. Eosinophilic and Gastrointestinal Disorders	6%
	B.3.a. Eosinophilic and Gastrointestinal Disorders      B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)	6%
		6%
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)	6%
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis) B.3.b. Hypereosinophilic syndromes	6%
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)     B.3.b. Hypereosinophilic syndromes     B.3.c. Inflammatory bowel disease	6%
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)      B.3.b. Hypereosinophilic syndromes      B.3.c. Inflammatory bowel disease      B.3.d. Celiac disease	9%
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis) B.3.b. Hypereosinophilic syndromes B.3.c. Inflammatory bowel disease B.3.d. Celiac disease B.3.d. Anatomy, physiology & pathology	
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles	
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system	
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants	
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility	
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility  B.4.a. Immunoregulation / Tolerance	
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunogenetics / Molecular Biology	
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunogenetics / Molecular Biology  B.4.a. Immunoglobulin structure and function	
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunoglobulin structure and function  B.4.a. Immunoglobulin structure and function  B.4.a. T & B Cell Ligand-Receptor Interactions & Signal Transduction / Cell Activation / Anergy	
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunoglobulin structure and function  B.4.a. T & B Cell Ligand-Receptor Interactions & Signal Transduction / Cell Activation / Anergy  B.4.a. Cytokines / Chemokines & Their Receptors	
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunoglobulin structure and function  B.4.a. T & B Cell Ligand-Receptor Interactions & Signal Transduction / Cell Activation / Anergy  B.4.a. Cytokines / Chemokines & Their Receptors  B.4.a. Adhesion Molecules	
	B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunogenetics / Molecular Biology  B.4.a. Immunogiobulin structure and function  B.4.a. T & B Cell Ligand-Receptor Interactions & Signal Transduction / Cell Activation / Anergy  B.4.a. Cytokines / Chemokines & Their Receptors  B.4.a. Adhesion Molecules  B.4.a. Complement, coagulation, fibrinolytic & kallikrein-kinin immune system	

B.4.a. Delayed type hypersensitivity / Cell-mediated immunity

B.4.b. Cellular mechanisms of immune responses including cytokines and mediators  B.4.b. Lymphocytes  B.4.b. Lymphocytes  B.4.b. T cells & receptors  B.4.b. B cells & receptors  B.4.b. Other lymphocytes (e.g., NK, NK-T)  B.4.b. Antigen-Presenting Cells (e.g., Monocytes, Macrophages, Dendritic Cells)  B.4.b. Mast Cells / Basophils  B.4.b. Eosinophils  B.4.b. Eosinophils  B.4.c. Research Principles  B.4.c. Research Principles  B.4.c. Research Principles  B.4.c. Data Analysis & Biostatistics  B.4.c. Lyprimental Design  B.4.c. Data Analysis & Biostatistics  B.4.c. Human subject protection & adverse event reporting  S. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)  B.5.a. Aerobiology (e.g. pollens & measurement)  B.6.b. Molds & Fungi  B.6.c. Indoor Allergens  B.6.c. Pollutants  B.6.f. Allergen extract standardization & stability  B.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)  Total: 100%		
B.4.b. Lymphocytes  B.4.b. T cells & receptors  B.4.b. B cells & receptors  B.4.b. Other lymphocytes (e.g. NK. NK-T)  B.4.b. Antigen-Presenting Cells (e.g., Monocytes, Macrophages, Dendritic Cells)  B.4.b. Mast Cells / Basophils  B.4.b. Mast Cells / Basophils  B.4.b. Neutrophils  B.4.b. Neutrophils  B.4.b. Neutrophils  B.4.c. Research Principles  B.4.c. Experimental Design  B.4.c. Experimental Design  B.4.c. Lymphocytes & Basophils  B.4.c. Data Analysis & Biostatistics  B.4.c. Lymphocytes  B.4.c. Human subject protection & adverse event reporting  5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  B.6.b. Molds & Fungi  B.6.c. Indoor Allergens  B.6.d. Animal, insect & arthropod allergens  B.6.d. Animal, insect & arthropod allergens  B.6.f. Allergen extract standardization & stability  B.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	B.4.a. Innate Immunity	
B.4.b. T cells & receptors  B.4.b. B cells & receptors  B.4.b. Other lymphocytes (e.g. NK, NK-T)  B.4.b. Antigen-Presenting Cells (e.g., Monocytes, Macrophages, Dendritic Cells)  B.4.b. Mast Cells / Basophils  B.4.b. Mast Cells / Basophils  B.4.b. Neutrophils  B.4.b. Neutrophils  B.4.b. Other cells (e.g., endothelial, epithelial, smooth muscle, fibroblasts, platelets)  B.4.c. Research Principles  B.4.c. Experimental Design  B.4.c. Data Analysis & Biostatistics  B.4.c. Lata Analysis & Biostatistics  B.4.c. Lipidemiology  B.4.c. Human subject protection & adverse event reporting  5. Non-disease specific pharmacology/therapeutics (e.g., mechanism of action, pharmacokinetics, classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  B.6.c. Aerobiology (e.g., pollens & measurement)  B.6.b. Molds & Fungi  B.6.c. Indoor Allergens  B.6.d. Animal, insect & arthropod allergens  B.6.d. Animal, insect & arthropod allergens  B.6.f. Allergen extract standardization & stability  B.6.g., Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g., disparities of care, opioid crisis, wellness, burnout, pandemic)	B.4.b. Cellular mechanisms of immune responses including cytokines and mediators	
B.4.b. B cells & receptors  B.4.b. Other lymphocytes (e.g. NK. NK-T)  B.4.b. Antigen-Presenting Cells (e.g., Monocytes, Macrophages, Dendritic Cells)  B.4.b. Mast Cells / Basophils  B.4.b. Eosinophils  B.4.b. Neutrophils  B.4.b. Neutrophils  B.4.b. Other cells (e.g., endothelial, epithelial, smooth muscle, fibroblasts, platelets)  B.4.c. Research Principles  B.4.c. Experimental Design  B.4.c. Data Analysis & Biostatistics  B.4.c. Data Analysis & Biostatistics  B.4.c. Human subject protection & adverse event reporting  5. Non-disease specific pharmacology/therapeutics (e.g., mechanism of action, pharmacokinetics, classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  B.6.c. Aerobiology (e.g., pollens & measurement)  B.6.c. Indoor Allergens  B.6.d. Animal, insect & arthropod allergens  B.6.d. Animal, insect & arthropod allergens  B.6.f. Allergen extract standardization & stability  B.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	B.4.b. Lymphocytes	
B.4.b. Other lymphocytes (e.g., NK. NK-T)  B.4.b. Antigen-Presenting Cells (e.g., Monocytes, Macrophages, Dendritic Cells)  B.4.b. Mast Cells / Basophils  B.4.b. Eosinophils  B.4.b. Neutrophils  B.4.b. Other cells (e.g., endothelial, epithelial, smooth muscle, fibroblasts, platelets)  B.4.c. Research Principles  B.4.c. Experimental Design  B.4.c. Data Analysis & Biostatistics  B.4.c. Epidemiology  B.4.c. Human subject protection & adverse event reporting  5. Non-disease specific pharmacology/therapeutics (e.g., mechanism of action, pharmacokinetics, classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  B.6.c. Aerobiology (e.g., pollens & measurement)  B.6.b. Molds & Fungi  B.6.c. Indoor Allergens  B.6.d. Animal, insect & arthropod allergens  B.6.d. Animal, insect & arthropod allergens  B.6.f. Allergen extract standardization & stability  B.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	B.4.b. T cells & receptors	
B.4.b. Antigen-Presenting Cells (e.g., Monocytes, Macrophages, Dendritic Cells)  B.4.b. Mast Cells / Basophils  B.4.b. Eosinophils  B.4.b. Eosinophils  B.4.b. Other cells (e.g. endothelial, epithelial, smooth muscle, fibroblasts, platelets)  B.4.c. Research Principles  B.4.c. Experimental Design  B.4.c. Data Analysis & Biostatistics  B.4.c. Epidemiology  B.4.c. Human subject protection & adverse event reporting  5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  B.5.b. Molds & Fungi  B.5.c. Indoor Allergens  B.5.d. Animal, insect & arthropod allergens  B.5.d. Animal, insect & arthropod allergens  B.5.d. Pollutants  B.5.f. Allergen extract standardization & stability  B.5.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	B.4.b. B cells & receptors	
B.4.b. Mast Cells / Basophils  B.4.b. Eosinophils  B.4.b. Neutrophils  B.4.b. Other cells (e.g. endothelial, epithelial, smooth muscle, fibroblasts, platelets)  B.4.c. Cessearch Principles  B.4.c. Experimental Design  B.4.c. Data Analysis & Biostatistics  B.4.c. Epidemiology  B.4.c. Human subject protection & adverse event reporting  5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  B.5.b. Molds & Fungi  B.5.c. Indoor Allergens  B.5.d. Animal, insect & arthropod allergens  B.5.d. Animal, insect & arthropod allergens  B.5.d. Pollutants  B.5.f. Allergen extract standardization & stability  B.5.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	B.4.b. Other lymphocytes (e.g. NK, NK-T)	
B.4.b. Eosinophilis  B.4.b. Neutrophilis  B.4.b. Other cells (e.g. endothelial, epithelial, smooth muscle, fibroblasts, platelets)  B.4.c. Research Principles  B.4.c. Experimental Design  B.4.c. Data Analysis & Biostatistics  B.4.c. Epidemiology  B.4.c. Human subject protection & adverse event reporting  5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  B.5.b. Molds & Fungi  B.5.c. Indoor Allergens  B.5.d. Animal, insect & arthropod allergens  B.5.d. Animal, insect & arthropod allergens  B.5.d. Pollutants  B.5.f. Allergen extract standardization & stability  B.5.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	B.4.b. Antigen-Presenting Cells (e.g., Monocytes, Macrophages, Dendritic Cells)	
B.4.b. Neutrophils  B.4.b. Other cells (e.g. endothelial, epithelial, smooth muscle, fibroblasts, platelets)  B.4.c. Research Principles  B.4.c. Experimental Design  B.4.c. Data Analysis & Biostetistics  B.4.c. Epidemiology  B.4.c. Human subject protection & adverse event reporting  5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  B.6.a. Aerobiology (e.g. pollens & measurement)  B.6.b. Molds & Fungi  B.6.c. Indoor Allergens  B.6.d. Animal, insect & arthropod allergens  B.6.d. Animal, insect & arthropod allergens  B.6.f. Allergen extract standardization & stability  B.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	B.4.b. Mast Cells / Basophils	
B.4.b. Other cells (e.g. endothelial, epithelial, smooth muscle, fibrobiasts, platelets)  B.4.c. Research Principles  B.4.c. Experimental Design  B.4.c. Data Analysis & Biostatistics  B.4.c. Epidemiology  B.4.c. Human subject protection & adverse event reporting  5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  B.6.a. Aerobiology (e.g. pollens & measurement)  B.6.b. Molds & Fungi  B.6.c. Indoor Allergens  B.6.d. Animal, insect & arthropod allergens  B.6.d. Animal, insect & arthropod allergens  B.6.f. Allergen extract standardization & stability  B.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	B.4.b. Eosinophils	
B.4.c. Research Principles  B.4.c. Experimental Design  B.4.c. Data Analysis & Biostatistics  B.4.c. Epidemiology  B.4.c. Human subject protection & adverse event reporting  5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  B.6.a. Aerobiology (e.g. pollens & measurement)  B.6.b. Molds & Fungl  B.6.c. Indoor Allergens  B.6.d. Animal, insect & arthropod allergens  B.6.e. Pollutants  B.6.f. Allergen extract standardization & stability  B.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	B.4.b. Neutrophils	
B.4.c. Experimental Design  B.4.c. Data Analysis & Biostatistics  B.4.c. Epidemiology  B.4.c. Human subject protection & adverse event reporting  5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  B.6.a. Aerobiology (e.g. pollens & measurement)  B.6.b. Molds & Fungi  B.6.c. Indoor Allergens  B.6.d. Animal, insect & arthropod allergens  B.6.e. Pollutants  B.6.f. Allergen extract standardization & stability  B.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	B.4.b. Other cells (e.g. endothelial, epithelial, smooth muscle, fibroblasts, platelets)	
B.4.c. Data Analysis & Biostatistics  B.4.c. Epidemiology  B.4.c. Human subject protection & adverse event reporting  5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  B.6.a. Aerobiology (e.g. pollens & measurement)  B.6.b. Molds & Fungi  B.6.c. Indoor Allergens  B.6.c. Animal, insect & arthropod allergens  B.6.e. Pollutants  B.6.f. Allergen extract standardization & stability  B.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	B.4.c. Research Principles	
B.4.c. Epidemiology  B.4.c. Human subject protection & adverse event reporting  5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  8.6.a. Aerobiology (e.g. pollens & measurement)  8.6.b. Molds & Fungi  8.6.c. Indoor Allergens  8.6.c. Indoor Allergens  8.6.d. Animal, insect & arthropod allergens  8.6.e. Pollutants  8.6.f. Allergen extract standardization & stability  8.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	B.4.c. Experimental Design	
B.4.c. Human subject protection & adverse event reporting  5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  8.6.a. Aerobiology (e.g. pollens & measurement)  8.6.b. Molds & Fungi  8.6.c. Indoor Allergens  8.6.d. Animal, insect & arthropod allergens  8.6.e. Pollutants  8.6.f. Allergen extract standardization & stability  8.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)  1%	B.4.c. Data Analysis & Biostatistics	
5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  8.6.a. Aerobiology (e.g. pollens & measurement)  8.6.b. Molds & Fungi  8.6.c. Indoor Allergens  8.6.d. Animal, insect & arthropod allergens  8.6.e. Pollutants  8.6.f. Allergen extract standardization & stability  8.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)  1%	B.4.c. Epidemiology	
classes of therapeutics)  6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  8.6.a. Aerobiology (e.g. pollens & measurement)  8.6.b. Molds & Fungi  8.6.c. Indoor Allergens  8.6.d. Animal, insect & archropod allergens  8.6.e. Pollutants  8.6.f. Allergen extract standardization & stability  8.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)  1%	B.4.c. Human subject protection & adverse event reporting	
6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)  8.6.a. Aerobiology (e.g. pollens & measurement)  8.6.b. Molds & Fungi  8.6.c. Indoor Allergens  8.6.d. Animal, insect & arthropod allergens  8.6.e. Pollutants  8.6.f. Allergen extract standardization & stability  8.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)  1%	5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics,	2%
B.6.a. Aerobiology (e.g. pollens & measurement)  B.6.b. Molds & Fungi  B.6.c. Indoor Allergens  B.6.d. Animal, insect & arthropod allergens  B.6.e. Pollutants  B.6.f. Allergen extract standardization & stability  B.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)  1%	classes of therapeutics)	
B.S.b. Molds & Fungi B.S.c. Indoor Allergens B.S.d. Animal, insect & arthropod allergens B.S.e. Pollutants B.S.f. Allergen extract standardization & stability B.S.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)  1%	6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)	2%
8.6.c. Indoor Allergens     8.6.d. Animal, insect & arthropod allergens     8.6.e. Pollutants     8.6.f. Allergen extract standardization & stability     8.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)  1%	B.6.a. Aerobiology (e.g. pollens & measurement)	
E.S.d. Animal, insect & arthropod allergens  E.S.e. Pollutants  E.S.f. Allergen extract standardization & stability  E.S.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)  1%	B.6.b. Molds & Fungi	
B.S.e. Pollutants  B.S.f. Allergen extract standardization & stability  B.S.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)  1%	B.6.c. Indoor Allergens	
B.6.f. Allergen extract standardization & stability B.6.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)  1%	B.6.d. Animal, insect & arthropod allergens	
B.S.g. Specific Diagnostic Modalities  C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)  1%	B.6.e. Pollutants	
C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)  1%	B.6.f. Allergen extract standardization & stability	
	B.6.g. Specific Diagnostic Modalities	
Total: 100%		
		1%

11 Sub-categories

A. Allergy and Hypersensitivity Principles and Disorders (epidemiology, risk factors, clinical presentation, diagnosis and differential diagnosis, treatment/management, physiology/pathophysiology)	54%
1. Head and neck	11%
A.1.a. Nasal (allergic and non-allergic rhinitis)	
A.1.b.Sinus (acute and chronic, NP, allergic fungal sinusitis)	
A.1.c. Ocular	
A.1.d. Anatomy, physiology & pathology	
A.1.e. Diagnostics - Nasal/conjunctival provocation, mucociliary function	
A.1.f. Cough	
2. Dermatologic	11%
A.2.a. Eczema	
A.2.b. Atopic Dermatitis	
A.2.c. Contact Hypersensitivity	
A2.d. Urticaria	
A.Z.e. Angioedema (hereditary and acquired)	
A.2.f. Anatomy, physiology & pathology	
3. Lung	11%
A.3.a. Asthma and related disorders	
A.3.b. Occupational diseases	
A.3.C. ABPA	
A.3.d. Hypersensitivity pneumonitis	
A.3.e. Eosinophilic granulomatous polyangiitis (CSS)	
A3.f. COPD	
A3.g. ILD	
A.3.h. Anatomy, physiology & pathology	
<ul> <li>A.3.i. Pulmonary diagnostic testing: e.g., spirometry, bronchoprovocation, body plethysmography, FeNO, IOS, Mucociliary function)</li> </ul>	
4. Food and Drug Allergy/Hypersensitivity Reactions (not including eosinophilic Gl disease)	11%
A.4.a. Adverse Reactions to Foods	
A.4.b. Allergens	
A.4.c. Adverse Reactions to Drugs & Biologicals (epidemiology, mechanism & management principles)	
5. Anaphylaxis and Mast Cell Activation Disorders (not food or drug-related)	10%
A.S.a. Idiopathic	
A.S.b. Exercise	
A5.c. Latex	
A.S.d. Stinging insect	
A.S.e. Mastocytosis	
A.S.f. Other mast cell disorders	

B. Immunological Disorders (epidemiology, risk factors, pathogenesis, clinical presentation, diagnosis and differential diagnosis, treatment/management)	45%
1. Immune Inflammatory Disorders	10%
B.1.a. Immune complex disorders	
B.1.b. Autoimmune disorders	
B.1.c. Autoinflammatory (febrile) disorders	
B.1.d. Vaccination & immunomodulatory therapeutics	
B.1.e. Other aspects of immune-mediated inflammation	
2. Immunodeficiencies	16%
B.2.a. SCID	
B.2.b. Combined Immunodeficiency	
B.2.c. T cell disorders	
B.2.d. B cell disorders (hypogammaglobulinemia, antibody deficiencies)	
B.2.e. Phagocytic disorders	
B.2.f. Complement disorders	
B.2.g. TLR signaling pathways	
B.2.h. IL-12/IFN-gamma pathways	
B.2.i. Secondary immune deficiency	
B.2.j. Other immune dysregulation and immunodeficiencies	
B.2.j. Other immune dysregulation and immunodeficiencies	
8.2.J. Other immune dysregulation and immunodeticiencies  3. Eosinophilic and Gastrointestinal Disorders	6%
	6%
3. Eosinophilic and Gastrointestinal Disorders	6%
Eosinophilic and Gastrointestinal Disorders     B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)	6%
3. Eosinophilic and Gastrointestinal Disorders  B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes	6%
3. Eosinophilic and Gastrointestinal Disorders  B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease	6%
3. Eosinophilic and Gastrointestinal Disorders  B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease	6% 9%
3. Eosinophilic and Gastrointestinal Disorders  B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.d. Anatomy, physiology & pathology	
3. Eosinophilic and Gastrointestinal Disorders  B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles	
3. Eosinophilic and Gastrointestinal Disorders  B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system	
3. Eosinophilic and Gastrointestinal Disorders  B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants	
3. Eosinophilic and Gastrointestinal Disorders  B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility	
3. Eosinophilic and Gastrointestinal Disorders  B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility  B.4.a. Immunoregulation / Tolerance	
3. Eosinophilic and Gastrointestinal Disorders  B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunogenetics / Molecular Biology	
3. Eosinophilic and Gastrointestinal Disorders  B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunogenetics / Molecular Biology  B.4.a. Immunoglobulin structure and function	
3. Eosinophilic and Gastrointestinal Disorders  B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunogenetics / Molecular Biology  B.4.a. Immunoglobulin structure and function  B.4.a. Immunoglobulin structure and function  B.4.a. T & B. Cell Ligand-Receptor Interactions & Signal Transduction / Cell Activation / Anergy	
3. Eosinophilic and Gastrointestinal Disorders  B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunogenetics / Molecular Biology  B.4.a. Immunoglobulin structure and function  B.4.a. T & B Cell Ligand-Receptor Interactions & Signal Transduction / Cell Activation / Anergy  B.4.a. Cytokines / Chemokines & Their Receptors	
3. Eosinophilic and Gastrointestinal Disorders  B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system development/normal immune system  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunogenetics / Molecular Biology  B.4.a. Immunoglobulin structure and function  B.4.a. T & B Cell Ligand-Receptor Interactions & Signal Transduction / Cell Activation / Anergy  B.4.a. Cytokines / Chemokines & Their Receptors  B.4.a. Adhesion Molecules	
3. Eosinophilic and Gastrointestinal Disorders  B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)  B.3.b. Hypereosinophilic syndromes  B.3.c. Inflammatory bowel disease  B.3.d. Celiac disease  B.3.e. Anatomy, physiology & pathology  4. Immune system & Research Principles  B.4.a. Immune system & Research Principles  B.4.a. Antigens including superantigens, determinants  B.4.a. Antigen presentation & histocompatibility  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunoregulation / Tolerance  B.4.a. Immunoglobulin structure and function  B.4.a. T & B. Cell Ligand-Receptor Interactions & Signal Transduction / Cell Activation / Anergy  B.4.a. Cytokines / Chemokines & Their Receptors  B.4.a. Adhesion Molecules  B.4.a. Complement, coagulation, fibrinolytic & kallikrein-kinin immune system	

B.4.a. Innate immunity	
B.4.b. Cellular mechanisms of immune responses including cytokines and mediators	
B.4.b. Lymphocytes	
B.4.b. T cells & receptors	
B.4.b. B cells & receptors	
B.4.b. Other lymphocytes (e.g. NK, NK-T)	
B.4.b. Antigen-Presenting Cells (e.g., Monocytes, Macrophages, Dendritic Cells)	
B.4.b. Mast Cells / Basophils	
B.A.b. Eosinophils	
B.4.b. Neutrophils	
B.4.b. Other cells (e.g. endothelial, epithelial, smooth muscle, fibroblasts, platelets)	
B.4.c. Research Principles	
B.4.c. Experimental Design	
B.4.c. Data Analysis & Biostatistics	
B.4.c. Epidemiology	
B.4.c. Human subject protection & adverse event reporting	
5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)	2%
6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)	2%
B.6.a. Aerobiology (e.g. pollens & measurement)	
B.6.b. Molds & Fungi	
B.6.c. Indoor Allergens	
B.6.d. Animal, insect & arthropod allergens	
B.6.e. Pollutants	
B.6.f. Allergen extract standardization & stability	
B.6.g. Specific Diagnostic Modalities	
C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	1%
Total:	100%

• 86 Sub-sub-categories

<ul> <li>Immunologic Disorders</li> </ul>		45%
<ul> <li>Immune inflammatory disorders</li> </ul>	0%	
<ul> <li>Immunodeficiencies</li> </ul>	6%	
<ul> <li>Eosinophilic &amp; GI disorders</li> </ul>	6%	
<ul><li>Immune system &amp; research</li></ul>	9%	
principles		
<ul> <li>Non-disease specific pharmacology</li> </ul>	2%	
& therapeutics		
<ul> <li>Allergens, antigens, &amp; extracts</li> </ul>	2%	
<ul> <li>Emerging Health Priorities</li> </ul>		1%

### Resources



https://stock.adobe.com/search/images?k=%22human+resources+cartoons%22&asset\_id=33706542

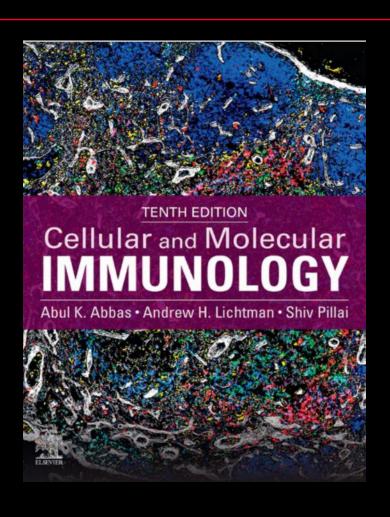
### Resources

- Core
  - Basic immunology text
  - Allergy & immunology text
  - Practice parameters

### Basic Immunology Text

- 5 Best Immunology Texts of 2022
  - Janeway's Immunology
    - 900+ pages
  - Kuby Immunology
    - 900+ pages
  - The Immune System Peter Parham
    - 600+ pages
  - Fundamental Immunology William Paul
    - 1300+ pages
  - Cellular & Molecular Immunology Abul Abbas
    - 600+ pages

### Basic Immunology Text



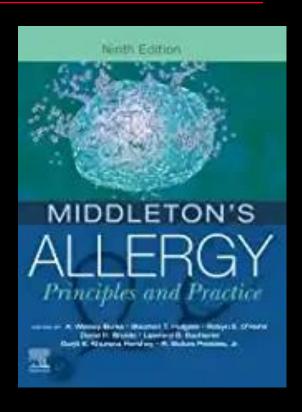
- 21 Chapters
- 3 appendixes
- 571 pages
- ~\\$65
- eSupplement
  - Text, figures, etc.
  - Test question bank

### Allergy & Immunology Text

- Middleton's Burks, et al
- Patterson's Grammer, et al
- Allergy for the Clinician Vedanthan, et al
- Allergy & Asthma: Practical Diagnosis & Management – Mahmoudi

# Allergy & Immunology Text

- Middleton's
  - 2 volumes
  - 99 chapters
  - 1600+ pages
  - ~\$295 hardcover, ~\$210 eBook
  - On-line question bank



#### **Practice Parameters**

- 16 topic areas
- ~ 25 practice parameters remain timely & relevant

#### **Practice Parameters**

#### Allergy Testing

Allergy diagnostic testing: an updated practice parameter (2008)

#### **Anaphylaxis**

Anaphylaxis—a 2020 practice parameter update, systematic review, and Grading of Recommendations, Assessment, Development and Evaluation (GRADE) analysis (2020) Anaphylaxis - a practice parameter update (2015)

Emergency department diagnosis and treatment of anaphylaxis: a practice parameter (2014)

#### Asthma

Exercise-induced bronchoconstriction practice parameter update (2016)

Management of acute loss of asthma control in the yellow zone: a practice parameter (2014)

Exercise-induced bronchoconstriction (2010)

Attaining optimal asthma control: a practice parameter (2005)

Algorithm for the diagnosis and management of asthma: a practice parameter update (1998) Practice parameters for the diagnosis and treatment of asthma (1995)

#### Cockroach Allergy

Environmental assessment and exposure reduction of cockroaches: A practice parameter (2013)

#### **Dust Mite**

Environmental assessment and exposure control of dust mites; a practice parameter (2013)

#### Drug Allergy

Drug allergy: an updated practice parameter (2010)

#### Eosinophilic Esophagitis

AGA institute and the joint task force on allergy-immunologypractice parameters clinical guidelines for the management of eosinophilic esophagitis

#### Food Allergy

Food allergy: a practice parameter update (2014)

Food allergy: a practice parameter (2006)

Peanut allergy diagnosis: A 2020 practiceparameter update, systematic review, and GRADE analysis (December 2020)

#### Immunotherapy

Sublingual immunotherapy: A focused allergen immunotherapy practice parameter update (2017)

Allergen immunotherapy: a practice parameter third update (2011)

#### Pet/Rodent

Environmental assessment and exposure control: a practice parameter—furry animals (2012)

Environmental assessment and exposure reduction of rodents: a practice parameter (2012)

#### Primary Immunodeficiency

Practice parameter for the diagnosis and management of primary immunodeficiency (2015)

#### Rhinitis

Rhinitis 2020: A practice parameter update

<u>Treatment of seasonal allergic rhinitis - An evidence-based focused 2017 guideline update (2017)</u> <u>Allergy and immunology practice parameters and guidelines. The new normal.</u>

The diagnosis and management of rhinitis: an updated practice parameter (2008)

#### Sinusitis

Diagnosis and management of rhinosinusitis: a practice parameter update (2014)
The diagnosis and management of sinusitis: a practice parameter update (2005)

#### Skin Allergy

Contact dermatitis: a practice parameter Update (2015)

The diagnosis and management of acute and chronic urticaria: a practice parameter update (2014)

A focused parameter update: Hereditary angioedema, acquired C1 inhibitor deficiency, and angiotensin-converting enzyme inhibitor-associated angioedema (2013)

Atopic dermatitis: a practice parameterupdate(2013)

#### Stinging Insect Allergy

Stinging insect hypersensitivity - A practice parameter update (2016)
Stinging insect hypersensitivity (2011)

#### Vaccines

Administration of influenza vaccines to egg allergic recipients: A practice parameter update (2017)

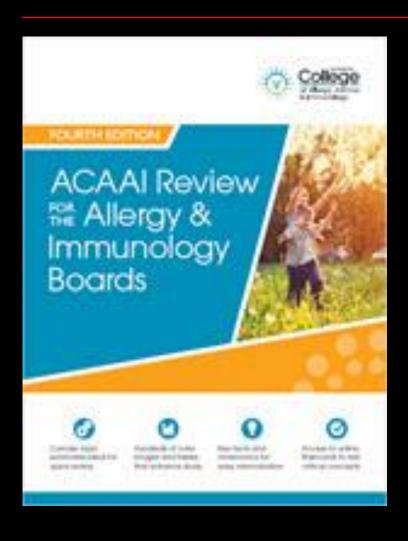
Adverse reactions to vaccines (2012)

Administering influenza vaccine to egg allergic recipients (2010)

#### Resources

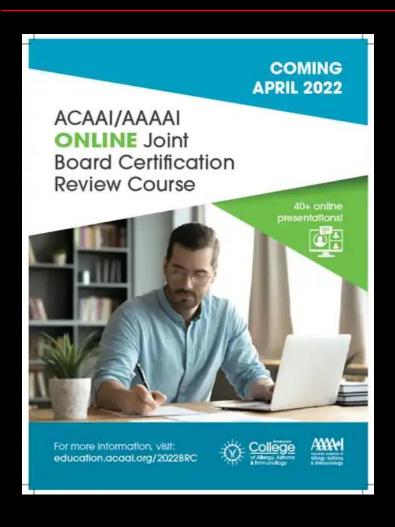
- Core
  - Basic immunology text
  - Allergy & immunology text
  - Practice parameters
- Adjunct
  - Board review book
  - Board review course
  - Northwestern syllabus
  - Question mountain
  - AAAAI website
  - ACAAI website
  - COLA virtual lectures

#### **ACAAl Board Review Book**



- 4th Edition 2021
- 550 pages
- 600 flashcards
- Cost
  - ACAAI Member FIT
    - \$152 print & online
    - \$65 online only
  - ACAAI Member
    - \$182 print & online
    - \$79 online only

#### **Board Review Course**



- 2022 Enrollment opens April 2022
- 2020 Course
  - Virtual only
  - 33 topics/speakers
- Cost 2020 Course
  - AAAAI/ACAAI FIT
    - \$250
  - AAAAI/ACAAI Member
    - \$350

### NWU Syllabus in AAP

#### Allergy & Asthma Proceedings

Volume 40, Number Novembe 201

#### Northwestern University Allergy-Immunology Syllabus

- 361 NWAIS Editorial
- 362 Overview of allergens
- 366 Skin testing in allergy Patel and Sultane
- 369 Allergen immoutherapy for end follows
- 372 Stinging insect allergy
- Octobil and Genelotyee
  376 Allergic and non-allergic rhinitis
- Agesture and McGosts

  380 Nasal polyps and rhinosinusitis
- Xinth and Johns
  385 Classification of authma
- 385 Classification of asthma Palm and Salame
- 389 Pediatric authma
- 393 The wheezing infant and toddler
- 396 Asthma in adults
- 403 Potentially fatal authma
- 406 Acute severe asthma
  Application of Saltons
- 430 Lessons learned: Asthma trials
- 414 Asthma and allergies in pregnancy East and Moreo 418 Occupational immunologic lung disease
- Let and Goomes
  421 Allergic bronchopulmonary aspergillosis
  Patel and Goombrope

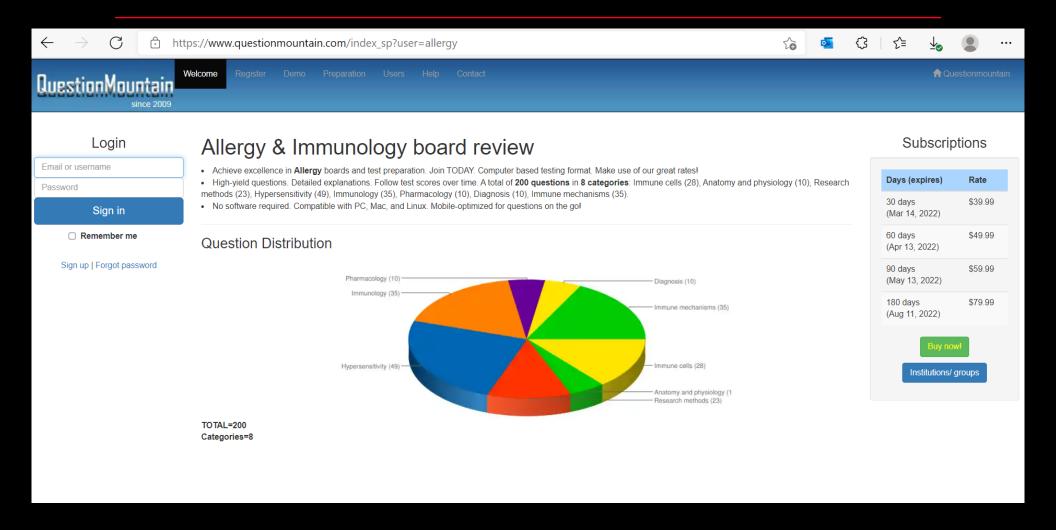
- 425 Hypersensitivity pneumonitia
- 429 Workup of eusinophilia
- Gae and Society 433 Atopic dermatitis
- Poten and Peters
- 437 Urticaria and anginedema
- 461 Hereditary and acquired angioedema
- 446 Fond allergy diagnosis and treatment
- (bldSi and Basses)
- 450 Prevention of food allergy
- 453 Anaphylasis
- 457 Idiopathic anaphylasis
- 462 Envinophilic esophagitis
  Welts: Salton & Greedenge
- 465 Approach to primary immunodeficiency
- 470 Classification of hypersensitivity reactions
- 474 Drug allergy
- 480 In Vitro testing for allergic diseases
- 485 Immunobiologic treatments for allergic diseases
- Charele 490 Unproved methods and theories in allergy Apallers and Geombras

#### www.allergyandasthmaproceedings.com

The Official Journal of Regional, Shirt, and Loval Allings, Arthur, and Immuniting Societies (ISSLAADS)

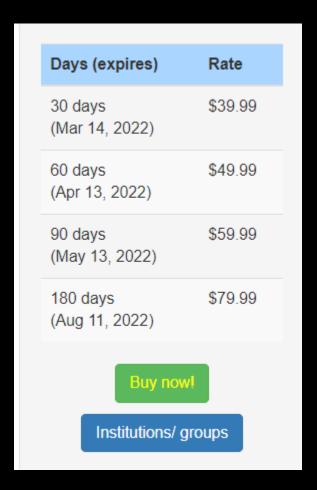
- 2019 Northwestern University Syllabus
- 133 pages
- 31 topics/chapters
- Subscribers
  - Have it
  - Download pdf
- Non-subscribers
  - \$25 + shipping

#### **Question Mountain**

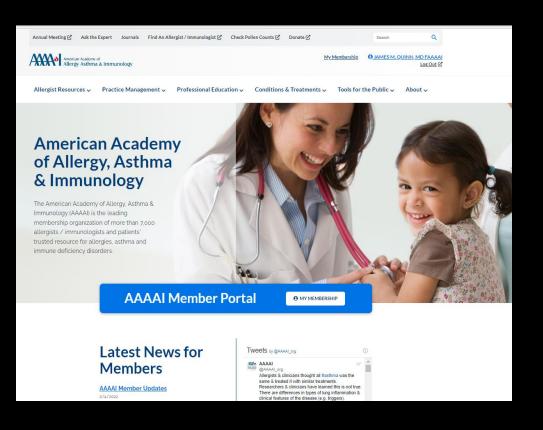


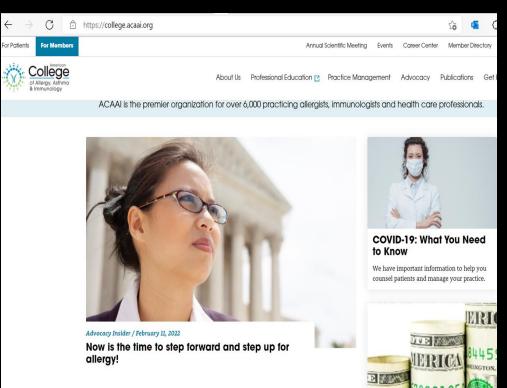
## **Question Mountain**

- 200 questions
- 8 Categories
  - Hypersensitivity (49)
  - Immune mechanisms (35)
  - Immunology (35)
  - Immune cells (28)
  - Research methods (23)
  - Pharmacology (10)
  - Diagnosis (10)
  - Anatomy & physiology (10)



# On Line Resources







Annual Meeting [2] Ask the Expert Journals Find An Allergist / Immunologist [2] Check Pollen Counts [2] Donate [2]

Q



9 JAMES M. QUINN, MD FAAAAI

Allergist Resources >

Practice Management >

Professional Education >

Conditions & Treatments >

Tools for the Public >

About ~

**American Academy** of Allergy, Asthma & Immunology

The American Academy of Allergy, Asthma & Immunology (AAAAI) is the leading membership organization of more than 7,000 allergists / immunologists and patients' trusted resource for allergies, asthma and immune deficiency disorders.



**AAAAI Member Portal** 

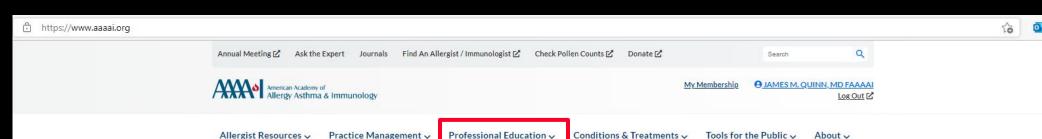
## **Latest News for Members**

**AAAAI Member Updates** 

**LEARN MORE** 

2/4/2022





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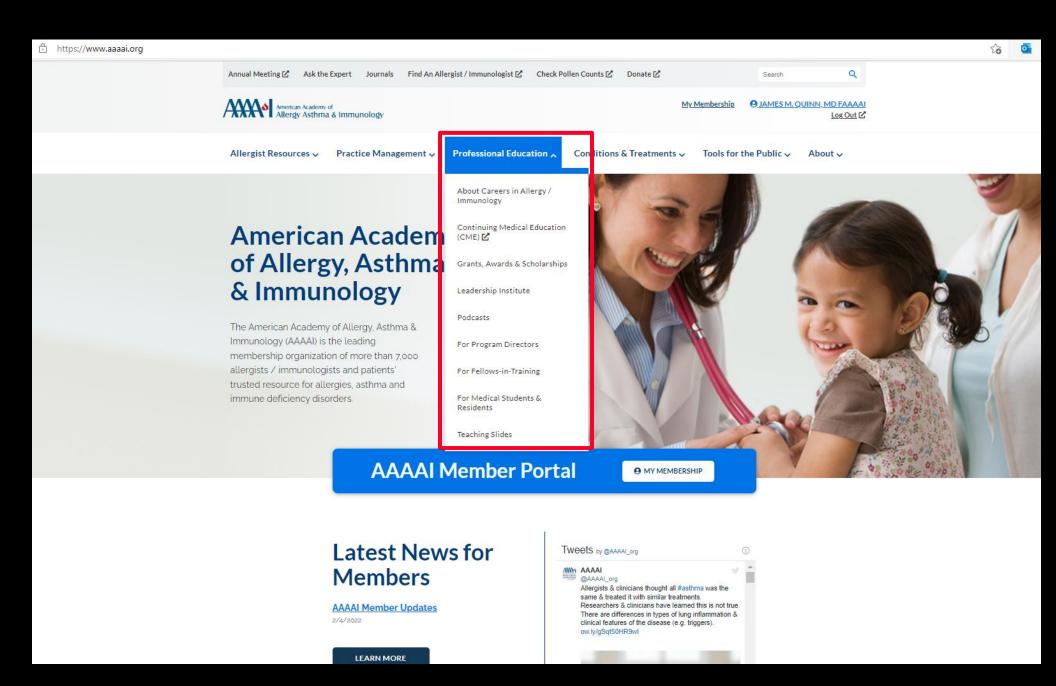
**Latest News for Members** 

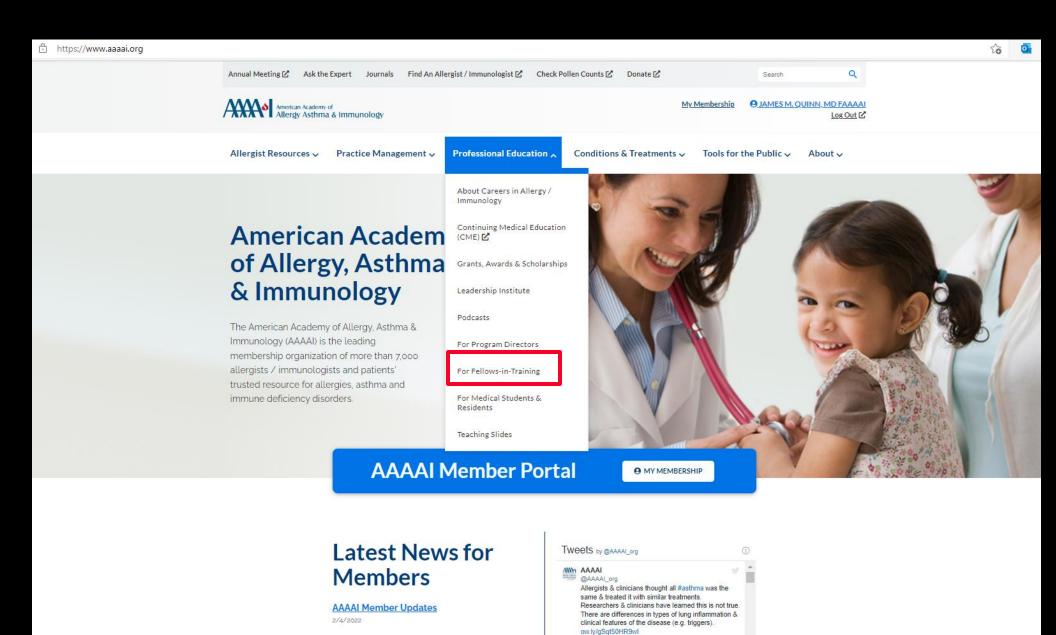
**AAAAI Member Updates** 

**LEARN MORE** 

2/4/2022







**LEARN MORE** 

## For Fellows-in-Training

## For Fellows-in-Training Overview

Browse our resources for both new fellows and for those winding up their training. You will find information on becoming an in-training member of the AAAAI, applying for grants and awards, attending the AAAAI Annual Meeting, clinical resources and much more.

## AAAAI Constituency Groups

The AAAAI is comprised of varying and unique constituencies with a similar mission—advancing the practice of allergy / immunology and providing knowledge so you may better serve your patients. We encourage you to participate in one or more of these constituency groups.

## Continuing Education in Allergy and Immunology

The AAAAI provides a variety of continuing education opportunities to help you stay current with the latest discoveries in the field and apply these findings to research and clinical activities.

## In-training Exam for Fellows Timeline

Review the timeline for the next In-Training Exam.

## The Fellow-in-Training (FIT)/Faculty Reviewer Program

This program is intended to facilitate faculty mentorship to assist FITs in learning how to review for scientific journals.

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This program is intended to facilitate faculty mentorship to assist FITs in learning how to review for scientific journals.



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Fellows-In-Training Committee Board Representative

## Mari Durán

Fellows-In-Training Committee Staff Liaison

## FIT Membership

• In-Training Membership

## Connect with Other FITs

- FIT Committee (C)(The FIT Committee is listed under the Division drop down menu.)
- · FIT Facebook ℃
- FIT Instagram
- FIT Listserv
- FIT Twitter

## Boards/Exams

- · AAAAI/ACAAI Board Review Course ☑
- · American Board of Allergy and Immunology (ABAI)
- · In-Training Examination Timeline

## Career Development

- Career Connections
- · Career Paths in Allergy and Immunology Session 1 2
- Why A/I?

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## **Statements & Practice Parameters**

## Statements & Practice Parameters Overview

AAAAI statements and practice parameters assist healthcare professionals by providing information on clinical and scientific advances.

## Current Statements and Work Group Reports

Access current AAAAI position statements and work group reports.

## Archived Statements and Work Group Reports

Access archived AAAAI position statements and work group reports that were created more than 5 years ago.

## Practice Parameters and Guidelines

Practice parameters are designed to assist clinicians in providing high quality assessment and treatment that is consistent with the best available scientific evidence and clinical consensus.

## Development and Review Process for New Statements

Learn more on how AAAAI experts oversee the statement review and development process.

## Consultation and Referral Guidelines

These consultation and referral guidelines assist patients and healthcare professional determine when a referral to an allergist / immunologist is needed.



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## Practice Parameters +

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

#### Alleray Testino

Allergy diagnostic testing: an updated practice parameter (2008)

#### **Anaphylaxis**

Anaphylaxis—a 2020 practice parameter update, systematic review, and Grading of Recommendations. Assessment. Development and Evaluation (GRADE) analysis (2020) Anaphylaxis - a practice parameter update (2016)

Emergency department diagnosis and treatment of anaphylaxis: a practice parameter (2014)

#### Asthma

Exercise-induced bronchoconstriction practice parameter update (2016)

Management of acute loss of asthma control in the yellow zone: a practice parameter (2014)

Exercise-induced bronchoconstriction (2010)

Attaining optimal asthma control: a practice parameter (2005)

Algorithm for the diagnosis and management of asthma: a practice parameter update (1998) Practice parameters for the diagnosis and treatment of asthma (1995)

#### Cockroach Allergy

Environmental assessment and exposure reduction of cockroaches: A practice parameter (2013)

#### **Dust Mite**

Environmental assessment and exposure control of dust mites: a practice parameter (2013)

#### Drug Allergy

Drug allergy: an updated practice parameter (2010)

#### Eosinophilic Esophagitis

AGA institute and the joint task force on allergy-immunologypractice parameters clinical quidelines for the management of eosinophilic esophagitis

#### Food Allergy

Food allergy: a practice parameter update (2014)

Food allergy: a practice parameter (2006)

Peanut allergy diagnosis: A 2020 practiceparameter update, systematic review, and GRADE analysis (December 2020)

#### Immunotherapy

Sublingual immunotherapy: A focused allergen immunotherapy practice parameter update (2017)

Allergen immunotherapy: a practice parameter third update (2011)

#### Pet/Rodent

Environmental assessment and exposure control: a practice parameter—furry animals (2012)

Environmental assessment and exposure reduction of rodents; a practice parameter (2012)

#### Primary Immunodeficiency

Practice parameter for the diagnosis and management of primary immunodeficiency (2015)

#### Rhinitis

Rhinitis 2020: A practice parameter update

Treatment of seasonal allergic rhinitis - An evidence-based focused 2017 guideline update (2017) Allergy and immunology practice parameters and guidelines. The new normal.

The diagnosis and management of rhinitis: an updated practice parameter (2008)

#### Sinusitis

Diagnosis and management of rhinosinusitis: a practice parameter update (2014)
The diagnosis and management of sinusitis: a practice parameter update (2005)

#### Skin Allergy

Contact dermatitis: a practice parameter Update (2015)

The diagnosis and management of acute and chronic urticaria: a practice parameter update (2014)

A focused parameter update: Hereditary angioedema, acquired C1 inhibitor deficiency, and angiotensin-converting enzyme inhibitor-associated angioedema (2013)

Atopic dermatitis: a practice parameterupdate(2013)

#### Stinging Insect Allergy

Stinging insect hypersensitivity - A practice parameter update (2016)
Stinging insect hypersensitivity (2011)

#### Vaccine

Administration of influenza vaccines to egg allergic recipients: A practice parameter update (2017)

Adverse reactions to vaccines (2012)

Administering influenza vaccine to egg allergic recipients (2010)

## Additional Evidence-Based Guidelines and Resources

A Consensus Approach to the Primary Prevention of Food Allergy Through Nutrition: Guidance from the American Academy of Allergy, Asthma, and Immunology, American College of Allergy, Asthma, and Immunology, and the Canadian Society for Allergy and Clinical Immunology (January 2021)

2020 Focused Updatos to the Asthma ManagementGuidelines: A Report from the National AsthmaEducation and Prevention Program CoordinatingCommittee Expert Panel Working Group (December 2020) [2]

Intermittent Inhaled Corticosteroids and Long-Acting Muscarinic Antagonists for Asthma (March 2018) [2]

Role of Immunotherapy in the Treatment of Asthma (March 2018)

Clinical Consensus Statement: Balloon Dilation of the Sinuses (February 2018)

Addendum guidelines for the prevention of peanut allergy in the United States Report of the National Institute of Allergy and Infectious Diseases-sponsored expert panel (January 2017)

Indoor Environmental Control Practices and Asthma Management (October 2016)

Consensus Communication on Early Peanut Introduction and the Prevention of Peanut Allergy in High-Risk Infants (June 2015) [2]

Quality Measures and Their Importance to Allergy/Immunology - The Journal of Allergy and Clinical Immunology: In Practice (Janaury 2015)

Summary of the New Food Allergy Guidelines for Primary Care Physicians (January 2012)

Summary of the New Food Allergy Guidelines for Pediatricians (September 2011)

Guidelines for the diagnosis and management of food altergy in the United States: Report of the NIAID-sponsored expert panel (2010)

Management of food allergy in the school setting (AAP clinical report, 2010)

Expert panel report 3 (EPR-3): Guidelines for the diagnosis and management of asthma (2007) 🗹

National Guidelines Clearinghouse 2

- AAAAI Journals
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## For Fellows-in-Training

## For Fellows-in-Training Overview

Browse our resources for both new fellows and for those winding up their training. You will find information on becoming an in-training member of the AAAAI, applying for grants and awards, attending the AAAAI Annual Meeting, clinical resources and much more.

## AAAAI Constituency Groups

The AAAAI is comprised of varying and unique constituencies with a similar mission—advancing the practice of allergy / immunology and providing knowledge so you may better serve your patients. We encourage you to participate in one or more of these constituency groups.

## Continuing Education in Allergy and Immunology

The AAAAI provides a variety of continuing education opportunities to help you stay current with the latest discoveries in the field and apply these findings to research and clinical activities.

## In-training Exam for Fellows Timeline

Review the timeline for the next In-Training Exam.

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## 4

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The AAAAI Annual Meeting is the premier continuing education event. It provides an opportunity for physicians to earn up to 50 Category 1 credits. In addition, a variety of education activities are accredited by the AAAAI each year. These include both live meetings and print and online enduring materials. Some are developed by the AAAAI, and several are completed through joint efforts with academic institutions, lay and non-profit organizations, and the Regional, State and Local Allergy, Asthma and Immunology Societies (RSLAAIS).

CME credits offered by the AAAAI can also support allergist/immunologists participating in Maintenance of Certification® through the <u>American Board of Allergy and Immunology (ABAI)</u> .

A list of current AAAAI CME offerings can be found in the Continuing Education Center .

For additional information, contact the <u>AAAAI executive office</u> at (414) 272-6071.

## f

# Continuing Education in Allergy and Immunology

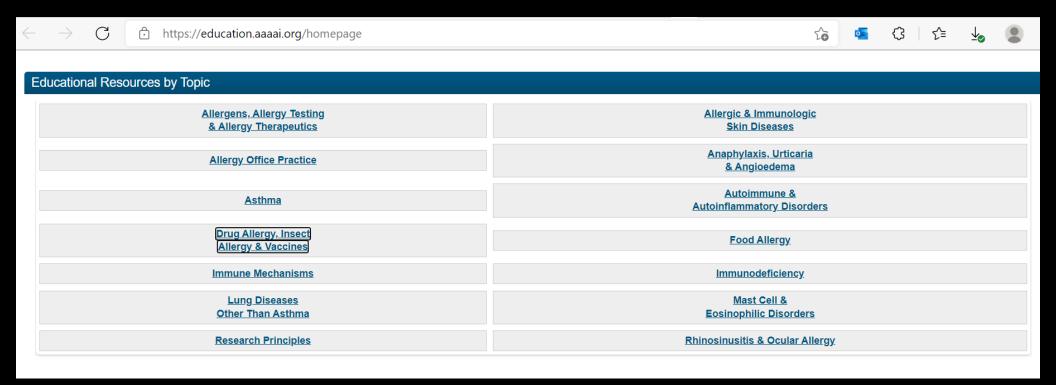
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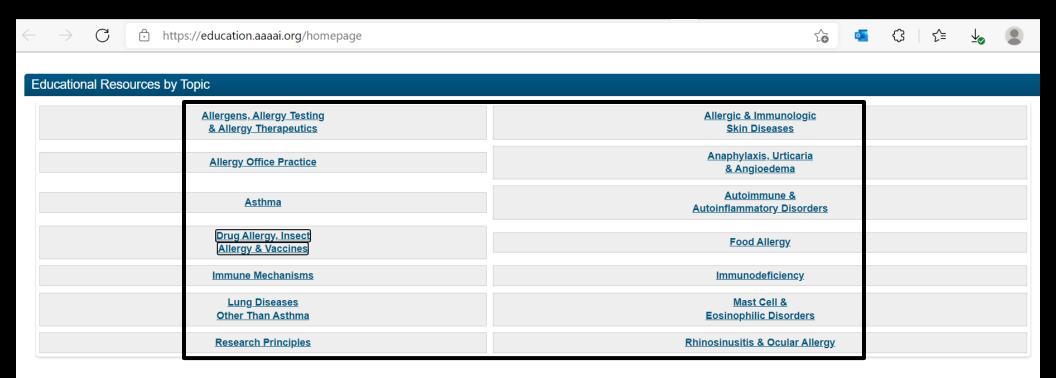
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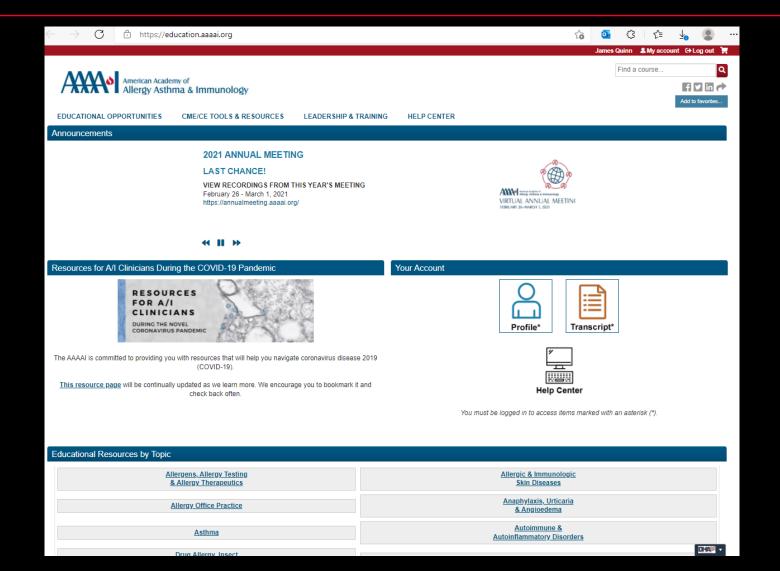
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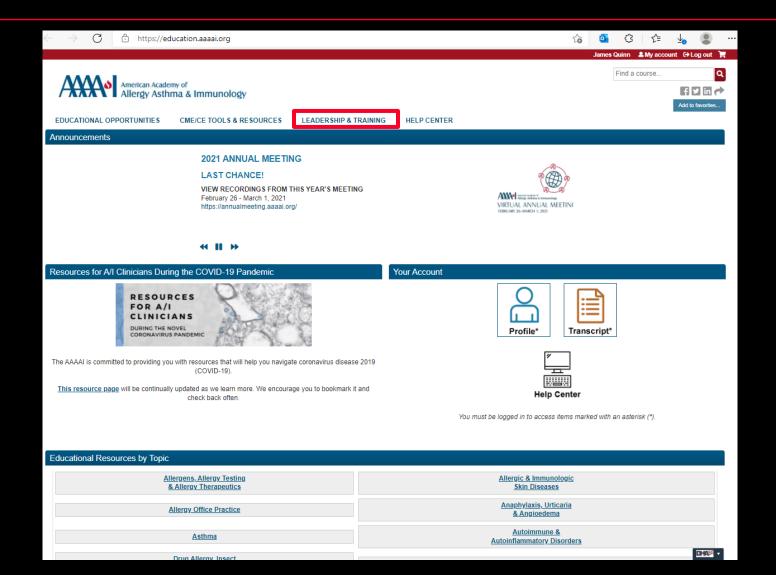
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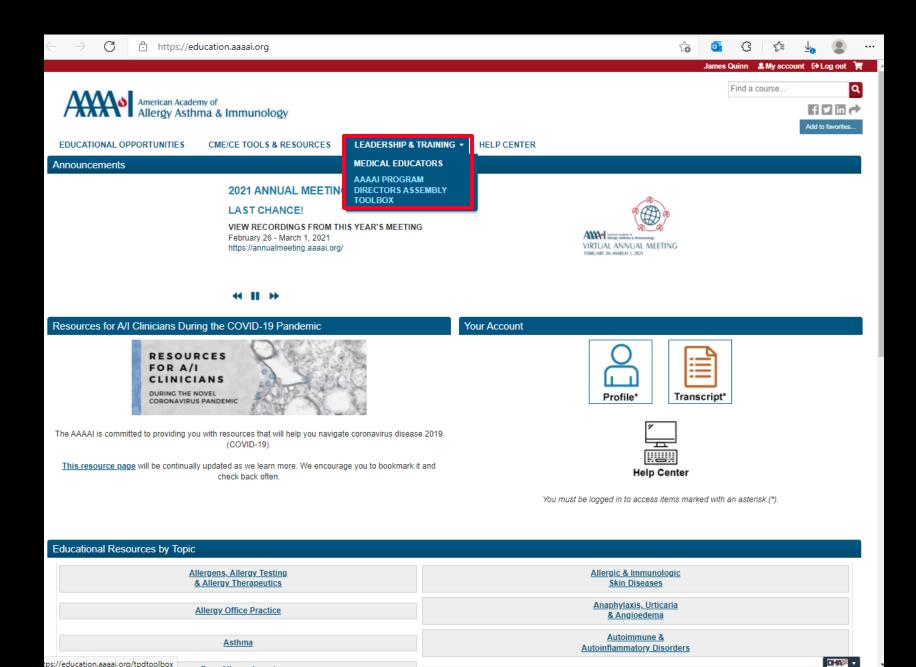
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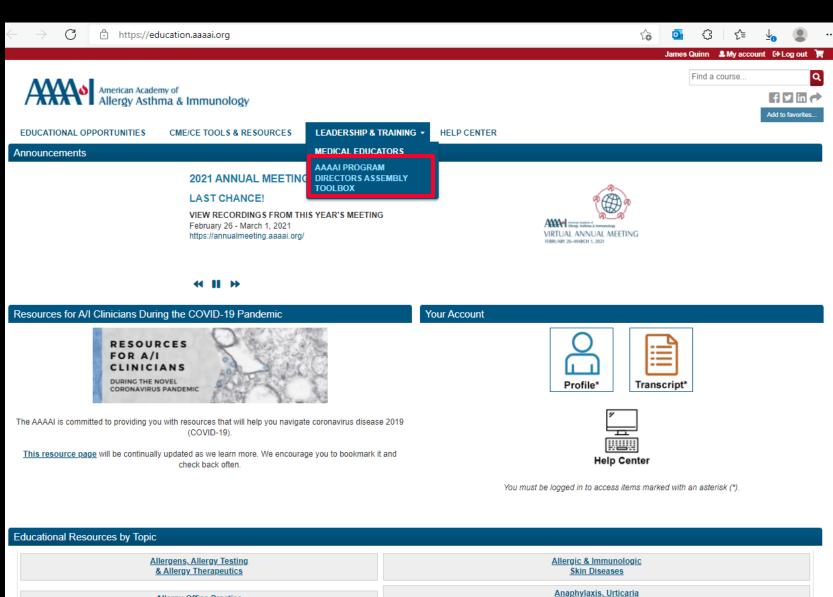


















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## **Program Directors Assembly Toolbox**

#### PAGES

Procedural Competencies Alumni Surveys Patient Safety Module

#### **FEATURES**

Home Discussions

## Welcome!

The Program Directors Assembly Toolbox includes a variety of resources for use by training program directors in the management of their programs and the training of their fellows.

Please contact pd@aaaai.org with questions or for more information.

## 2022 Virtual Program Directors Assembly Winter Meeting

## **JANUARY 8, 2022**

Welcome and Announcements/Presidential Welcome and Updates (click for video) David A. Khan, MD/ Giselle S. Mosnaim, MD MS and Mark L. Corbett, MD

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How to Help a Learner Who Isn't Meeting Expectations (click for video)

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## Additional Educational Links

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DEVELOPING AND MAINTAINING EXCELLENCE IN ALLERGY/IMMUNOLOGY FELLOWSHIPS TRAINING PROGRAMS SESSION















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CIS is pleased to provide recordings of our webinar series of immune deficiency case presentations. Hosted by the ECI Committee, this interactive electronic format emphasizes discussion of interesting cases where we can all learn from each other.

## Registration is free and all are welcome!

Please note: CME is not offered for this webinar series, whether live or recorded.

## All Webinar Recordings **Present During a Future** Webinar

## December 21, 2021



## November 23, 2021



## November 2, 2021



## September 21, 2021









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Marie Cavuoto Petrizzo, MD

Sofija Volertas, MD

How to Engage Fellows During Telemedicine Visits

Leveraging the Program Directors Network to Identify Senior Mentors in A/I

Video 1 Video 2

Video 1

Video 2

Delayed Hypersensitivity Skin Testing Competency - 2014 with milestone Drug Allergy Drug Desensitization Challenge - 2014 with milestones Immediate Hypersensitivity - 2012 Immediate Hypersensitivity Nurse - 2012 Immunoglobulin Replacement Therapy - 2014 with milestones Immunotherapy Prescribing Mixing Handout - 2014 with milestones Oral Food Challenge - 2014 with milestones Patch Test - 2012 Physical Urticaria - 2014 with milestones Pulmonary Function Testing - 2014 with milestones Virtual Annual Meeting Videos

2019 VAM - Asthma & Immune Mechanisms

2019 VAM - Allergens, Allergy Testing, Allergy Therapeutics

2019 VAM - Allergy Office Practice

2019 VAM - Food Allergy

#### **Practice Management Resources**

FIT/New Allergist Track (3 hours - each topic is 45 minutes)

- Negotiating Employment Contracts
- Business Management Basics
- · Marketing Your Practice













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#### ACGME Update

Joseph S Yusin, MD, FAAAAI, ACGME RRC Allergy Immunology Chair

ACGME Update.pdf

#### ERAS/NRMP Update

Amal H. Assa'ad, MD FAAAAI, ERAS/NRMP Liaison

ERAS-NRMP Update.pdf

#### 2021 Virtual Program Directors Assembly Winter Meeting

#### **JANUARY 9, 2021**

#### **ABAI Update**

Michael R. Nelson, MD PhD

Video

#### Innovative Methods of Virtual Teaching

Gerald B. Lee, MD

Video

#### How to Identify and Address Bias/Discrimination/Racism Faced by Fellows and

Faculty

Bridgette L. Jones, MD

Video

#### How to Increase Diversity in Faculty and Trainees

Tamara T. Perry, MD

Video 1

Video 2

#### Novel Approaches to Virtual Learning

Marie Cavuoto Petrizzo, MD

Video 1

Video 2

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#### **ACGME Requirements**

Dupdate for 2020

#### Alumni Surveys

Use the documents here to survey program alumni after fellowship.

- Alumni Survey: Year One Post Graduation
- Alumni Survey: Years 2 & 5 of Fellowship

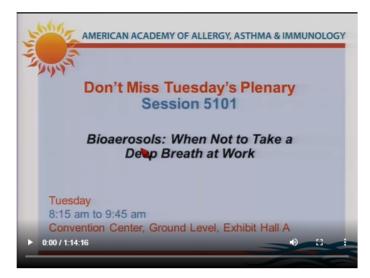
#### **Education Modules**

The files below contain education modules for use in allergy/immunology fellowship programs.

#### Hypereosinophilic Disorder

Amy Klion, MD and Princess U. Ogbogu, MD FAAAAI 2014 AAAAI Annual Meeting

Description Presentation



benchmarks, negotiation strategies for employment agreements/contracts, and how to set a career development plan.

Download slides for this session: Part 1 Part 2

#### Allergy Practice Options: What's Your Best Fit?

Our panelists will describe what it's like to work in a solo, single specialty and multispecialty practice setting and the issues unique to each.

Download slides for this session.

#### **Choosing Your Correct Career Path**

A primer for getting started in practice, from preparing for interviews to contract negotiation strategies. The presenters will cover the pros and cons of both private and academic practice.

Download the slides for this session.

#### Physician Wellness: Avoiding Burnout, Finding Balance

Burnout continues to be widespread in medicine. This session will help you recognize the symptoms of burnout and provide practical tips for both combatting burnout and keeping it

Download the slides for this session.

#### Building Patient Connections With Technology and Social Media

Your patients want to connect with you online. Are you leveraging the right online tools to maximize patient engagement and satisfaction? Presenters will show you how your website, Facebook page, patient portal, text messaging and other tools can help you more fully connect with your current and future patients.

Download the slides for this session.

#### Demonstrating the Value of the Allergist in Academics and Private Practice

The healthcare and regulatory environment that physicians operate in is evolving rapidly. Reimbursement for physician services is changing, and compensation for employed physicians is increasingly based on outcomes prioritized by the healthcare organization. In this environment, how can you demonstrate the value of allergy services to your organization, payers, referring physicians and the public? This session will explore ways the allergist in private or academic practice can begin meeting these challenges. Download the slides for this session.











#### **ACGME Requirements**

Dupdate for 2020

#### Alumni Surveys

Use the documents here to survey program alumni after fellowship.

- Alumni Survey: Year One Post Graduation
- Alumni Survey: Years 2 & 5 of Fellowship

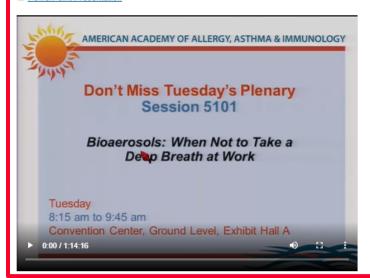
#### **Education Modules**

The files below contain education modules for use in allergy/immunology fellowship programs.

#### Hypereosinophilic Disorder

Amy Klion, MD and Princess U. Ogbogu, MD FAAAAI 2014 AAAAI Annual Meeting

DowerPoint Presentation



benchmarks, negotiation strategies for employment agreements/contracts, and how to set a career development plan.

Download slides for this session: Part 1 Part 2

#### Allergy Practice Options: What's Your Best Fit?

Our panelists will describe what it's like to work in a solo, single specialty and multispecialty practice setting and the issues unique to each.

Download slides for this session.

#### **Choosing Your Correct Career Path**

A primer for getting started in practice, from preparing for interviews to contract negotiation strategies. The presenters will cover the pros and cons of both private and academic practice.

Download the slides for this session.

#### Physician Wellness: Avoiding Burnout, Finding Balance

Burnout continues to be widespread in medicine. This session will help you recognize the symptoms of burnout and provide practical tips for both combatting burnout and keeping it at bay.

Download the slides for this session.

#### Building Patient Connections With Technology and Social Media

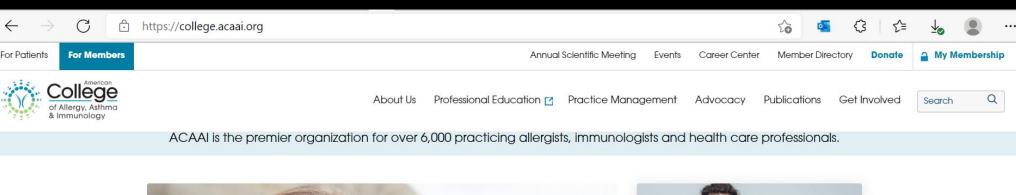
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#### Demonstrating the Value of the Allergist in Academics and Private Practice

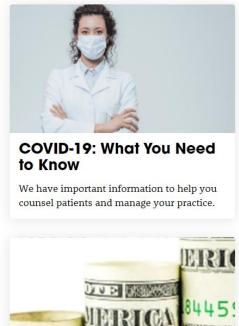
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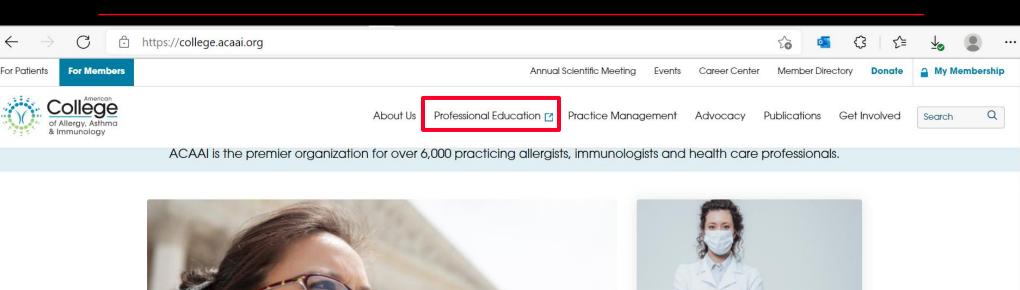
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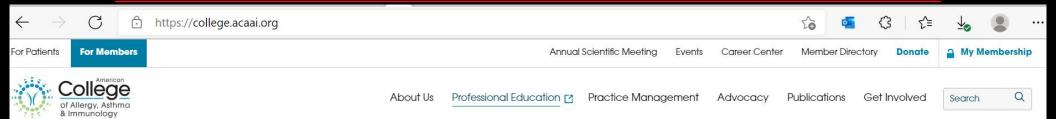






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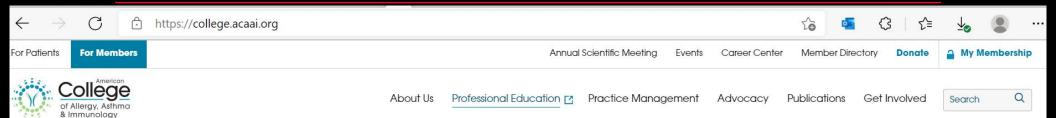
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#### **COVID-19: What You Need** to Know

We have important information to help you counsel patients and manage your practice.





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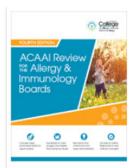
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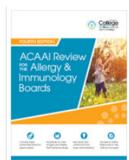
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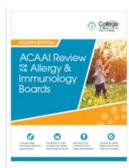
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### Course summary Available credit: 22.00 AMA PRA Category 1 Credit™ **22.00** MOC Course opens: 07/06/2020 Course expires: 07/05/2023 Cost: \$199.00 Rating: ■ Bookmark course

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- New 2021 First Edition
- 108 case-based multiple choice questions
- Comprehensive discussion of all answers
- Clinical & basic science
- Cost for members \$199
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## **Board Review Corner**

The Board Review Corner contains over 350 review questions developed from selected allergy and immunology textbooks by members of the FIT committee to help hone your Board preparedness. Questions from the current year organized into months and are available as a PDF document and an online quiz. Older questions are sorted by board exam topic for your review.

Questions? Contact your FIT representative.

Like review questions? You might also like AIM - Allergy & Immunology Medicine Self-Assessment program. Learn more.

	20	22	
January Structure & Function of Allergens	February	March	April
May	June	July	August
September	October	November	December

2021				
January Reactions to Foods and Drug Additives JPDF 2 Quiz	February Antigen Recognition by B-cell and T-cell receptor  PDF © Quiz	March Antigen Presentation to T Cells ■ PDF ② Quiz	April The Development of B and T Lymphocytes PDF 2 Quiz	
May The Development of B and T Lymphocytes ☐ PDF ② Quiz	June Antigen Presentation to T Cells  PDF Quiz	July Humoral Immunity  PDF 2 Quiz	August Lymphocyte Receptor Signaling  ☐ PDF ② Quiz	
September The Generation of Lymphocyte Antigen Receptors  PDF Quiz	October The Mucosal Immune System  PDF Quiz	November The Immune System in Health and Disease PDF Quiz	December Genetics and Epigenetics in Allergic Disease and Asthma ☑ PDF 및 Quiz	

	Archived Question	ns (2018-2020) by Topic		
Immune Mechanisms  a PDF Quiz	Cells Involved in Immune Responses PDF 2 Quiz	Anatomy, Physiology, Pathology PDF 2 Quiz	Hypersensitivity Disorders PDF Quiz	Immunological Disorders PDF 2 Quiz
Non-Disease Specific Pharmacology Therapeutics	Specific Diagnostic  Modalities  PDF 2 Quiz			







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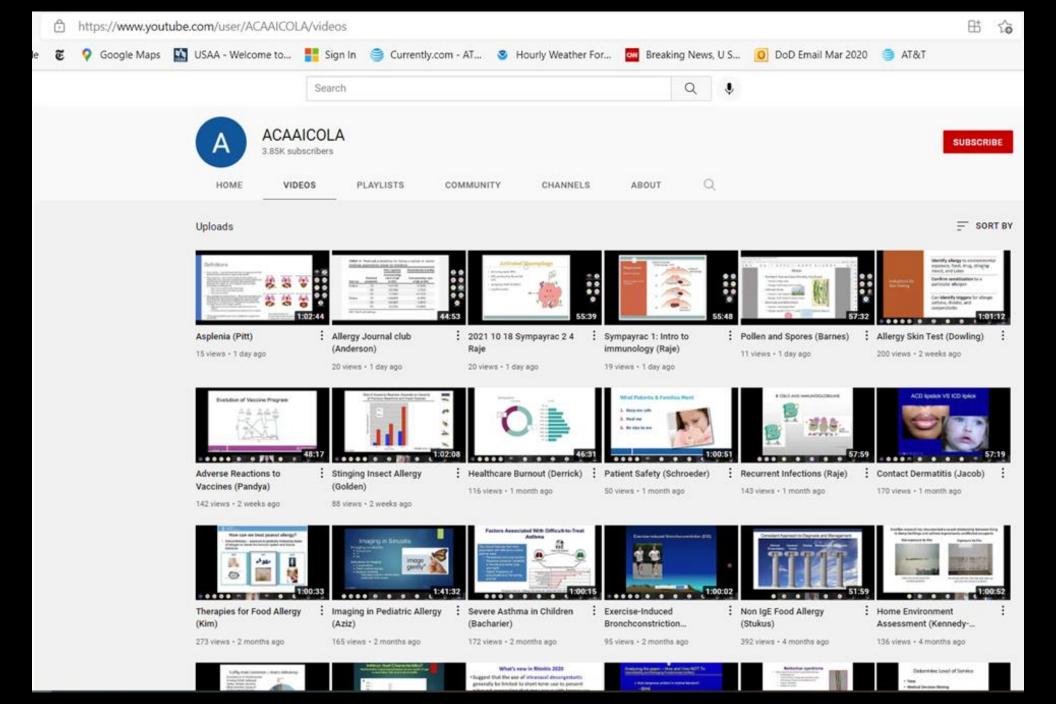
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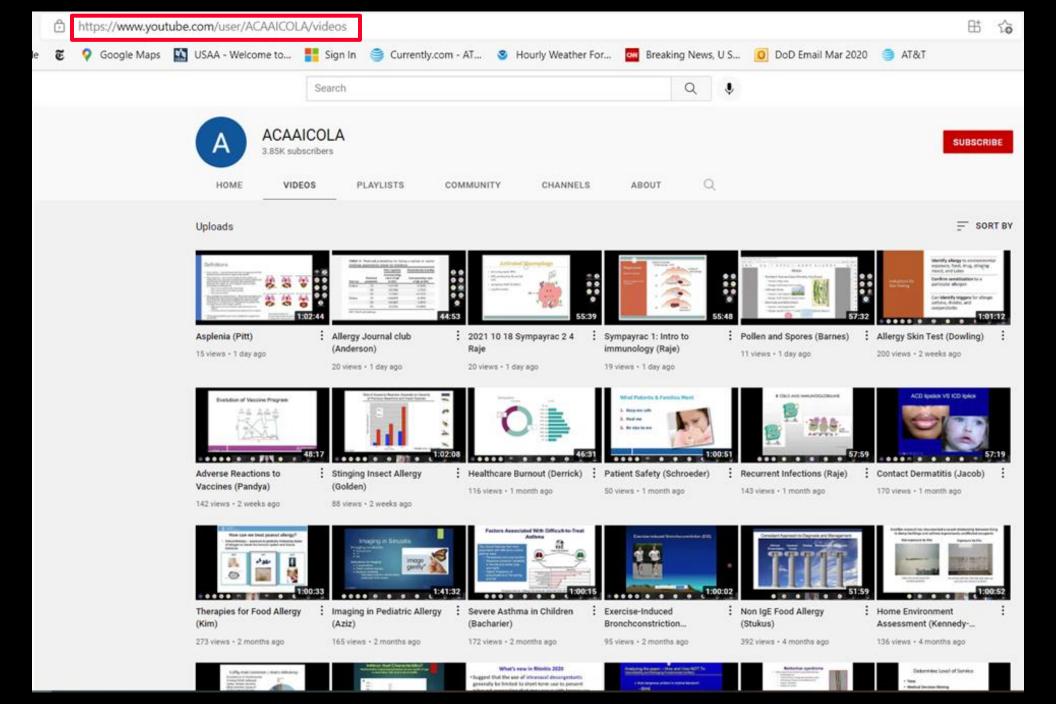
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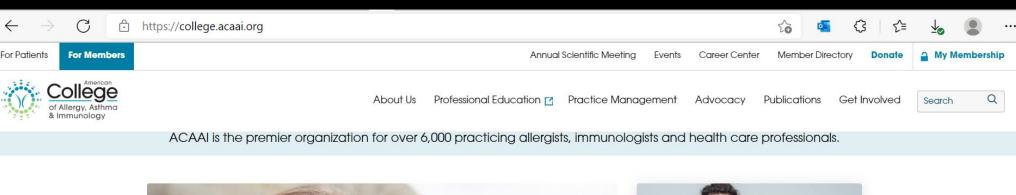
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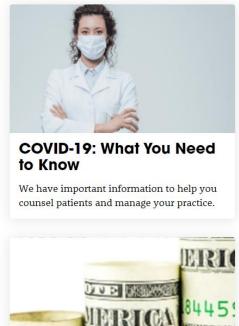
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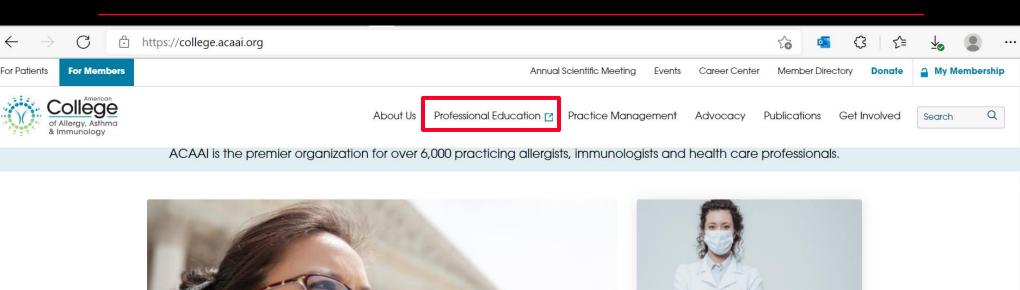
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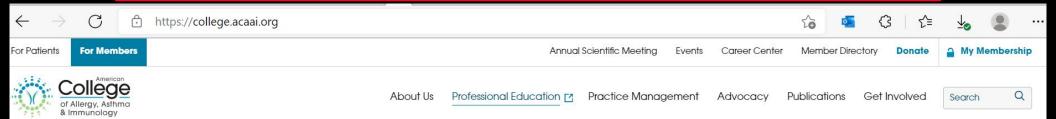






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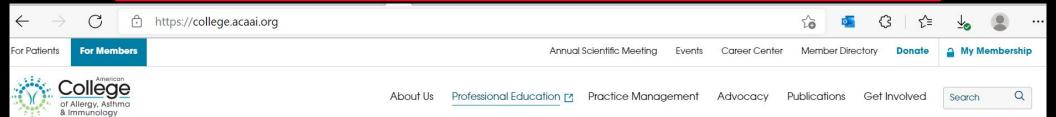
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<u>Title</u>	Non-member Price	Member price	Credits (Hours)	<u>Date</u>
2019 Financial Trends for Allergists: how do you compare?	FREE	FREE	NONE	10/15/2019 to 10/14/2022
2021 Coding for Allergy/Immunology	\$25.00	FREE	NONE	12/09/2020 to 06/30/2022
A/I Practice Survival during COVID-19: A Town Hall	\$25.00	FREE	NONE	04/02/2020 to 04/21/2022
ACAAI Review for the Allergy & Immunology Boards, Fourth Edition	\$199.00	\$159.00	NONE	01/04/2021 to 01/03/2024
AIM Self-Assessment	\$299.00	\$199.00	22.00	07/06/2020 to 07/05/2023
Allergen Extract Mixing Quiz: ACAAI Members 2022	FREE	FREE	NONE	01/01/2022 to 12/31/2022
Allergen Extract Mixing Quiz: Non-members 2022	\$100.00	FREE	NONE	01/01/2022 to 12/31/2022
Allergen Immunotherapy - Dust Mites, Ragweed & More	FREE	FREE	1.00	12/07/2021 to 12/31/2022
Allergy Office: Billing Biologics ABCs	\$20.00	FREE	NONE	09/24/2018 to 12/31/2022
Allergy Office: Coding 95165	\$20.00	FREE	NONE	12/20/2018 to 12/19/2022
Allergy Office: Coding for Allergy Testing	\$20.00	FREE	NONE	09/09/2019 to 09/09/2022
Allergy Office: Coding for Immunotherapy	\$20.00	FREE	NONE	01/09/2020 to 06/30/2022
Allergy Office: Integrating NPs/PAs	\$20.00	FREE	NONE	09/24/2018 to 12/31/2022
Allergy Office: Optimizing Schedules	\$20.00	FREE	NONE	09/24/2018 to 12/31/2022
Allergy Office: Staffing for Efficiency	\$20.00	FREE	NONE	09/24/2018 to 12/31/2022



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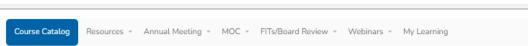


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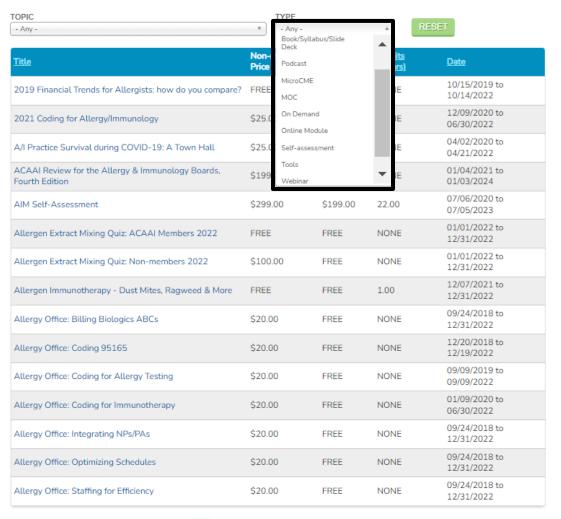


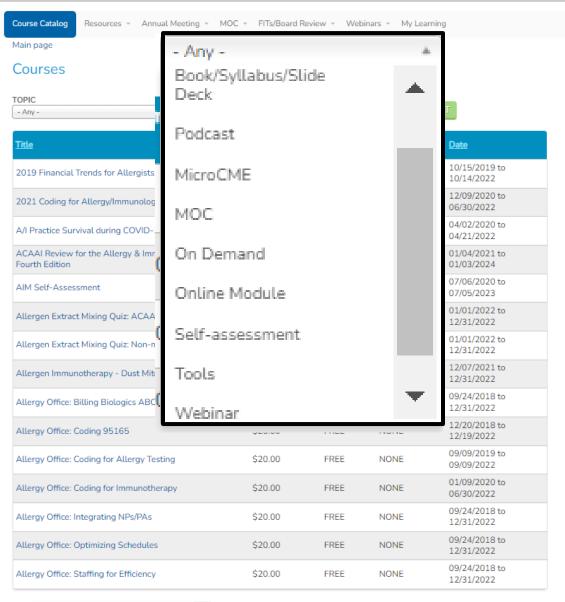
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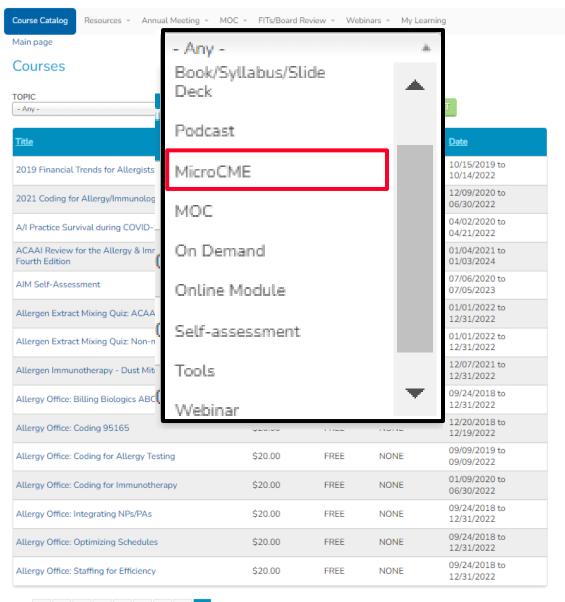


#### Courses

Main page









# Curriculum

## Curriculum

- Structure
  - Dependent on characteristics of available time
  - Daily vs weekly vs monthly
  - Time
    - 25% of fellowship time devoted to academic/other
    - 42.5 hour work week
    - ~10.5 hours for academic/other per week

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  - Daily 1.5 hours M-F = 7.5 hours per week

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  - 3 hours (afternoon) per week

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  - 3 hours (afternoon) per week
    - Immunodeficiency conference once per month
      - 12 monthly conferences
      - Divided to cover all the significant immunodeficiencies
      - Curriculum repeats annually (16% boards = immunodeficiency)
    - Journal club once per month not board focused
    - 2 afternoons/month = 3 hours fellow academic "free" time

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    - 85 conference blocks for Middleton and Practice Parameters (PP)
    - 2 year curricular map for Middleton's and PP = 170 conferences cover ~50% Middleton and most PP

• 2 days per week cornucopia – low preparation burden

- 2 days per week cornucopia low preparation burden
  - Some but not all will have board review content
  - Videos COLA, CDC, AAAAI & ACAAI websites, videos/podcasts/webinars, board review, etc.
  - Staff lectures

#### **APRIL 2020**

DAY	AY DATE MONTH TIME SUBJECT		PRESENTER		
Wednesday	1	APR	0730-0900	CDC Webinar	Staff 1
Thursday	2	APR	0730-0900	Allergen Immunotherapy PP	Fellow 1
Friday	3	APR	0730-0900	Staff Meeting	Faculty
			1300-1600	Clinical Case Conference	Fellow 1
Monday	6	APR	0730-0900	Allergen Immunotherapy PP	Fellow 4
Tuesday	7	APR	0730-0900	Board Review Video: Urticaria and	Staff 2
_				Angioedema	
Wednesday	8	APR	0730-0900	Allergen Immunotherapy PP	Fellow 3
Thursday	9	APR	0730-0900	Allergen Immunotherapy PP	Fellow 5
			1300-1500	Immunodeficiency Conference	Fellow 2
Friday	10	APR	0730-0900	OSCE – Skin testing	Smith and Fellows
			1300-1600	Clinical Case Conference	Fellow 1
Monday	13	APR	0730-0900	Allergen Immunotherapy PP	Fellow 1
Tuesday	14	APR	0730-0900	Allergen Immunotherapy PP	Fellow 2
Wednesday	15	APR	0730-0900	Texas Allergy Meeting Presentation	Fellow 3
Thursday	16	APR	0730-0900	Board Review Video: Drug Allergy	Staff 1
Friday	17	APR	0730-0900	Allergen Immunotherapy PP	Fellow 5
			1300-1600	Clinical Case Conference	Fellow <u>1</u>
Monday	20	APR	0730-0900	Fellowship Evaluation Committee Faculty and	
Tuesday	21	APR	0730-0900	Middleton Chap 59: Occupational Fellow 4 Allergy and Asthma	
Wednesday	22	APR	0730-0900	Board Review Video: Pharmacology	Staff 2
Thursday	23	APR	0730-0900		
Friday	24	APR	0730-0900	COLA: Use of Biologics in Asthma and other Allergic Disorders	Staff 3
			1300-1600	Journal Club- WLR	Fellow 2
Monday	27	APR	0730-0900	Middleton Chap 61: ABPA and HP Fellow 3	
Tuesday	28	APR	0730-0900	<u> </u>	
Wednesday	29	APR	0730-0900	Military Training	No reading
Thursday	30	APR	0730-0900		



- Respect
- Safety
- Immediacy
- Relevance
- Engagement
  - Malcolm Knowles, Ph.D.

- Respect
  - Acknowledge prior experiences & accomplishments
  - Choice and voice in content, structure, and pace of curriculum
  - Staff involvement

#### Safety

- No surprises early familiarization with curriculum, resources, assessment tools, etc.
- Pace is accountable/modifiable to well-being
- No element alone determines high-stakes decisions

- Immediacy
  - Patient care for some elements
  - Quizzes and other assessment tools
  - Challenge Bowl
  - In-Training Exam

- Relevance
  - Patient care
  - Board exam
  - Quizzes and other assessment tools
  - Challenge Bowl
  - In-Training Exam
  - Staff involvement

- Engagement
  - Group involvement
  - Staff involvement
  - Quizzes and other assessment tools
  - Challenge Bowl
  - In-Training Exam
  - Choice and voice in 2 days per week content, continuation of quizzes, overall curriculum

- Fellows
  - Self-reflection
  - Feedback from staff/PD
  - Performance on quizzes
  - Performance on In-Training Exam
- Program feedback/performance
  - Fellows' feedback
    - During fellowship
    - Recent grads
  - Board pass rate
  - In-Training Exam aggregate program data

I. Basic Science	#OfQuestions* 67	#Correct 43	National Average # Correct 35	Examinee Percentile 85%
A. Immune mechanisms	12	8	7	71%
B. Cells Involved in Immune Responses	11	6	4	80%
C. Specific Immune Responses	17	9	8	60%
D. Laboratory Tests	18	12	9	85%
E. Anatomy / Physiology / Pathology	6	6	3	NA
F. Research Principles	3	2	1	NA
II. Clinical Science	125	102	73	100%
A. Hypersensitivity Disorders	47	42	30	100%
B. Immunological Disorders	27	19	14	91%
C. Pharmacology / Therapeutics	26	20	14	97%
D. Specific Diagnostic Modalities	14	13	8	100%
E. Allergens / Antigens	11	8	5	93%
Total Questions	192	145	108	99%

Scores		Percentiles		National		
Total	145	76%	National	99%	Examinees	293
Basic Science	43	64%	Fellowship Year	99%	Average Score	109
Clinical Science	102	82%			Average Basic Science	35
İ					Average Clinical Science	73

<sup>\*</sup> Item(s) discarded due to poor statistical performance

#### **Incorrect Responses with Question Objectives**

Question	
Number	Question Classifications and Objectives
3	II. Clinical Science
	A. Hypersensitivity Disorders
	06. Asthma
	Objective: asthma, risk factors REF:Castro-Rodriguez
6	I. Basic Science
	C. Specific Immune Responses
	Immediate Hypersensitivity (IgE-Mediated)
	Objective: REF:Middleton 7th ed pg 246-248
7	I. Basic Science
	F. Research Principles
	Experimental Design
	Objective: Clinical trial design REF:Users' Guide to the Medical Literature, 2nd edition. Guyatt et al. Chapter
13	I. Basic Science
	B. Cells Involved in Immune Responses
	1. Lymphocytes
	Objective: Memory T cell phenotype REF:Abbas, AK et al., 2012. Cellular and Molecular Immunology. Philadelphia,
14	I. Basic Science
	B. Cells Involved in Immune Responses
	4. Eosinophils
	Objective: Eosinophil proliferation and survival REF:Human versus mouse eosinophils: "that which we call an eos

Item 1	Percent Correct 100%	All Schools Percent Correct 65%	Question Classifications and Objectives II. Clinical Science B. Immunological Disorders
			01. Hereditary and Acquired Angioedema Objective: HAE prophylaxis and pregnancy REF:hae
2	100%	82%	II. Clinical Science  D. Specific Diagnostic Modalities  09. Molecular Diagnostics / Tissue Typing  Objective: pharmacogenetics, drug allergy REF: Phillips EJ et al. J Allergy Clin Immunol
3	0%	52%	II. Clinical Science  A. Hypersensitivity Disorders  06. Asthma  Objective: asthma_risk factors REF:Castro-Rodriguez
4	100%	79%	I. Basic Science  D. Laboratory Tests  03. Cell Surface Markers and Receptors (Flow Cytometry)  Ωbjective: REF:Manual of Clinical Laboratory Immunology, Third Edition
5	100%	76%	II. Clinical Science  A. Hypersensitivity Disorders  17. Contact Hypersensitivity  Objective; contact, allergy, REF; Author: Donald V, Belsito
6	33%	67%	I. Basic Science C. Specific Immune Responses 1. Immediate Hypersensitivity (IgE-Mediated) Objective:, REF:Middleton 7th ed pg 246-248

## Summary

- ABAI board exam
- Resources
- Curriculum
- Learning environment