PROCEDURAL COMPETENCY:
Oral Immunotherapy (OIT) Competency

Name: _____ Date: _____

	Knowledge based	Performance of the procedure	Interpretation of the test	Overall perform safely and competently
Consent				
A/I Fellow identifies patients who would be appropriate candidates for OIT				
A/I Fellow communicates appropriate goals of OIT				
A/I Fellow discusses medical risks of OIT				
A/I Fellow outlines the economic and psychological burdens of OIT				
A/I Fellow reviews limitations of OIT and discusses alternative food allergy management strategies				
A/I Fellow assesses for the contraindications to OIT				
A/I Fellow lists visit schedule for initial buildup, updosing, and maintenance phases of OIT				
Initial Buildup and Updosing				
A/I Fellow explains procedure to patient and/or family				
A/I Fellow identifies appropriate emergency resources including personnel, equipment, and medications during dosing				
A/I Fellow appropriately confirms dosing with patient				
A/I Fellow lists circumstances in which dosing should be modified or held				
A/I Fellow counsels patient on precautions necessary for home dosing				
A/I Fellow appropriately recognizes and treats reactions to OIT dosing				
A/I Fellow titrates dosing and/or supportive medications for patients with adverse reactions				
A/I Fellow ensures adequate observation time following completion of dosing				
Maintenance				
A/I Fellow ensures adherence with dosing schedule				
A/I Fellow appropriately screens for adverse outcomes of OIT				
A/I Fellow identifies signs and symptoms of eosinophilic esophagitis (EoE) in OIT patients				
A/I Fellow establishes follow up surveillance				

CHECK LEARNING RESOURSES USED:

_____ Observation of procedure/review with faculty & staff
_____ Lecture(s)
_____ Selected readings
_____ Problem Based Learning/ Case studies
_____ Web based resources

I attest that A/I fellow, _____, is **competent in performing oral immunotherapy in appropriately selected patients. The fellow meets or exceeds a Level 4 Milestone for this procedure.**

Date: _____ Program Director's signature_____