



THE RESIDENCY REVIEW COMMITTEE FOR ALLERGY AND IMMUNOLOGY

Please answer the questions below using the following scale:

1) I am confident that I can competently diagnose and manage the following diseases or conditions:

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
a) Anaphylaxis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Angioedema	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Asthma - chronic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Asthma - acute	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Atopic Dermatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Autoimmune disease	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Contact Dermatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Drug Allergy/Adverse Reaction	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Food Allergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Ocular Allergies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Rhinitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Sinusitis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Stinging Insect Hypersensitivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Urticaria	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Primary Immunodeficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Secondary Immunodeficiency	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



THE RESIDENCY REVIEW COMMITTEE FOR ALLERGY AND IMMUNOLOGY

Please answer the questions below using the following scale:

2) I am confident that I can competently perform the following procedures:

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
a) Allergen Immunotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Interpretation of T cell phenotype and function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Drug desensitization and challenge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Immediate hypersensitivity skin testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) IVIG treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Performance and interpretation for pulmonary function tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Physical urticaria testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Rhinoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

< Previous

Next >



THE RESIDENCY REVIEW COMMITTEE FOR ALLERGY AND IMMUNOLOGY

Please answer the questions below using the following scale:

3) Respond to the following questions of the survey using the following scale:

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
a) Cross-training in my program is sufficient for me to competently diagnose and manage allergic and immunologic diseases in patients under age 18.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Cross-training in my program is sufficient for me to competently diagnose and manage allergic and immunologic diseases in patients over age 18.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Scheduled activities in my program provide adequate training to critically assess the Allergy/Immunology literature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Approximately 50% of my time is devoted to direct patient care activities, including inpatient and outpatient care, clinical case conferences, and record reviews.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) My program provides a sufficient number of pediatric patients for me to develop competence in treating asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) My program provides a sufficient number of adult patients for me to develop competence in treating asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

< Previous

Submit