



## Resident / Fellow Survey

### THE RESIDENCY REVIEW COMMITTEE FOR ALLERGY AND IMMUNOLOGY

You have 30 minutes to complete this section. If you do not click the "Submit results" button below within 30 minutes of logging in, your session will be disconnected.

Please answer the questions below using the following scale:

1. I am confident that I can completely 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 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 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 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 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 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 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

o.) Primary Immunodeficiency

p.) Secondary Immunodeficiency

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

a.) Allergen Immunotherapy

b.) Interpretation of T cell phenotype and function

c.) Drug desensitization and challenge

d.) Immediate hypersensitivity skin testing

e.) IVIG treatment

f.) Performance and interpretation for pulmonary function tests

g.) Physical urticaria testing

h.) Rhinoscopy

3. Cross-training in my program is sufficient for me to competently diagnose and manage allergic and immunologic diseases in patients **under** age 18.

4. Cross-training in my program is sufficient for me to competently diagnose and manage allergic and immunologic diseases in patients **over** age 18.

5. Scheduled activities in my program provide adequate training to critically assess the Allergy/Immunology literature.

6. At least 50% of my time is devoted to direct patient care activities, including inpatient and outpatient care, clinical case conferences, and record reviews.

7. My program provides a sufficient number of **pediatric** patients for me to develop competence in treating asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.

8. My program provides a sufficient number of **adult** patients for me to develop competence in treating asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.