



## ACGME Resident Survey

### Residency Review Committee for Allergy and Immunology

Please answer the questions below using the following scale:

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 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p)	Secondary Immunodeficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For any comments, concerns, or suggestions about the resident survey, contact us (<mailto:ressurvey@acgme.org>).

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## ACGME Resident Survey

### Residency Review Committee for Allergy and Immunology

Please answer the questions below using the following scale:

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"/>

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### Residency Review Committee for Allergy and Immunology

Please answer the questions below using the following scale:

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 <b>under</b> 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 <b>over</b> 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 <b>pediatric</b> 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 <b>adult</b> 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"/>

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