Clinical Immunology and Allergy Resident
McMaster University

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Residency Training Program Director

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**Introduction**

Welcome to Clinical Immunology and Allergy residency at McMaster. Over the next 2 years, you will learn all areas of the field including autoimmunity, immunodeficiency and allergy. You will have a wide exposure to clinical cases in the clinics, on-call and also on the wards. There is a wide variety of clinics at St. Joseph’s Hospital and McMaster University Medical Centre including Pediatric and Adult Allergy, Pediatric Rheumatology/Immunology, Adult Immunology, Adult Lupus clinic and Adverse Reactions Clinic. You will also spend time in the Clinical Immunology lab and there is time for electives and research.

In your senior year, you will have the opportunity to participate in the Senior Resident Clinic which helps prepare you for running your own clinic so when you finish your training you can hit the ground running.

Allergy and Immunology is a great career in a field that is rapidly changing and growing – from the lab and in the clinics. The need for well trained physicians in our field is great and our goal is to prepare you for a rewarding and exciting career. This handbook is put together to help guide you along the way but of course when questions come up feel free to ask me or Ann-Marie.

Mike

Michael Cyr MSc, MD FRCPC
Program Director
Clinical Immunology and Allergy Clinics

The Allergy/Clinical Immunology rotation will include primarily outpatient clinics with some inpatient exposure. Most clinics take place at MUMC with adults being in 3Z and children in 3F. The remaining clinics are held at the Adverse Reactions Clinic located at the Firestone Institute for Respiratory Health at St. Joseph’s Hospital. It is your responsibility to ensure you attend all clinics for which you are scheduled. **If you are unable to attend a clinic please let the attending staff and chief resident know.**

Adverse Reactions – St. Joseph’s Healthcare – This clinic provides exposure to the diagnosis and management of adverse reaction to medications and stinging insects. This is the only clinic where allergy testing to Penicillin and Venom is provided on an outpatient basis at McMaster, as such both children and adults are seen here. Residents will also have exposure to drug challenges as well as prescribing and delivering venom immunotherapy.

Pediatric Allergy Clinics – McMaster – This clinic provides residents the opportunity to focus on the presentation, diagnosis, and management of allergic disease in the pediatric population. There is exposure to food allergy, atopic dermatitis, environmental allergy, and asthma. There is also a focus on the impact of disease on both the child and entire family. There is ample opportunity here to develop one’s role as a health advocate. There are also opportunities to perform skin testing, as well as observe and execute oral challenges.

Pediatric Rheumatology/Immunology – McMaster – This clinic allows residents to focus on the complex presentations in the investigation of possible immunodeficiency, vasculitis or connective tissue disease, as well as develop an approach to diagnosis, and management of these complex disorders. The need for investigations as well as the interpretation of clinical immunology testing will be explored in this setting.

Adult Allergy and Immunology Clinics – These clinics provide excellent mix of allergy presentations (e.g., environmental allergies, urticaria, angioedema) as well possible immunodeficiency, vasculitis and connective tissue diseases. Most of these clinics are a mix of all aspects of the specialty, with some specialized clinics including the Lupus clinic and the Mixed Clinic. The mixed clinic is a true tertiary clinic with referrals from subspecialists within immunology and supervised by both Immunology and Rheumatology staff physicians.

Senior Resident Clinics – The general philosophy of the Clinical Immunology and Allergy program is learning and teaching in the setting of graded responsibility. This clinic is for residents in their final year of training with enough base knowledge as determined by the Program Director and their performance on core and other rotations. This clinic is an excellent mix of allergy presentations (e.g., environmental allergies, urticaria, angioedema), which is entirely managed by the residents. There is staff supervision but the resident is expected to act as a junior attending with progressively less supervision but appropriate backup.
# McMaster Allergy and Immunology Clinic locations

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<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tr>
<td>Morning</td>
<td>Waserman (adult) MUMC 3Z</td>
<td><strong>Waserman (St. Joe’s adverse drug)</strong></td>
<td>Cyr (adult) MUMC 3Z</td>
<td>Waserman (peds) MUMC 3F</td>
<td>Keith (adult) MUMC 3Z <strong>(8:30 am)</strong></td>
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<td>Dent (peds) MUMC 3F</td>
<td><strong>Keith (St. Joe’s adverse drug)</strong></td>
<td>Denburg (adult) MUMC 3Z</td>
<td>Messieh (adult) MUMC 3Z <strong>(8:30 am)</strong></td>
<td>Haaland (adult) MUMC 3Z <strong>(8:30am)</strong></td>
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<tr>
<td></td>
<td>Mixed clinic (adult) MUMC 3Z</td>
<td><strong>Keith (St. Joe’s adverse drug)</strong></td>
<td>Haaland (adult) MUMC 3Z</td>
<td>Abdurrahman (peds) MUMC 3F</td>
<td>Cyr (Senior Resident Clinic) MUMC 3Z</td>
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<tr>
<td>Afternoon</td>
<td>Keith (adult) MUMC 3Z <strong>(1:00pm)</strong></td>
<td>Waserman (adult) MUMC 3Z</td>
<td>None</td>
<td>Waserman (peds) MUMC 3F</td>
<td>Haaland (adult) MUMC 3Z</td>
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<td>Dent (peds) MUMC 3F</td>
<td>Keith (peds) MUMC 3F</td>
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MUMC: McMaster Hospital, 1200 Main St. West. 3Z is located in yellow section on 3rd floor. 3F is located in red section on 3rd floor.
Note: Tuesday and Wednesday morning clinics for Dr. Waserman and Dr. Keith are Adverse Reactions Clinic and therefore take place at St. Joseph's hospital. This is a tentative schedule as clinics may move based on staff availability.

Consult service:

Inpatient consultations may be received from any of the Hamilton Health Sciences sites, as well as St. Joseph’s Hospital. Consults are triaged via an Allergy & Immunology resident or directly through attending staff if a fellow is not on call. Residents may take calls from physicians in the community or directly from patients. All telephone advice should be discussed with the attending on call or, if possible, the attending who follows that patient. All telephone advice will be documented.

Residents can also be assigned to the adult medical day care unit (3Z). During these days, the on-call resident should be in house at McMaster during infusion hours, in the event of an adverse event. There is also an assigned staff for this coverage, which is separate from the regular on call schedule. Please look at both on call schedules. If you need to leave to see an offsite consult, please alert your staff to cover and inform the medical daycare that they are to contact the staff first.

Administrative Duties:

On the first day a rotator starts, the fellow in that clinic will orient the learner regarding the organization of the rotation, including clinics, academic half days and answering any questions the learner has. The fellow responsible for orienting the learner will be notified
on the rotation schedule. The orientation package will be emailed to all allergy residents and reviewed in the first month.

There are various administrative duties including the chief resident, coordination of journal clubs and planning the teaching schedule. Also, each year there is an elected resident representative for the postgraduate training and education committee. Each resident is expected to have some administrative role during their fifth year. These roles will be discussed in more detail at end of the fourth year.

**Educational Sessions:** Residents will also participate in the Allergy/Clinical Immunology weekly rounds, and resident teaching sessions. *(You are expected to attend all bolded sessions)*

1. **Fridays, 12:00 to 1:00 PM - Allergy/Clinical Immunology Grand Rounds.** MUMC 4E20 (Generally, all Grand Rounds from September – June).

2. **Fridays 1:15PM-1:30PM – Interesting cases of the week (3E26)**

3. **Fridays 1:30-2:30 Resident Half-day.** These rounds are directed teaching for Allergy & Immunology fellows and rotators. Sessions may be clinical or basic science-oriented. Schedule is sent via e-mail and sessions will take place in Room 3E26.

4. **Fridays 2:30-3:00. Basic Immunology review.** These are geared toward Clinical Immunology residents to learn basic immunology concepts.

5. **Primary Immunodeficiency Video conferences.** These occur every 2 months. The dates/times will be emailed to you. MDCL RM 2242

6. **Subspecialty resident half-days.** These occur about 4 times per year and focus on non-medical expert CANMEDs areas for subspecialty residents. SJH Campbell Auditorium.

7. **Multidisciplinary Academic half days (MAD days).** These occur about 4 times per year and are run through Postgrad. They occur on Wednesday afternoons – exact dates will be forwarded to you.

8. **Tuesdays, 9:00 to 11:00 AM – Respirology half-day.** Rotating residents can attend these rounds run by the Dept of Respirology provided you do not have a scheduled clinic. Location is in the Campbell Auditorium at St. Joseph’s Hospital (level 2).

9. **Wednesdays 1:00 PM - Pediatric and Internal Medicine academic half-days.**

10. **Wednesdays 8:00-9:00 AM – St. Joseph’s Hospital Department of Medicine Grand Rounds, Stelco Amitheatre, Fontbonne Building.**
11. Thursdays, 8:00 to 9:00 AM- Department of Medicine Grand Rounds, MUMC 4E20.
12. Thursdays, 8:00 to 9:00 AM - Department of Pediatrics. Grand rounds MDCL 3020.
13. Any additional teaching sessions, videoconferences will be announced separately.

The general philosophy of the Allergy/Clinical Immunology rotation will be learning and teaching in the setting of graded responsibility. For most of the rotation, in addition to direct staff supervision, a PGY-4 or PGY-5 in Allergy/Clinical Immunology will be involved in teaching and supervision.

**Dictations:**

Residents are expected to dictate on patients they have seen in the clinic or as consults. All letters are dictated on the central dictation system using your own dictation number. Please note that your dictation code for St. Joseph’s Hospital consults is your username for Provider Portal, and there are slightly different commands. Instructions for both dictation systems can be found at: [http://fhs.mcmaster.ca/otolaryngology/documents/dictating101.pdf](http://fhs.mcmaster.ca/otolaryngology/documents/dictating101.pdf)

Adverse Reactions Clinic and Dr. Denburg’s clinic letters are dictated via Dictaphone. **Dictaphones** will be provided on loan by the program to the resident for the duration of their training. Tapes may be obtained from either Anna Scime (secretary to Drs. Keith and Waserman) for adverse reactions clinics or Monica Diana (secretary to Dr. Denburg) for Dr. Denburg’s clinic. When dictations are completed place the tape in an envelope and label them as follows: Date, your name, the staff person’s name, the location of the clinic (3V2 or Adverse Reactions Clinic) and list the names of the patients that you are dictating on. Dictations will be read by the staff and given back to you as a form of feedback. **If you are unfamiliar with how to dictate please ask either a fellow or staff.**

**Recommended Readings:**

The 2010 Primer on Allergic and Immunologic Diseases is available on the Journal of Allergy and Clinical Immunology’s website with open access. The website is [http://www.jacionline.org/issues/contents?issue_key=S0091-6749%2810%29X0004-5](http://www.jacionline.org/issues/contents?issue_key=S0091-6749%2810%29X0004-5).

Another helpful and concise resource is the supplement by the Journal of the Canadian Society of Allergy and Clinical Immunology entitled “**Practical guide for Allergy and Immunology in Canada**”: [http://www.aacijournal.com/supplements/7/S1](http://www.aacijournal.com/supplements/7/S1).

A useful resource is the Primer of Rheumatological Diseases published by the Arthritis Society of Canada, which is available through the McMaster Health Sciences library as an online resource.
The McMaster Health Sciences Library and the online HHSC website carries Middleton’s textbook of Allergy and Immunology, which is a comprehensive and reputable resource.

**Other Resources and References:**

1. **Allergy: Principle and Practice, Middleton and Reed.** (Program will provide a copy to each resident)
2. **Janeway: Immunobiology, Kenneth Murphy.** (Program will provide a copy to each resident)
4. Training Program Directors Reading List - sponsored by the American Academy of Allergy, Asthma, and Immunology. (www.aaaai.org)
5. American College of Allergy, Asthma, and Immunology Practice Parameters. (www.acaai.org)
6. MKSAP Allergy and Immunology (3rd Edition 2000) and full series.
7. Handbook of Clinical Immunology Laboratory procedures prepared for residents by clinical laboratory staff.
8. We have a program Dropbox with archived talks and resources such as MKSAP

**Other Resources and References:**

4. **Journals:** Journal of Allergy and Clinical Immunology, Annals of Allergy, Immunology Today, New England Journal of Medicine, Annals of Internal Medicine, Clinical and Experimental Allergy (online).
2-YEAR CURRICULUM FOR CLINICAL IMMUNOLOGY AND ALLERGY PROGRAM:

The general goal of the Program is to develop the postgraduate student in a flexible fashion adapted to the requirements of the Royal College and the particular applicants. A sound background of immunology theory and practice are supplied, including a foundation for basic or applied research in allergy and immunology. Laboratory training in a wide range of techniques appropriate to the practice of clinical immunology and allergy is also considered part of the educational Program.

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C= CORE  S= SELECTIVE  RES= RESEARCH  CM= COMMUNITY  IMM= IMMUNODEFICENCY

A block equals four (4) weeks of time, which may be completed longitudinally. There must be clinical time spent in Clinical Immunology and Allergy throughout both years of training.

The order of the rotations can be determined by the resident with a minimum of Six (6) CORE blocks in first year and Three (3) CORE blocks in second year. All fellows are on CORE for the December/Holiday block in both years.

There will be some half-days when you are not booked into a specific clinic. You are expected to be doing work / study in Clinical Immunology and Allergy during these times and you should be available / reachable during these times.

CORE = Clinical Immunology and Allergy related to Internal Medicine and Pediatrics at McMaster (Minimum Twelve (12) Blocks). The core rotation involved clinics in both pediatric and adult clinical immunology, and allergy. These clinics occur at two hospital sites: McMaster University Medical Centre (MUMC) and St. Josephs Healthcare-Charlton Site (Firestone Clinic). (Clinics are described earlier in this document)

LAB = Clinical immunology diagnostic laboratory (Total 1 Block). This rotation is mainly based out of the Hamilton General Hospital where the immunology lab currently resides. Residents will learn about common immunological laboratory methods and principles under the guidance of the lab staff.

RESEARCH = Minimum one block of research. Extra months of research can be taken from selective blocks for a maximum of six (6) total blocks of research, which must include some degree of ongoing clinical experience (eg Senior Resident Clinic). It is expected that each resident will complete a scholarly project at the end of his or her two-year training period. There are many opportunities to be involved with both clinical and
basic science research in a variety of areas within the discipline. Research projects, in which basic or applied immunology and allergy questions are being explored, are an ongoing significant part of the training Program in this specialty area. Members of the Molecular Virology & Immunology Program, all have ongoing research interests in the areas of immunology, allergy, inflammation, virology and cellular/molecular biology, which are potentially available for exploration with students as part of their two-year Program.

**COMMUNITY** = Community allergy clinics rotation – Max two (2) blocks. Generally, this is a rotation whereby residents can experience the day-to-day experience of working in this field within a community practice. This is an excellent opportunity to also learn about the business aspect of medicine and take on the manager role. This is generally done with allergists practicing within our community, of which many are graduates of our program.

**IMMUNODEFICIENCY** = Pediatric Immunodeficiency (Suggested centres for training Montreal Children’s Hospital, IWK Halifax Children’s hospital, HSC). Please note PEDIATRICS STREAM need to complete two (2) blocks of immunodeficiency

**SELECTIVE** =Selective Rotations in any of the following with a maximum of two (2) blocks in any one of the selectives (Total Eight (8) Blocks)

<table>
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<th>3 SELECTIVES MUST BE FROM THIS TOP BOX:</th>
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<tbody>
<tr>
<td>- Otolaryngology/ENT Surgery</td>
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<tr>
<td>- Respirology/pulmonary function lab</td>
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<tr>
<td>- Dermatology</td>
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<tr>
<td>- Occupational Medicine</td>
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<tr>
<td>- Rheumatology/autoimmune diseases</td>
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<tr>
<td>- Transplant medicine which may include hematological transplantation, solid organ transplantation and/or laboratory experience</td>
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| - Research (can do Max 6 blocks)       |
| - Human Immunodeficiency Virus (HIV) medicine |
| - General allergy/immunology clinic    |
| - Max one (1) block in a clinical immunology lab |
| - Other training as approved by the Program Director (incl more CORE 😊) |
Call Policy
Clinical Immunology & Allergy Residency Training Program
McMaster University

Call Schedule:

The chief resident(s) will prepare the call schedule for the residents each month. This schedule will be distributed to all residents, faculty members, administrative staff and PAIRO two weeks prior to the effective date.

Frequency of Call:

As per the PARO-CAHO agreement (as of June 2012) residents may not work more than 1:3 for out-of-hospital call. The number of call per month will be prorated for any vacation, or leave of any kind, taken during that calendar month. The call schedule must be in accordance with the most recent PAIRO-CAHO agreement.

Weekends

Each resident must have 2 COMPLETE weekends off per 28 days; including Friday night/Saturday morning as well as Saturday and Sunday. A resident cannot be on home all on 2 consecutive weekends. Residents cannot be required to round (or perform other clinical duties) on weekends when not on call.

Call Responsibilities:

Residents will take calls for the in-patient consult service. This consult service provides Adult and Pediatric Allergy & Immunology, as well as, Pediatric Rheumatology coverage. While on call it is expected that residents will see consults within 24 hours of receipt of that consult. If a consult is on an emergent or urgent basis they will be seen as soon as possible. All consults will be reviewed with the attending on call. Residents will be supervised by the attending on call to the level appropriate for their level of training.

Consults may come from any of the hospitals in Hamilton. It is understood that if the consult service is busy the resident may be relieved from clinic duties. If a resident has worked past midnight while on call they will be excused from clinical duties the next day.

Residents may take calls from physicians in the community or directly from patients. All telephone advice should be discussed with the attending on call or, if possible, the attending who follows that patient. All telephone advice will be documented. If the resident does not feel comfortable giving advice in certain circumstances they may refer the person calling directly to the attending staff. If a patient requires urgent consultation or follow-up the on call resident will arrange this.

If a non-urgent consult comes in after 5pm on the last day of a resident's call the consult may be held for the resident commencing call the following morning.
For consults regarding penicillin testing, most of the time there will be leftover penicillin skin tests (prefilled syringes and record sheet) in the fridge in the fellow’s office. Check the date to ensure the skin tests are not over a few weeks old or they will not be accurate. If there are no syringes in the fridge, call the hospital pharmacy and ask them to make you syringe’s with Prepen and ampicillin. Bring a histamine control from the fellow’s office fridge and get N. saline from the ward as the negative control. Prepen and ampicillin rules out penicillin allergy in the majority of patients so if these tests are negative we are comfortable going ahead with an oral challenge. If you have any further questions regarding this please ask the senior fellows.

### Special Circumstances

**For Away Rotations (Mandatory or Elective):**
While on rotation at another university residents are not expected to take call at McMaster University.

**For Community Rotations, Laboratory Rotations, Research Rotations, Elective Rotations** emphasis must be placed on the learning objectives of that rotation. Thus, residents are not expected to take weekday call. Residents are expected to participate in Friday teaching sessions on these rotations unless they are out of the region. (Fridays are considered a day back on your home service when you are on elective or selective in the region) If coverage is needed residents on these rotations will be asked to cover the consult service for one weekend (Fri/Sat/Sun) per month or block. Consults should not be held for the weekend for this reason.

### ON CALL STIPEND

As per the PARO-CAHO agreement, each resident shall receive a stipend for each on-call shift. For Home call, this is $52.50 per call. These shifts need to be entered into the HHS stipend system no later than 30 days after the end of the month the shift was worked. (Eg. The on call shift of June 6 must be entered by July 30). **There are no exceptions, so please enter your calls on time!** If there are any issues with this process please contact Human Resources, Postgrad, or PAIRO.

The website to enter calls worked is [https://hhsstipend.hhsc.ca/](https://hhsstipend.hhsc.ca/). Your password is your Employee ID number found on your paycheck.

### Resident Multi-site Call Travel Reimbursement Form

This form is for residents working city-wide or multi-site (at least 2 sites) call to claim reimbursement for travel costs (gas mileage) or for those without an HHSC/SJH parking pass taxi/parking receipts incurred while travelling between hospital sites during their call shift and are required to be in the hospital between 6pm and 6am. Please find the form and further information at [http://postgrad.medportal.ca/documents/ResidentMulti-SiteTravelFormJuly2011.pdf](http://postgrad.medportal.ca/documents/ResidentMulti-SiteTravelFormJuly2011.pdf).
MOONLIGHTING POLICY:
It is recognized that McMaster PGME cannot restrict, from a practical point of view, those residents with an independent practice certificate but this activity must not interfere with the training program.
Please find the McMaster University policy on Moonlighting at:
  fhs.mcmaster.ca/postgrad/documents/MOONLIGHTINGPOLICY_2_.pdf
VACATION AND PROFESSIONAL LEAVE

Vacation

Residents are entitled to 4 weeks of paid vacation per year. A week of vacation is defined as five (5) working days plus two (2) weekend days. Vacation time may be delayed only where necessary having regard for professional and patient care responsibilities. Housestaff may arrange for their vacation to be taken in one (1) continuous period or in segments provided professional and patient responsibilities are met. Requests must be made in writing at least 4 weeks in advance of the requests start day of the vacation and they are to be submitted no later than March 1st. Requests for vacation are made via the online vacation system on the Postgraduate website. This is accessible through your medportal account.

All requests must be confirmed or denied in writing within 2 weeks of the request being made. If denied, alternate times for vacation must be agreed to within 2 weeks. There can be no blanket policies restricting the amount of vacation in any rotation. Residents cannot be post call on the first day of vacation.

Professional Leave

Maximum of 7 working days per year (Note: weekends are not considered “working days” for this purpose.) Residents DO NOT need to be attending a seminar, course or conference to take a professional leave day, and the resident does not need to provide proof of what the day was used for.

Exam Leave:

Residents are entitled to take paid leave for the purpose of taking any Canadian or American professional certification exam. This leave time shall include the date(s) of the exam and reasonable travel time to and from the exam site. This leave is in addition to other vacation or leave time.

Holidays and Lieu Days

All Housestaff are entitled to the following recognized holidays:

• New Year’s Day
• Family Day
• Easter Friday
• Victoria Day
• Dominion Day (AKA CANADA DAY)
• August Civic Holiday
• Labour Day
• Thanksgiving Day
• Christmas Day
• Boxing Day
• One Floating Holiday* *A floating holiday is a paid holiday taken at a time chosen by the
A program CANNOT tell a resident when to take their floating holiday. Residents are entitled to a lieu day if required to perform clinical duties on July 1st (Canada Day/Dominion Day) during any part of the day.

All house staff are entitled to 5 consecutive days off during the 12-day period encompassing Christmas Day and New Year’s Day. These 5 days account for Christmas Day, New Year’s Day, Boxing Day and two weekend days. Each resident must get either Christmas or New Year’s Day off. Residents do not get additional lieu days for working on either of the statutory holidays during the period.

Lieu Days Where a resident works any part of one of the recognized statutory holidays, they are entitled to a lieu day to be taken at a time mutually convenient within 90 days of the holiday worked. This includes residents working home call for any portion of the 24 hours of the date of the holiday.

No lieu days for Christmas Day, New Year’s Day & Boxing Day (this is included in the 5 days off over the holiday period).


For a full listing of forms and policies available including Tax forms from the McMaster Postgraduate Medicine at http://fhs.mcmaster.ca/postgrad/forms.html and from links from your personal MedPortal.
OMBUDSPERSON:

In the event any resident has a concern that they feel they cannot approach the Program Director or the Chief resident for any reason, they can speak to the Ombudsperson. This is a member of the faculty who is not on the Residency Program Committee but can act as an advocate for the resident on any issues or concerns raised.

The Ombudsperson for the Clinical Immunology and Allergy Program is Dr. Derek Haaland.

Please also review the policies on the following topics prior to starting your training, at any time you have concerns, and at least once per year moving forward:

Harassment Policy: http://fhs.mcmaster.ca/postgrad/Harassment.html

Health and Personal Safety Policy: http://www.fhs.mcmaster.ca/medicine/Immunology_Allergy/residency/obj_safety.htm


For a complete listing of all the policies of the Postgraduate Medicine department at McMaster University please visit: http://fhs.mcmaster.ca/postgrad/policies.html.

WEBSITE:

Please find all this information and so much more on our program website: http://www.fhs.mcmaster.ca/medicine/Immunology_Allergy/residency/index.htm.

Royal College Documents:

Royal College Examination dates

Royal College Objectives of training

Royal College Clinical Immunology and Allergy training requirements

Royal College Specific Standards of Accreditation
Evaluations

**ITERS: In-Training Evaluation Report (ITER):**

All evaluations are now completed online using WebEval software. **Rotation-specific evaluations** in CANMEDs format are distributed periodically to attending staff. Evaluations address the rotation-specific goals and objectives outlined in this Syllabus. Once completed, evaluations are available immediately to the trainee. Trainees also complete **faculty and rotation evaluations** online.

**OSCE:** At least once a year there will be mock OSCEs to assess the clinical and basic knowledge of the residents. This will also assess examanship skills for future endeavours.

**AAAAI ITE (In Training Exam):** This is a yearly written exam to assess knowledge and to hopefully demonstrate knowledge acquisition over the two years. Usually late April/Early May each year

**Multisource Feedback:** these are completed by non-physician allied health care members. At least 4 must be completed every 6 months. You can pick which people that you would like to complete these – just let Ann-Marie know.

**Grand Rounds presentation:** you are expected to complete at least one Grand Rounds per year. Please pick a faculty to help you and to complete an evaluation.

**Journal Clubs / half-days:** Evaluations will be completed for each JC and academic half-day.

**Consultation notes:** Every 6 months please select one consult letter and one follow-up letter to be reviewed by faculty (which ever faculty was supervising the patient you dictated on).

The Program Director meets with each trainee 4 times per year to review evaluations and discuss the trainee’s performance and advancement.
**Goals and Objectives:**

The [Royal College Objectives of training](#) include all the Objectives for the 2 year training program. It is useful to refer back to this original document from time to time.

The Rotation Specific Goals and Objectives are important and are tailored to each specific rotation including core Pediatric and Adult Clinical Immunology and Allergy blocks, elective blocks, Lab rotation, Research blocks etc. These are available on the [Resident website](#) and are updated yearly. Please review these at the onset of any new rotation.