



Perspective

Promotion of early-career discernment by an allergy and immunology medical student interest group



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Interest in allergy-immunology (AI) fellowships appeared to wane last year; however, this year's data suggest that interest in AI training has returned to trends seen in previous years (unpublished data). Despite this, there is concern that it is becoming increasingly difficult to attract quality residents to our specialty.^{1,2} To stimulate interest in AI, both the American Association of Allergy, Asthma, and Immunology (AAAAI) and the American College of Allergy, Asthma, and Immunology (ACAAI) have sponsored programs for residents and senior medical students. These programs, although well received, still lack data on outcomes, such as whether participants truly select AI based on these initiatives or would have applied regardless. We are concerned that by the time young trainees rise to the level of senior medical student or resident many may have already discerned and committed to a clinical specialty without true exposure or socialization in fields such as AI.³ This lack of exposure is compounded by sweeping reform in medical curriculum that aims to accelerate entry into clinical years and time to degree completion, sacrificing formative time to build specialty interests.⁴ For this reason, we propose starting student involvement with AI earlier during medical school training.

To enhance early-career exposure to our field, we implemented an AI specialty interest group during the past 5 years. The group is primarily composed of first- and second-year medical students. The mission is to ensure that students are aware of the process to become an AI fellow and how to make themselves competitive for training. We do this by having a series of events for the students usually with food provided for those who attend. The events include the following:

1. Meet the AI fellows from our program: This event is a 50-minute lunch panel with current fellows in training who share their pathway through AI and advice for career success. The event allots ample time for question and answers.
2. Meet the faculty: Similar to the Meet the AI Fellows event, this event is usually a 50-minute lunch program during which a faculty member discusses what it is like to be an academic allergist and what pathways exist for those who specialize in AI.
3. Procedure skill night: Traditionally taught by AI fellows, this hands-on event teaches aeroallergen skin testing, spirometry, patch testing, food testing, food challenge, and penicillin testing to the students as a way of stimulating interest in AI.
4. Journal club: Students, fellows, and faculty participate in journal club during lunchtime. We focus the journal club on 2 interesting cases to stimulate excitement in what we do and what type of patients we care for, while building a community of mentors and mentees.
5. AI review for first-year (Basics of Disease Course) and second-year (US Medical Licensing Examination Part 1) medical students: This event is usually accomplished over lunch provided by a faculty member or fellow.
6. Evening social event for the students in the program's director's home: All the faculty and fellows are invited to socialize with the students who are members of the AI interest committee.
7. Community outreach: Student leaders of the interest group designed and implemented a 30-minute health education course on allergic diseases, taught at the local Salvation Army Rehabilitation Center for the past 4 years. The course attracts, on average, 50 adults per session, who come to learn about common atopic conditions and necessary skills to manage them, including proper inhaler technique, epinephrine administration, and skin care regimens for eczema. Medical students from the interest group rotate teaching the course to practice key

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communication and advocacy skills for their future practice. They have found this health education course meaningful and worthwhile because it not only enables them to deliver pertinent allergy and immunology topics to the general public in lay terms but also helps foster a new perspective on interacting with people from disadvantaged socioeconomic backgrounds.

Two obvious questions should emerge. First, how effective has this program been? Second, how can this program be instituted at a medical school without an AI program? In response to the first we have similar efficacy data as the ACAAI and the AAAAI, which is unfortunately minimal, even though it appears from unpublished data that as many as 70% of participants of AAAAI Chrysalis end up applying for AI training. We need more data, but so do the ACAAI and AAAAI. In regard to the second question, we believe that a community of AIs can accomplish this goal as we discuss below. The cost is minimal (<\$2000 per year) and is equal to or less than the cost associated with sending 1 or 2 students or residents to the AAAAI or ACAAI meetings by the time you add up travel fees for the student, room rentals for the programs, and food and other activities at the meeting. Now that one of the learning objectives for AI fellows is teaching, it would be fun and exciting for an AI fellow either alone or with a community AI physician to visit campuses without programs to establish an AI interest group.

Lastly, as a group we are concerned that waiting until residency or late into medical school to have interactions with potential future AI fellows is too late. It is critical to note that proper exposure to different specialties and the timing of the exposure are major influencing factors in encouraging medical students to make an informed decision on their future career choices.⁵ Of note, other medical specialties that face similar exposure issues have already instituted medical student interest groups with success.^{6,7} We

strongly believe that programs, such as ours, stimulate early interest in our specialty, which we hope will last and improve the quality, as well as the number of applications, for our fellowships. What we suggest varies by the availability of AI training programs and faculty at medical institutions across the country. In schools with AI programs, we suggest starting an AI interest group as students arrive on campus during their first year. For schools without AI programs, we suggest that the AAAAI, ACAAI, and regional, state, and local AI associations consider starting a joint project to establish AI interest groups aimed at young trainees. This project can be funded by the AAAAI and ACAAI jointly and be administered by the regional, state, and local AI associations and community AI physicians. We would suggest that the AAAAI and ACAAI develop a fund to launch this initiative and allow AI fellows and AI physicians, as well as state and local AI organizations, to apply for funding for these programs.

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