

EAACI Clinical Fellowship Report:

Allergy Care in the Management of Drug Hypersensitivity at St Bartholomew's Hospital's Adult Cystic Fibrosis Centre: A Service Evaluation.

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Type, duration and location of Fellowship: Clinical Fellowship,
3 months, London (United Kingdom).

Host Institution and Supervisor name: St Bartholomew's
Hospital's, Barts Health NHS Trust, Ricardo Madrigal-Burgaleta.

Introduction

During my fellowship, I had the opportunity to engage in a variety of clinical and research activities at St Bartholomew's Hospital, Barts Health NHS Trust. My primary focus was the Clinical Audit of Drug Hypersensitivity in Cystic Fibrosis Patients. I was involved in multidisciplinary (MDT) care, clinical audits, research projects, and clinical governance meetings (CGM). This report will outline the steps taken to meet the objectives set out at the beginning of my fellowship and a reflection on the skills and knowledge acquired.

Clinical Activities and Observations

Monday: Severe Asthma Clinic and Severe Asthma Regional MDT Meeting

- **Time Spent:** 09:00-13:00 (Severe Asthma clinic), 15:00-16:00 (Severe Asthma MDT Meeting)
- **Patients Observed:** 5-6 patients in the clinic, 10-20 cases discussed in the MDT meeting
- **Activities:**
 - **Observed:** I observed the consultation process within a multidisciplinary team, including clinical assessment, nursing consultations for adherence and inhalation technique review, physiotherapy sessions focused on breathing patterns, pharmacy consultations ensuring proper use of devices, and other professionals including psychology, dietetics, and ENT.
 - **Developed:** I actively participated in the comprehensive evaluation of patients, including reviewing spirometry results, observing clinical assessments, and examining proformas for case presentations in the MDT meetings, where biological treatments were indicated and adjusted.

Tuesday: Research Project/NHS courses, Allergy MDT Meeting and Allergy Testing

- **Time Spent:** 09:00-11:00 (Research/Training), 11:00-12:30 (Allergy MDT Meeting -weekly- or Allergy CGM -monthly-), 13:00-17:00 (Allergy Testing -skin testing and drug/food challenge list-).
- **Patients Observed:** 13 patients in the MDT meeting, 4-8 patients/day for allergy testing.

- **Activities:**
 - **Observed:** I observed allergy testing procedures, including food and drug challenges and perioperative reactions assessment.
 - **Developed:** I worked on two research projects and attended mandatory NHS courses. I also participated in discussions in the Allergy MDT meeting, focusing on allergy management in a clinical setting.

Wednesday: Research Project and Allergy Clinic / Rapid Access Penicillin De-Labeling List

- **Time Spent:** 09:00-12:00 (Research), 12:30-17:00 (General Allergy Clinic/Penicillin De-labeling)
- **Patients Observed:** I observed the patients during the rapid-access penicillin allergy de-labeling list and in the general allergy clinic. The general allergy clinic has integrated various allied health professional (AHP)-led services, including allergy dietetics, a pharmacy-led sublingual immunotherapy clinic, nurse-led education and asthma control clinics, and a nurse-led subcutaneous immunotherapy clinic. I was actively involved in all these clinics.
- **Activities:**
 - **Observed:** I observed the management of various penicillin allergy cases and the rapid-access one-stop-shop de-labeling process. Additionally, I witnessed the pathways and patient interactions across the integrated AHP-led clinics within the general allergy clinic.
 - **Developed:** I contributed to creating an allergy research project database by collecting and organising data. I also supported the general allergy clinic by participating in the integrated clinics, ensuring comprehensive patient care and multidisciplinary collaboration.

Thursday: Food / Drug Challenge Testing and Research

- **Time Spent:** 09:00-13:00 (drug challenges), 14:00-17:00 (Research/Training)
- **Patients Observed:** Multiple patients undergoing drug challenges for food and drug allergies
- **Activities:**
 - **Observed:** The provocation testing for food and drug allergies, understanding the standard operating procedures (SOPs), safety checklists, informed consent, protocols and risk-management measures involved.

- **Developed:** I continued my research project and attended additional mandatory NHS courses.

Friday: Inpatient Allergy Testing and Weekly Update

- **Time Spent:** 09:00-13:00 (Allergy Testing/Research), 14:00-17:00 (Tutorial/Weekly Update)
- **Patients Observed:** 1 patient undergoing allergy testing, with additional time dedicated to research
- **Activities:**

- **Observed:** Inpatient allergy testing for cystic fibrosis patients. I also had the opportunity to observe surgeries from the perspective of an anaesthetist, which provided valuable insight into the context in which perioperative allergic reactions occur.
- **Developed:** I participated in structured weekly catch-up sessions, where progress on my research projects and other responsibilities was systematically reviewed. These meetings were carefully documented, with minutes outlining key discussions, action points, and personalised adjustments tailored to each project. Progress was monitored closely, and the feedback received helped refine my approach and ensure continuous improvement.

The process also served as an invaluable opportunity to learn how to effectively conduct meetings, manage mentoring relationships, and utilise digital tools for scheduling and tracking progress. I gained insights into the importance of maintaining detailed records, setting actionable goals, and staying intentional with time management. These sessions fostered productivity, ensuring I remained focused, reflective, and adaptable to changes while developing crucial skills in prioritising tasks, setting objectives, and evaluating my techniques regularly.

Research Projects

Perioperative Reaction Database:

- **Patients Reviewed:** 43
- **Activities:** I reviewed the clinical histories of patients with perioperative reactions, documented the cases and included them in the database.

Drug Hypersensitivity Allergy in Cystic Fibrosis Patients:

- **Patients Included:** 28
- **Activities:** I designed the database, defined research objectives, created a clinical audit report and discussed the findings with my tutor.

NHS Mandatory Training Courses

During my fellowship, I completed various mandatory NHS training courses, including: Emergency Planning 2, Clinical Documentation, Venous Thrombo-Embolism 2, Catheter-Acquired Infections, Pressure Ulcers, Nutrition, End of Life Care, Consent, Blood Transfusion - Phlebotomy, Blood Transfusion - Safe Transfusion, Blood Transfusion - Anti-D, Alcohol and Tobacco, Security, Risk Management for All Staff, Incidents, Complaints and Claims, Fraud Awareness 3, Estates and Facilities, Domestic Abuse (Level 2), Domestic Abuse (Level 1), Dementia Awareness, Safeguarding Adults - Level 2, Safeguarding Adults - Level 1, Infection Prevention and Control - Clinical, Infection Prevention and Control - Level 2, and Resuscitation - Level 1 (Pre-course assessment).

Additionally, I attended courses related to quality improvement, such as QI First Steps and QI Measurement, which have contributed to my understanding of clinical audit processes and their importance in quality improvement.

Adaptations to the Original Plan

The original plan was adhered to closely, but some adjustments were made to better align with the evolving needs of the fellowship. For example, I participated in an ongoing perioperative allergy project, which allowed me to familiarise myself with the clinical audit process before independently initiating my own project on drug allergy in cystic fibrosis. This adaptation allowed for a more in-depth analysis and a more comprehensive clinical audit.

Personal Reflection on 3-Month Stay in Allergy Service at St Bartholomew's Hospital

During my fellowship, I engaged in various clinical and research activities, with a primary focus on the clinical audit of drug hypersensitivity in cystic fibrosis patients. My experience encompassed multidisciplinary team (MDT) meetings, severe asthma and allergy clinics, and research projects. This period has been instrumental in enhancing my understanding of clinical protocols, teamwork, and audit processes.

Domain 1: Knowledge, Skills, and Performance

The fellowship offered significant clinical exposure, particularly in managing severe asthma and drug allergies. I gained valuable insights from observing and participating in MDT meetings and integrated clinics, such as the rapid-access penicillin de-labelling process. This experience improved my understanding of complex care pathways and evidence-based decision-making. Additionally, my involvement in clinical audits and the development of databases for drug hypersensitivity in cystic fibrosis patients refined my data analysis and research skills. NHS courses and quality improvement sessions further advanced my clinical expertise.

Domain 2: Safety and Quality

Patient safety was a core focus throughout the fellowship. Observing inpatient allergy testing and reviewing perioperative reactions underscored the importance of structured protocols in mitigating clinical risks. My contributions to clinical audits and research highlighted the value of data in enhancing patient outcomes and maintaining high standards of care. This experience reinforced the necessity of adhering to safety protocols and continuously evaluating healthcare processes for quality improvement.

Domain 3: Communication, Partnership, and Teamwork

A major takeaway from this fellowship was the value of multidisciplinary collaboration. Working alongside professionals from various disciplines, such as nurses, pharmacists, dietitians, and physiotherapists, deepened my understanding of holistic patient care. MDT meetings enhanced my communication skills and allowed me to contribute effectively to decision-making processes. Observing patient interactions further illustrated the importance of clear communication in ensuring patients understand their treatment plans and are actively involved in their care.

Domain 4: Maintaining Trust

Weekly feedback sessions with my mentor were crucial in fostering self-reflection and continuous learning. These sessions enabled me to track my progress, refine my approach, and develop a patient-centred mindset. Upholding transparency and patient dignity in clinical settings reinforced the ethical standards necessary for maintaining patient trust.

Moving Forward

This fellowship has been an enriching experience, highlighting the importance of multidisciplinary teamwork and the effective use of checklists and proformas in organising clinical cases. Moving forward, I aim to build on these lessons by actively fostering collaboration and multidisciplinary decision-making. I will continue to engage in clinical audits and research, utilising data-driven approaches to enhance patient safety and care quality.

The experience has also highlighted the need for further developing my leadership skills, which I plan to address by taking on more responsibility in managing multidisciplinary teams and enhancing communication across professional boundaries. I will continue to foster collaboration within multidisciplinary teams, recognising its critical role in delivering comprehensive patient care. Addressing language barriers and improving my ability to critically assess scientific literature will also be priorities for future development.

To further my development, I plan to improve productivity and time management by adopting new digital tools and organisational strategies. Implementing advanced scheduling and project management software will help optimise workflow and enhance efficiency. Additionally, I will focus on refining my skills in managing time effectively and intentionally, and on setting actionable goals, which will help me track progress and reflect on outcomes. This experience has reinforced the importance of continuous professional growth and has equipped me with valuable skills for advancing my practice in a collaborative, multi-professional environment.



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