

Clinical Fellowship Report:

Perioperative Anaphylaxis Audit

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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 clinical fellowship at St Bartholomew's Hospital, I had the opportunity to engage in many clinical and research activities.

My focus was Perioperative reactions in adult patients, as well as penicillin de-labelling and drug hypersensitivity in Cystic Fibrosis patients.

I was involved in clinical audits, research projects, multidisciplinary and clinical governance meetings.



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), 15:00-16:45 (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 nursing consultations to review adherence and inhalation technique, physiotherapy sessions focused on breathing patterns, clinical assessment, pharmacy consultations to ensure appropriate use of equipment, and other professionals including psychology, dietetics and ENT doctors.
- Developed: I actively participated in the comprehensive assessment of patients, including reviewing spirometry results, observing clinical assessments and reviewing proformas for case presentations at MDT meetings where biologic treatments were indicated and adjusted.

Tuesday: Research Project/NHS courses, Allergy MDT Meeting, Rapid Access Penicillin DeLabelling List and General Allergy Clinic.

- Time Spent: 09:00-11:00 (Research), 11:00-12:30 (Allergy MDT Meeting -weekly- or Allergy CGM -monthly-), 13:00-17:00 (Penicillin De-labeling challenge /General Allergy Clinic).
 - Patients Observed: 13 patients in the MDT meeting, 4-5 patients/day for penicillin De-labeling and 4-5 in general allergy clinic
- Activities:

- Observed: I observed the management of various penicillin allergy cases and the rapid-access one-stop-shop de-labeling process. 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.
- 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 and I also supported the general allergy clinic by participating in integrated clinics, ensuring comprehensive patient care and multidisciplinary collaboration

Wednesday: Research Project and Allergy Challenge/ Allergy Testing

- Time Spent: 09:00-12:00 (Research, Anaesthetic meeting once a month), 12:30-17:00 (Penicillin De-labeling challenge)

• Patients Observed: I observed 4-5 patients/day during the Allergy challenge/ Allergy testing
Activities:

- Allergy and anaesthesia perioperative allergy multidisciplinary meeting (meeting between allergy and anaesthesia to discuss patients, to track issues and projects, collaborate, etc.
- Observed allergy testing procedures, including food and drug challenges and perioperative reactions assessment.
- 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 contributed to creating an allergy research project database by collecting and organizing data.

Thursday: Food Challenge Testing and General Allergy Clinic

- Time Spent: 09:00-13:00 (Food/drug challenges), 14:00-17:00 (General Allergy Clinic)
- Patients Observed: Multiple patients undergoing food challenges for food allergies

Activities:

- Observed: The provocation testing for food allergies with allergy dietetics input for these patients who undergo challenge, understanding the standard operating procedures (SOPs), safety checklists, informed consent, protocols and risk-management measures involved.
- 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.
- 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/ (General Allergy Clinic)

• Patients Observed: 1 CF (cystic fibrosis) patient undergoing allergy testing, with additional time dedicated to research

Activities:

- Observed: Inpatient allergy testing for CF patients once a month. These patients have low pulmonary function. To control infection, only one patient is admitted to a room during the challenge.
- Developed: I participated in structured weekly catch-up sessions, where progress on my research projects and other responsibilities was systematically reviewed. These meetings were thoroughly recorded, with minutes capturing important discussions, action items, and custom adjustments suited to each project. Progress was closely tracked, and the feedback provided was instrumental in refining my approach, ensuring ongoing improvement. Additionally, the process was an invaluable chance to learn how to effectively run meetings, manage mentoring relationships, and make the most of digital tools for scheduling and tracking progress. I gained a deeper understanding of the significance of keeping detailed records, setting clear goals, and managing time intentionally. These sessions enhanced productivity, helping me stay focused, reflective, and adaptable to changes, while also developing key skills in task prioritization, goal setting, and regularly evaluating my methods.

Research Projects Perioperative Reaction Database:

Perioperative Reaction Database:

Patients Reviewed: 53

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

Penicillin Delabelling patient

Patients Included: 107

Activities: I reviewed the clinical histories of patients and completed the data base, created an abstract for SEaic congress

NHS Mandatory Training Courses

- Medicines management for prescribers
- NEWS 2 (staff working in adult areas)
- Radiation safety for staff requesting imaging
- Safeguarding adults-Level 1
- Resuscitation level 1
- Venous Thrombo-embolism 2
- Catheter acquired infections
- Pressure ulcers
- Universal plane care
- Consent
- Clinical documentation
- Blood transfusion- Phlebotomy
- Blood transfusion – Safe transfusion

- Blood transfusion Anti D
- Risk management – Managers and governance leads
- Intro to risk management
- Estates and facilities
- Emergency planning 2
- Domestic abuse (level 2)
- Volunteer induction
- Infection prevention and control
- Equality, diversity and human rights
- Fire safety (E-learning and face to face)
- Health, safety and welfare
- Information governance and data security awareness
- Moving and handling level 1 and level 2
- Prevent basic awareness level 1
- NHS conflict resolution level 1
- Death certification
- Alcohol brief advice (Identify and advise or refer)
- Very brief on smoking: Ask, advise, act
- The Oliver McGowan mandatory training on learning disability and autism Part 1
- QI first step

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 Perioperative Anaphylaxis. 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 provided extensive clinical experience, particularly in addressing severe asthma and drug allergies. Participating in multidisciplinary team (MDT) discussions and integrated clinics, including the rapid-access penicillin de-labelling procedure, offered valuable lessons in navigating intricate care pathways and making evidence-driven decisions. Moreover, my contributions to clinical audits and the creation of databases for Perioperative Anaphylaxis and Penicillin de-labelling enhanced my proficiency in data analysis and research. Additional NHS courses and quality improvement workshops further enriched my clinical knowledge and skills.

Domain 2: Safety and Quality

Ensuring patient safety was a central priority during the fellowship. Watching inpatient allergy testing and analyzing perioperative reactions emphasized the critical role of

structured procedures in minimizing clinical risks. My involvement in clinical audits and research showcased the importance of leveraging data to improve patient outcomes and uphold exceptional care standards. This experience solidified the need to follow safety guidelines diligently and to consistently assess healthcare practices for ongoing quality enhancement.

Domain 3: Communication, Partnership, and Teamwork

One of the key insights I gained from this fellowship was the significance of teamwork across various disciplines. Collaborating with experts like nurses, pharmacists, dietitians, and physiotherapists broadened my perspective on comprehensive patient care. Multidisciplinary team (MDT) discussions sharpened my communication abilities and enabled me to actively participate in decision-making. Witnessing patient interactions underscored the vital role of clear communication in ensuring patients fully comprehend their treatment plans and play an active role in their care.

Domain 4: Maintaining Trust

Regularly meeting with my mentor for feedback played a key role in cultivating introspection and ongoing growth. These discussions helped me monitor my development, adjust my strategies, and embrace a patient-focused perspective. Prioritizing openness and respect for patient dignity in clinical environments strengthened the ethical principles vital for ensuring trustworthiness in patient care.

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.

Conclusions:

In summary, this fellowship at St. Bartholomew's Hospital has been an invaluable academic experience. It allowed me to significantly deepen my knowledge in allergy, collaborate with distinguished professionals outside my home country, enhance my English skills, and share different approaches within our specialty. I am grateful to the EAACI for this unique opportunity, which has substantially contributed to my professional development.

Acknowledgements

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