

In Person

With: Rebecca S. Gruchalla, MD, PhD, FAAAAI

This month, we interviewed Rebecca S. Gruchalla, MD, PhD, FAAAAI, Chair of the AAAAI Credentials Committee. Dr. Gruchalla is Professor of Internal Medicine and Pediatrics and Director of the Division of Allergy and Immunology at the University of Texas Southwestern Medical Center at Dallas. She also holds the William A. Sellars, MD, and Joyce M. Sellars Distinguished Chair in Allergy and Immunology.

Q Can you explain the work that the Credentials Committee does?

A To best understand what we do, I think it is important that AAAAI members know the purpose of the Credentials Committee, as outlined in the AAAAI Bylaws. In summary, it states that we are to study the qualifications of applicants for membership and report our findings to the Board of Directors with recommendations for

approval; and that we, as a committee, have the authority to make determinations regarding whether all requirements for membership have been fulfilled in any given instance.

To do this, we receive a set of applications three times each year to review. This timeframe allows us to present recommendations to the Board at its three in person meetings every year. Along with the set of applications, we receive review sheets with the standard general membership criteria and a place to designate approval, deferral or denial

for the candidates. We usually have two to three weeks to read the applications, each in depth, and decide whether or not they meet the criteria set forth for membership. There are always at least two committee members that review each application.

If applications are approved, there is nothing more we need to do. However, if there are questions in regards to an applicants' history, training, etc., that is where the other major portion of our work comes in. The Credentials Committee meets in person at each Annual Meeting to discuss any applicants that were deferred and to make a final decision on the application. This is also the time where we discuss membership criteria and the application process as a whole and determine if any changes should be made.



Rebecca S. Gruchalla

Q Physicians applying for full membership in the AAAAI are asked to submit a letter of intent as part of their application materials. What are you typically looking for in these statements?

A This letter helps us dive more into the interest of a person applying for membership. It serves to give us a better idea of where the person is coming from and what influenced their decision to apply. Since the inception of this requirement, these letters have ranged in size from one paragraph to one page or more, and have detailed personal stories of the impact of the specialty and the role the AAAAI has played in applicants' professional lives.

We don't look for a specific length or template. In its simplest form, we are simply asking a person to explain to us how they became interested in the AAAAI, and what their commitment is to the future of the organization and the allergy/immunology specialty as a whole. These letters have really provided a glimpse into the mind of the applicant outside of their answers to the standard application questions.

Q What do you feel is the value of achieving Fellow status in the AAAAI? Why would you encourage eligible AAAAI members to apply?

A There are several reasons that all eligible members should apply for fellowship. In addition to regular member benefits, Fellows of the AAAAI also receive first priority registration to the Annual Meeting; eligibility to hold office, including serving on the Board of Directors; and ability to use the "FAAAAAI" designation, a symbol of achievement that is meaningful to both peers and patients.

Q You have been leading NIAID-funded inner city pediatric asthma studies since 1994 and currently participate in the multi-site Inner City Asthma Consortium as project director of the site at UT Southwestern. What is your research studying and what have been some of the noteworthy findings?

A The Inner City Asthma Consortium (ICAC) was developed: to identify forms of immune-based therapy that are most likely to promote control and prevention of asthma; to design protocols that evaluate immune-based therapies in the treatment of asthma in low income inner-city children; and to determine both the mechanisms of immune-based therapies and the potential unique mechanisms associated with the pathogenesis of asthma in low income inner-city children via mechanistic studies.

Prior to the establishment of ICAC, previous NIAID-funded studies revealed two very important findings. The first is that cockroach allergy and exposure to high levels of this allergen may help explain the frequency of asthma-related problems in inner-city children. Second, home-based environmental remediation programs appear to offer an effective means of reducing asthma morbidity in this population. The site at UT Southwestern in Dallas that I am project director of participated in this second study, which was called the Inner City Asthma Study.

More recently, as part of ICAC, several interesting studies have been performed and completed. The Asthma Control Evaluation (ACE) study, which was conducted with 546 inner-city participants aged 12 to 20 with persistent asthma, found that the addition of exhaled nitric oxide, as a control indicator, to a coordinated, guidelines-based approach to asthma management did not lead to a clinically important improvement in symptomatic asthma control.

In contrast, a subsequent study found that the addition of omalizumab to guidelines-based treatment caused a marked reduction in asthma-symptom days, in inhaled corticosteroid use, as well as a reduction in the number of patients experiencing asthma exacerbations. Since omalizumab also reduced the seasonal asthma exacerbation pattern, one of ICAC's current studies is evaluating whether this agent will reduce fall asthma exacerbations when it is initiated one month prior to the start of the viral season. Other studies completed or in progress include a cockroach sublingual immunotherapy study and an asthma phenotyping study aimed at determining the distinct characteristics that discriminate difficult-to-treat from easy-to-treat asthma.

Q There are many benefits to being an AAAAI member, including subscriptions to the AAAAI's two journals, listing in the AAAAI Find an Allergist/Immunologist Directory, and opportunities to share expertise and network with colleagues through participation on committees, interest sections and assemblies. What is the most valuable benefit to you personally? **A** I most enjoy the networking and opportunities to share clinical and research information with my allergy/immunology colleagues throughout the country and the world during the Annual Meeting and through committee participation.

Q If you had to pick a favorite book, what would it be? Why? **A** My favorite book is *The Glass Bead Game* by Herman Hesse. The following quote taken from the book explains why:

“‘Oh, if only it were possible to find understanding,’ Joseph exclaimed. ‘If only there were a dogma to believe in. Everything is contradictory, everything tangential; there are no certainties anywhere. Everything can be interpreted one way and then again interpreted in the opposite sense. The whole of world history can be explained as development and progress and can also be seen as nothing but decadence and meaninglessness. Isn't there any truth? Is there no real and valid doctrine?’”

The master had never heard him speak so fervently. He walked on in silence for a little, then said: ‘There is truth, my boy. But the doctrine you desire, absolute, perfect dogma that alone provides wisdom, does not exist. Nor should you long for a perfect doctrine, my friend. Rather, you should long for the perfection of yourself. The deity is within you, not in ideas and books. Truth is lived, not taught. Be prepared for conflicts, Joseph Knecht—I can see that they already have begun.’”

Over 28,000 AAAAI Brochures Sold in May and June

The months of May and June brought high sales for the AAAAI's popular Tips to Remember brochure series. These educational brochures cover 14 topics on allergic disease. Each brochure in the series has concise, patient-friendly information and promotes the specialized training of the allergist/immunologist.

May sales of 15,850 brochures combined with 12,550 sold in June brought the total amount sold over those two months to 28,400 brochures. The top selling brochures were Allergy Shots, Indoor Allergy, Outdoor Allergy, and Rhinitis. The remaining topics in the series are:

- Allergic Skin Conditions
- Allergy Testing
- Anaphylaxis
- Asthma & Exercise
- Asthma Triggers & Management
- Childhood Asthma
- Feel Better. Live Better. See an Allergist/Immunologist
- Food Allergy
- Sinusitis
- Stinging Insect Allergy

Give your patients a way to take expert advice home with them. Visit www.aaaai.org/store to browse the entire line of brochures available. There are also other public education items for sale, including bookmarks, products for children, clinical reference materials and more. AAAAI members and Fellows receive discounts on every order placed in the AAAAI store.

2014 Annual Meeting Dates to Remember

- **October 9, 2013**
Registration and housing opens for Fellows
- **October 23, 2013**
Registration and housing opens for members
- **November 4, 2013**
Late breaking abstract submission opens
- **November 6, 2013**
Registration and housing opens for all delegates
- **November 18, 2013**
Late breaking abstract deadline
- **February 28-March 4, 2014**
2014 AAAAI Annual Meeting

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