

What it's like in allergy & immunology: Shadowing Dr. Malick

JUN 9, 2022

Staff News Writer

As a medical student, do you ever wonder what it's like to specialize in allergy and immunology? Meet AMA member Alnoor Malick, MD, an allergist and a featured physician in the AMA's "Shadow Me" Specialty Series, which offers advice directly from physicians about life in their specialties. Check out his insights to help determine whether a career in allergy and immunology might be a good fit for you.

The AMA's Specialty Guide simplifies medical students' specialty selection process, highlight major specialties, detail training information, and provide access to related association information. It is produced by FREIDA™, the AMA Residency & Fellowship Database®.

Learn more with the AMA about the?medical specialty of allergy and immunology.



Alnoor Malick, MD
"Shadowing" Dr. Malick

Specialty: Allergy and immunology.

Practice setting: Single specialty group.

Employment type: Private practice.

Years in practice: 25.

A typical day and week in my practice: I usually wake up at 5:40 a.m. and either go to my trainer or work out at home. During the school year, I leave with my son at around 7:40 a.m. to drop him off at school (it gives me some one-on-one time with him) and usually get to the office at 8:30 a.m.

We have four offices and I rotate through each of them during the workweek. I will review my patient schedule and their last chart note and any lab work or test results. The patient load will vary, usually a bit heavier on Mondays and Fridays. There will be a blend of new patients and follow-up patients—some for allergy testing and some for routine follow ups. In between patients I will work on allergy shot formulas, renewal authorizations, discuss patient care issues with the nurses, draft appeal letters for denied prior authorizations, and sign checks for accounts payable.

A couple of times a year I will have a resident rotating with me so I will do didactics and review patient cases with the resident. I will usually grab lunch around 1 p.m. We ease up the schedule around noon so that staff can rotate off for lunch but since we continue to give allergy shots during lunch I stay in the office. I will finish seeing patients around 5 p.m., but will finish off the rest of the administration work and patient care stuff, as well as check emails and leave for home around 6 p.m. and get home at 7 p.m. I try not to take work home so that I can spend time with the family.

The most challenging and rewarding aspects of allergy and immunology: The most challenging aspect of caring for patients in my specialty is sometimes not being able to find out their allergic trigger, and then having to focus on managing their disease. And even though the repertoire of medicines available has increased, they are not always easy for patients to afford.

The most rewarding aspect is helping the patient and seeing that they are in control of their allergic disease instead of the disease controlling them.

How life in allergy and immunology has been affected by the global pandemic: Similar to many other specialties, we saw a significant shift early on from in-office patient visits to telehealth and although this has been retreating somewhat, it is still above pre-pandemic levels. The uncertainty remains that once the public health emergency declaration ends, will we be able to viably continue using this modality for patient care?

We also saw an increase in the use of virtual meetings for our business and professional needs. Although not as socially engaging, the business and educational needs were met in a very satisfactory and cost-effective manner.

Initially the educational component of how to care for COVID-19 patients and which procedures to suspend in order to decrease transmission of the virus was guided by expert opinion and now more by findings from scientific research.

The long-term impact the pandemic will have on allergy and immunology: As with the seasonal flu, once COVID becomes a more seasonal endemic virus—since some of the symptoms overlap with allergic rhinitis—we are likely to rely more on screening tests like the respiratory pathogen panel.

Some of the sequelae of COVID—rashes, changes in the sense of smell, chronic fatigue and chronic respiratory symptoms—are now just being scientifically investigated which will hopefully help us better meet patient care needs. Educational and scientific meetings will likely be a hybrid format with a significant online virtual format.

Solo practice and small group practices have a limited ability to contain practice costs, especially labor costs and inflation. Since they are unlikely to have contracts with automatic increases for inflation, they will need to renegotiate their insurance contracts, merge practices, consider joining equity ventures or close.

Three adjectives to describe the typical allergist:

- **Dedicated:** We are always striving to find an answer for their illness.
- **Compassionate:** We know that their illness is having a significant impact on their lives.
- **Love to teach:** We want patients to understand their illness and why we are doing what we are doing for them, and why they need to help us.

How my lifestyle matches, or differs from, what I had envisioned: I don't think I envisioned a particular lifestyle about being an allergist in medical school. It was more in my internal medicine residency when I had my true exposure to it. I was drawn to the specialty because of the diseases that it treated (acute and chronic) and the patient population it dealt with (all age groups).

Being with the faculty gave me a sense of their lifestyle but it was that of an academic allergist and not a community allergist. My current lifestyle is what I want—clinical medicine taking care of patients, minimal after-hour call, minimal hospital-based work. This was not immediately achieved but something that has happened over a period of time.

The initial focus is on building the patient base, having a family, providing for the family, and then, as the financial security improves, doing the extras that bring joy to life. I am in an urban setting with lots

of physicians in general so the one thing that I miss is the “prestige” of being a physician in the community. I grew up in a small town and the doctors in my town were revered and looked to for guidance in the development of the town.

Skills every physician in training should have for allergy and immunology but won't be tested for on the board exam: Every physician in training should have the skill of listening and restraining from rushing. Patients have not read the textbooks of medicine, and so how and what they describe varies. Patients do not just want to be heard but they want to be listened to. Rushing to a diagnosis so that you can move on to the next patient invariably results in poor clinical management because the patient does not listen to the necessary instructions. Take the extra five minutes—it will save you an hour later on.

One question physicians in training should ask themselves before pursuing allergy and immunology: Do I like the science of immunology? Allergic diseases are primarily an immune system disorder and understanding the immune system components and how they interact with each other to orchestrate the inflammatory pathway truly helps in managing the various clinical disorders. You don't have to be a PhD in immunology, but you need to like immunology.

Books every medical student interested in allergy and immunology should be reading: *The Physician*, by Noah Gordon, is a wonderful historical account of a person's cross-cultural journey fueled by the passion for medical knowledge. It will be a reminder that when you are having a tough day looking for additional information to help your patient that it is much easier to do so today than in the past.

Who Moved My Cheese? An A-Mazing Way to Deal with Change in Your Work and in Your Life, by Spencer Johnson, MD. As physicians we are more likely to be type A personalities, but the practice of medicine calls upon our type B personalities. This book will put “change” into the proper perspective. Change is inevitable and learning how to respond to it will make all the difference professionally and personally.

Any book on financial planning. Read at least one book. The overarching message is the same: start saving early, interest payments are costly, have a financial goal.

The online resource students interested in allergy and immunology should follow: For a medical online resource, I would follow the AMA or one's individual specialty medical society website. It's easy to feel isolated from your colleagues and peers since the specialty is primarily an out-patient clinical practice. These websites keep you in the loop with what is happening in your medical world.

For a nonmedical online resource, choose a news outlet website. You get the information without the biased editorialization and commentary. Seeing allergy patients is also a social interaction and it's important to be able to talk about and discuss things going on in your patient's world.

Quick insights I would give students who are considering allergy and immunology: I believe it's the most flexible of all medical specialties to allow you to do full-time or part-time work, to work in an academic center without research, to be open or limited in the type of patients you choose to see or not.

Seek out the different practice settings and speak to us to find out more. If you are not sure if this specialty is for you, also seek us out. We were medical students once upon a time.