

## **PINEHURST INFECTIOUS DISEASES ROTATION**

- 1. Background:** Dr. Paul Jawanda, Dr. Gretchen Arnoczy, and Jan Kozel PA-C are former UNC trainees providing ID consultation in the inpatient and outpatient settings. FirstHealth Infectious Diseases Program provides care at Moore Regional Hospital in Pinehurst. This is a 370-bed hospital serving as the primary hospital for a 5 county area and a referral hospital for additional surrounding counties. Specialties not represented include organ transplant and bone marrow transplant. The atmosphere is a non-academic large community hospital with an interesting mix of patients. Cardiology and orthopedic surgery services are strong points of the hospital. Moore County has influences from a large retiree population, military community (bordering Fort Bragg, the country's largest army base), tourism (golf), and agriculture.
- 2. Preparing for the rotation:** Each fellow will spend 2 weeks in Pinehurst depending on preference. The drive can take from 60 to 75 minutes, and given other concurrent responsibilities (clinic and conferences), we expect fellows to spend 3 days/week in Pinehurst. For "Google-mapping" purposes, the FirstHealth ID Clinic (adjacent to Moore Regional Hospital) is 35 Memorial Drive, Pinehurst, NC, 28374. Before the rotation is to begin, the fellow should contact either Gretchen Arnoczy (pgr 800-614-6579, email [garnoczy@firsthealth.org](mailto:garnoczy@firsthealth.org)) or Paul Jawanda (pgr 910-715-4076, pager ID 0498), email [jjawanda@firsthealth.org](mailto:jjawanda@firsthealth.org)). The ID clinic phone number is 910-715-7882 and hospital operator is 910-715-1000. For the first day of the rotation, fellows will come to the ID clinic at. The first day will consist of orienting to the hospital and information systems.
- 3. Unique aspects of the rotation:** There is a busy orthopedic surgery group, and a goal will be to become more adept in managing hardware-associated bone infections including fracture-fixation hardware and joint arthroplasties. There is a skew to a more elderly population. One should also expect to encounter "bread and butter" ID cases including uncomplicated endocarditis, typical bacterial pneumonia, soft tissue infections, urinary tract infections, and gastroenteritis. In general, our goal for the fellow's experience is to have a mix of both interesting patients and routine ID consults. Aspects of outpatient parenteral antimicrobial therapy (OPAT) will be taught as well. We will also discuss the financial aspects of clinical ID practice, including billing.
- 4. Fellow work responsibilities:** The feeling of the rotation is decidedly different than the UNC consult service. The goal is not for fellows to assume responsibility of the consult service but instead to experience the unique aspects of practicing clinical ID in a non-academic setting. Fellows do not have clinical privileges at the hospital (we have classically not pursued this onerous paperwork for a 2 week rotation), and consult notes will be dictated by the attending. Follow-up notes and orders will be written by fellows and co-signed by the attending. Rounding will be intermittent through the day, and on new consults: 1) the fellow will present a formal H&P and impression/plan to the attending, 2) the

patient will then be seen by the attending and fellow, and 3) while the attending dictates, the fellow will write orders and a brief holding note in the chart.

5. **Other useful information:** Necessary badges, IT info, useful phone numbers, etc. will be discussed on the first day of the rotation. The 3 days per week can be tailored to the fellow's schedule. In general, Mondays and Fridays are particularly good days to be present in Pinehurst. We are always eager to have fellows rotating with us, and we enjoy learning from each other.