

Diary of an Orphaned Resident

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On what began as a random Monday in January, our worlds were thrown into chaos. Resident physicians, often buried under an ever-expanding mountain of tasks, rarely hop on the regularly occurring “all-staff” virtual meetings during the lunch hour, but something was different that day. I was in clinic, every appointment slot full, and I was on a roll. My notes from the morning were completed before lunch—an uncommon accomplishment—so I decided to join the virtual meeting to see what updates were coming to our organization. Unexpectedly, we learned our clinic (along with many others) and the main hospitals at which we rotate were closing. In one fell swoop, myriad emotions erupted—none of them good. Our knee-jerk concern was for the patients who desperately need medical homes and access to the services that would no longer be provided. The remaining hospitals in the community cannot possibly handle their current patient load AND ours.

What will happen to them? Then settled the sinking panic in the pits of our stomachs as we realized that as residents, we were soon to be without a program.

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What will happen to us? Family medicine fills my cup. Bringing a smile to a nervous patient, holding the hand of a patient struggling with loss, and meeting patients where they are in an

ally life-altering news by a patient—the roles of critical information delivery reversed—and fielding questions we don’t have answers for while still providing each patient with appro-

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effort to help them obtain and maintain health brings me immense vocational satisfaction. However, while I was initially glad to see a full schedule that morning, following the shocking news and unclear outlook, the thought of seeing patients that afternoon was daunting. Before entering each room, I consciously attempted to affix an unruffled smile to my face and ignore the anvil over my head. But some patients already knew about the situation and asked what my plans were, with each of my unsure responses creating increasingly deep cracks in my façade. By the end of my day, the smile had withered to a simple desire to not allow the stinging tears behind my eyes to fall in front of my patients.

I was one of the lucky residents. I was able to join the virtual all-staff meeting and heard the news then. Some residents were unable to do so, thus, did not have any warning before seeing patients in the afternoon who knew of the impending closure before the residents themselves did. Being blindsided with person-

appropriate attention and care is a level of compartmentalization we did not know ourselves capable of executing.

Our program director (PD) called a meeting for residents to confirm the bad news.

We have to start over? Being the “new kid” is always a difficult transition, and I was just gaining confidence as a doctor here!

How will I tell my husband we have to move for my education... again?

I adore my co-residents. I wouldn’t have gotten through to this point without them. Now we won’t even get to graduate together?

In the same breath as the heartbreaking report, our PD earnestly promised to do everything he could to facilitate our transfer to other residency programs with as few disruptions to our education as possible.

Residents hugged each other and wept. The comfortable (but challenging) lives we had created here with colleagues who had become friends, and friends who had become family,

would soon be over. The immediacy of the impending end was heavy.

Medical education is a predictably metamorphosing experience. First you transition from college student to medical student – surrounded by peers equally or more intelligent than you, learning how to learn and abandoning study techniques that no longer work at this level, and drinking from the proverbial firehose as you retain more than you thought possible. Then you transition from didactic learning to rotations, putting the book learning to practice and getting a taste of why you entered medicine, actually seeing patients, and clumsily navigating the hospital environment with the added weight of being graded on not only your knowledge base but also your disposition and professionalism. Next, you transition from medical school to intern year, where you figure out how to practice medicine, learn things you were never taught in medical school (what is a 25 modifier?), and work harder than ever. And then you transition from intern year to senior, taking on additional responsibility, mentoring interns, and finally hitting your stride—having a level of comfort and efficiency absent intern year that continually grows.

At long last, we were finally at a place in

our training where we thought we would get to remain in one spot for a while. The initial intimidation of being a doctor was offset by the comfort colleagues provided. Through frequent get-togethers, pet-sitting (and occasionally babysitting) for each other, sharing food regularly (some healthy, much of it not), supporting each other through professional and personal challenges, venting to each other, and laughing often, my co-residents and I grew close. In addition to resident camaraderie, I felt the teaching and encouragement I needed from faculty.

Through relationships I maintained with medical school friends, I know my experience of easily plopping down in my PD's or assistant PD's office without a prior appointment to openly discuss any concern, feedback, or simply to tell a joke without apprehension is not universal. This program was my number 1 rank for a reason; the education at this longstanding residency was matched by the collegial environment, allowing me to grow as a physician and person. And now, the peaceful and long-desired notion of settling in a location of my own choosing and not needing to nomadically relocate on a monthly or yearly basis like we did in the years prior to residency was gone with one press release.

Our PD kept his word. With dogged resolve, he manufactured opportunities from seemingly nothing. He spent hours on the phone, speaking with PDs from across the country. In addition to his efforts, co-residents utilized their networks to inform each other of positions they found, hoping to find a good fit for everyone. And fortunately, we all found programs with which we can finish our training with (relatively) minimal discontinuity.

Witnessing and receiving support from my favorite faculty members and classmates during these past months of upheaval reminded me that while it's easy to say it would have been better if I had matched the number 2, 3, or hell, even number 12 program on my rank list, the stress and worries of this ordeal revealed the loyalty and integrity of the people who drew me to this program in the first place. While "orphaned," I was not and am not abandoned. I am a better clinician and person for spending the first 1.5 years of my residency with these people, and wherever this journey takes me, the things I have learned at this sun-setting program will come with me.

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