3. International Energy Agency. The oil and gas industry in net zero transitions. Paris: Organisation for Economic Co-operation and Development, 2023 (https://www.iea.org/reports/the-oil-and-gas-industry-in-net-zero-transitions).
4. Howard C, Moineau G, Poitras J, et al. Seeding a planetary health education revolution: institutional sign-on challenge. Lancet 2023;402:2173-6.
5. Gitahi G, Cipriano P, Khan S, et al. COP28 open letter on fossil fuels from the global medical and health community. COP28 Healthletter, 2023 (https://cop28healthletter.com/).

DOI: 10.1056/NEJMp2314835

Silver Resident

Farrin A. Manian, M.D., M.P.H.

"What would you like to work on during the next 2 weeks?" I ask my senior resident as we embark on another voyage with a crew of interns and medical students sailing the unpredictable seas of our busy hospital ward. Among several predictable goals, she wishes to become a more effective leader, hone her clinical teaching skills, and become more confident in devising a safe discharge plan for our patients. I nod and commend her for setting specific goals for herself. But what about me? What goals do I wish to achieve as a clinician educator who by some accounts entered the "Adult II" phase of his life[1] a decade ago[2] but who currently has no interest in permanently anchoring his ship in the calmer waters of "old age"?

To be sure, I'll continue playing my traditional role as attending physician of record, as I have for years. Among many expected tasks, I will attest to the patient notes compiled by my medical students and residents for the electronic health record. I will advocate for my patients and engage in "peer-to-peer" exchanges with medical directors of insurance companies, hoping to reverse their denials of coverage at a post-acute care facility.

In my traditional role as a clinician educator, I will continue to remind my fellow learners of the timelessness of careful bedside observation, critical thinking, and clinical reasoning on patient rounds. I will enthusiastically share fascinating pearls, some freshly harvested, others dating back to medical school and *Index Medicus* years, while fully acknowledging that the days of the attending physician serving as a major purveyor of medical facts on rounds have long passed. Ready access to ever-expanding Web-based resources, rapid advances in our understanding of many established diseases, and the emergence of new ones, such as Covid-19, often make an early learner, overnight, out of even the most seasoned clinician educators. In fact, increasingly in my role as a clinician educator, I view life-long learning not as an option but as an absolute necessity, not unlike medical school or residency. For this reason, I feel compelled to retain my postgraduate-year (PGY) designation — PGY-38 (and counting) — despite having completed residency and fellowship decades ago.

Retention of PGY status is not just symbolic of my dedication to life-long learning but also reflective of the reality of ward medicine, as I am increasingly asked to perform tasks that were once reserved for residents. Caring for a hospitalized patient population facing ever-more-complex medical conditions and myriad psychological and social challenges often creates situations in which demand for residents' services exceed their immediate supply. The stress of hospitalization on patients and their families and the high anxiety it often generates have also created an increasing need for a "more mature" resident at bedside, one who may be more "trustable" on the basis of age and experience alone. It's in such situations, I believe, that my status as a "silver resident" is particularly valuable, in ways that are often not readily recognized or appreciated.

As a silver resident, I devote a substantial portion of my time to managing conflicts over patient care among patients, families, consultants, and our team.

"Mr. X. changed his mind and now refuses to go to rehab. Can you speak to him?"

"Ms. Y.'s son is upset about lack of communication from the hospital staff and insists on getting a call from the attending only. Can you call him?"

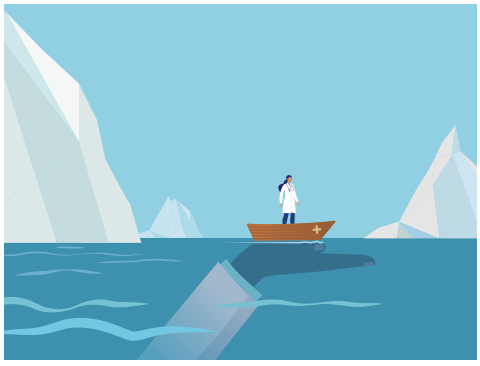
"Mr. Z. wants to check out AMA. Can you go talk to him?"

"GI now refuses to do endoscopy on our NPO patient; it may be best for *you* to call them?"

I routinely receive such S.O.S. signals from my team as we try to avert derailment of our carefully devised care plans, improve patient and family satisfaction, and

restore peace among all parties. Of course, irrespective of age, attending physicians are often asked to address conflicts on the wards when the lower chain of command is unsuccessful, but the silver resident's age-based authority is widely perceived as an added asset and at times the most expedient means of bringing timely closure to conflict. Despite my lack of formal training in conflict management, I readily oblige, and I'm often successful.

As a silver resident, I also understand the frustration caused by serious conditions disrupting the lives of my fellow baby boomers, who now occupy hospital beds in droves, feeling cheated by empty promises about the Golden Years. These are not just my patients but also my contemporaries, and they're often eager to commune over shared life experiences that can connect two human beings in ways they find impossible with other members of my team or younger attendings. Like me, they lived through the Vietnam War era and experienced firsthand the rock-and-roll music scene of the 1960s and 1970s. Sitting down at the bedside and comparing life stories with a fellow time traveler even for a moment can sometimes go a long way in easing the stress of hospitalization and establishing mutual trust. To be sure, I'm at an age when my patients' illnesses may also remind me of my own vulnerabilities and mortality, but I try not to let these future inevitabilities get to me in the present or prod me into retirement.[3] Instead, I try to view them as a reminder to be grateful for my own health and for the continued privilege of caring for sick people in the limited time remaining in my career.



Silver residents' ability to empathize because of our age also extends to patients' family members. I know too well the anguish of helplessly witnessing an elderly parent's inexorable descent into frailty and the gradual loss of the quality of life that comes with each hospitalization. I am all too familiar with the frequent hesitation ("Are we doing the right thing?") of grown children to discontinue standard hospital care for their terminally ill parent. I appreciate not only the rewards but also the hidden challenges of caring for aging parents in home hospice during their final weeks of life.[4] I also know firsthand what it's like to have an adult child with a spouse and children at home who is suddenly hospitalized for a potentially fatal condition. Having walked in their shoes, I can empathize with these family members in ways that I could not earlier in my career.

I sit down with my resident for a final feedback session at the end of our 2-week voyage. I applaud her for leading our team with energy and curiosity, teaching with passion, and formulating safe discharge plans. Then I ask her, "How did you think the rotation went? How did I do as your attending?"

"It wasn't an easy rotation, but I had fun," she replies. "I could always count on you to go to bedside when I couldn't and deal with difficult situations with patients, families, and staff. I always felt supported, and that made a big difference. And oh! The teaching was good, too!"

Walking home that night, I can't help but reflect on my role on the wards and the feedback that I've just received. Silver residents have much to offer, not only as seasoned clinician educators but also as integral members of the care team helping patients and their families through the tumult of hospitalization and actively supporting younger team members as they learn to navigate the unfamiliar waters of medical practice on the wards. Genuine support matters, and despite the positive feedback, I believe I could have done better. I have a goal.

The views expressed in this article are those of the author and do not necessarily reflect the official views of Mercy Hospital, St. Louis, or its affiliated institutions.

Disclosure forms provided by the author are available at NEJM.org.

From the Department of Medicine, Mercy Hospital, St. Louis.

This article was published on April 13, 2024, at NEJM.org.

1. Bateson MC. Thinking of longevity. In: Composing a further life. New York: Random House, 2010:10-24.
2. Manian FA. Time to dedifferentiate. South Med J 2015;108:198-9.
3. Berman N. A reason to retire? N Engl J Med 2023;389:1354-5.
4. Manian FA. Medical myths: unprepared for the end stages of end-stage kidney disease. Health Aff (Millwood) 2015;34:1599-602.

DOI: 10.1056/NEJMp2313554