Circumstantial Evidence

What leads physicians to draw upon radically different knowledge to treat their patients, basing their decisions on factors from clinical experience to economic profitability to scientific evidence? This paper focuses on the way novice physicians learn to manage this knowledge, and also uses this puzzle to sketch a new theoretical approach to the study of roles. Focusing on observations from one month’s immersion in a team drawn from a total of six studied in a long-term ethnography, I examine how one group of residents approached knowledge differently according to whether their attending physician was an interventional or general cardiologist. I find that a resident’s opportunities to occupy a role and apply its affiliated knowledge depended on the normative environment developed by attendings in sanctioning case presentations, and that the intern on the team occupied the role of “scientist” and “clinician” in a way that was consistent with the way their attending used knowledge to execute their subspecialization’s dominant tasks. I conclude by discussing the relationship between a physician’s task structure and their use of medical knowledge in a hospital, and suggest some implications of considering roles to be a feature of a situation rather than an individual.