SHORT WHITE COATS: KNOWLEDGE, IDENTITY, AND STATUS NEGOTIATIONS OF FIRST-YEAR MEDICAL STUDENTS

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This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1002/symb.400

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ABSTRACT

This paper investigates the meanings medical students invest in their white coats and how these meanings shape students' strategic use of the white coat as a status symbol. During a four-year ethnography of medical education, I found that the white coat signified knowledgeability and was used to assert status. In interactions students policed their own and each other's status displays, a process I identify as an instance of status management in medical training. An analysis of the meanings and conventional uses of the short white coat increases our understanding of how novice trainees negotiate their place in a new social order.

Keywords: Medical education, professional socialization, status, cultural artifacts, peer cultures

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INTRODUCTION

Wearing a short white lab coat signifies that one is a trainee doctor, provisionally a member of the medical profession. White clothing has been a sign of medical professionalism since the late nineteenth century, when it came to be associated with the then newly scientific approaches to medicine, as well as with cleanliness and purity (Hardy and Corones 2016; Hochberg 2007). White clothing was common hospital dress during the twentieth century, and for medical students, putting on the white shirt, trousers, and short coat marked the transition from the classroom to the clinic (Becker et al. [1961] 2007). But for the first two years of medical school, the novice trainee wears only a short white coat.

Over the past three decades, the significance of the white coat as a symbol of the medical profession has been reinforced in the United States by the White Coat Ceremony, a ritual created to emphasize the student's membership in the profession and the responsibilities this entails.[2] The White Coat Ceremony generally takes place at the beginning of training at medical schools across the United States. During the ceremony, medical educators emphasize the public values of

[2] This ceremony is sponsored by the Arnold P. Gold Foundation, an organization that promotes medical professionalism. For a description of a typical ceremony that follows the Gold Foundation's intent, see Gillon (2000).

the profession, particularly medical humanism, service orientation, and altruism. The crowning event of the ceremony is when senior physicians call students up to the platform and present them individually with their short white coats, helping them don the coat for the first time. At the end of the ceremony students make a commitment to professional conduct that is similar to the Hippocratic Oath. Following this ceremony, students are expected to wear their coats during clinical work and training in simulated clinical settings.

Despite its lofty aims, the White Coat Ceremony is contested based on whether students should be making formal commitments to medical professionalism when they do not yet have substantive experience with the medical profession (Veatch 2002). Scholars have also questioned whether the White Coat Ceremony can inculcate humanism and professionalism after all (Goldberg 2008; Wear 1998). Nevertheless, these ceremonies have spread across the U.S. and to medical schools in other nations. White Coat Ceremonies have also become common practice in other health professions education programs.

During the White Coat Ceremony, the white coat functions as a collective symbol that "[serves] to deny the difference between categories in order that members of all categories may be drawn together in affirmation of a single moral community" (Goffman 1951:295). After the White Coat Ceremony, when the white coat enters daily use, it functions as a status symbol, designating the medical student's position as a trainee within the medical community. The white coat is typically understood as a simple indicator of status that can be graded (short vs. long white coats) and that marks the division between the clinician and the patient or the student and

the lay community (Becker et al. [1961] 2007). However, marking one's status is an active, interactional process; the white coat is not merely a symbol, but also a part of medicine's material culture that can be manipulated to serve the identity projects of professionals (Jenkins 2014). Indeed, much of medical training is figuring out what one's identity is, what one is accountable for, and how to not upset the hierarchy—in other words, what one's status is. In this paper I argue that trainees use the white coat to assert claims to status as they go through professional training and are socialized into medical culture.

Much of the research on white coats within medical education has examined the coat from the vantage point of the full-fledged physician; however, research on student culture in medical school has shown that students live in a world that is quite distant from that of the full-fledged physician (Becker et al. [1961] 2007). This is a dynamic social world where students are busily piecing together an understanding of what it means to be a professional and what this entails for their relationships with other trainees, faculty, and patients. Engaging the short white coat as a material artifact that bears various and contested symbolic meanings opens up the coat as an avenue to study professional socialization.

An important aspect of professional socialization is the status transformation trainees undergo and how this impacts their identity formation. When first year students are learning where, when, and how to wear their white coats, they are not only mastering conventions of professional dress, but also learning the conventions that accompany their new status. Because it occurs interactionally, I examine negotiations of white coat wearing as an aspect of status

management. Status management has been a prominent theme in studies of symbolic interaction, particularly in the writings of Erving Goffman. However, Strong (1979) notes that Goffman tended to focus on the abstract properties of interaction instead of analyzing specific frames (games and theater being notable exceptions). My findings contribute an analysis of status management and peer interaction within the moral and epistemic order of the medical school.

White coats are only one among a set of status symbols that includes medical language and other props of doctoring like scrubs and stethoscopes. However, because they are ritualistically conferred to medical students during a special ceremony and because of their recurrent salience in my interactions with medical students, I take them as my focal object for analyzing status management as an aspect of professional socialization.

In this paper I discuss the meanings medical students invest in their white coats and how these meanings shape students' strategic deployment of the coat as a status symbol. The importance of the white coat as an artifact is that it both indexes and exposes the dilemmas of status and identity that medical students negotiate during their early professional socialization. An analysis of the meanings and uses of the white coat allows a window into the process by which novice trainees negotiate their place in a new social order.

BACKGROUND

A major focus of inquiry within the literature on professions has been the origin and effect of status differences within the health professions. Intraprofessional status distinctions structure the hierarchy of specialties (Abbott 1981). This body of research shows how status is

structured and protected organizationally (Jenkins and Reddy 2016), as well as how the personal preferences and attributes of physicians place them on different professional paths (Menchik 2017). Thus, research on intraprofessional status stratification focuses on the internal distinctions that produce hierarchy and on how individuals navigate their own status positions. However, scholarship in this area focuses primarily on graduate medical education and medical practice, and corresponding work on status within undergraduate medical education is scarce. The preclinical years of medical training, in particular, are not always seen as relevant to later medical practice (Bosk 1986), but the preclinical years are when important preconditions for clinical thinking and professional epistemology are learned (Hafferty 1988). This includes learning what constitutes valid knowledge, what the rules of social intercourse are, and what the moral orientation of professionals should be. The status dilemmas of medical students largely revolve around leaving behind their lay role and learning "to play the part of a physician in the drama of medicine" (Becker et al. [1961] 2007:4).

Professional socialization describes the process by which trainees acquire their new professional identity. It is a lengthy and complex process that is facilitated by informal and formal teaching, peer relations and subcultures, and professional rituals like the White Coat Ceremony. Past research in this area has focused on the importance of peer subcultures (Becker et al. [1961] 2007); learning to participate in the moral order of the profession (Bosk 1979; Merton, Reader, and Kendall 1957); the learning of professional dispositions (Sinclair 1997), emotion (Lief and Fox 1963; Underman and Hirshfield 2016), and affect (Underman 2015);

learning to do the daily work of the doctor (Atkinson 1981); and the challenges of mastering medical knowledge and applying it competently in clinical settings (Fox 1957; Haas and Shaffir 1977).

Status is a significant phenomenon in discussions of professional socialization because individuals join and move between status groups over the course of their lifetime and undergo a process of enculturation that results in membership. Beyond estimations of status honor, membership entails sharing a style of life (Goffman 1951; Mills 1956; Weber 1922), being familiar with group conventions (Bloor 1983; Winch 1958; Wittgenstein [1953] 1999), possessing group knowledge, particularly tacit knowledge (Collins and Evans 2007), and possessing requisite cultural capital (Bourdieu 1984; Khan 2010; Lamont and Lareau 1988). At the personal level, these are all components of identity. Identity formation in medical education is important to examine because these ordinarily tightly bound phenomena occur out of step for first year medical students, a practical problem that is partially caused by the very act of bestowing a powerful signifier of membership—a white coat—on brand new medical students who lack the attributes, described here, that underpin membership in a status group.

Research on identity formation in medical training has focused on the role of knowledge and the trainee's experience with uncertainty. A classic problem for medical students is how they manage their knowledgeability as a performance without having their performance discredited—in other terms, how they "pass" as knowledgeable (Goffman 1963). As trainees, medical students are fundamentally discreditable. Research has examined the number of parties medical trainees

must simultaneously satisfy, as well as the difficulty of carrying this off (Haas and Shaffir 1977). Past research demonstrates that medical trainees are aware that they must interact strategically with peers, faculty, and patients in order to manage their status. The best-known examples of this process are described in work on the "cloak of competence" (Haas and Shaffir 1977) and "training for uncertainty" (Fox 1957).

However, in early medical training, status is only partially reliant on knowledge. As a case in point, trainees' status in the medical profession is granted at admission and ritualistically conferred at entry to medical school during the White Coat Ceremony. Trainees need not possess any medical knowledge as a pre-requisite, nor must they have any experience with professional practice (although they may). In this context, any discussion of medical status is not about knowledge as such, but rather about legitimate versus illegitimate *claims* to status based on students' perceptions of their own and peers' knowledgeability.

As I will show, the white coat is the primary vehicle for status claims and status displays among first-year medical students. Medical students not only advance their own claims to status, they also police their peers' status displays. Past work makes clear that identity change is a social process. However, the interactional and material aspects of identity change in medical education remain unclear. In attending to the broad question of how novices take up status and negotiate their place in new social orders, it is important to examine not only questions of individually-perceived identity change, but also the ways in which medical students shape and limit their peers' identity formation.

Crucially, an individual perspective on identity change cannot help us understand phenomena such as conformity and social control that are present in medical education. Like any participants in social life, medical trainees have a desire to conform (Hochschild 1979). What medical trainees do not know, however, are the specifics of how to change their identity and they are unsure of the proper rate of change. I find that this fundamental uncertainty heightens the importance of peers and faculty members as benchmarks and sources of feedback. Medical students experience a conflict that is particularly acute at the beginning of their training: they want to take on the status of a physician, and in fact are encouraged to do so by their faculty, but they also want to avoid the accountability to patients and colleagues that physician status entails. That is, they want to avoid situations in which they might be called upon to display clinical competence. In such a situation, their performance could be discredited and their status claim called into question.

When asking students about their practical everyday *use* of the coat as an object, I find that, for first-year students, the coat is closely linked to status such that students are aware of faculty and patient expectations of them—that they will be held accountable for clinical competence—when they wear a coat. Moreover, I find that students are ambivalent about these expectations because they do not feel that their status is legitimate. Finally, I find that students perceive legitimacy as founded on knowledge. While the short white coat grants access to medical settings and patients' bodies, it also marks students as trainees to other health professionals and as medical personnel vis-à-vis patients. Combined with the first years' lack of

medical knowledge, this inverts the meaning of the white coat from its conventional associations with authority and membership (Blumhagen 1979; Huber 2003; Wear 1998), instead investing it with the possibility of accountability and expectations that the students are not yet prepared to meet.

In the sections that follow, I examine how the meanings medical students associate with white coats shape their behavior and identity. I do this to gain an understanding of how identity change is a personal and interactional phenomenon. What happens to medical trainees between the time that they commit to this professional path and when they are fully qualified as physicians is an enormous transformation. In a society where professional work is widespread, it is important to understand the elements and implications of this transformation.

METHODS, DATA, AND ANALYSIS

The data for this paper were gathered during a four-year ethnography of medical education in which I followed one cohort of medical students through their training at West Coast Medical School. West Coast Medical School is a basic science-oriented medical school located in a California research university. The analysis presented in this paper is based on interviews with 12 medical students (2 waves of interviews for N=23), representing approximately 10% of the cohort, as well as field observations from lectures, laboratory sessions, small group work, and unstructured social time. The interviews I focus on in this paper come from the students' first year in medical school. All names of persons, courses, and institutions

are pseudonyms. My role as a researcher was known by all students, faculty, and administrators in the medical school.

Although the analysis focuses on interviews, it is informed by my ethnographic fieldwork in which I witnessed students talking about their white coats, wearing them gladly, resisting wearing them, filling the pockets of them, and so on. During third year rotations, when I accompanied students to the hospital, I wore a short white coat with a visitor badge, and my personal experience of wearing a coat informs my analysis. Although the trainees, physicians, and some support staff and patients (those with whom I had prolonged contact) knew I was a researcher, wearing a white coat allowed me to blend in and to accompany trainees and physicians as they did their daily work. This was important for gaining insight both into the membership the uniform confers, as well as the logistical benefits of the large pockets of the coat. While not addressed at length in this paper, the pockets and their contents, as well as pins and other decorations on the coat, served to display additional markers of identity and status in the hospital (see Jenkins 2014 for a detailed discussion of hospital dress and status in the Bourdieusian tradition). These overlapping sources of data help me gain insight into the meanings of the short white coat for medical students.

My analytical perspective is grounded in the interpretivist tradition and draws on practice theory (Schatzki, Knorr Cetina, and von Savigny 2001). I focus on how students' use of the coat is influenced by the meanings they hold for it; in other words, how the pragmatics of coat wearing are shaped by the coat's semiotics. Concretely, I am interested in how the short white

coat as a novel object becomes integrated into the medical student's everyday life, how the student uses the coat in a practical manner, and how this use reflects the student's identity and his/her/their relationship to other medical student peers. In this analysis I pay particular attention spoken and unspoken rules of conduct for the white coat and to their enforcement (e.g., through teasing), showing how these rules are less about professional dress itself than about their accountability to medical knowledge as an aspect of membership in the profession. Ultimately, this analysis contributes to an understanding of status and status transformation for contemporary medical students.

FINDINGS

In order to explain how the white coat facilitates and exposes processes of status management among first year medical students, I move from an exposition of the meanings students associate with the white coat to a discussion of how these meanings motivate students' use of the coat as an artifact of daily life. First, I present interview data wherein students explain the personal meanings they hold for their coats, showing that discussions of the coat are also discussions of identity, identity change, and status. Second, I explain how students strategically deploy the white coat as a status symbol. In this section I also note students' strategic avoidance of the white coat. The strategic use and avoidance of the coat exposes students' close association of the phenomena of professional status, medical knowledge, and accountability. Third, I discuss reported and observed instances of peer policing—students who find that their peers are using the white coat to signal a status that they have not earned or that seems out of place for the

setting. I use these data to help us understand the short white coat as a status symbol, as well as the social penalties for status usurpation. Later I briefly address students' changing relationship to the white coat over the course of their training.

How White Coats Expose Student Identity Change and Status

A primary objective of this paper is to understand the role of status management in professional socialization. I found in my research that discussions of the white coat with medical students tended to prompt discussions of their identity change and perceptions of their status. In examining these students' reflections, I found that status was closely linked to knowledge and medical competence, making it difficult for students to take up a physician's identity in the absence of medical expertise. For example, Laila described working at the medical school's Free Clinic:

> I think it's just really nice to be able to help all the patients. And they come in for hours and hours, you know, and they see people in a white coat and they're just like, "Oh, those are the doctors," you know, so it felt good, it felt good. I won't lie about that. But again I think the first things that comes to my mind is like don't call me that, you know. Don't expect me to know anything, you know. So it's just—it will probably be a little bit before that, you know, confidence comes in. I mean and that will once I have the knowledge, so yeah, but yeah, but it's nice to kind of be seen that way and have people trust you. It was nice.

Here Laila links the white coat to the doctor status she is accorded by patients and highlights her reason for resisting that status: that she does not know anything. Moreover, and crucially for later sections of this paper, Laila does not want to be *expected* to know anything yet. Looking toward the future, she realizes that one day she will have the knowledge to legitimately be called a doctor and that her confidence and identity as a physician will follow from that.

For other students, an additional salient meaning of the coat is that it indicates membership in the medical profession. Van saw himself as representing the whole medical community when he wore his white coat. In that moment, his sense of individuality receded:

> The white coat is a type of uniform. It sort of shows that community as one and by wearing a white coat you are representing your whole community. And people respect you for the community you represent, not you as an individual.

While past research has interpreted donning the coat as an unfortunate loss of individual identity (Wellbery and Chan 2014), an alternate interpretation is that wearing a white coat allows one to transcend one's individuality to join a broader community of professionals. This meaning is salient to Van and he locates any respect he may receive from patients in this shared identity.

As the interview continued, I asked Van if he felt different when he wore his coat versus when he did not wear his coat during patient interactions. He explained:

> Van: No, I try not to think much about it because for me the white coat is something to tell. It's a first impression. The first impression is important, yes, but it's not just a first impression. You have to prove that first impression is

justified. It [wearing the coat] probably helps if it's the first time I talk to someone, but after that it doesn't really help anymore.

Vinson: What matters after that?

Van: What matters after that is what you can do for them.

This conversation was an attempt to clarify the role of the coat in the interaction, since the relationship between the coat as representing identity and signifying knowledgeability is difficult to untangle, both in practice and in analysis. For Van, the coat tells the patient that he is medical personnel, but he is adamant that the coat, while it may signify knowledgeability, cannot replace it. Similarly, Laila pointed out the disjuncture between looking like a medical professional and being able to do medical work, which is reliant on medical knowledge:

> And so, it's interesting because it like in a way kind of commands people's respect, but at the same time I think it's kind of funny because I don't feel like I still know anything, you know, just by wearing this coat. But it is nice because it's kind of like you put it on and you feel like you're doing something and eventually I'll feel like I, you know, belong in this coat, you know. Or it's the short coat, so we belong in the short coat.

Laila explicitly links the coat to her changing identity ("I'll feel like I, you know, belong in this coat"), but quickly specifies that she means that she belongs in a *short* white coat. Notably, Laila also marvels at the symbolic power of the coat in patient interactions.

White coats, as a status symbol, communicate information about both the rights and obligations of one's status during interaction. However, as Goffman (1951:295) points out, "a symbol of status is not always a very good test of status," meaning that a white coat may not always be a reliable indicator of one's position. This is a frequent problem for early medical students because they have white coats that identify them as medical personnel, but cannot always carry out the tasks of the profession because they lack the knowledge to be competent. As one student, Ricky, remarked to another during a histology laboratory session, he wished his clinic patients were not so complacent, because it was clear that he did not know what he was doing. Ricky gave the impression that the patients' deference behavior (Goffman 1956) actually highlighted his failures to do procedures quickly or correctly on the first try. The definition of the situation anchors actors in certain roles with certain props. If, however, actors cannot perform in the expected ways with these props, this violates the definition of the situation and is a failure of impression management (Goffman 1959). Although the patients ultimately aid the medical students by stabilizing the definition of the situation (Thomas and Thomas 1928) in the medical encounter, students find this to be unnerving when they cannot credibly carry out clinical tasks.

As the excerpts from Laila, Van, and Ricky demonstrate, students' personal meanings of the coat bring theoretical concerns of membership, knowledge, and identity to the fore, helping us understand students' perceptions of their own status. Chiefly among their concerns was the issue that although they might, by wearing the coat, appear knowledgeable, they were very aware of their lack of medical knowledge. Unlike the "cloak of competence" theorized by Haas and

Shaffir (1977), which emphasized the public behavior of novice medical students, these private accounts indicate that Laila and Van do not engage in impression management to effect an impression of competence. Instead, they opted to be deferent about their status as medical trainees during interviews and, for Laila, during reported patient encounters. Ricky's attempts at impression management, however, were significantly aided by patients in a way that left him unnerved. As I discuss below, trainees periodically shelter in their student role as a way of mitigating the pressures of accountability they feel during the early phase of their training. Examples such as these highlight the students' movement into and out of the role of the physician, a process that is made material through their strategic use and avoidance of the white coat.

Strategic Use and Avoidance of the White Coat

As the students moved through their first year, they began to have their coats with them more often because one afternoon per week often included clinic work or simulated patient encounters. During interviews I asked students when and where they wore their white coat. This line of questioning emerged from fieldwork observations that coat-wearing conventions were complex. Students described strategically avoiding wearing the coat when they thought it might make them look haughty or subject them to expectations that they could display real medical competence. Alternately, students described strategically deploying the coat as a status symbol when they thought it could bring them advantages. As a rule, the students were cautious about coat wearing and tended to avoid wearing the coat unless they were required to. Even then, they

were uncomfortable for most of their first year and into their second year. Avoidance was therefore the dominant mode, but when students did wear the coat, their use of the coat was strategic. The overtly strategic use and avoidance of the coat exposes students' close association of the phenomena of professional status and accountability to medical knowledge.

In response to an open-ended question about where and when she wears her white coat, Claire explained:

> So, I've only recently started wearing it around campus, only when I was cold. Definitely in GOSCEs [simulated patient exercise], as soon as I get to preceptor [clinical apprenticeship], I put it on because there is a little bit of cachet with it, which can be a little bit of fun, frankly. It's kind of weird, it's like, "I'm at preceptor," oh, "I've earned the right." And I think I'm kinda growing into it slowly, but I'm, like, trying to mindfully do it in an appropriate and non-arrogant way. I think I'm aware of when I'm getting a little arrogant with it, then I'm like, "Oh yeah, I remember my test score."

Similar to Laila, Claire describes herself as slowly growing into her identity in the same way that she might grow into a coat. She recounts feeling prideful and entitled in her white coat, but then reminds herself of her most recent test score. The test score as a check on her pride underscores the relationship between knowledge and status that the white coat symbolizes. Similar to other students, Claire strategically avoids wearing the coat on campus unless she is cold. However, she is cautiously eager to deploy it at her clinical apprenticeship.

Marcia also avoided wearing her coat when not in the clinic. She gave several reasons: the wants to keep her coat clean, she wants to maintain her anonymity, and she finds it "preposterous" to wear it outside of necessary situations. Importantly, however, she also explains, "I think there's a certain expectation of you when you wear something like a white coat. And I don't like people to have that expectation." Avoiding wearing the coat as a way of managing others' expectations of their medical competence was a common status management technique among students. While Marcia and Laila describe mundane, school- or clinic-based situations, Rachel describes an urban legend that aptly conveys the salience of status management to medical students:

> But I've also heard stories about like—and I think they're kind of extreme, so it probably won't ever happen to me, but you're, like, riding on the subway and you have your white coat on and someone, like, has a heart attack and falls on the ground and they're like, "Doctor, doctor, come help me," and you're like, "I don't know what to do." So that's probably the fear, but that would probably be why I don't wear it. I also don't want to get it more dirty.

Rachel's fear that someone will have a medical emergency and she will be called on to save the day motivates her to strategically avoid wearing the coat in non-clinical situations. This situation is deeply hypothetical, since West Coast Medical School's city does not have a subway system. This instance hints at the existence of a larger oral culture surrounding coat wearing that resonates with Hafferty's (1988) discussion of the oral culture of cadaver stories. Despite the

remote chance that this scenario could play out in her life, it nevertheless highlights the salience of the coat as a marker of medical status and representation of medical knowledge to first year students.

However, there are non-clinical situations in which students believe it could be advantageous to deploy their white coat to invoke professional status. For example, Spencer thinks that if he were to get pulled over for speeding, a police officer might be sympathetic, although he does not specify if the sympathy would come from Spencer looking like he was racing to assist in an emergency or if the prestige of the white coat might get him off the hook. As he explained:

> I don't wear it to McDonald's. I think that—yeah, so when I'm going to and from preceptorship, if I'm running errands before or after, I'll take it off and leave it in the car, unless I'm completely absent-minded and forget to take it off. But I will wear it in the car. I do do that. And part of my thought process is I have yet to get a speeding ticket, but I'm hoping that if I ever were to get a speeding ticket, that wearing the coat might help me a little bit.

These interview excerpts expose the relationship that students perceive between medical knowledge and professional status. It emerges through their descriptions of real and hypothetical scenarios that deploying or avoiding the coat was a status management technique whereby the students were able to avoid accountability for medical competence when they were unsure that they would be able to deliver. The salience of accountability is in direct contrast to commonsense understandings of the

white coat as a symbol of medical power. The threat of accountability leads students to strategically avoid wearing the coat, unless they perceive that there could be distinct advantages and low risk of accountability.

Status Displays and Peer Policing

Many of the interview excerpts above deal not only with issues of membership, knowledge, and identity, but also describe the use conditions of the short white coat: where, when, how, and with whom it is legitimate to wear it. Medical students' initial status designation is provisional, and it becomes less provisional (and more legitimate) over time as the trainees gain real expertise (Collins and Evans 2007). In this way, status is partly dependent on knowledge (expertise, competence, know-how). Trainees must also learn, however, the rules that guide interaction and feeling, and they must begin to conform to them publicly and privately (Goffman 1959; Hafferty 1988; Hochschild 1979). Evidence for this learning can be seen when students police their peers' displays of status and knowledge, enforcing the rules of white coat wearing as a form of social control (Rigney 2001; Scott 2011). Descriptions of legitimate and illegitimate uses of the coat therefore prompt discussions of status and which attributes legitimate status. These discussions occur amongst students, and one such discussion was reported to me by Claire:

> Like, oh my gosh, it was actually the topic of conversation today—like, there's this one person in our class that wears her white coat to class and we're like, "Why does she wear her white coat to class?"—I'm like, fine, you're cold, a lot of

> people do that, but then she like puts the stethoscope around her neck in class and sat in the first row today. I think maybe she is—totally speculating on my part—but getting strength from it or something. Like, that's the nicest interpretation I can have. I thought it was strange. Someone else brought it up, I didn't even mention it—they were like, "Did you see so-and-so was wearing her stethoscope? And she does this a lot."

Naomi, the woman referred to in this quote, had caused quite a stir—I witnessed this episode myself and was also puzzled by it. For much of the first year of medical school, if students chose to wear their white coats during lecture, they went out of their way to explain to those around them that they were only wearing the coat because they were cold. While the coat is explicitly called for in clinic, in Objective Structured Clinical Examinations and in other simulated and real patient encounters, it is not typical dress for the lecture hall. As Claire explains, Naomi's behavior cannot be explained as a reaction to the chilly lecture hall because she was also wearing her stethoscope. In fact, Claire's charitable interpretation is that Naomi is "getting strength" from wearing her coat and stethoscope to class. Naomi had somewhat of a reputation for eagerly and confidently volunteering answers to questions in lecture and small group settings, but frequently answered incorrectly. Because Naomi asserted status attributes that she could not fulfill (primarily that coat wearers possess medical knowledge and competence), her behavior was perceived as strange and fraudulent (Goffman 1951) by her peers.

As discussed above, the central problematic of identity change in professional socialization is leaving behind a lay identity to adopt a professional identity. But because having a professional identity is dependent on knowledge and incurs accountability, students at times strategically evade displaying professional identity via the white coat—especially when they can seek shelter in their role as mere students. Indeed, the most relevant lay role a medical student has is that of student. The protection of the lecture hall as a space to be students—and not to be physician trainees—manifests in Claire and others criticizing Naomi for wearing her white coat and stethoscope to class.

I do not know if Naomi's friends or peers sitting closer to her in the lecture hall policed her directly, but other students reported instances of being gently teased for wearing their coats in inappropriate situations. For example, Spencer reported:

> So yeah, so I do—I like when I get to wear it. I think it's really cool. It's kind of interesting because sometimes—and this is just in general is kind of how I feel sometimes when I'm just really out of it, and sometimes I'll, like, go—so I, like, got out of the car and we were going to eat and I'm still wearing my coat and everyone was like, "Do you want to take that off?"

Spencer went on to clarify that wearing the coat into the restaurant would give the impression that he was "crossing the line and becoming, like, you know, a big nerd or something." Spencer hints that "big nerds" do not share conventional understandings of when and where professional

status should be displayed (Goffman 1956), and for Spencer to do this would be "crossing a line"—behavior that was prevented by gentle teasing from his peers.

> Wearing the white coat in public is, of course, possible. As Rachel described:
>
> [My Classmate] and I kind of have this thing where like if we're going out to eat and we're both cold and we don't have anything else to wear and we both have them, we'll just wear them, like we've done it a couple of times at these Chinese restaurants where they don't care.

Spencer and Claire's evaluations of their own and their peers' behavior expose the ways students police each other's use of the coat as status signal. Because the students were acutely aware of their lack of knowledge as well as the public's perception of medical personnel, they monitored their peers for legitimate and illegitimate displays of medical status. Claire's example implies that Naomi thought too highly of herself, especially considering that Naomi seemed to regularly expose her lack of knowledge. While the example of Naomi represents a case of remarkable rule violation, Spencer and Rachel's examples demonstrate peer negotiations over whether to wear the coat in public, an indication that the acceptability of status displays is negotiated interactionally rather than experienced as an *a priori* condition. Negotiations over the conditions of white coat wearing give insight into the broader negotiated order of medical training (Fine 1984; Strauss 1978).

DISCUSSION AND CONCLUSION

The close association of the short white coat with status, knowledge, and accountability is a fleeting phenomenon. During the third and fourth years of medical school (the clinical years), the coat gained additional meanings and uses as a practical way to store snacks, pens, and pocket manuals during long hospital shifts. Following graduation from medical school, the students became entitled to wear a long white coat, visual indication that they had earned their MD. However, they were often given a fleece jacket by their residency program so they could stay warm in the hospital and long white coats were primarily used for formal occasions. Over the course of their training, the short white coat gradually receded as a material locus of status management and other forms of identity work.

In this paper I discussed the range of meanings that are invested in the white coat by different members of the medical community, homing in on first-year students' articulations of identity that are made urgent by the combination of wearing a salient identifier of the medical profession while not yet having the medical knowledge to be credible clinicians. What emerged in interviews and fieldwork were complex articulations of the semantics and pragmatics of white coat wearing: where and when to wear the coat, what the coat signified in certain settings, and how this was linked to crucial phenomena like medical knowledge and peer relations. I found that students engaged in detailed negotiations of the use of the coat as a status symbol, often policing their peers or themselves, and that students avoided or strategically deployed the coat when they thought it would benefit them.

One objective of this analysis was to show that how scholars conceptualize the bases of status matters for the study of professional socialization, specifically how trainees become enculturated in medical practice and how this shapes their identity and interactions with colleagues. Conceiving of status as something that is interactionally negotiated is an addition to past studies that examine the organizational or practice-based mechanisms of status stratification. Status management is facilitated by and exposed by material artifacts, in this case the short white coat. Indeed, one way to observe professional socialization is to see how meanings about identity, knowledge, and status coalesce in material artifacts. Observing how someone uses an object can give us insight into what someone knows about the object (Collins 2004) and what one takes the object to mean (Wittgenstein [1953] 1999). Building on past studies of emotion and interaction, I identified instances of status management in early career medical students and explored students' reflections on their developing professional identities, their pragmatic use of the coat as a status signal, and the meanings they associate with the white coat. Whereas white coat wearing seems personal, it is actually deeply social. A white coat is not simply a piece of clothing—it is heavily invested with meaning. This is important to study because the meanings students invest in objects like the white coat will shape how students relate to the white coat (Blumer 1969). For artifacts that carry salient symbolic meanings, it follows that examining how students relate to their coats can shed light on how they relate to the medical profession overall and their status within it. This emphasis on the semiotics and pragmatics of material artifacts

complements existing studies on learning medical language and communication styles (e.g., Anspach 1988; Apker and Eggly 2004; Spafford et al. 2006).

First year students experienced the coat as a form of accountability to knowledge they did not yet possess and peer policing emerged as an important phenomenon in shaping the status displays of first year medical students. Coat wearing symbolizes status and the move away from the lay role. Students desire to move away from the lay role and take up physician status, but the threat of faculty or patients holding them accountable for clinical competence, as well as active peer policing and self-policing, regulates this process. During training, students also periodically retreated to their lay role, the role of the student. Because students police their peers' coat wearing as a way of regulating status displays, peer policing constitutes a form of horizontal social control, or "performative regulation" (Scott 2011), in student culture that controls the pace and basis of identity change.

Overall, the findings shared here contribute to a deepened understanding of this prominent medical symbol by showing both semantic and pragmatic aspects of coat wearing and how coat wearing as a practice and a status display relates to medical knowledge and professional identity in the early career trainee. Past work on how medical students grapple with medical knowledge has portrayed this as an individual journey or as a source of conflict between medical students and more experienced doctors (Bosk 1986; Fox 1957; Haas and Shaffir 1977). This paper revisits and expands upon this theme in order to show that, while acquiring medical knowledge is a perennial problem, it is more interactional and less individual than previously

portrayed. In contrast to past discussions of the white coat as symbolic of medical power (Blumhagen 1979; Wear 1998), this analysis locates a phase in medical training when wearing the white coat is instead experienced as an expectation of accountability to clinical competence and a threat to discredit a medical student's performance of professional work. These findings therefore have implications for the future study of medical power and support other findings that medical students must be explicitly taught to be authoritative in interpersonal situations, including the clinical encounter (Vinson 2016). An interactionist approach complements organizational and practice-based approaches to illuminate the negotiation of status and identity as social processes during medical training.

ACKNOWLEDGMENTS

I would like to thank the editor and associate editor, two anonymous reviewers, and Lauren Olsen for generous feedback on this article. Earlier versions of this article were presented at the 2017 International Sociological Association Interim Conference for the Research Committee on the Sociology of Professional Groups in Oslo, Norway and at the 2018 Annual Meeting of the American Sociological Society in Philadelphia.

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