

Physician Educators' Perceptions of "Pimping" Effectiveness: Intention Matters

Karen C. Spear Ellinwood, PhD, JD, EdS^{1,2}

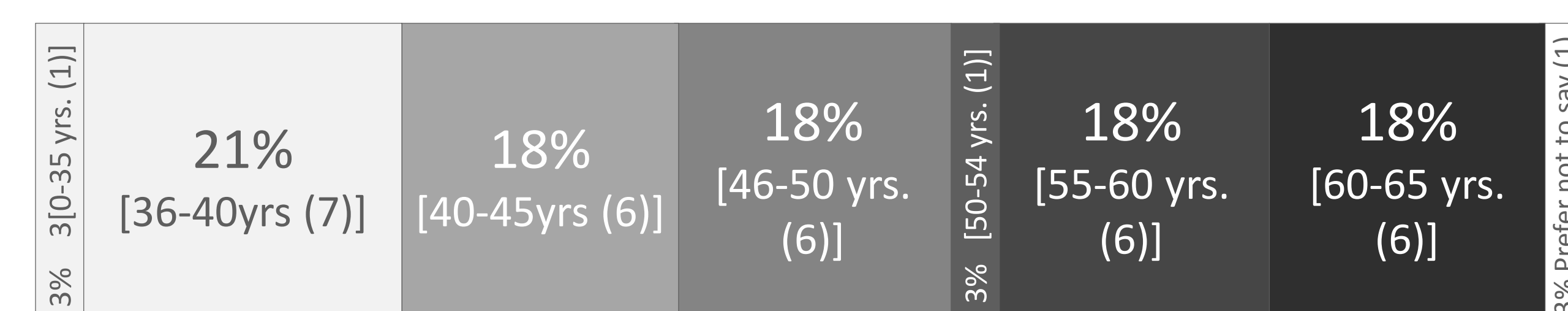
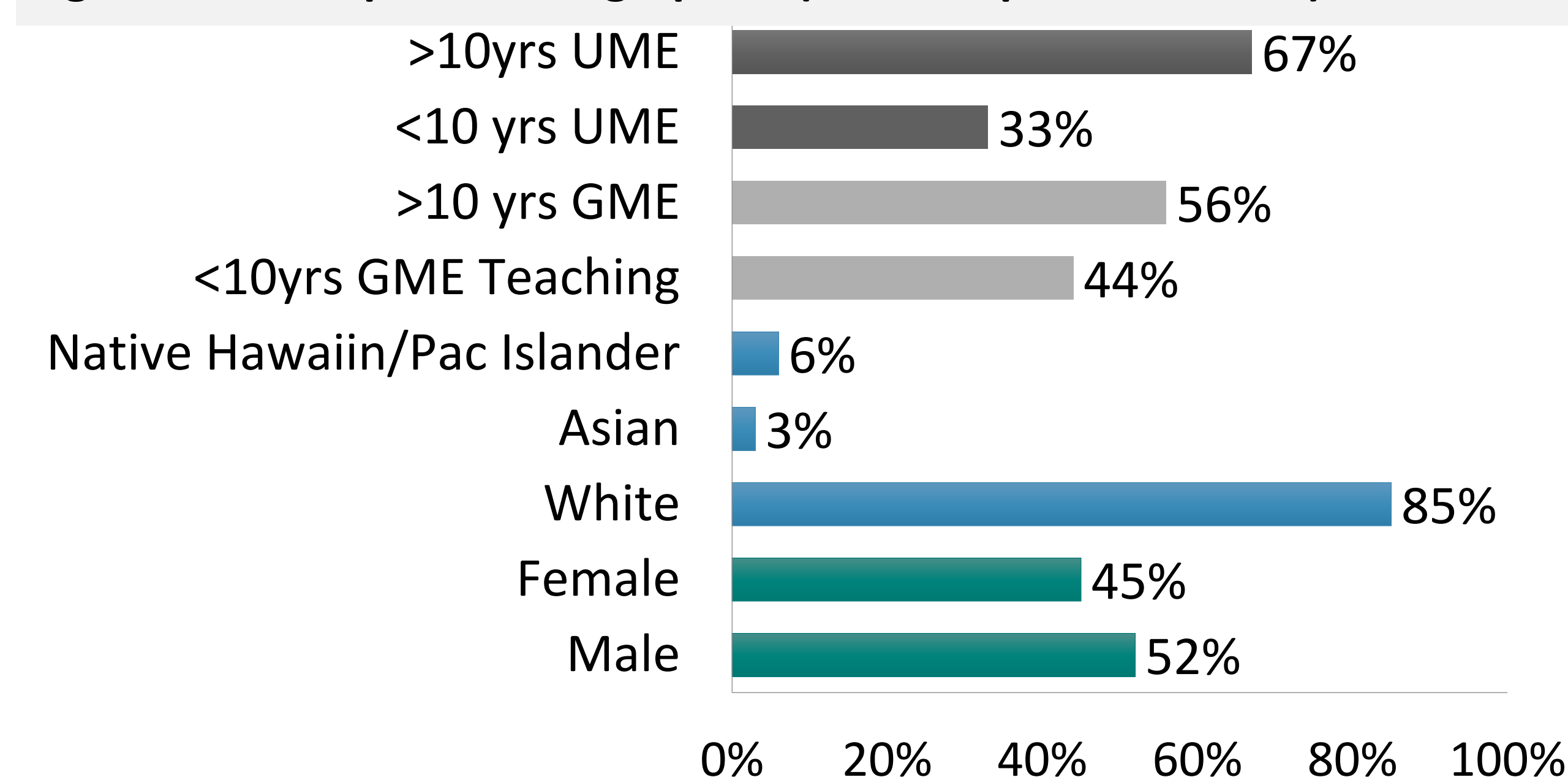
¹University of Arizona College of Medicine-Tucson, ²Department of Obstetrics & Gynecology

Abstract/Background

"[P]imping is perceived as a unique kind of questioning practice with a wide range of intentions from knowledge checking to humiliation"¹, a definition that conjures hazing for some and the Socratic method for others. Students fear the embarrassment or humiliation that is associated with pimping.² "Many students develop defense mechanisms in response to this questioning Strategy," such as "Dodging (answering a question with a question), [and] bluffing," or avoiding eye contact.³ Learning how to field and critically think about questions is key to becoming a physician^{3,4}. The controversy about how medical students and residents are challenged through inquiry begs the question what we should do about it.^{2,4} This study explores how academic physicians at our southwestern medical school define "pimping", perceive its effectiveness as a teaching tool or recommend its use. The aim is to enhance instructional support for effectively using inquiry-based teaching in clinical settings.

Participants

Figure 1. Participant Demographics (N = 34; Specialties = 12)



Methods and Materials

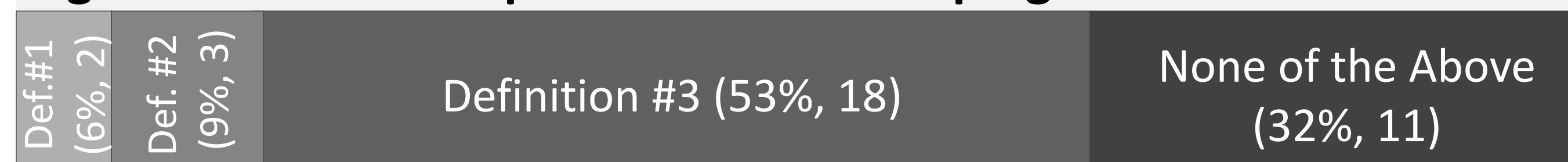
This ongoing mixed method study utilized a survey with: 6 scaled items; 3 open-ended items; and 2 net promoter scores. Demographic items asked participants to volunteer age, race/ethnic and gender identity, their roles in medical education, years of experience teaching, department affiliation/specialty, and the state/region of their residency training and in which they currently teach. To date, analysis includes descriptive statistics and grounded theory analysis*.

Results Summary

Most participants did not view "pimping" as "learner mistreatment" (68%, 23), but declined to recommend it as an instructional practice (62% re: UME; 59% re: GME). Most reported that "pimping" varied by specialty a lot, (62%, 21), and occurred at least *sometimes* in their specialty (65%, 22). A majority (53%-76%) perceived "pimping" as *moderately* to *extremely* effective for promoting medical knowledge (MK, 76%), clinical reasoning/critical thinking skills (CR/CT-S, 73%), patient care (PC, 55%) and systems-based practice (SBP, 53%). By contrast, a majority viewed it as only *slightly* or *not effective* for teaching practice-based learning and improvement (PBLI, 45%) and professionalism (Prof, 36%)(Fig. 3 & 4).

Results

Figure 2. How Participants Defined "Pimping"



Pimping is ...

1. "a series of difficult and often intentionally unanswerable questions posed to a medical student or house staff in quick succession."⁵
2. the "questioning of a learner with the explicit intent to cause discomfort such as shame or humiliation as a means of maintaining the power hierarchy in medical education."⁵ citing 2
3. "generally defined as the clinical practice where persons in power ask questions of their junior colleagues. Depending on how and where it is enacted, pimping is perceived as a unique kind of questioning practice with a wide range of intent."¹
4. None of these definitions captures what I think of as pimping.

"Good Pimping"

"Asking clinically relevant questions, usually of increasing difficulty, to test the trainees' knowledge base as well as their limits to help guide teaching to the appropriate level of knowledge and to help guide their studies."^{**}

Figure 3. The extent to which participants believe "pimping" is effective in helping learners achieve competence in ...

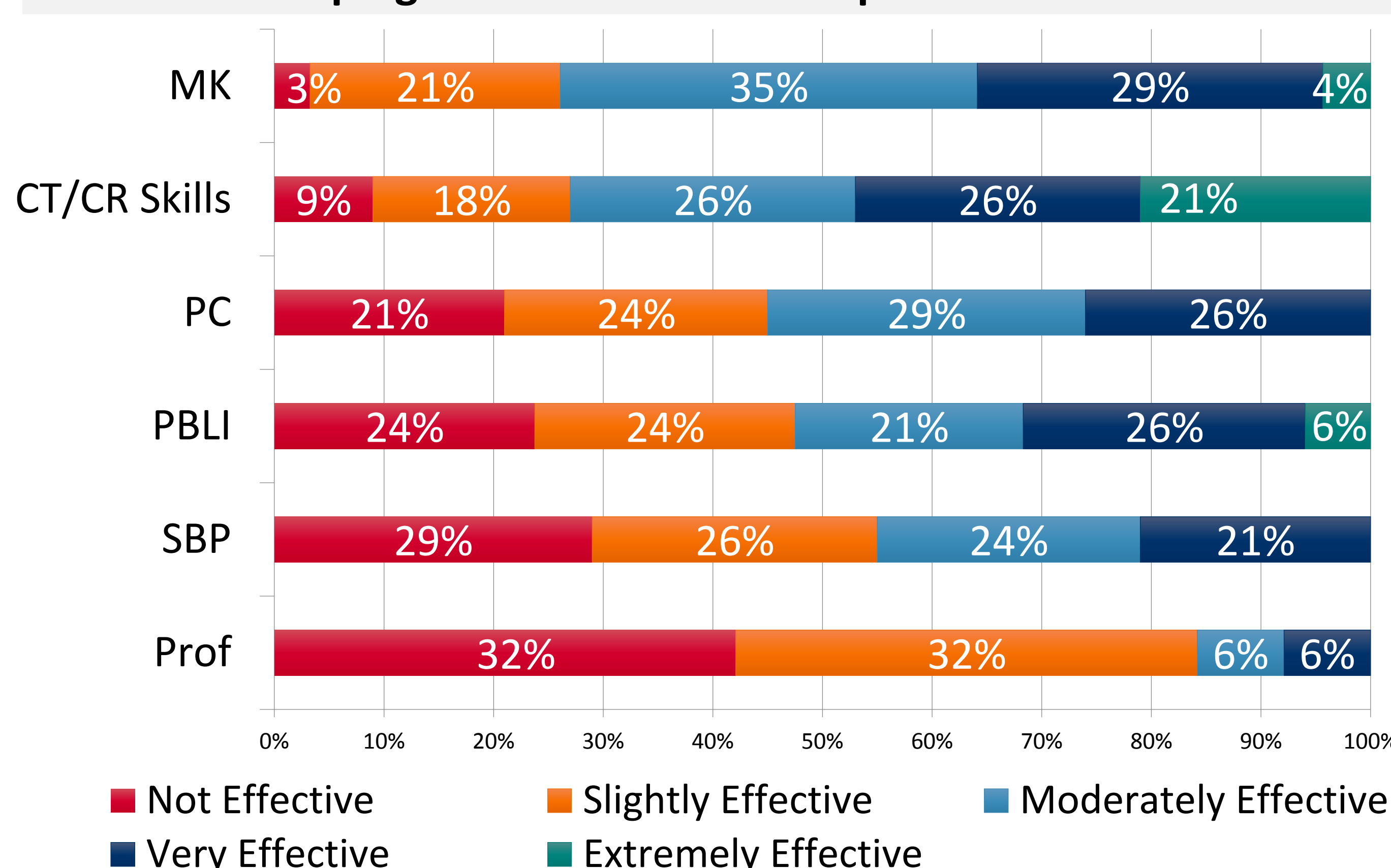
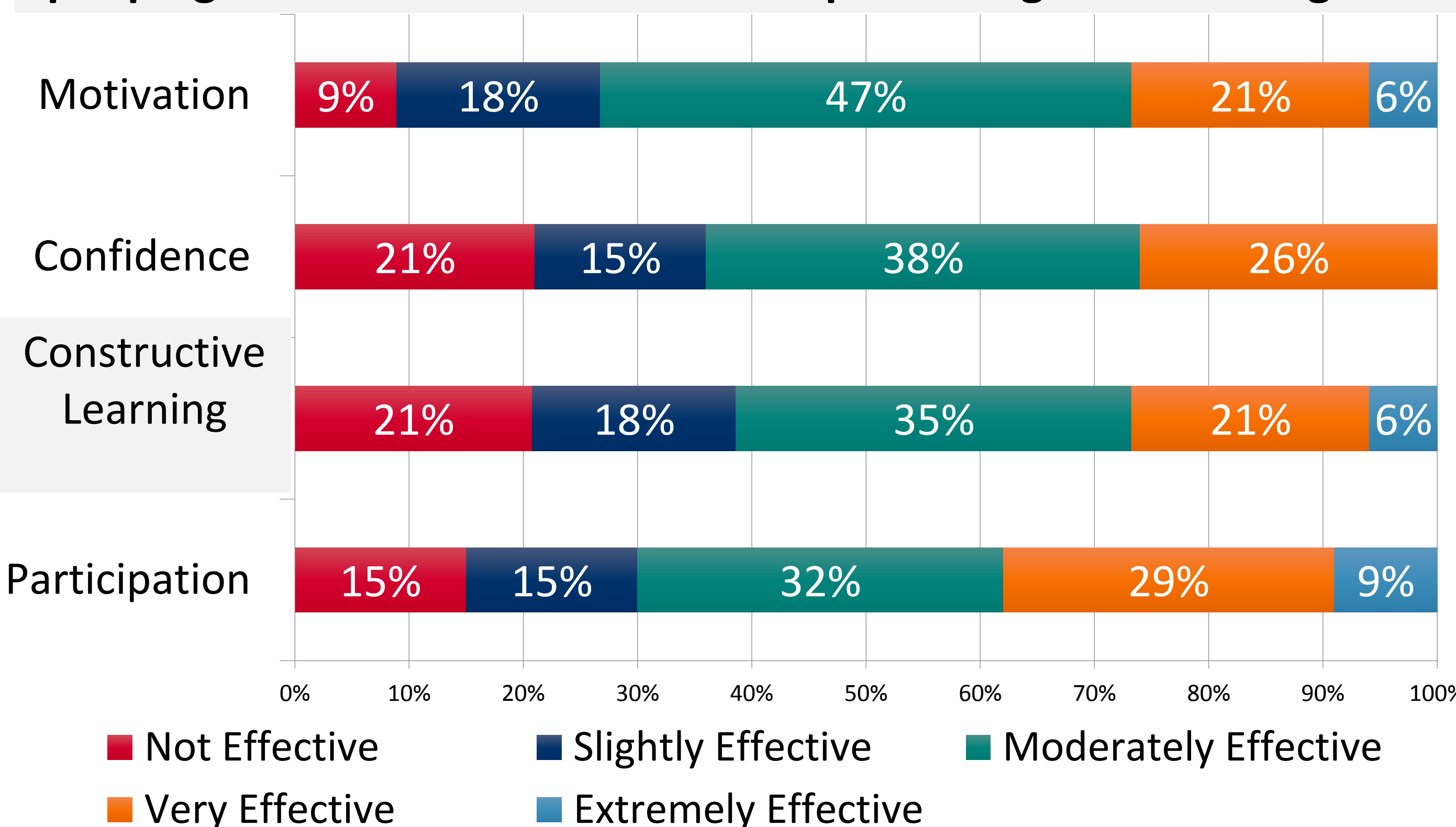


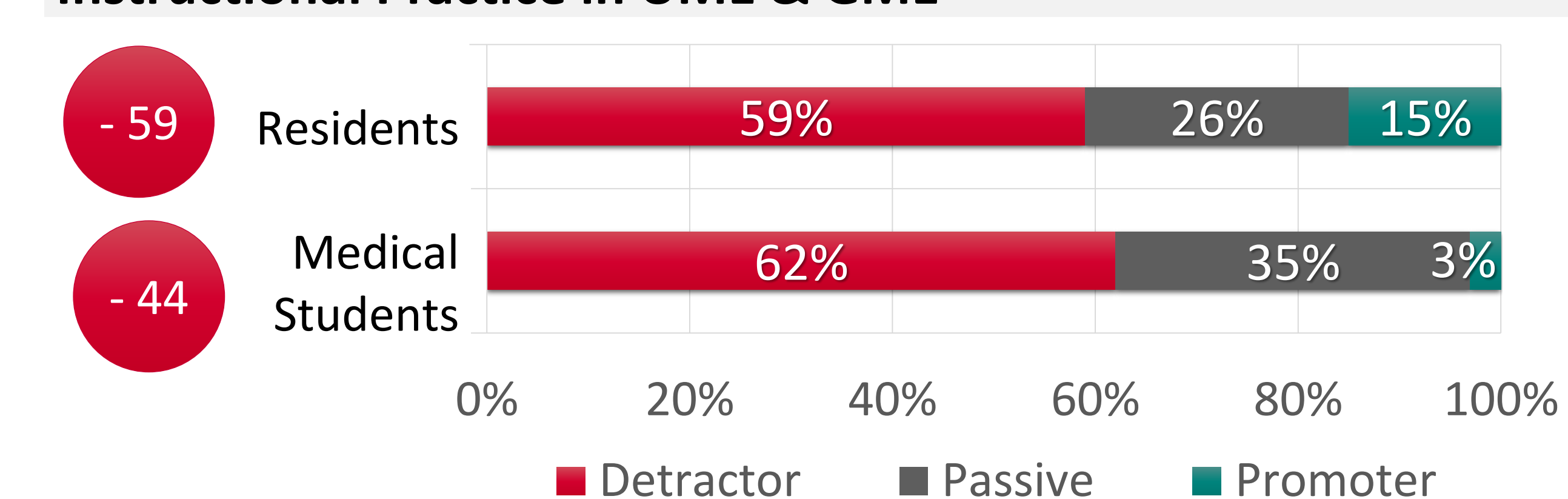
Figure 4. The extent to which participants believe the practice of "pimping" is effective or ineffective in promoting the following:



Dominant Qualitative Themes – "Pimping" should...

- "[E]ncourage excellent patient care & stimulate[e] academic thought
- Ask progressively challenging questions
- Leverage peer teaching/learning
- Put learners on the spot without embarrassment
- Give learners a chance to "look it up"
- Enable instructors to assess knowledge to adjust teaching and guide learners

Figure 5. Participant Recommendations of "Pimping" as Instructional Practice in UME & GME



Discussion

Inquiry-based teaching has a long tradition in medicine and is essential for learning critical thinking and clinical reasoning. Participants value inquiry as an effective instructional tool, and distinguish *good* from *bad* "pimping" based upon instructor intent and learner emotional impact. Most participants refused to characterize "pimping" as mistreatment, or to recommend it, recognizing learners feel embarrassed, especially when questioned in the presence of peers. Of those who said "pimping" is *learner mistreatment* (32%, 11), several (range: 11-55%) viewed it as *moderately* to *very effective* for teaching competencies and promoting learning. Most participants' comments indicate that medical educators can use challenging inquiry methods effectively without disrupting educational goals or the learning environment.

Conclusions

Inquiry-based teaching is a critical component of undergraduate and graduate medical education. Participants' mixed perceptions highlight the debate over the efficacy of "pimping". To become adept at using inquiry, "academic physicians must develop skills in asking exploratory, spontaneous and focused questions" to assess learner knowledge, respond to learner curiosity and offer a more reflective experience addressing concepts relevant to specific clinical encounters.³ A constructive response to participants' concerns about this practice should include strategies for ...

- Reflecting on how we use questioning to teach
- Formulating questions that pose progressive challenges and facilitate higher order and critical thinking
- Using questions to assess knowledge "on the spot"
- Facilitating team participation to enhance learner participation, and build a constructive, comfortable learning environment.

A complementary approach would include pre-clerkship opportunities for students to become accustomed to and gain confidence in being challenged to "think on their feet" in the presence of peers and near peers.

Authors

Email: kse@medadmin.arizona.edu

*Participant strongly disagreed that "pimping" is "learner mistreatment".

* The UA IRB determined this study to be exempt (Protocol No. 1707630237).

Acknowledgements

The author acknowledges the Academy of Medical Education Scholars (AMES), UA College of Medicine-Tucson for awarding a travel grant for this presentation, and the input and feedback on the survey from the following colleagues:

- Meaghan Ruddy, PhD, MA, BCC, ACC, Director, Medical Education, The Wright Center
- Amanda R. Kost, MD, University of Washington UW Medicine
- Jennifer Christner, MD, Dean, School of Medicine, Baylor College of Medicine

References

1. Wear, D., Kokinova, M., Keck-McNulty, C., & Aultman, J. Pimping: Perspectives of 4th Year Medical Students. *Teaching and Learning in Medicine*, 17(2), 184-191; 2005.
2. Kost A & Chen FM. Socrates Was Not a Pimp: Changing the Paradigm of Questioning in Medical Education. *Academic Medicine*: January 2015 - Volume 90 - Issue 1 - p 20-24. doi: 10.1097/ACM.0000000000000446
3. Tofade T, Elsner J & Haines S (2013). Best Practice Strategies for Effective Use of Questions as a Teaching Tool. *Am. J. Pharm Edu.* 77(7):155; 2013.
4. Brancati FL. The art of pimping. *JAMA*. 1989;262:89-90.
5. McCarthy CP, McEvoy JW. Pimping in Medical Education Lacking Evidence and Under Threat. *JAMA*.2015;314(22):2347-2348.