

“Pimping” - An Educational Practice Many Physicians Report as Effective But Decline to Recommend

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Background

Medicine has enjoyed a long tradition of inquiry-based teaching in clinical settings, sometimes referred to as the Socratic method and also as “pimping”.^{1,2} “Pimping” refers to a questioning practice, usually done in the presence of others, that may be characterized by an intent to embarrass or humiliate learners. For example, clinicians might ask questions about “arcane points of history” or “exceedingly broad questions”² with little expectation of a correct answer. The term is offensive to some, and emphasizes its potentially exploitive goal: To pump students with questions in rapid succession, leveraging the learner's lack of authority in the hierarchical clinical setting and transforming their learning experience into a “gotcha” moment or hazing. Pimping’s reputation overshadows the historical importance of well-performed, genuine Socratic inquiry as an effective educational practice in clinical teaching.^{2,3}

Research Question

- How do physicians define “pimping” and to what extent do they perceive it as (in)effective for teaching medical students and residents?

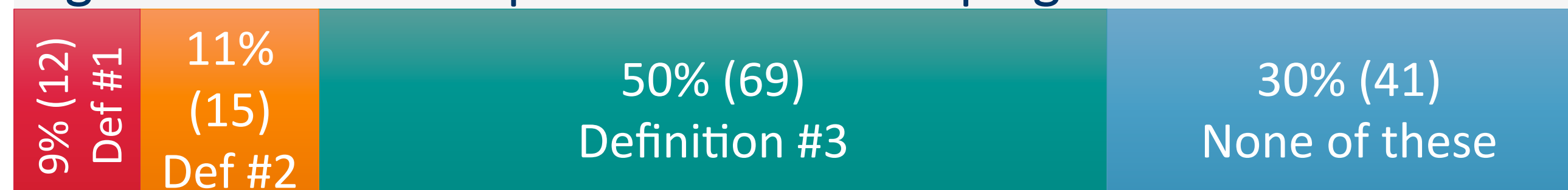
Methods

This ongoing mixed methods study distributed an anonymous survey to physician educators affiliated with a southwestern school of medicine and via a popular medical education listserv and Twitter. Items included: 6 scaled; 3 open-ended; and 2 net promoter scores, and several optional demographic concerning age range, race/ethnic, gender identity, position in medical education, teaching experience, department affiliation, and the state/region of residency training and in which they teach/practice. From 10-13% declined to provide demographic information. This study used descriptive statistics to analyze quantitative data, and grounded theory to analyze qualitative data (definitions and explanations).

Participants

- N=137**, Combined Internal (64) & External Participants (73)*
- Gender:** 60, Female; 61, Male; 15, Declined to indicate gender.
- Age ranges** from 30-35 (10.2%) to 70+ (2.2%) years, with a normal distribution among nearly all age range groups from 9% (51-55y) to 14% (36-40y); 13% declined to indicate age.
- Racial/Ethnic Identification:** 64% identified as “White”; 8%, Asian; 2%, Native Hawaiian/Pacific Islander, Less than 1% Hispanic/Latinx or African American; 19% did not report

Figure 1. How Participants Defined “Pimping”:



- “a series of difficult and often intentionally unanswerable questions posed to a medical student or house staff in quick succession.”⁵
- 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.”^{5,3}
- “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
- None of these definitions captures what I think of as pimping.

Results

Figure 2. Is Pimping a form of Learner Mistreatment?

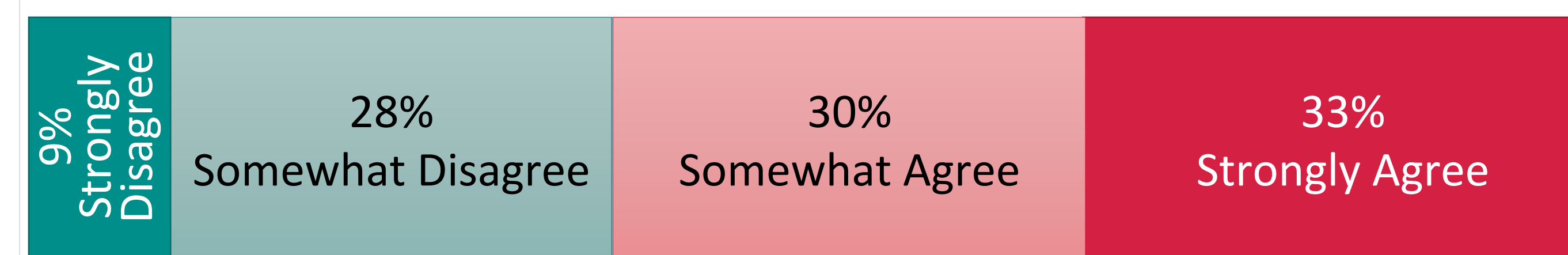


Figure 3. On average, physician participants regarded “pimping” as slightly to moderately effective for promoting...

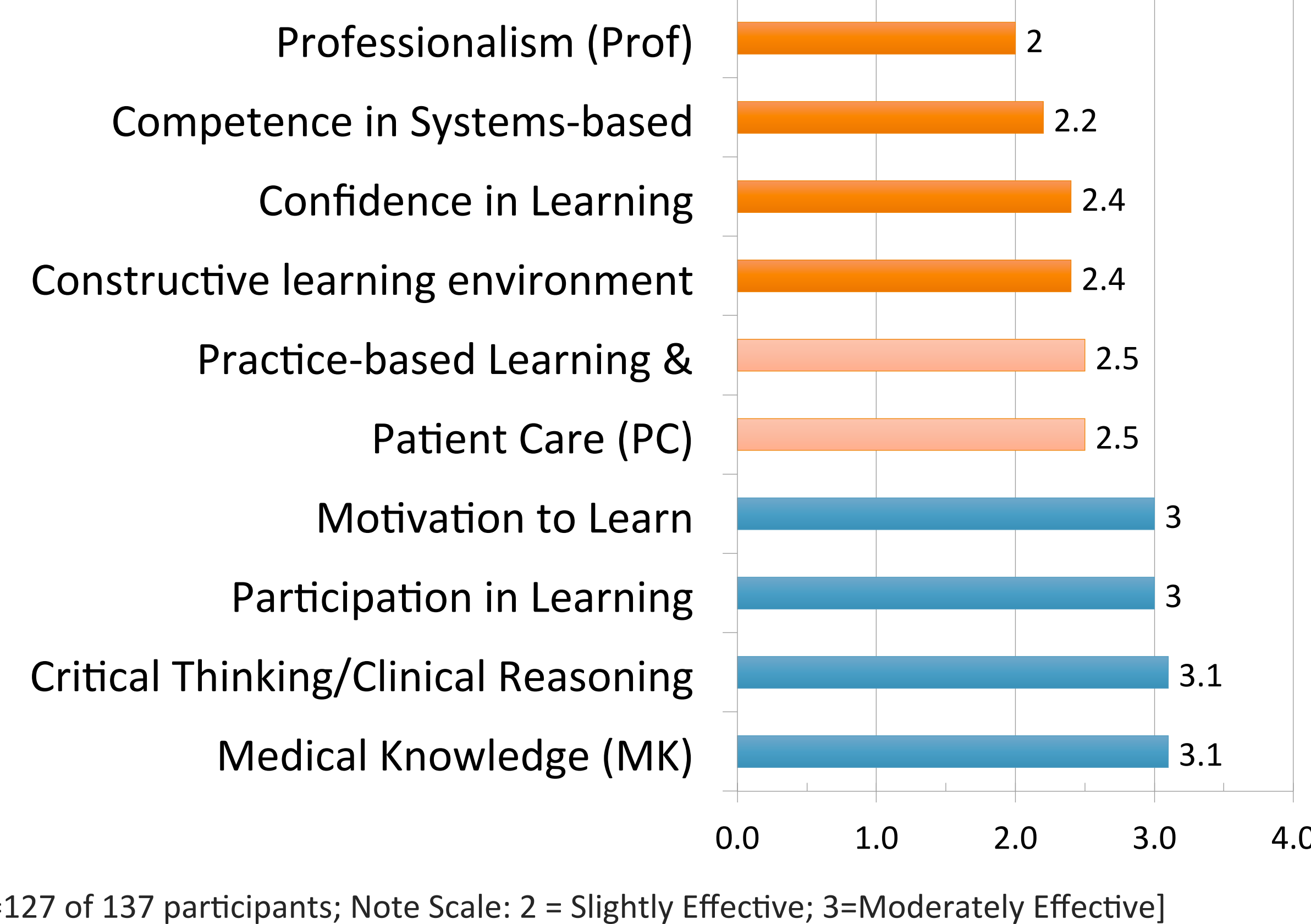


Figure 4. Distribution of Ratings for Effectiveness of “Pimping”

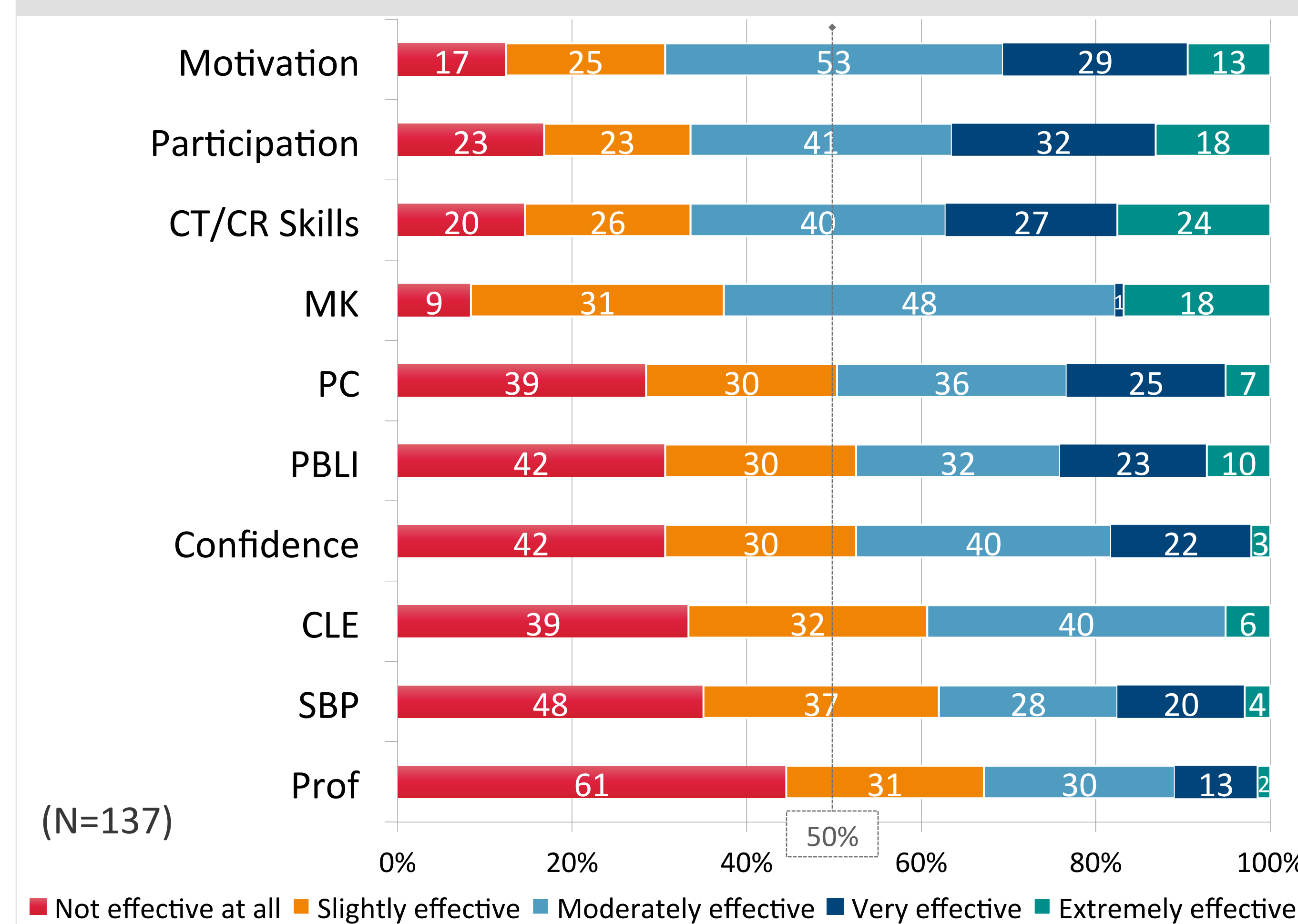
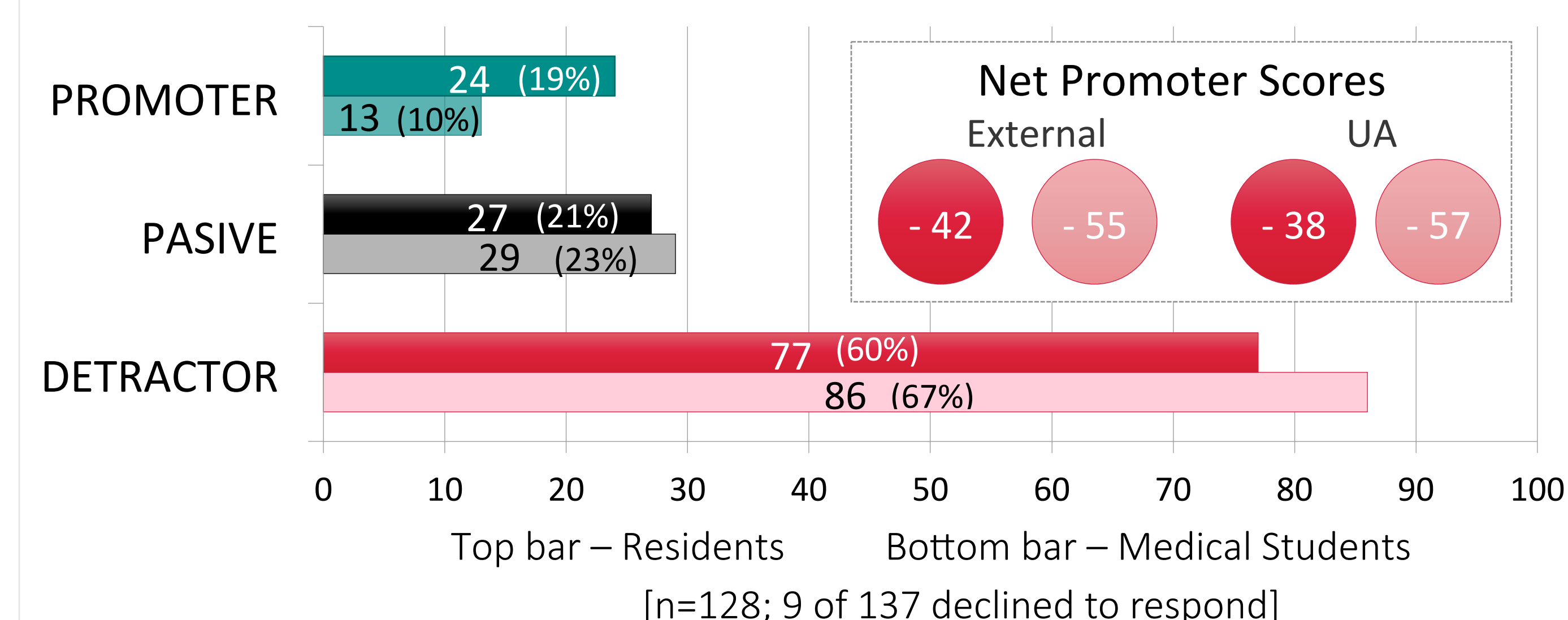


Fig. 5. To what extent would you recommend that clinical educators use the practice of “pimping” to teach medical students or residents in your program?



Participant Definition of “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.”

Discussion

Inquiry-based teaching is a critical component of undergraduate and graduate medical education. Not surprisingly, mean scores demonstrated physician perception of “pimping” as effective for teaching medical knowledge, critical thinking and clinical reasoning skills, as well as motivating learners and facilitating participation. However, participants overall declined to recommend it as an educational practice, particularly with respect to teaching medical students. Physicians within and outside the university regarded “pimping” as less effective for promoting competence or engagement. For example, participants tended to consider “pimping” more effective for developing knowledge and skills unrelated to professionalism or systems-based practice. 37% of all participants declined to characterize “pimping” as learner mistreatment, but many more declined to recommend it. Participants qualitative remarks recognized that learner embarrassment prevents educators from building good rapport or constructive learning environments. More than half of participants perceived “pimping” to be either not effective or only slightly effective in facilitating competence in PBLI, learner confidence, and systems-based practice or in creating a constructive learning environment – the sorts of things that also result in collegial rapport and effective teamwork important also for interprofessional patient care. Open-ended responses reinforced this finding, with participants reporting that learners must gain confidence in being able to “think on their feet” in the presence of peers, a recurring event they can expect throughout their professional lives.

Conclusions

Participant reluctance to recommend a teaching practice they believe is effective highlights the importance of learning how to do inquiry-based teaching effectively and recognizes that good versus bad “pimping” depends on instructor intent, delivery and learner impact. Nearly all qualitative responses acknowledged the importance of creating a constructive learning environment, building a productive rapport with learners, and modeling professionalism. In general, participants did not want to perpetuate the “hazing” quality of inquiry-based teaching, refusing to accept the “we survived it, so can you” approach to clinical teaching. 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 Future research and instructional development efforts will explore approaches to using Socratic inquiry that facilitate competence particularly in those areas where this method was perceived as only minimally or not effective.

Authors

Acknowledgements

The author acknowledges the input and feedback in the development of 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

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