Controversies in Medicine:

Asking Questions:
Inspiration or Intimidation?
("The Good, the Bad, and the Ugly")
(Faculty Development Showcase Week – February 8, 2018)

Lawrence Loo, MD, MACP
Vice-Chair for Education & Faculty Development
Department of Medicine;
Professor of Medicine
Loma Linda University School of Medicine
Please be sure to take one of each

Controversies in Medicine:

Asking Questions: Inspiration OR Intimidation?

(To Pimp, or Not to Pimp?)

Revised May 2017 – Lawrence Loo MD

Exercise #1: Write down at least one question you recently asked a learner? Briefly include the context (location, setting, to whom the question was asked, etc.) and what was the purpose of the question.

Exercise #2: Write down at least one question you might ask a learner in the future? Briefly include the context (location, setting, to whom the question was asked, etc.) and what was the purpose of the question.
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To Pimp or Not to Pimp?

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Professor of Medicine
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Clint Eastwood is most well known to me as

- A famous actor
- A famous director
- I never heard of him before
“Commercial Interest” is defined by the ACCME (www.accme.org) as “any entity producing, marketing, re-selling or distributing health care goods or services consumed by or used on patients.”
Learning Objectives:

- At the end of this session, you will be able to
  - Explain the controversy in defining “pimping.”
  - Identify the multiple purposes of asking questions in the clinical learning environment.
  - Ask more challenging questions to facilitate “deeper” (i.e., longer-lasting) memory retention.
Think of when you last interacted with learners and asked a question.

How many of you asked at least one question to a learner in the past day? past week? past month?
Individual Exercise #1

- Write down a question you recently asked a learner. Briefly include the context:
  - What was the **location** (e.g. inpatient, outpatient, OR, rounds, clinic, etc.)?
  - **To whom** was the question directed towards (e.g. medical student, resident, fellow, other health care professional, etc.)?
  - What was the **setting** (e.g. one on one, small group, larger group conference, large lecture hall, etc.)?
  - What was the **purpose** of your question?
    » Teach
    » Assess (e.g. knowledge, skills, attitudes, etc.)
    » Other? ________________________________
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Controversy in Medicine

No agreed upon definition in the medical literature for the term “Pimping”

Series of 3 Videos:

Is this an example of “pimping”? Why or why not?

WATCH VERY CLOSELY
as I make this document disappear before your eyes.
Video 1: Is this an example of “pimping”? Why or why not?
Video 2: Is this an example of “pimping”? Why or why not?

Scrubs (Season 1): “My First Day”
Yes - Pimping

Not Sure

No – Not Pimping
Video 3: Is this an example of “pimping”? Why or why not?

Scrubs (Season 1): “My First Day”
Audience Response System

Yes - Pimping

Not Sure

No – Not Pimping
No agreed upon definition in the medical literature for the term “Pimping”
Socrates was not a “pimp”

I cannot teach anybody anything. I can only make them think.

- Socrates

470 BC – 399 BC

Socrates Was Not a Pimp: Changing the Paradigm of Questioning in Medical Education

Amanda Kost, MD, and Frederick M. Chen, MD, MPH

Remembrance of Things Past: A History of the Socratic Method in the United States

JACK SCHNEIDER
College of the Holy Cross
Worcester, Massachusetts, USA

© 2013 by The Ontario Institute for Studies in Education of the University of Toronto
Curriculum Inquiry 43(5) (2013)
Controversies in Medicine

No agreed upon definition in the medical literature for the term “Pimping”

Would anyone like to offer a definition of pimping?

From the medical literature

“Pimping” is defined as . . .

“Questioning with the intent to shame or humiliate the learner to maintain the power hierarchy in medical education.”

“Questioning that results in the disrespect of the dignity and public humiliation of the learner.”
(McCarthy C: JAMA Dec. 2015;314:2347-8)

Continuum of Pimping

Teacher’s Intent or Motivation

Learner’s Perception or Reaction

Controversy: Who gets to define “pimping”?
### Medical School Graduation Questionnaire: 2015 All Schools Summary Report – Section on “Mistreatment of Students”

For each of the following behaviors, please indicate the frequency you personally experience that behavior during medical school. Include in your response any behaviors performed by faculty, nurses, residents/interns, other institution employees or staff, and other students. Please do not include behaviors performed by students. (Response Ratings: “Never, Once, Occasionally, Frequently”)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publicly embarrassed</td>
<td>Subject to unwanted sexual advances</td>
</tr>
<tr>
<td>Publicly humiliated</td>
<td>Asked to exchange sexual favors for grades or other rewards</td>
</tr>
<tr>
<td>Threatened with physical harm</td>
<td>Denied opportunities for training or rewards based solely on race or ethnicity</td>
</tr>
<tr>
<td>Physically harmed</td>
<td>Subjected to racially or ethnically offensive remarks</td>
</tr>
<tr>
<td>Required to perform personal service</td>
<td>Received lower evaluations or grades solely because of race or ethnicity</td>
</tr>
<tr>
<td>Subjected to offensive sexist remarks</td>
<td>Denied opportunities for training or rewards based solely on sexual orientation</td>
</tr>
<tr>
<td>Denied opportunities for training or rewards based solely on gender</td>
<td>Subjected to offensive remarks/names related to sexual orientation</td>
</tr>
<tr>
<td>Received lower evaluations or grades solely because of gender</td>
<td>Received lower evaluations or grades solely because of sexual orientation</td>
</tr>
</tbody>
</table>
“Although humiliation is the most commonly reported type of mistreatment, it is also the murkiest because in some ways humiliation is in the eye of the beholder.”\textsuperscript{6,7}
The Art of Pimping

The Art of Pimping

Allan S. Destky, MD, PhD: JAMA 2009;301:1379-81

IT'S HARD WORK becoming a revered attending physician in a university hospital. The task demands the newly appointed junior attending at his stethoscope in his first ward with his first team. He's had some changes in his role, in his position, in his practice, in his responsibilities. But before wearing a long coat now, an all-white coat with a crisp, clean, white shirt and tie before the first patient, he must have been a student. Before this, he must have been a resident (the Pimp). Pimping usually is anything such as "microscopy report" or something like that. The resident (the Pimp) is someone who is still a resident (the Pimp) and is therefore not a student (the Pimp). The student (the Pimp) is someone who is not a resident (the Pimp) and is therefore not a resident (the Pimp).

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Why Do Faculty Ask Questions?

- **Teach** to facilitate learning
- **Assess** or evaluate learner’s knowledge, skills, or attitudes
- **Supervise** to ensure patient care & safety
- Other?

The highest form of Human Excellence is to question oneself and others.

Socrates
Why Do Faculty Ask Questions

- **Teach** to facilitate learning
Analysis of Questions Posed during Clinical Teaching

Example #1: Asking Questions

“What about the labs sheets? Did you check those?”

(Video clip #1 from University of Washington)
52% Questions were patient facts

- Answerable from the chart of hospital’s information system
- Example: Did this patient have a hypercoagulable work-up in the past?
- Adult Learner’s Perspective: “low” level question
Example #2: Asking Questions

“What’s the cut-off for a carotid endarterectomy (a) in a man, (b) in a woman?”

(Video clip #2 from University of Rochester)
Analysis of Questions Posed during Clinical Teaching

- 52% Questions were patient facts
  - Answerable from the chart of hospital’s information system
  - Example: Did this patient have a hypercoagulable work-up in the past?
  - Adult Learner’s Perspective: “low” level question

- 23% Questions were medical knowledge
  - Answerable from a textbook, journal, library, or other Internet source.
  - Example: What tests should be in a hypercoagulable work-up?
  - Adult Learner’s Perspective: “medium” level question
Example #3: Asking Questions

“So what do you think happened to her?”

(Video clip #3 from University of Rochester)
Analysis of Questions Posed during Clinical Teaching

■ 52% Questions were patient facts
  – Answerable from the chart of hospital’s information system
  – Example: Did this patient have a hypercoagulable work-up in the past?
  – Adult Learner’s Perspective: “low” level question

■ 23% Questions were medical knowledge
  – Answerable from a textbook, journal, library, or other Internet source.
  – Example: What tests should be in a hypercoagulable work-up?
  – Adult Learner’s Perspective: “medium” level question

■ 26% Questions require synthesis and integration of patient facts and medical knowledge
  – Cannot be answered from general medical knowledge alone but require medical knowledge and patient facts
  – Example: Why should this patient get a hypercoagulable work-up?
  – Adult Learner’s Perspective: “high” (and challenging) level question
Questioning Competence:
A Discourse Analysis of Attending Physicians’ Use of Questions to Assess Trainee Competence

( Acad Med 2007; 82[10 Suppl]:S12-S15)

Three “Levels” of Questions

Clarifying Questions:
- Asked to ensure the attending’s understanding of the clinical situation

Probing Questions:
- Asked to determine extent of the learner’s knowledge or understanding

Challenging Questions:
- Asks for proof that a trainee does have presumed knowledge or challenges presuppositions made by the learner
Bloom’s Taxonomy
of Cognitive (Thinking) Skills

**Knowledge**
- Recall of information; Discovery; Observation; Listing; Locating; Naming

**Comprehension**
- Understanding; Translating; Summarising; Demonstrating; Discussing

**Application**
- Using and applying knowledge; Using problem solving methods; Manipulating; Designing; Experimenting

**Analysis**
- Identifying and analyzing patterns; Organisation of ideas; recognizing trends

**Synthesis**
- Using old concepts to create new ideas; Design and Invention; Composing; Imagining; Inferring; Modifying; Predicting; Combining

**Evaluation**
- Assessing theories; Comparison of ideas; Evaluating outcomes; Solving; Judging; Recommending; Rating

Higher order thinking skills
Lower order thinking skills
<table>
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<th>Level</th>
<th>Definition</th>
<th>Sample verbs</th>
<th>Sample behaviors</th>
</tr>
</thead>
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<td>KNOWLEDGE</td>
<td>Student recalls or recognizes information, ideas, and principles in the approximate form in which they were learned.</td>
<td>arrange, define, describe, duplicate, label, list, match, identify</td>
<td>memorize, name, order, outline, recognize, relate, recall, repeat. The student will define the 6 levels of Bloom's taxonomy of the cognitive domain.</td>
</tr>
<tr>
<td>COMPREHENSION</td>
<td>Student translates, comprehends, or interprets information based on prior learning.</td>
<td>explain, summarize, paraphrase, describe, illustrate, classify, convert, defend, describe, discuss, distinguish, estimate, explain</td>
<td>express, extend, generalized, give example(s), identify, indicate, infer, locate, paraphrase, predict, Recognize, rewrite, review, select, summarize, translate. The student will explain the purpose of Bloom's taxonomy of the cognitive domain.</td>
</tr>
<tr>
<td>APPLICATION</td>
<td>Student selects, transfers, and uses data and principles to complete a problem or task with a minimum of direction.</td>
<td>use, compute, solve, demonstrate, apply, construct, change, choose, compute, demonstrate, discover, dramatize, employ, illustrate, manipulate, modify, operate, practice, predict, prepare, produce, relate, schedule, show, sketch, solve, use, write.</td>
<td>The student will write an instructional objective for each level of Bloom's taxonomy.</td>
</tr>
<tr>
<td>ANALYSIS</td>
<td>Student distinguishes, classifies, and relates the assumptions, hypotheses, evidence, or structure of a statement or question</td>
<td>analyze, categorize, compare, contrast, separate, apply, change, discover, dramatize</td>
<td>employ, illustrate, manipulate, predict, prepare, produce, relate, schedule, show, sketch, solve, use, write. The student will compare and contrast the cognitive and affective domains.</td>
</tr>
<tr>
<td>SYNTHESIS</td>
<td>Student originates, integrates, and combines ideas into a product, plan or proposal that is new to him or her.</td>
<td>create, design, categorize, collect, comply, compose, construct, create, develop, devise, explain, formulate, generate, plan</td>
<td>prepare, rearrange, reconstruct, relate, reorganize, revise, rewrite, set up, summarize, synthesize, tell, write. The student will design a classification scheme for writing educational objectives that combines the cognitive, affective, and psychomotor domains.</td>
</tr>
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**Exercise #1:** Write down at least one question you recently asked a learner? Briefly include the *context* (location, setting, to whom the question was asked, etc.) and what was the *purpose* of the question.

**Exercise #2:** Write down at least one question you might ask a learner in the future? Briefly include the *context* (location, setting, to whom the question was asked, etc.) and what was the *purpose* of the question.
The question I wrote down reflects

- “Lower order” thinking
  - Recall of Knowledge or Comprehension

- “Higher order” thinking
  - Application, Analysis, Synthesis, Evaluation

- Not sure
What do I have to “Teach”?

- **LCME**:
  - Knowledge
  - Skills
  - Attitudes and values

- **“MKSAP”**:  
  - MK: medical knowledge
  - S: skills
  - A: attitudes and values
  - P: professionalism

  practice-based learning & improvement (PBLI)
"Don't bother to take notes. Half of what you are taught as medical students will in five years have been shown to be either wrong or out of date.

The trouble is, none of your teachers knows which half.

So the most important thing to learn is ‘how to learn on your own.’"

Oliver Cope/Sydney Burwell
(BMJ 1956:2:113-6)
“What are the purposes and priorities of teaching?

First, to *inspire*.
Second, to *challenge*.
Third and *only* third, to impart facts.”

J. Michael Bishop, M.D.
(Nobel Prize Laureate Medicine - 1989;
Chancellor - UCSF School of Medicine 1998 – 2009)
Why Do Faculty Ask Questions

- **Assess** or evaluate learner’s knowledge, skills, or attitudes
Expanding Your Educational Tool Kit
Four Key Learner-Centered Teaching Models


- One-Minute Preceptor (OMP)
- SNAPPS
- Aunt Minnie Model
- Asking Questions (“Five Whys”)

One-Minute Preceptor:
Five Microskills for Clinical Teaching


Diagnose Patient

Case Presentation
Inquiry
Discussion

Diagnose Learner
(1) Ask for a commitment
(2) Probe for underlying reasoning

Teach
(3) Teach general rules
(4) Provide positive feedback
(5) Correct errors

Teacher-Centered Education

Learner-Centered Education
One-Minute Preceptor:
Five Microskills for Clinical Teaching

(J Am Board Fam Pract 1992;5:419-24)

1. Get a Commitment -
   What do you think is going on?

2. Probe for Supporting Evidence -
   What led you to that conclusion?

3. Teach General Rules -
   When this happens, do this . . .

4. Reinforce what Was Right -
   Specifically, you did an excellent job of . . .

5. Correct Mistakes -
   Next time this happens, try this . . .
What do I have to “Teach”?

LCME:
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“MKSAP”:
- **MK**: medical knowledge
- **S**: skills
- **A**: attitudes and values
- **P**: professionalism
Lifelong Learner

- Do you always ask questions that have a “right answer”?
- Do you ever purposefully ask questions that you do not know the answer?

- Concept of “praxis” – that learning is a continual process of curiosity, reflection, action and refinement among everyone in the group. From there the group could begin a collective search for truth.
The teachers’ role in enhancing the learners’ abilities to identify and act on their own educational needs

- How can the I (the teacher) get you (the learner) to do this without me?

- Teachers who promote self-directed learning are often perceived by learner’s as “knowledgeable.”
"Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime"

- proverb
Why Do Faculty Ask Questions

- **Supervise** to ensure patient care & safety
STEP 1: Asking Clinically Relevant Questions
(and how learners find “answers” to their questions)
Asking Questions & Finding Answers
(Video from the University of Chicago)
Figure 1  Clinical decision making as described by residents.

Learner’s “Hierarchy of Assistance”
Uncertainty in Medicine

What is the #1 resource physicians use when they are uncertain and have a clinical question?

ANSWER: Your peers!
How Accurate Are Peers in Answering Questions with the Correct Answer?


Answer: Advice was correct ~47% of the time

- If peers who answered the question could provide the evidence (i.e. a citation or copy of an article), they were correct 83%.

- If peers did **not** provide any evidence to back up their answer, they were correct only 35% of the time!!!
Uncertainty in Medicine

Right  Uncertain  Wrong
Today

Right  Uncertain  Wrong
Resident

Right  Wrong
Medical Student
Resident uncertainty in clinical decision making and impact on patient care: a qualitative study

J M Farnan, J K Johnson, D O Meltzer, et al.

Qual Saf Health Care 2008 17: 122-126
doi: 10.1136/qshc.2007.023184

**Results:** Barriers to seeking the attending physician’s input included the existence of a defined hierarchy for assistance and fears of losing autonomy, revealing knowledge gaps, and “being a bother”. For 12 of the 18 cases reported, patient care was compromised: delay in procedure or escalation of care (n = 8); procedural complications (n = 2); and cardiac arrest (n = 2).

**Conclusion:** Resident uncertainty results in delays of indicated care and, in some cases, patient harm. Despite the presence of a supervisory figure, residents adhere to a hierarchy when seeking advice in clinical matters.
Uncertainty in Medicine
(Wray C, Loo L: The Diagnosis, Prognosis and Treatment of Medical Uncertainty.
Journal of Graduate Medical Education - December 2015, 7:523-527)

Figure: Conceptual Framework for the Assessment and Treatment of Medical Uncertainty

- **Diagnosis**
  - Distinguish informational from intrinsic uncertainty
  - Recognize that barriers to acknowledgement exist
  - Recognize uncertainty in your learners

- **Prognosis**
  - Uncertainty can lead to delays and harms in patient care
  - Uncertainty can lead to increased costs of care

- **Treatment**
  - Acknowledge the "certainty of uncertainty" in medical practice
  - Create multistep plans with built-in contingencies
  - Utilize shared-decision making with the patient when uncertainty arises
What do I have to “Teach”? 

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  practice-based learning & improvement (PBLI)
ACGME: Key Components of Practice-based Learning & Improvement (PBLI)
(www.acgme.org – “Common Program Requirements”)

Learners are expected to

- Constantly self-evaluate
- Become life-long learners
- Identify strengths, deficiencies, and limits in one’s knowledge and expertise
- Incorporate formative evaluation feedback into daily practice
A Successful Formula for Ward Rounds

- End of the day, rotation or teaching conference:

One Minute Paper
(OMP #2)
(Learn Curve 1992:2:4-5)

What was the most important thing you learned from today?

What questions remains the uppermost in your mind from today?

What was the “muddiest (unclear) point” from today?

*Selected Key References:
Controversies in Medicine:
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Individual Reflective Exercise #2

- Write down a question you might ask a learner in the *future*. Briefly include the context:
  - What is the *purpose* of your question?
    - *Teach*
    - *Assess*
    - *Supervise*
  - What is the *level* of your question?
    - *Clarifying*
    - *Probing*
    - *Challenging*
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The Socratic Method
(“The Paper Chase” 1973 Twentieth Century Fox)
Professional Identity Formation
(Holden MD: Acad Med 2015;90:761-7; Wald HS: Acad Med 2015;90:753-60.)

The transformative journey a student takes from first learning how to look, speak, and act like a physician to thinking, feeling and becoming a physician.
Quotes attributed to Socrates:

- “The highest form of Human Excellence is to question oneself and others.”
- “I cannot teach anybody anything. I can only make them think.
- “Education is the kindling of a flame, not the filling of a vessel.”