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.
<table>
<thead>
<tr>
<th>Level</th>
<th>Definition</th>
<th>Sample verbs</th>
<th>Sample behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KNOWLEDGE</strong></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 identify label list match memorize name order outline recognize relate recall repeat reproduce select state</td>
<td>The student will define the 6 levels of Bloom’s taxonomy of the cognitive domain.</td>
</tr>
<tr>
<td><strong>COMPREHENSION</strong></td>
<td>Student translates, comprehends, or interprets information based on prior learning.</td>
<td>explain summarize paraphrase describe illustrate classify</td>
<td>express extend generalized give example(s) identify indicate infer locate paraphrase predict Recognize rewrite review select summarize translate</td>
</tr>
<tr>
<td><strong>APPLICATION</strong></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 apply change choose compute demonstrate discover dramatize</td>
<td>employ illustrate interpret manipulate modify operate practice predict prepare produce relate schedule show sketch solve use write</td>
</tr>
<tr>
<td><strong>ANALYSIS</strong></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 choose compute demonstrate dramatize</td>
<td>employ illustrate interpret manipulate modify operate practice predict prepare produce relate schedule show sketch solve use write</td>
</tr>
<tr>
<td><strong>SYNTHESIS</strong></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 hypothesize invent develop arrange assemble categorize collect combine comply compose construct create design develop devise explain formulate generate plan prepare rearrange reconstruct relate reorganize revise rewrite set up summarize synthesize tell write</td>
<td>The student will design a classification scheme for writing educational objectives that combines the cognitive, affective, and psychomotor domains.</td>
</tr>
<tr>
<td><strong>EVALUATION</strong></td>
<td>Student appraises, assesses, or critiques on a basis of specific standards and criteria.</td>
<td>Judge Recommend Critique Justify Appraise Argue Assess Attach Choose Compare Conclude Contrast</td>
<td>Defend Describe Discriminate Estimate Evaluate Explain Judge Justify Interpret Relate Predict Rate Select Summarize Support Value</td>
</tr>
</tbody>
</table>

Learning Objectives: At the end of this session, attendees will be able to
(1) Explain the controversy in defining "pimping"
(2) Identify the multiple purposes for asking questions in the clinical learning environment
(3) Ask more challenging questions to facilitate "deeper" (longer-lasting) memory retention

A) “Levels” of Questions Asked
   a) ~50% Questions were patient facts
      - answers could be found in the patient’s health information system
      - from the Adult Learning Perspective: “low” level question
   b) ~25% Questions were medical knowledge facts
      - answers could be found in a textbook, journey, or other Evidence-based electronic resource
      - from the Adult Learning Perspective: “medium” level question
   c) ~25% Questions required integration of medical knowledge facts and patient situation
      - answers cannot be answered from medical facts alone but required both medical and patient knowledge
      - from the Adult Learning Perspective: “high” (and often challenging) level question

2) Questioning competence: A Discourse Analysis of Attending Physician’s Use of Questions to Assess Trainee Competence (Kennedy TJ, et. al.: Acad Med 2007;82:S12-S15)
   a) Clarifying Questions: Asked to ensure the attending physician’s understanding of the clinical situation
   b) Probing Questions: Asked to determine the extent of the learners’ knowledge or understanding
   c) Challenging Questions: Asks for proof that a learner has presumed knowledge or challenges presuppositions made by the learner.

   1) Teach to facilitate learning
   2) Assess or Evaluate the learner’s knowledge, skills, or attitudes
   3) Supervise to ensure patient care and patient safety
   4) Other ?

C) What Do I have to Teach? - MKSAP
   MK: Medical knowledge
   S: Skills
   A: Attitude and Values
   P: Professionalism and Practice-based Learning & Improvement (PBLI)
Guide to “The Art of Pimping”
(A Teacher’s Perspective: Frederick L Brancati, MD: JAMA 1989;262:89-90)

Early History
The earliest world reference to pimping is attributed to Harvey in London in 1628. He laments his students’ lack of enthusiasm for learning the circulation of the blood: “They know nothing of Natural Philosophy, these pin-heads. Drunkards, sloths, their bellies filled with mead and Ale. O that I might see them pimped!”
Abraham Flexner on his visit to Johns Hopkins in 1916 yield the first American reference: “rounded with Osler today. Riddles house officers with questions. Like a Gatling gun. Welch says students call it ‘pimping.’ Delightful.”

The Attack
1) Arcane points of history
2) Teleology and metaphysics
3) Exceedingly broad questions
4) Eponyms
5) Technical points of laboratory research

The Counter Attack
6) The Dodge
   a) Answer the question with a question
   b) Answer a different question
7) The Bluff
   a) Hand waiving
   b) Feigned erudition
   c) Higher authority reference

The Counter-Counter Attack (SIDS: Sudden Intern Disgrace Syndrome)
8) Question the intern’s ability to take a history
9) Question the intern’s compulsiveness or dedication
Modern Perspective

“Throughout history, pimping has been viewed as a “sport” aimed at reinforcing the teacher’s position of power. The unspoken truth is that these teaching methods reinforce the pecking order from student to intern to resident to staff.

A more modern perspective is that the purpose of pimping is to increase retention of the key teaching points by being provocative. Most students recall these sessions very well. It is important that students remember both the material and the method, not just the method.

For teachers, finding the right balance between humiliating the student who gives incorrect answers, and boring the audience by simply providing the answers is a real skill. The lesson is to no take pimping too seriously and remember that often more can be learned from incorrect answers than from correct ones.”

Advice for Students (the Pimpees) – Pimping Protection Procedures

1) Avoidance
   a) Eclipser: student’s head is “eclipsed” by another colleague’s head
   b) Camouflageur: student sits very still
   c) Meditator: student lowers his/her head, leans slightly forward, & puts palms of hands together

2) The Muffin Eater: when asked a potential question (s)he cannot answer, the muffin is placed in the mouth

3) The Hostile Response

4) The List

5) Honorable Surrender

6) Pimp Back: Be careful!

7) The Politician’s Approach

8) Use PDA (or available Internet): Pimpers don’t like Pimpees with answers in “real time.”

9) Do Not Sulk/Cry: Attendings rarely if ever remember those who give wrong answers. They do remember those who lost their composure.

Advice for Professors (the Pimpers) – “Proper Etiquette”

1) Respect Educational Order: Always start at the bottom of the educational food chain and move serially up if at first no one has the correct answer (i.e. begin with third year students before fourth-year students, before interns, before residents)

2) Do not embarrass other attending physicians

3) Look for the eclipsper, camouflageur, meditator, or muffin eater and use opportunities to comfortably draw them into the conversation.

4) The public apology: A teacher apologizing to a student always goes over well.

5) Find an opportunity to provide praise.
One-Minute Preceptor:
Five Microskills for Clinical Teaching

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…*

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Diagnose Patient

Case Presentation
- Inquiry
- Discussion

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

Teacher-Centered Education

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

Learner-Centered Education
The “One-Minute” Paper:
A quick guide to assessing student learning after an educational experience

Name (please print): ________________________________________________________________

Date of Education Experience: _____________________________________________________

Title / Name of Education Experience: _____________________________________________

Directions: Take a moment to think about the educational experience you just completed and then answer the following three questions.

1. What was the most important thing you learned from this educational experience?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. What question remains the uppermost in your mind at the end of this educational experience?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. What was the “muddiest (i.e. unclear) point” from this educational experience?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

*Selected Key References:
Selected Bibliography on Socratic Teaching & Pimping:

Selected Commentaries & Perspective:

1) Kost A, Chen FM: Socrates was not a pimp: changing the paradigm of questioning in medical education. Acad Med 2015; 90:20-24. (Comment: A current perspective of the controversies of pimping.)
4) Brancati FL: The art of pimping. JAMA 1989;262:89-90. (Comment: Pimping “guide” from the teacher’s viewpoint.)
5) Detsky AS: The art of pimping, JAMA 2009; 301:1379-81. (Comment: Pimping “guide” from the learner’s viewpoint.)

Empiric Literature on Pimping: