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:**

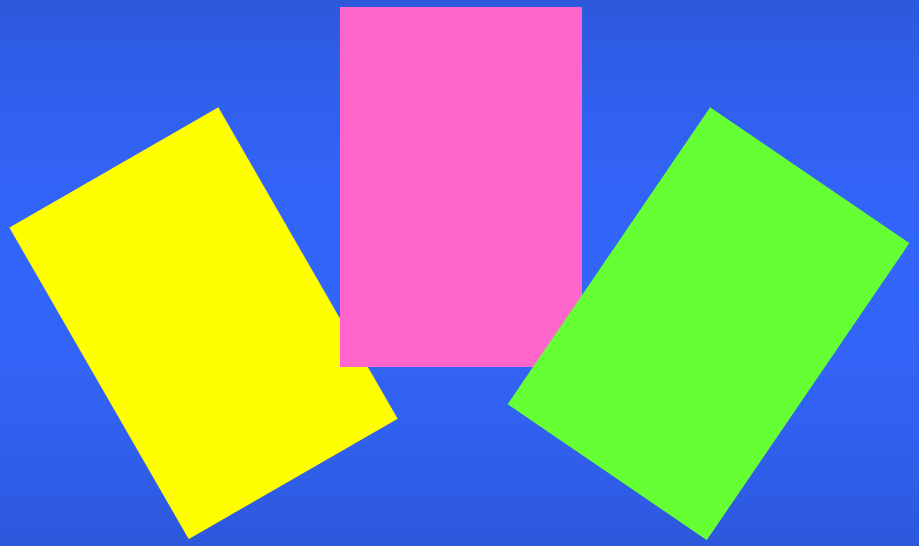
## Asking Questions: Inspiration OR Intimidation?

*(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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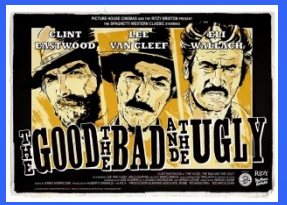
## *To Pimp or Not to Pimp?*

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# Practice Using the Audience Response System

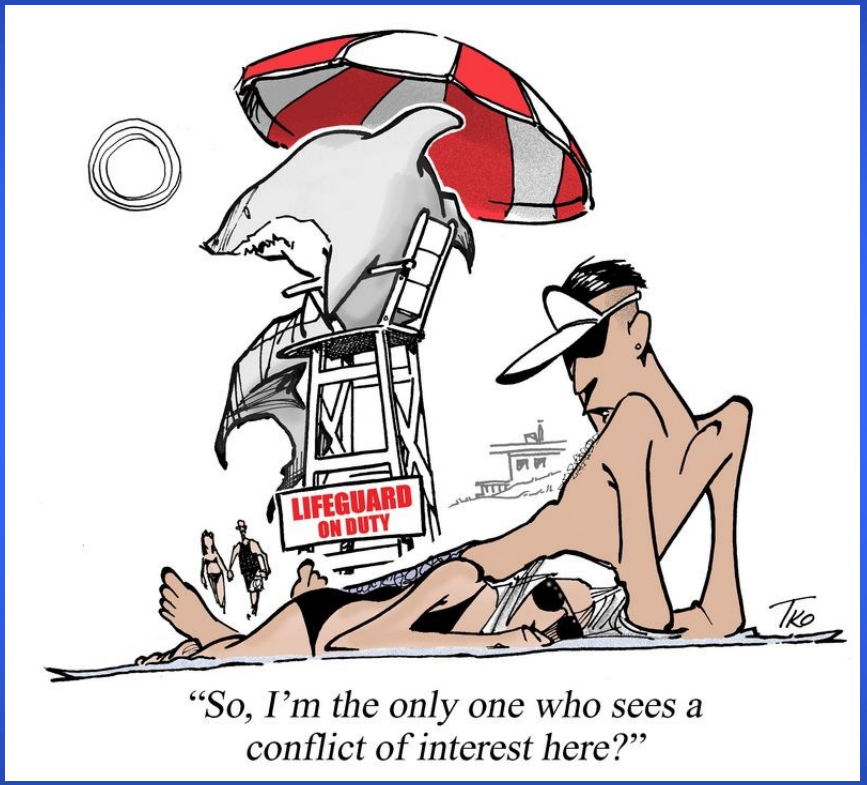
Clint Eastwood is most well known to me as

- A famous actor
- A famous director
- I never heard of him before

# CME - Conflict of Interest Disclosure

**"All Relevant Financial Relationships"**

**NONE**




*"So, I'm the only one who sees a conflict of interest here?"*

**"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.

# Large Group Exercise

- 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 ? _____

**Controversies in Medicine:**

# Asking Questions: Inspiration OR Intimidation?

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# Controversy in Medicine

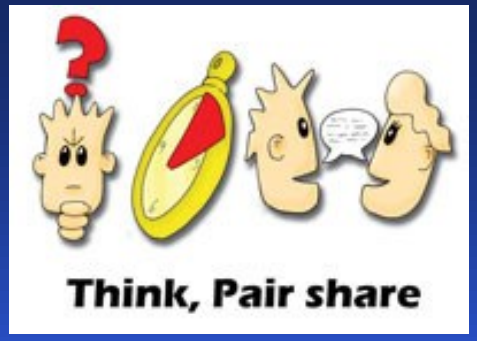
No agreed upon definition in the medical literature for the term

**"Pimping"**

McCarthy CP, McEvoy JW: Pimping in medical education. Lacking evidence and under threat. JAMA Dec. 2015:314:2347-8

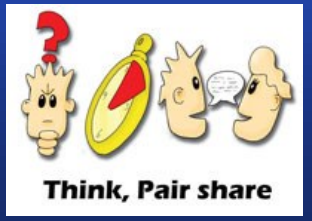
# Series of 3 Videos:

**Is this an example of "pimping"?**
**Why or why not?**



The Paper Chase - 1973, Twentieth Century Fox

**Video 1: Is this an example of "pimping"? Why or why not?**



# Audience Response System

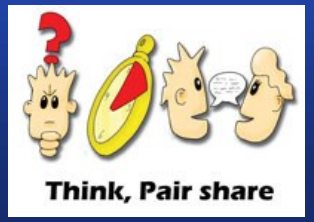
**Yes - Pimping**

**Not Sure**

**No – Not Pimping**

Scrubs (Season 1): “My First Day”

**Video 2: Is this an example of “pimping”? Why or why not?**



# Audience Response System

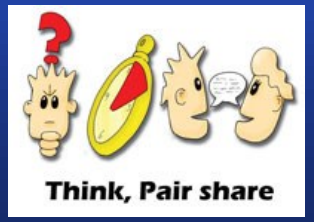
**Yes - Pimping**

**Not Sure**

**No – Not Pimping**

Scrubs (Season 1): “My First Day”

**Video 3: Is this an example of “pimping”? Why or why not?**



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**Yes - Pimping**

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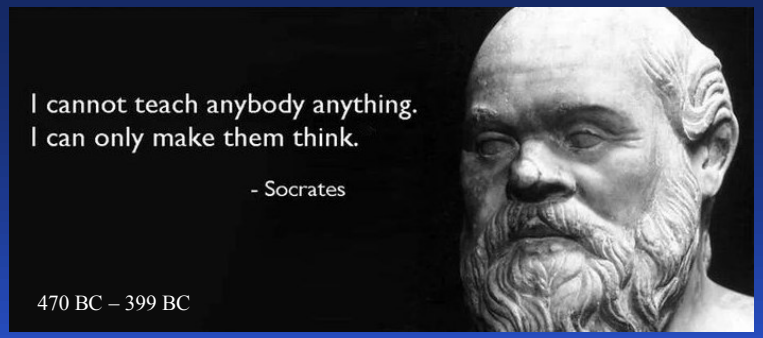
# Socrates was <u>not</u> a "pimp"




Perspective Academic Medicine, Vol. 90, No. 1 / January 2015

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

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

CURRICULUM INQUIRY OISE UT

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

JACK SCHNEIDER

© 2013 by The Ontario Institute for Studies in Education of the University of Toronto

Curriculum Inquiry 43:5 (2013)

*College of the Holy Cross*
*Worcester, Massachusetts, USA*

# Controversies in Medicine

No agreed upon definition in the medical literature for the term

**"Pimping"**

**Would anyone like to offer a definition of pimping?**

McCarthy CP, McEvoy JW: Pimping in medical education. Lacking evidence and under threat. JAMA Dec. 2015:314:2347-8

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."

(Kost A: Acad Med Jan 2015;90:20-24)

"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"?**

# AAMC **Graduation Questionnaire (GQ)**: All Schools Summary Report

(https://www.aamc.org/data/gq/allschoolsreports/)

**Medical School Graduation Questionnaire: 2015 All Schools Summary Report – Section on "Mistreatment of Students"**

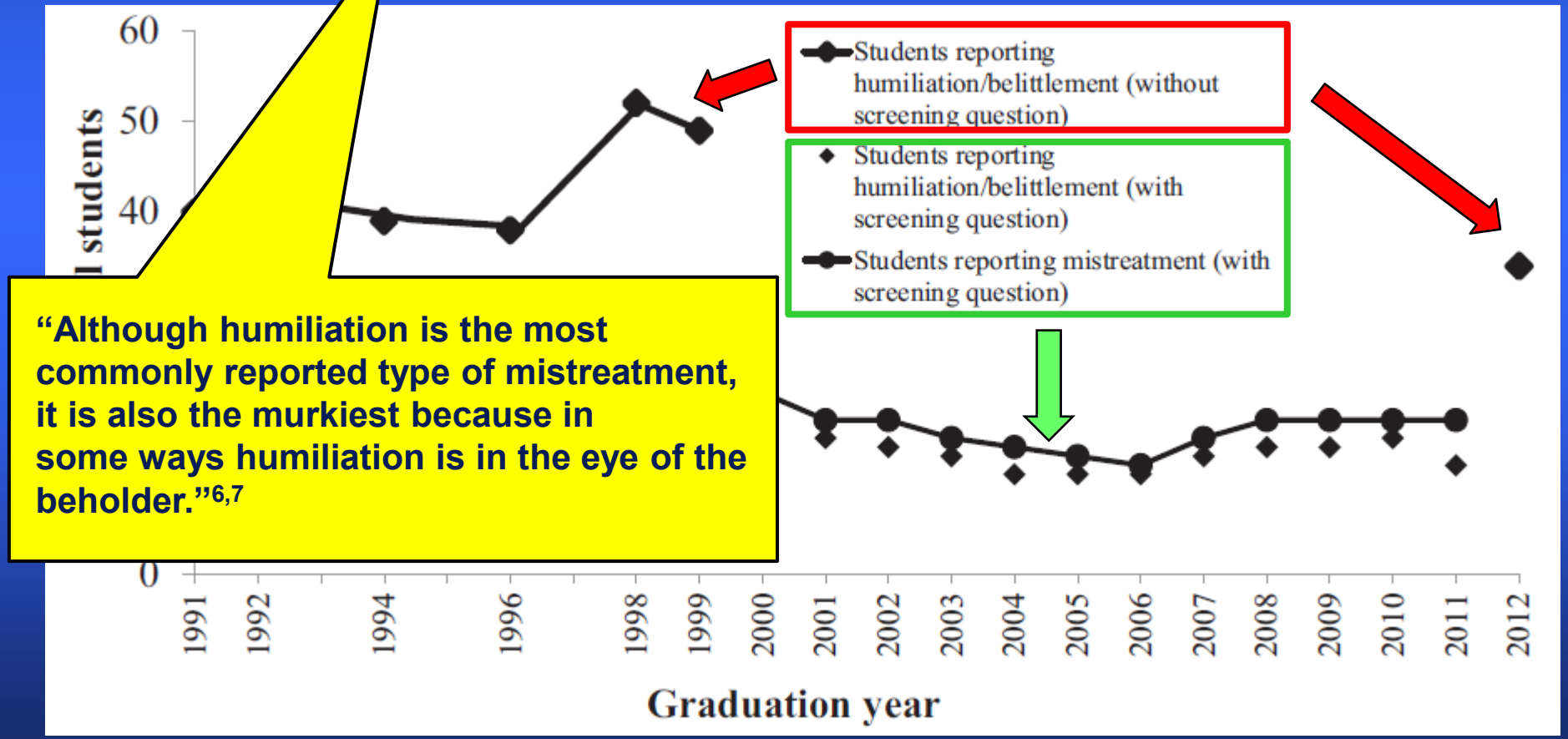
For each of the following behaviors, please indicate the frequency you personally experience that behavior during medical school. Include in your response any behaviors performed by faculty, nurses, residents/interns, other institution employees or staff, and other students. Please do not include behaviors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

| | |
|---|---|
| Publicly embarrassed | Subject to unwanted sexual advances |
| Publicly humiliated | Asked to exchange sexual favors for grades or other rewards |
| Threatened with physical harm | Denied opportunities for training or rewards based solely on race or ethnicity |
| Physically harmed | Subjected to racially or ethnically offensive remarks |
| Required to perform personal service | Received lower evaluations or grades solely because of race or ethnicity |
| Subjected to offensive sexist remarks | Denied opportunities for training or rewards based solely on sexual orientation |
| Denied opportunities for training or rewards based solely on gender | Subjected to offensive remarks/names related to sexual orientation |
| Received lower evaluations or grades solely because of gender | Received lower evaluations or grades solely because of sexual orientation |

Academic Medicine, Vol. 89, No. 5 / May 2014

# Learning About Medical Student Mistreatment From Responses to the Medical School Graduation Questionnaire

Brian Mavis, PhD, Aron Sousa, MD, Wanda Lipscomb, PhD, and Marsha D. Rappley, MD




**"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."[6,7]**

# "The Art of Pimping"

**Frederick L Brancati MD: JAMA 1989;262:89-90**

Commentary

## The Art of Pimping

IT'S HARD work becoming a revered attending physician in a university hospital. The task daunts the newly appointed junior attending as he strides down the corridor of his first ward with his first team. Oh, he's made some changes in anticipation of his new position. He's wearing a long coat now, an all-cotton coat with razor-sharp creases and knit buttons. The stained, shrunken polyester white pants and tennis shoes have given way to gray, light wool slacks with a cuff and polished loafers. Framed cert
intelligence and determinatio
the helm of his ward team, but
something important, somethi
When physicians talk about th
mean healing, or coping with u
federal income taxes. But the
needs to learn before all others

Pimping occurs whenever
very difficult questions to an
reference to pimping is attrib
1628. He laments his students'
the circulation of the blood: "
Philosophy, these pin-heads. I
filled with Mead and Ale. O tha

In 1889, Koch recorded a s
questions" he would later use
Unpublished notes made by A
Johns Hopkins in 1916 yield
"Rounded with Osler today. Ri
tions. Like a Gatling gun. Welc
Delightful."

On the surface, the aim of pimping appears to be Socratic instruction. The deeper motivation, however, is political. Proper pimping inculcates the intern with a profound and abiding respect for his attending physician while ridding the intern of needless self-esteem. Furthermore, after being pimped, he is drained of the desire to ask new questions—questions that his attending may be unable to answer. In the heat of the pimp, the young intern is hammered and wrought into the framework of the ward team. Pimping welds the hierarchy of academics in place, so the edifice of medicine may be erected securely, generation upon generation. Of course, being hammered, wrought, and welded may, at times, be somewhat unpleasant for the intern. Still, he enjoys the attention and comes to equate his initial anguish with the aches and pains an athlete suffers during a period of intense conditioning.

Despite its long history and crucial importance in training, pimping as a medical art has received little attention from the educational establishment. A recent survey reveals that fewer than 1 in 20 attending physicians have had any formal training in pimping. In most American medical schools, pimping is covered haphazardly during the third-year medical clerkship or is relegated to a fourth-year elective. In a 1985 poll, over 95% of program directors admitted that the pimping skills of their trainees were "seriously inadequate." It comes as no
pointed attending must teach
is most junior of attendings,
ving brief guide to the art of

rapid succession and should
ey may be grouped into five

These facts are not taught in
t to patient care—perfect for
ormed the first lumbar punc-
d?

These questions lie outside
ic inquiry and have tradition-
edieval philosophers and the
. For instance, why are some

ns. For example, what role do
sis? Or, what is the differen-
wn origin? Even if the intern
4 or 5 minutes he can be cut
nts he was about to mention.
sed in the final minutes of rounds while the team is charging down a noisy stairwell.

4. Eponyms. These questions are favored by many old-timers who have assiduously avoided learning any new developments in medicine since the germ theory. For instance, where does one find the semilunar space of Traube? Or, whose name is given to the dancing uvula of aortic regurgitation?

5. Technical points of laboratory research. Even when general medical practice has become a dim and distant memory, the attending physician-investigator still knows the details of his research inside and out. For instance, how active are leukocyte-activated killer cells with or without interleukin 2 against sarcoma in the mouse model? Or, what base sequence does the restriction endonuclease *Eco*RI recognize?

Such pimping should do for the third-year student what the Senate hearings did for Robert Bork. The intern, in contrast, is a seasoned veteran and not so easily rattled. Years of relentless pimping have taught him two defenses: the dodge and the bluff.

Dodging avoids the question, wasting time as well as a valuable pimp question. The two most common forms of dodg-

From the Department of Medicine, University of Pittsburgh (Pa). Reprint requests to 10404 Presbyterian-University Hospital, DeSoto at O'Hara streets, Pittsburgh, PA 15213 (Dr Brancati).



**Teacher-centered View**

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

COMMENTARY

## The Art of Pimping

Allan S. Detsky, MD, PhD

THE TERM "PIMPING" WAS POPULARIZED BY BRANCATI[1] in 1989. As he defined it, pimping occurs when an attending physician (the Pimp
of difficult questions to a resider
dent (the Pimpee). Pimping usually o
such as "morning report" or "attending
trainees at various levels convene with a
review patients currently under their
geons, pimping may occur when stude
are a captive audience observing a patie
operation. Brancati[1] described the ori
which date back to 17th-century Lond
of "Pimpfrage" (pimp questions) were u
in the 19th century. The practice mi
America in the 20th century and was
Flexner while observing Osler making
Hopkins. Brancati[1] outlined suggestio
physicians to further hone their pin
methods for students to defend thems
posited that the art of pimping would
future with increased specialization
reorganization. This Commentary revisit
ing 20 years later and provides an u
members and students alike on moder
important skill.

Pimping is indeed alive and well within academic medicine for several reasons. First, the basic structure of medical teaching has not changed. Ross and Detsky[2] have described the teaching services at 2 academic hospitals on both sides of the Canada/US border. Students and residents still work up patients and report to attending physicians as much in 2009 as they did in the last half of the 20th century. Faculty still meet with small- to medium-sized groups of medical students and residents and use interactive methods that somewhat resemble Socratic techniques. Second, the power relationship between teacher and student still exists and likely always will, because the teacher has more content knowledge and is responsible for evaluating the students. Pimping reinforces that power relationship because the teacher usually controls the questions. The teacher likely knows the answers while the students may or may not. A historical example of the effect of this phenomenon was described by Ausiello in a brief biography of Their.[3] When Their was chair of medicine at Yale, a resident once fainted from anxiety prior to a case presentation. This experience resulted in giving Thier the nickname "Syncope Sam." The third reason pimping has flourished is the explosive expansion of the knowledge
nedicine.

### ts (the Pimpees)

ions often involve direct questioning
in the presence of their peers. This
aminations in which the student's
t on public display. In some cases,
r answers. More often, the faculty
ore of the participants to respond. If
ot correctly answer, another student
until someone answers the question
nswers the question correctly, the
ing he or she knows the answer). If
lly assigned to investigate the ques-
he next day. Some students thrive on
wledge (or lack thereof) in public,

re several techniques to protect against

students actually prefer that the
directs questions to them. Tech-
is goal include raising the hand or
ye contact, sitting upright, sitting
directly in the sight line of the teacher, raising and flailing the right arm, and if all else fails, blurting out the answer without being asked. However, other participants probably will find these methods irritating. Students who feel they are annoying their peers by displaying too much knowledge should place themselves in a position in the room where only the attending can see their face. For those who want the attending physician to ask about an attractive attribute of themselves, students are advised to give a visual clue (such as wearing an Oxford tie if they were a Rhodes Scholar).

**Author Affiliations:** Departments of Health Policy Management and Evaluation, and Medicine, University of Toronto; Department of Medicine, Mount Sinai Hospital, and University Health Network, Toronto, Ontario, Canada.
**Corresponding Author:** Allan S. Detsky, MD, PhD, Mount Sinai Hospital, 600 University Ave, Ste 427, Toronto, ON M5G 1X5, Canada (adetsky@mtsinai.on.ca).

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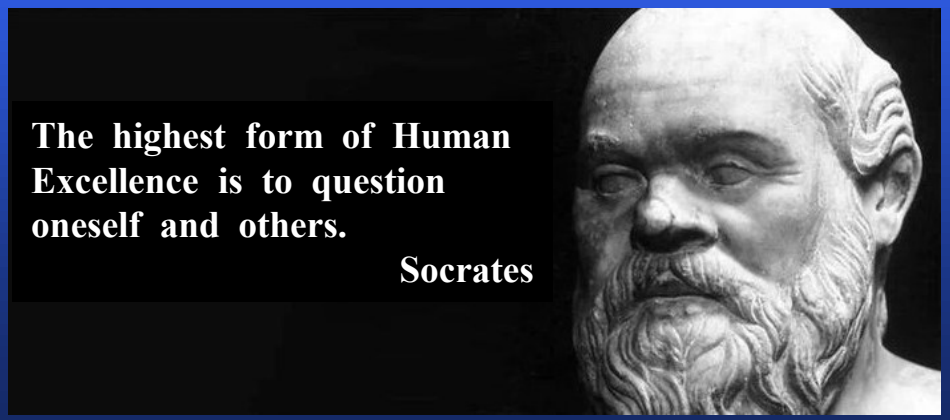
**Learner-centered View**

# Why Do Faculty Ask Questions?

(Acad Med 2015:90:20-24 and 1541-46)

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



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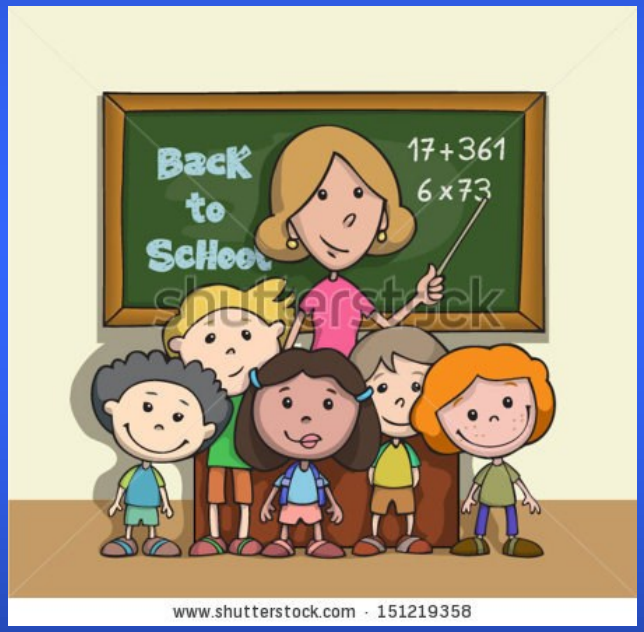

# Analysis of Questions Posed during Clinical Teaching

(Osheroff JA: Ann Intern Med 1991;114:576-81)

Example #1: Asking Questions

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

(Video clip #1 from University of Washington)

# Analysis of Questions Posed during Clinical Teaching

**(Osheroff JA: Ann Intern Med 1991;114:576-81)**

- 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

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  - Example: Did this patient have a hypercoagulable work-up in the past?
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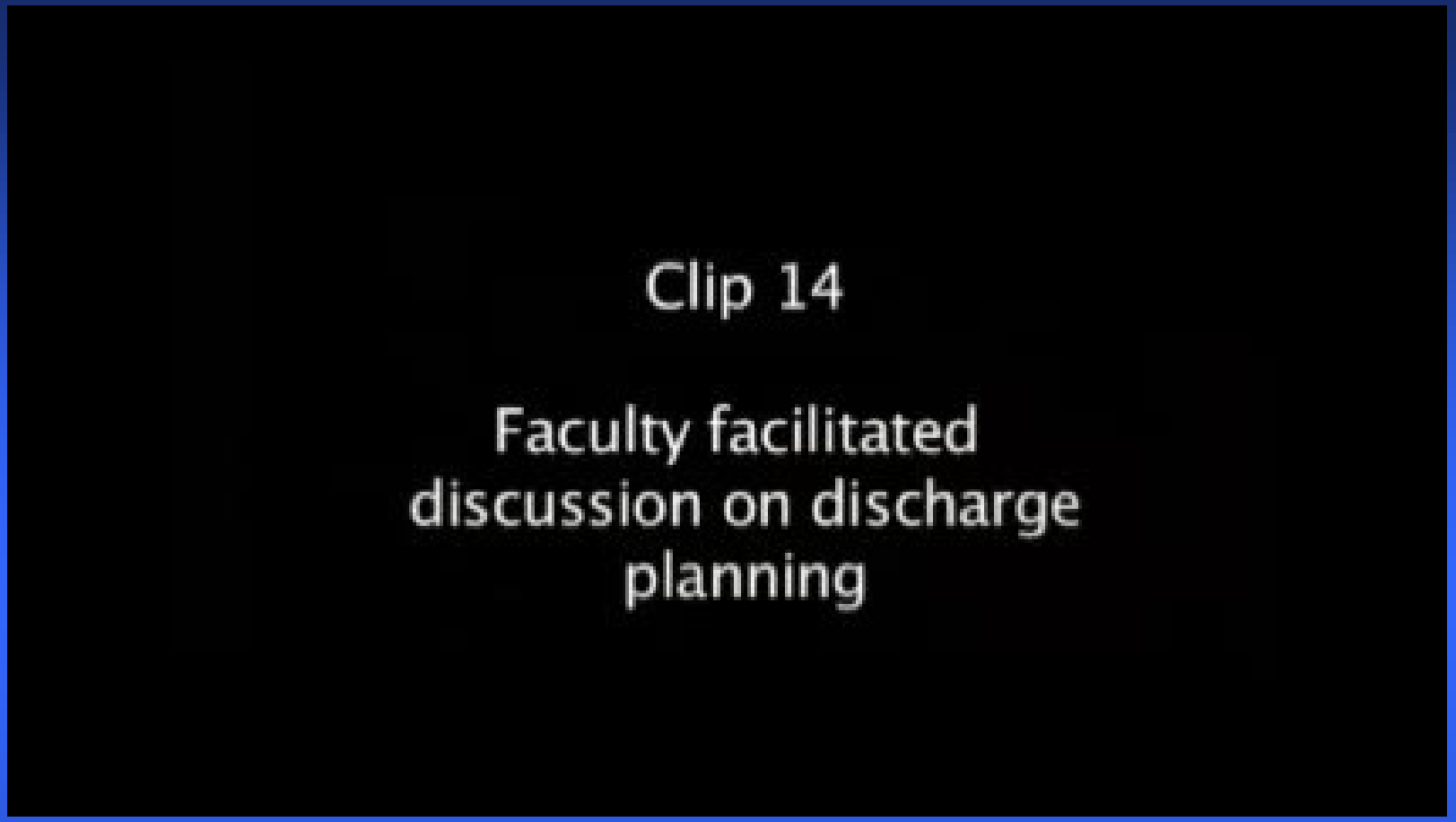
- 23% Questions were medical knowledge
  - Answerable from a textbook, journal, library, or other Internet source.
  - Example: What tests should be in a hypercoagulable work-up?
  - **Adult Learner's Perspective: "medium" level question**




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

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  - 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
  - Can**not** be answered from general medical knowledge alone but requi 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**

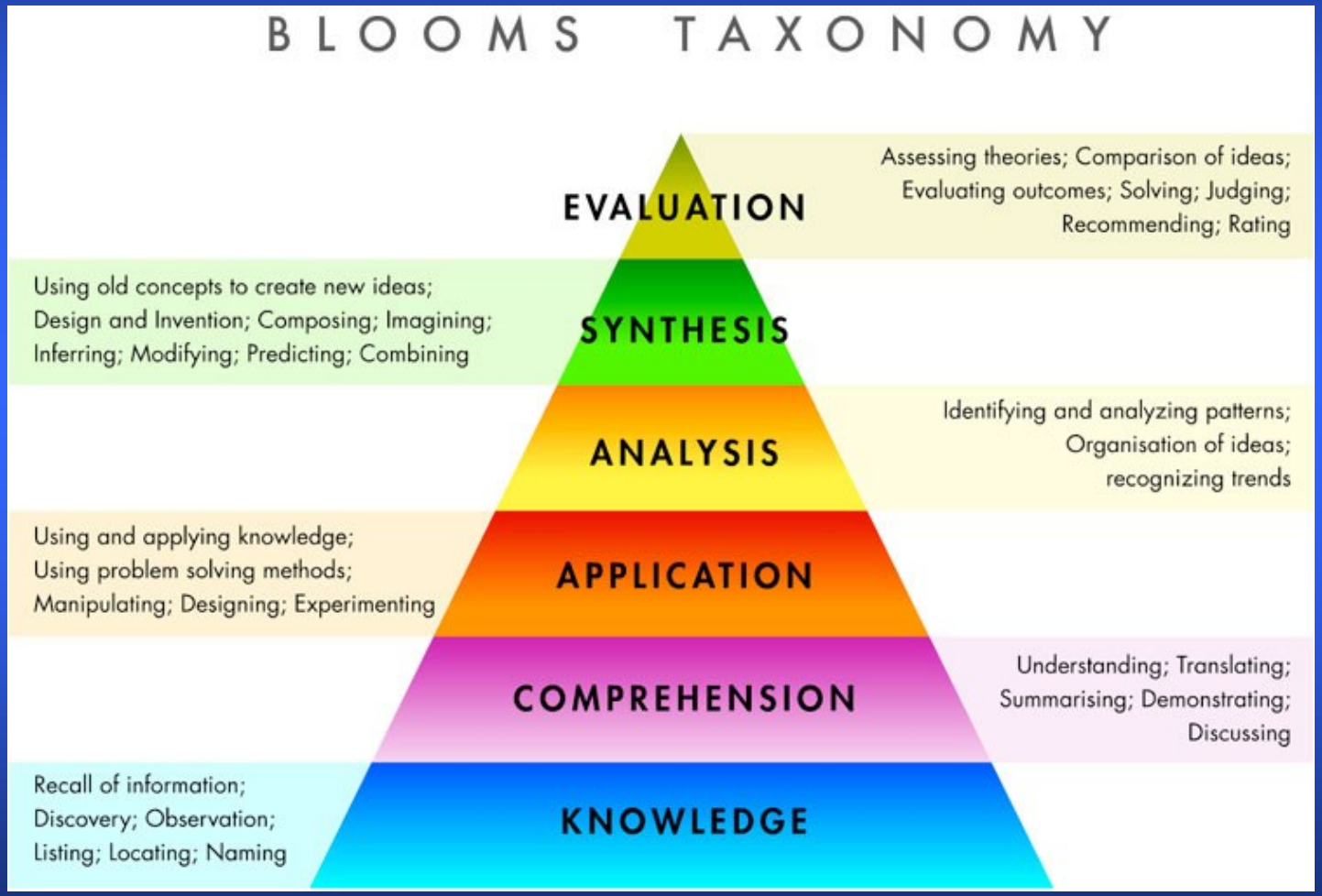
### Probing Questions:

- **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




**Higher order thinking skills**

**Lower order thinking skills**

# Bloom's Taxonomy Action Verbs

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

**Controversies in Medicine:**

# Asking Questions: Inspiration OR Intimidation?

*(To Pimp, or Not to Pimp?)*

Revised May 2017 – Lawrence Loo MD

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**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.

# Practice Using the Audience Response System

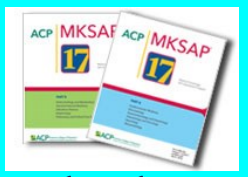
The question I wrote down reflects

- "Lower order" thinking
  - Recall of Knowledge or Comprehension
- "Higher order" thinking
  - Application, Analysis, Synthesis, Evaluation
- Not sure

# What do I have to "Teach"?

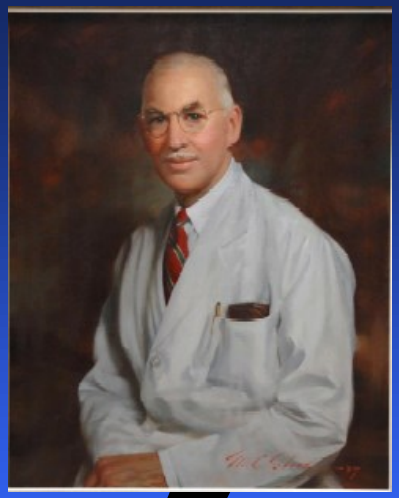
- LCME:
  - Knowledge
  - Skills
  - Attitudes and values

- "MKSAP":




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

    practice-based learning & improvement (PBLI)

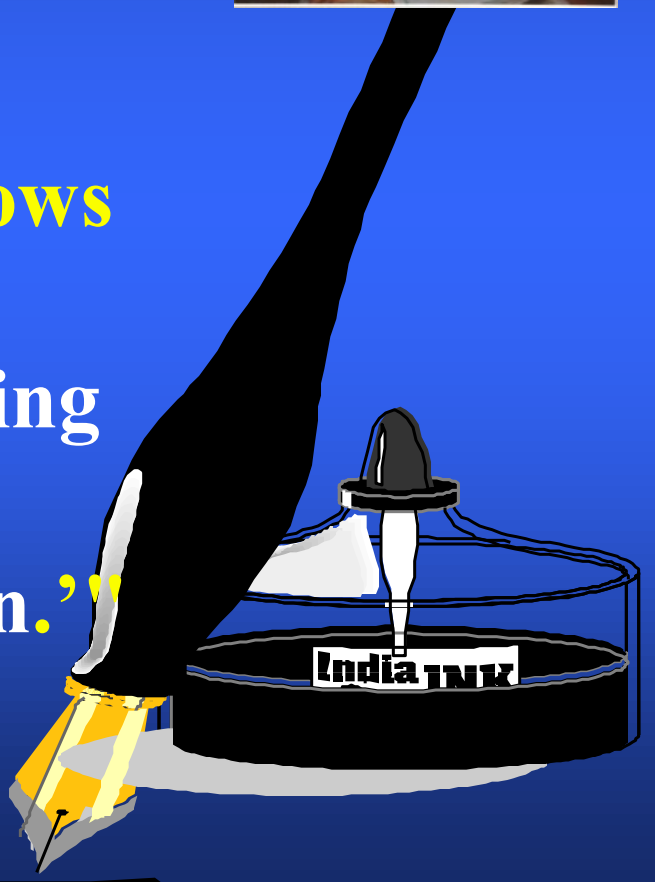


"Don't bother to take notes.
Half of what you are taught as medical students will in five years have been shown to be either wrong or out of date.

**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*.**

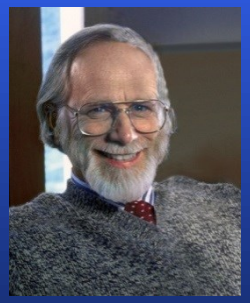
**Second, to *challenge*.**

**Third and *only* third, to impart facts."**

J. Michael Bishop, M.D.

**(Nobel Prize Laureate Medicine - 1989;**

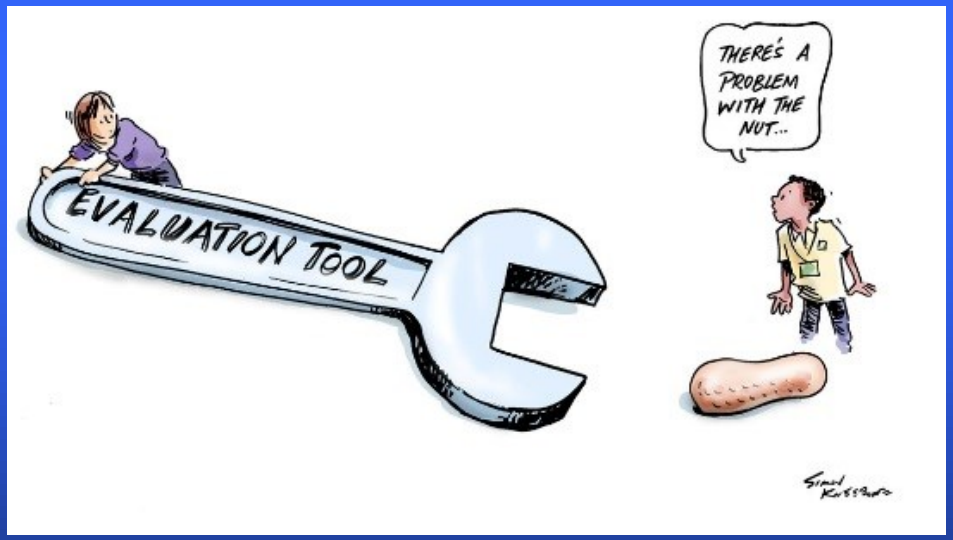
**Chancellor - UCSF School of Medicine 1998 – 2009)**

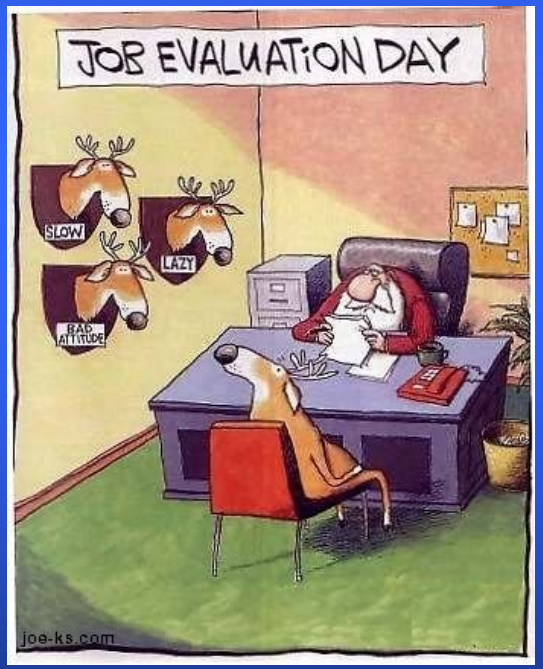


# Why Do Faculty Ask Questions

(Acad Med 2015:90:20-24 and 1541-46)

- **Assess** or evaluate learner's knowledge, skills, or attitudes



# Expanding Your Educational Tool Kit

# Four Key **Learner-Centered** Teaching Models

(Wilkerson & Irby: ***Teaching when Time Is Limited***. BMJ 2008;336:384-7;
Chacko KM, Aagard K, Irby D: ***Teaching Models for Outpatient Medicine***. The Clinical Teacher 2007;4:82-6;
Irby D, Bowen J: ***Time Efficient Strategies for Learning and Performance***. The Clinical Teacher 2004;1:23-28)

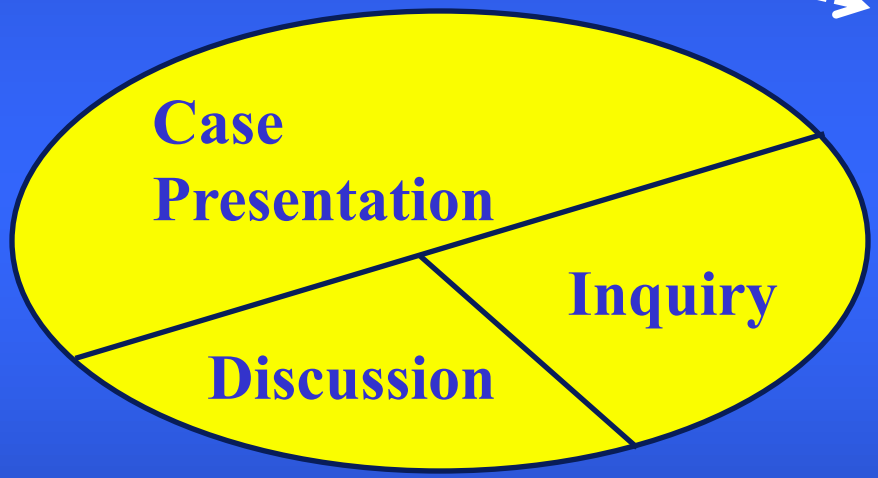
- **One-Minute Preceptor (OMP)**
- SNAPPS
- Aunt Minnie Model
- Asking Questions ("Five Whys")

# *One-Minute Preceptor:*

## Five Microskills for Clinical Teaching

(J Am Board Fam Pract 1992;5:419-24; Am J Med Sci 2002;232:124-9; Acad Med 2004;79:42-9)

**Diagnose Patient**




**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

# *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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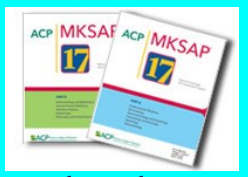
- "MKSAP":

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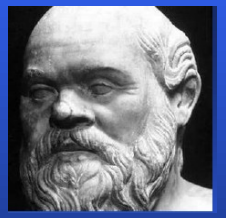
# Lifelong Learner

- 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.

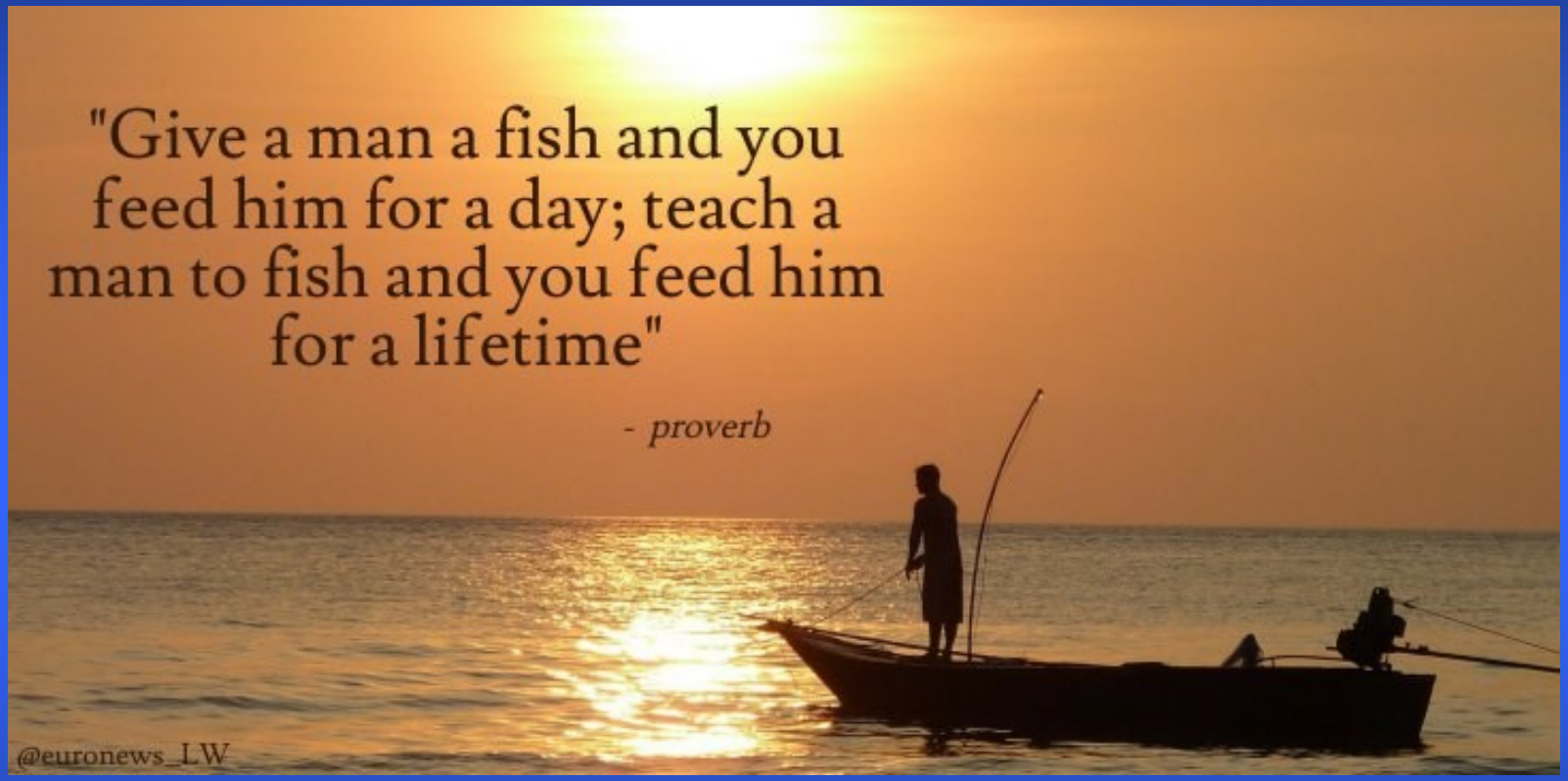


# Promoting Self- Directed Learning

## (The Stanford Faculty Development Program

Acad Med 1998;73:688-695 and J Gen Intern Med 1988;3:S26-S33)

- 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
@euronews_LW

# Why Do Faculty Ask Questions

(Acad Med 2015:90:20-24 and 1541-46)

- **Supervise** to ensure patient care & safety

**Five step process of Evidence-based Medicine (EBM)**

# STEP 1:

# *Asking*

# Clinically Relevant Questions

**(and how learners find "answers" to their questions)**

# Asking Questions & Finding Answers

(Video from the University of Chicago)

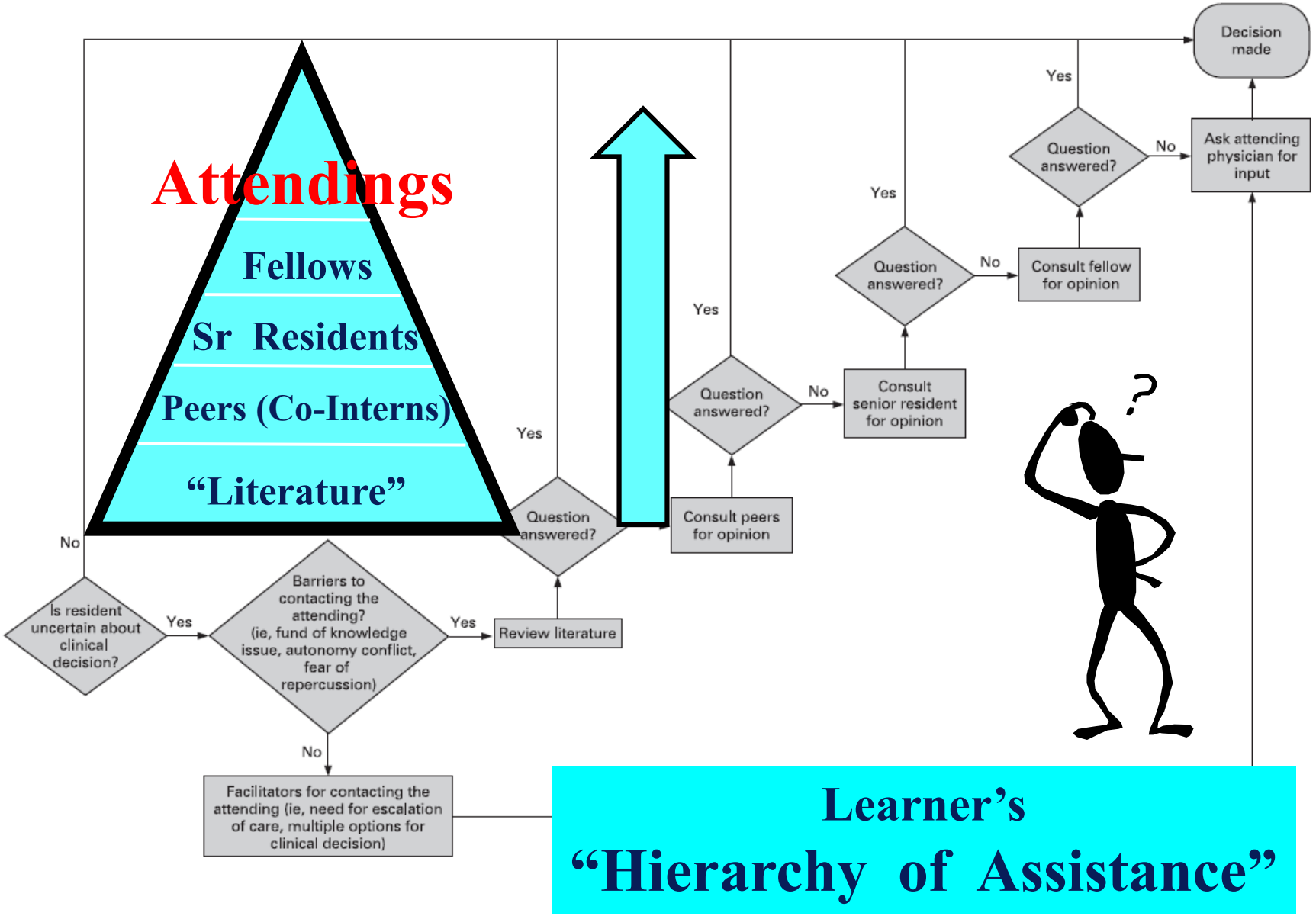



**Figure 1** Clinical decision making as described by residents.



*Qual Saf Health Care* 2008;**17**:122–126. doi:10.1136/qshc.2007.023184

# Uncertainty in Medicine

(Wray C, Loo L: Diagnosis, Prognosis, and Treatment of Medical Uncertainty. J Grad Med Educ 2015; 7:523-7; Seely AJE: Embracing the certainty of uncertainty. Persp Biol Med 2013;56:65-77; O'Riordan M: Dealing with uncertainty in general Pract Qual Prim Care 2011;19:175-181; Katz J: Why doctors don't disclose uncertainty. Hasting Cent Rep 1984;14:35-44)

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?

(BMC Health Serv Res Aug 2005;5:59 & J Med Libr Assoc April 2007;95:138)

**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

(Hastings Cent Rep 1991, 21:6-11; Med Care 1990, 28:72436; Am J Sociol 1992, 97:1022-51; Med Educ 2002, 36, 216-224; J Med Libr Assoc, 2007:95:138-46; Qual Safe Health Care 2008, 17:122-126)

Today

Resident

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)**

**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

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

# What do I have to "Teach"?

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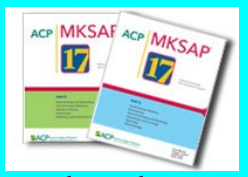


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    practice-based learning & improvement (PBLI)

# 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

**(J Gen Intern Med 1992;7:68-75; CMAJ 1986;134:902-4; The Hospitalist 2004;8:24-25)**

- **End of the day, rotation or teaching conference:**

# One Minute Paper

## (OMP #2)

**(Learn Curve 1992:2:4-5)**

## The "One-Minute" Paper:

**A quick guide to assessing student learning after an educational experience**

(Sinclair M, Rowe K, Brown G: NT Learn Curve 1998 2:4-5 – modified by LLoo Jan. 2017*)

Name (please print): _____

Date of Education Experience: _____

Title / N

**What was the *most important thing* you learned from today?**

**Direction**

1. What was

_____

_____

**What *questions remains* the upper-most in your mind from today?**

2. What *questi* the uppermost in your mind at the end of this educational experience?

_____

_____

_____

**What was the "*muddiest* (unclear) *point*" *from today?***

3. What w *muddiest* (i.e. unclear) ***point"*** from this educational experience?

_____

_____

_____

*Selected Key References:

(1) Stead DR: **A review of the one-minute paper**. Active Learning in Higher Education Aug 2015; 6(2):118-131.

(2) Colbert CY, et al.: **Teaching Metacognitive skills: Helping your physicians in trainees in the quest to "Know what they don't know."** Am J Med March 2015; 128(3):318-324.

**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.

# 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***

**Controversies in Medicine:**

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Framing Effect

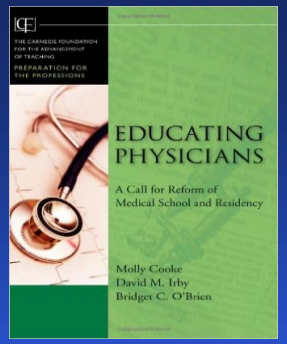
Orientation

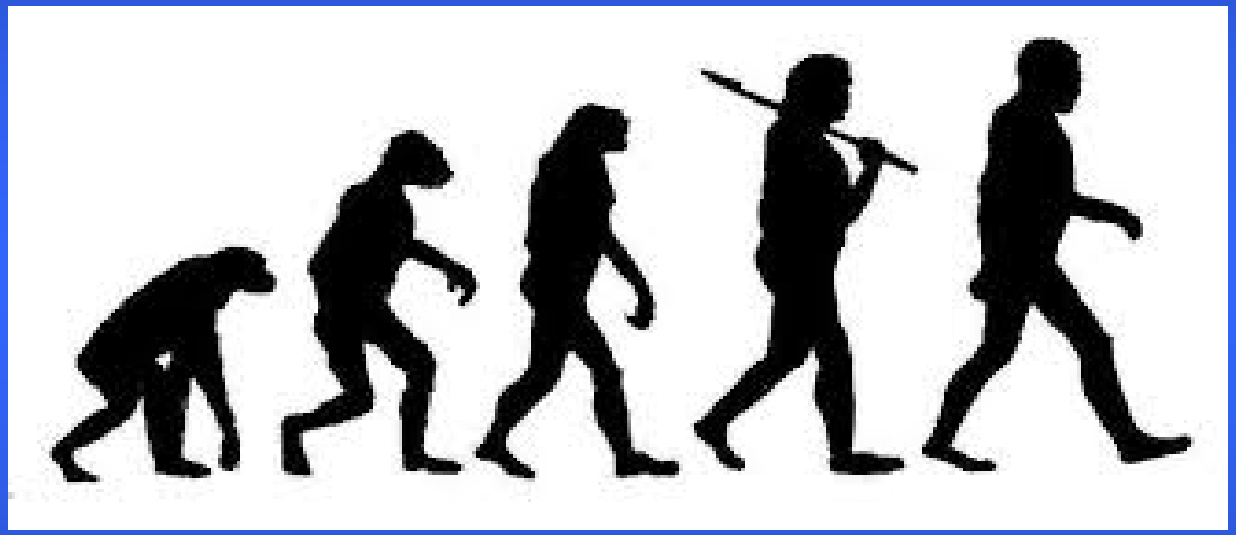
# The Socratic Method

("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.

# END

**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."**