

**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.

## 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 define describe duplicate	identify label list match	memorize name order outline	recognize relate recall repeat	reproduce select 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 summarize paraphrase describe illustrate classify	convert defend describe discuss distinguish estimate explain	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.
APPLICATION	Student selects, transfers, and uses data and principles to complete a problem or task with a minimum of direction.	use compute solve demonstrate apply construct	apply change choose compute demonstrate discover dramatize	employ illustrate interpret manipulate modify operate	practice predict prepare produce relate schedule	show sketch solve use 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 categorize compare contrast separate apply	change discover choose compute demonstrate dramatize	employ illustrate interpret manipulate modify operate	practice predict prepare produce relate schedule	show sketch solve use 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 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  The student will design a classification scheme for writing educational objectives that combines the cognitive, affective, and psychomotor domains.
EVALUATION	Student appraises, assesses, or critiques on a basis of specific standards and criteria.	Judge Recommend Critique Justify Appraise Argue	Assess Attach Choose Compare Conclude Contrast	Defend Describe Discriminate Estimate Evaluate Explain	Judge Justify Interpret Relate Predict	Rate Select Summarize Support Value  The student will judge the effectiveness of writing objectives using Bloom's taxonomy.

**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

- 1) Physicians' Information Needs: Analysis of questions Posed during Clinical Teaching (Osheroff JA, et. al.: Ann Intern Med 1991;114:576-81):
  - 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, journal, 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.

**B) Purposes of Asking Questions:** (Attending Physician Variability: A Model of Four Supervisory Styles. Goldszmidt M, et al.: Acad Med 2015;90:1541-46.)

- 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 pimpled!”

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.”

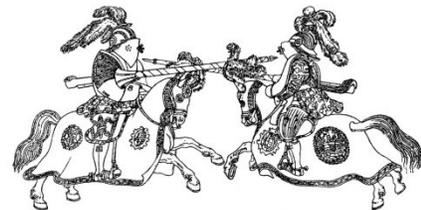
## The Attack

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



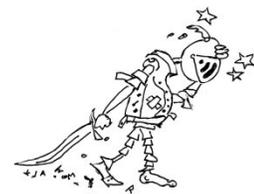
## The Counter Attack

- 6) The Dodge
  - a) Answer the question with a question
  - b) Answer a different question
- 7) The Bluff
  - a) Hand waving
  - 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



# 21<sup>st</sup> Century Version of “The Art of Pimping”

(A Learner’s Perspective: Allan S. Detsky, MD: JAMA 2009;301:1379-81)

## 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 not 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 eclipser, 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**

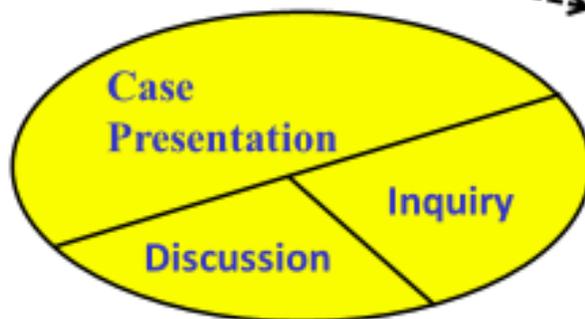
(J Am Board Fam Pract 1992;5:419-24)

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...*

# ***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**



**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

# 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 LLo Jan. 2017\*)



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?

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

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

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\*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.

## **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.)
- 2) McCarthy CP, McEvoy JW: Pimping in medical education. *JAMA* 2015;314:2347-8.
- 3) Reifler DR: The pedagogy of pimping. Educational rigor or mistreatment? *JAMA* 2015;314:2355-6.
- 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.)
- 6) Bynum WE, Lindeman: Caught in the middle: a resident perspective on influences from the learning environment that perpetuate mistreatment. *Acad Med* 2016;90:20`-3.
- 7) Wray CM, Loo LK: The diagnosis, prognosis and treatment of medical uncertainty. *J Grad Med Educ* 2015: 7:523-7.

### **Empiric Literature on Pimping:**

- 1) Mavis B, Sousa A, Lipscomb W, Rappley MD: Learning about medial student mistreatment from responses to the medical school Graduation Questionnaire. *Acad Med* 2014;89:705-11.
- 2) Gan R, Snell L: When the learning environment is suboptimal: exploring medical students’ perceptions of “mistreatment.” *Acad Med* 2014;8:608-17.
- 3) Wear D, Kokinova M, Keck-McNulty C, Aultman J: Pimping: perspectives of 4<sup>th</sup> year medical students. *Teach Learn Med* 2005;17:184-191.
- 4) Zou L, King A, Soman S, et al.: Medical students’ preferences in radiology education: a comparison between the Socratic and didactic methods utilizing PowerPoint features in radiology education. *Acad Radiol*; 2011;18:253-6.
- 5) Scott KM, Caldwell PH, Barners EH, Barrett J: “Teaching by humiliation” and mistreatment of medical student in clinical rotations; a pilot study. *Med J Aust* 2015;203:1-6.