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Pimping: Perspectives of 4th Year Medical Students

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Background: A well-known phenomenon among U.S. medical students known as pimping, or the pedagogical device of questioning students in the clinical setting, receives virtually no attention in medical literature.

Purpose: Identifying 4th-year medical students' relevant knowledge and attitudes about pimping may help educators understand the range of beliefs about pimping and the role it plays in the socialization process into the medical community.

Methods: Over a 2-month period, 11 fourth-year medical students at a Midwest medical school were asked 6 open-ended questions focusing on pimping as understood and experienced in the clinical setting. Investigators individually analyzed the interview data using qualitative methods to characterize students' experiences and recurring ideas and concepts.

Results: All students noted the hierarchical nature of pimping, viewing it as a tool for attendings or residents to assess students' levels of knowledge. Although some students experienced malignant pimping, humiliated by incessant questioning or questions inappropriate to their level of training, all the students in the sample were positive about pimping and its effectiveness as a pedagogical tool. Investigators found that location within the clinical setting determines how students define and understand the motives for pimping.

Conclusions: Understanding how students define and experience the pimping phenomenon prepares medical educators to scrutinize pimping as a pedagogical tool and to provide the most effective and encouraging environment for students.
When we discuss pimping in polite company, we state that we use the Socratic method in our teaching.¹

**Pimping** is a well-known phenomenon among U.S. medical students with some clinical experience. An activity with nuances related to individual style and specialty traditions, pimping is generally defined as the clinical practice where persons in power ask questions of their junior colleagues² (p. 3). Depending on how and where it is enacted, pimping is perceived as a unique kind of questioning practice with a wide range of intentions from knowledge checking to humiliation.

Still, pimping has received virtually no attention in the medical literature. As a teaching strategy commonly identified in clinical teaching, it deserves scrutiny not only as a pedagogical tool with specific form and intent but also as a training ritual experienced by both students and residents. The purpose of this study, then, is to understand how 4th-year medical students define and experience what is known in academic clinical cultures as pimping.

**Background**

Pimping is a term that has wide use in the vernacular of clinical medicine, yet there has been little inquiry about the nature of its use. Some medical educators might argue that pimping is a subset, albeit unnamed in formal scholarly work, of other well-documented phenomena. For example, particularly aggressive forms of pimping that lead to embarrassment or humiliation could be tied to the literature on medical student abuse.³–⁷ Or, the more everyday kinds of pimping—quizzing students on physical structures, disease processes, or treatment plans—could be embedded in the literature on questioning strategies, bedside teaching, or clinical rounds, which all may include dimensions of pimping without naming it as such.⁸–¹⁰ Several recent articles refer to pimping strictly as a negative phenomenon. One includes the directive to “avoid pimping. This age-old teaching method occurs when the teacher asks essentially unanswerable questions in rapid succession;”¹¹ another suggests that questioning in clinical settings “should be non-threatening (non-pimping).”⁸

Internet searches provide many references to pimping, most found in online medical student handbooks, medical students’ personal Web sites, or other more informal portraits of life in medical school. Definitions of pimping in these locations range from playful or ironic descriptions to matter-of-fact advice on how to respond to it. A student Web site at the University of California at Davis includes an entry, “Clinical Pimping,” which defines pimping as “ask[ing] questions. Stickler questions. Random questions. Difficult questions. Obscure questions. Not just one. Many.” This site does, however, distinguish between pimping done “with good intentions” and done “maliciously” (“some attendings actually do it for sport”). Medical students at the University of California at San Francisco can find a witty guide on the school’s Web site called, “Pimping and the Art of Self-Defense,”¹² which provides practical advice to students facing their “superialors,” such as

the key to pimping is this: While it’s good to be able to give the particular answers your pimp is looking for, often what they want to see is that you have a systematic approach to thinking about a problem. … Give answers in terms of mechanism of disease, not specific diagnoses.

Some medical schools, such as Stanford, publish hard copies of medical student guides that include entries on pimping. The section, “Transition to the Clinics,”¹³ offers the following wry definition of pimping:

Attendings, residents and faculty don’t have the time to give you weekly quizzes and homework so they ask you questions that they 1) think are very important for that specific rotation, 2) want you to know because they think they’re interesting, 3) want to demonstrate that they know, or 4) all of the above. (p. 56)

Following this definition, however, is the observation that pimping is just an “interactive form of learning” and that an unspoken rule exists that it is “OK to say ‘I don’t know.’ … when not overused, [it] conveys humility and integrity.”¹³

The only MEDLINE references to pimping include a tongue-in-cheek commentary in the *Journal of the American Medical Association,*¹⁴ followed in subsequent months by a series of letters in response; some playful,¹⁵ some not.¹⁶ Although Brancati’s¹⁴ ironic description of pimping sheds some light on how it is enacted, the response letters provide a range of descriptions of pimping and its motives, along with how it is received by students and residents. For example, Stanton¹⁷ wrote that pimping accomplishes four things:

1) establishment of a pecking order among the medical staff; 2) suppression of any honest and spontaneous intellectual question or pursuit; 3) creation of an atmosphere of hostility and anger; and 4) perpetuation of the dehumanization for which medical education has been criticized. (p. 2541)

Brancati’s¹⁴ response to Stanton’s¹⁷ letter raises the interesting pedagogical question of the differences between “good” and “bad” pimping:
I love pimping—when it’s done right. It can promote a feisty esprit de corps among the pimped, as when interns begin to quiz each other. … My own approach is to pull each student and intern aside individually at the start of the rotation to explain the distinction I make between style and substance in patient care and medical education. I emphasize that I will evaluate students and interns based on honesty, thoroughness, and knowledge of medicine relevant to the patients currently under their care, not based on their ability to handle pimp questions. (p. 2542)

Clearly, pimping is a term that is widely recognized, descriptive of a variety of questioning strategies used by attendings and residents, the latter both giver and receiver of the phenomenon. Brancati’s informal survey of colleagues found the practice at “Pitt, Maryland, Bowman Gray, Johns Hopkins, BU, and Harvard … plus more than 30 letters from physicians throughout the country who understood the word” (p. 1633). However, because of the range of beliefs about its purpose and the spirit in which it is enacted are so varied, we undertook a small study to understand the practice as it is experienced by students in one medical school setting.

Method

We selected a qualitative methodology for this project because of the dearth of conceptual and empirical data on the subject. We used the same interview guide in all interviews, which included six open-ended questions focusing on 4th-year students’ definitions and descriptions of pimping, their perceptions of motives for pimping, their responses to pimping, and their plans for using pimping as residents and attendings.

The interviews, which were audiotaped and transcribed, took place over a period of 2 months during the academic year. The four investigators individually analyzed the interview data using qualitative methods; that is, we identified concepts, themes, and trends through a line-by-line reading of the transcripts by searching for repetitions of words and phrases students used to characterize their experiences along with recurring ideas and concepts, actions, assumptions, and consequences reflected in their language.

Results

This study is the result of interviews with 11 fourth-year medical students at a Midwest medical school who volunteered for the project. Those interviewed include 7 women and 4 men whose matched specialties included surgery, family medicine, pediatrics, emergency medicine, and psychiatry.

Students’ Definitions of Pimping

All students noted the hierarchical nature of pimping: Both attendings and residents pimp students, but attendings also pimp residents. Most offered definitions that included the words “asking questions,” and included the relative status of those who pimp and those who get pimped. Except for one student, all placed pimping strategies into two opposing styles (i.e., “malignant” and “benign,” or merely “bad” and “good” pimping). The one exception was a student who argued that pimping by definition was malignant and that all other questioning was merely part of clinical teaching. The other students categorized any question that was “clearly inappropriate for students’ level of training,” that was meant to “trip students up” or “humiliate” them, or that was asked “to make students feel stupid” as malignant pimping. All students reported that although they had witnessed examples of such behavior, malignant pimping had been rare in their medical education. Consequently, most spent their time during the interviews discussing good pimping: how, where, and why it works; and how they plan to use it as residents and attendings.

Although all students recognized pimping as a kind of questioning, several had conflicting beliefs about how such questions get categorized as pimp questions or merely questions. Two students believed that a pimp question had to be directed to a specific student (i.e., “if it’s something that is addressed to the whole group and no one is singled out to answer, I wouldn’t call that pimping”). Others believed that there is such a phenomenon as a “group pimp,” whereby “an attending throws out a question and it’s sort of who answers first.” However, another student thought that the only requirement for pimping was the presence of a group, and that “if it’s a one-on-one situation it’s probably not pimping because pimping is in a group, testing your knowledge with an audience.”

All students we interviewed viewed pimping as a tool for attendings or residents to assess their knowledge level so that gaps could be filled by on-the-spot teaching or by telling students (post pimping, or as closure to the pimping episode) “to look it up,” sometimes adding a handout or presentation assignment for the following day. That is, pimping is a form of “knowledge checking,” whereby students are asked to retrieve basic science facts (“What enzyme in this pathway controls this reaction?”), identify anatomical structures (“What’s this I’m pointing at?”), describe disease processes (“What are 10 causes of pancreatitis?”), or to discuss treatment protocols or options (“What labs would you order?”). “Basically,” one student said, “it’s just to check to make sure that the student knows the information pertaining to the case of the patient involved.” Another student noted that pimping is sometimes “the only way attendings have to directly interact...
with you … . Often they don’t see your shelf scores, they don’t see you studying, and they have no other way to test your knowledge other than to ask you questions.” Therefore, students generally view pimping as having an evaluative function.

Pimping Locations

Pimping takes different forms depending on the location: Pimping students one-on-one occurs primarily in the operating room (OR), pimping individual students in groups occurs primarily on rounds, and pimping groups without singling anyone out occurs in conference-like settings. Therefore, location determines how students define pimping.

For example, one student described OR pimping as specifically related to what’s happening on the table. They build [questions] on each other, see how much you know, like “What’s this vessel we’re looking at?” Then questions related to function, or maybe a question like “What can’t you do in this situation … what nerve shouldn’t you injure when you’re doing this surgery?”

Another student pointed out that the OR is the “perfect setting” for pimping because the attending isn’t always doing the surgeries, the residents are, and the attending is just assisting … and [starts] to ask questions when he doesn’t have to be concentrating a whole lot on the operation. He can ask you about anatomy, he can say “What’s this? What’s this? What’s this?” and then ask about the medical and surgical aspects of the case.

In contrast to the OR, students described a different atmosphere for pimping on rounds. Here, pimping occurs in groups, with attendings and residents asking questions of specific students as their peers observe the process, waiting for a question that inevitably will be posed to them. This activity takes place in hallways between seeing patients, and most often includes what one student schematized as list questions (“What are 10 causes for shortness of breath?”), hierarchical questions (“[first] something real simple … that escalates to harder and harder questions”), take home assignments (“go look it up versus I’ll give you the information”), and read-my-mind questions (“very unclear, not yes or no questions … just questions that could be answered with a variety of answers, and you answer one way and they don’t even consider that your answer could be a valid one”).

As previously noted, some students did not classify conference settings as sites for pimping because no one is singled out and questions are posed to the entire group. Several did, however, and one student elaborated about the dynamics of pimping in this setting.

Pimping [in conference settings] brings out malignant students. Whoever answers first looks better. … I definitely started out med school shy, but I quickly got used to it and took the attitude that I wasn’t going to get stepped on and I was going to show what I know. … I think there is a fine line, and I finally learned it, that you don’t have to be a jerk to participate in pimping. I do think shy people get left behind and that’s unfortunate and I think it ends up fostering resentment between members of the group. … I admit, I’ve been in a conference room and when someone is [always] the first to spit out answers it gets annoying. I mean, let someone else answer or quit trying to show off.

Finally, several students indicated that pimping also occurs at the bedside. There, like in the OR, students are able to observe the patient and answer the attending’s questions based on their knowledge about the disease in question, the patient’s medical history, and quite possibly, on their immediate observations. Here, of course, the patient is awake, listening to and observing the interaction. According to these students, when pimping occurs at the bedside, it is usually benign in nature.

Motives for Pimping

Good pimping. The most commonly cited motive for good pimping students offered is that such questioning is the best way for attendings and residents to check students’ knowledge base and to see if they are studying and “keeping up” with their reading for that clinical rotation; this is pimping’s assessment or evaluative function. In addition, a few students noted teaching as a motive for pimping. For example, when students do not know the answer to a pimp question, or when an issue (e.g., congestive heart failure) needs further elaboration, the attending provides information or a short impromptu lecture on the spot. Most students we interviewed were aware of the temporal dimension of pimping, that it was related to students’ being able to think quickly, “on your feet,” or “on the spot.”

Four students elaborated at much greater length on why they believe pimping is useful (and ubiquitous) in medical training, each with a different perspective; these four included two men and two women representing emergency medicine, surgery, dermatology, and family medicine. One believed the practice is used to teach … and even more, it’s to encourage you to keep studying, to encourage you when you have studied, and to encourage you to become el-
quent in being able to verbalize what you have read in a manner you can share with your colleagues ... which is something that up until that point you don’t do too much of. You read books and you regurgitated it on a paper and pencil test but now you’re being asked to actually discuss it with people who can discuss it with you. So, I think it’s used not only to teach you to think fast but to actually become part of the society and be able to talk to your colleagues.

Another similarly saw pimping used to “put someone on the spot to see how they handle performing in front of people. … [It] helps you think logically, use your knowledge … see how you handle pressure, how you handle being in the spotlight.” Thinking in front of people was the focus of another student’s interpretation of pimping:

For the rest of your career you’re going to have to back up whatever it is you’re doing, and this is sort of a spine-building exercise. It makes you feel like “Hey, I read that, I remember enough that I’m going to say it, and I will stand up in front of people who are authority figures and say ‘I read this, I believe this.’” It’s not just having the courage to do that, you have to have the facts in order to do this, that’s part of our doctrine of allopathic medicine—it has to be based on evidence or some sort of facts.

Malignant pimping. Although students maintained that they had experienced little malignant pimping in their clinical education, most had ready observations on why it is used. One student believed it was merely an “ego thing,” which was often the motive for the read-my-mind questions described earlier. Another said, “it was to show medical students they’re not as smart as they think they are;” whereas another said that it was “to tear someone down, to make them feel like they don’t know very much.” One student described an actual scenario of malignant pimping she had witnessed:

Residents and students were asked a couple questions and they didn’t know the answers and the attending continued asking questions furthering the point that hey, you don’t know what it is, even after the resident or student stated “I’m sorry, I don’t know, I’ll go look it up, I’ll learn more about it.” I feel once it gets established that someone doesn’t know the answer there’s no need to keep pressing it.

Other examples students offered of malignant pimping focused on the relentlessness of the questioning, indicating that the crossover from benign to malignant occurs when the “attending just keeps going and going until they hit something you don’t know and then they want to reiterate that you don’t know … [it] makes me feel bad like I didn’t read enough, didn’t do enough.”

Students’ Responses to Pimping

Four of the 11 students stated that they “liked” pimping; 2 of them said they actually “resented” it when they were not pimped. The rest were fairly positive about pimping with several caveats, most referring to malignant pimping or questions that did not seem appropriate to their level of training. One student summarized his reception of pimping and why some of his peers did not share his position:

I’ve heard students complain about it but I like it. … It could be that they’re embarrassed in front of other medical students. It could be that they’re not prepared and they don’t know the information. They just don’t like to be put on the spot. A lot of medical students are Type-A personalities, and if you ask one medical student and he doesn’t know and the next person does, it makes the student who didn’t know look bad. The words “I don’t know” have come out of my mouth several times, then you get used to it and it becomes no big deal.

Several students responded to how pimping made them feel about learning rather than how it made them feel emotionally. One student, perhaps the most positive about pimping we interviewed, believed that the practice identifies the deficits in my knowledge because I just can’t think of medicine as a whole and be like, oh, I don’t know these parts. … I might know congestive heart failure pretty well but it’s the fine points that I don’t know, and until someone questions me on the management that I find out what I don’t know. And that motivates me to read on those parts. If someone just tells me the information—on teaching rounds sometimes people lecture us on some really interesting things—I often forget it. … I actually resent it when I’m not pimped. There’s times when the attendings kind of ignore the students and I felt like I was cheated out of an education on those services.

In addition, all the students we interviewed cited ways to prepare for pimping: all disclosed that students prepare in varying degrees depending on their interest in the rotation. Preparation for pimping in surgery in-
volves checking the surgery schedule for the following day and doing some reading that night on the diseases, pathologic processes, complications, and surgical techniques involved in those scheduled cases. Preparation for pimping on medical services involved knowing as much as possible about the patients students had been assigned. Students described preparation for pimping as “reading 10 or so pages out of a book, like Surgical Recall or The Washington Manual, that just answers all those questions someone’s going to ask you.” One student admitted that although he generally reads ahead of time, he does “more so in the things I want to do very well in.”

However, preparation for pimping is motivated by another factor, one repeated by most of the students. That is, preparing for pimping is a way to avoid embarrassment and humiliation. “It makes us stay caught up,” one student said, “[and] forces you to read because quite honestly you don’t want to be embarrassed. It makes you pay attention more.” One student said that when unable to answer a question he “feels a little humiliation, and it’s humiliation that makes me not want to forget it the next time.” He continued,

You have to kick people’s butt once in awhile. Embarrassment is good I think, a little bit, because embarrassment kind of motivates people. When I was embarrassed [during pimping], the times I was the most embarrassed in front of my group of residents and med students were the times I went back and read the hardest. I can still remember those 5 or 10 times, and I’m not traumatized by them. It’s probably some of the times that shaped me most in med school.

Still, two students noted how difficult it was for them to rise above malignant pimping, even if they were well prepared. One spoke at length about the anxiety that pimping on rounds produces:

A lot of times you would have known the answer if it’d been one-on-one or if you’d been taking a test, but the fact that the whole group is there and he’s asking you the question and everyone’s listening and everyone’s watching, it’s like you really can’t think straight or think as well.

However, even witnessing “friendly” pimping on rounds, she continued, “makes you nervous … I think a lot of time you’re just glad you’re not the one being pimped.”

Pimping: The Next Generation

When asked if they would pimp as residents and attendings, all 11 students said they would and that they would be good pimplers. With varying degrees of enthusiasm, they all saw its merits; they all told stories of pimping that characterized it as useful. They believed it to be an activity that, when performed by residents and attendings who were interested in teaching and willing to take the time to be good at it, promotes learning, logical thinking, defending one’s decisions, quick recall, self-assessment, and communicating well with one’s peers. Envisioning themselves as residents, students said they would be “sensitive” and “non-threatening,” would try to make pimping “noncompetitive,” would not “drill students unnecessarily,” and would “have a friendly approach and keep in mind how each student is different and how they react differently to pimping.”

Pimping—at least the way these students describe it—is not fading from academic medical environments in form or function. In fact, most students commented on how frequently it was enacted in hospitals they had visited during their residency interviews, comparing it to the pimping they had experienced in their own training. With only one exception at one large academic medical center, all students witnessed various enactments of pimping—this program’s pimping was “really malignant,” that program’s pimping was “more like a theoretical discussion” than direct questioning. Their experiences reinforce Brancati’s19 observation that “physicians unfamiliar with pimping either have trained abroad or are older than 40” (p. 1632).

Discussion and Conclusions

Although limited to students at one Midwest medical school, this inquiry raises important questions at the juncture of clinical teaching strategies and socialization into the profession. Clearly, most of the students we interviewed felt comfortable, if not excited and motivated, to learn more and pay closer attention to their patients when faced with good pimping. Even the several who were less enthusiastic about pimping noted its value when done by inspiring, non-threatening teachers, and found they had become more confident as a result of being pimped. It may be that students’ views of pimping have evolved over the years, having originated with the more malignant or read-my-mind varieties to a more comprehensive view that includes all kinds of questioning strategies; thus, the need to distinguish between the good and malignant kinds. Additional qualitative inquiry or a focused questionnaire could tease out these shades of meaning, which would be valuable data for improving clinical teaching.

Other questions abound from these data. Is this snapshot indigenous to this consortium of community-based teaching hospitals in this geographical re-
gion? The fact that so few students had experienced malignant pimping may indicate that such behavior is not the norm in this context; it could also be reflective of the small number of students who volunteered to be interviewed and may, in fact, be quite common. We interviewed European American and Asian American students, and those with family origins in India and Pakistan; would a larger study indicate patterns in how different groups of students define and experience pimping? What about the faculty—does the race and gender of the attending influence how their questions are received?

When viewing pimping as a pedagogical tool, several questions arise. What type of knowledge is gained when students prepare for and are subjected to good and bad pimping? When students prepare for pimping, for what are they preparing, and to what end? A performance of knowledge? A performance of critical thinking or clinical reasoning? A performance of professional identity? In addition, how do we interpret some students’ disclosures that they prepare to avert the embarrassment of not knowing? If students’ main focus is to avoid embarrassment and humiliation or to appear knowledgeable in front of the attending, resident, and other students, is pimping a responsible pedagogical strategy?

Finally, is good pimping really just a subset of, or synonymous with, good clinical teaching, the terminology merely a quirky cultural phenomenon passed on from one generation to the next? Who are the medical educators students consider good pimplers, and how would they describe what they do, and why? Would they call what they do pimping, or would they view it as questioning, or just the way they teach? Another rich possibility for better understanding the nature of and effects of pimping would be a participant-observational study in multiple disciplines and locations, one that focuses on what students and faculty classify as pimping versus mere questioning.

Although implicit, pimping phenomena can be viewed as part of the socializing process into the medical community. What students call good and malignant pimping teaches students about the culture of medicine, including its hierarchies of power and authority; the methods and language used to diagnose, treat, and interact with patients, peers, and other healthcare professionals; and the various professional and ethical standards toward which physicians should strive. At its best, pimping assesses students’ knowledge and skills, stimulates critical thinking, and encourages self-assessment. At its worst, the competitiveness that pimping generates may inhibit students from learning how to work as a team and how to rely on each other. Indeed, several students pointed out that precursors to clinical pimping begin the first day of medical school in the anatomy lab, in problem-based learning sessions, and in informal study groups, all settings where students come to recognize those who know most, and those who can say what they know best. In these settings, pimping evokes a kind of self-assessment that relies too much on comparison—a “gauge” as one student put it.

As teachers committed to providing the most effective and encouraging environment for students, an environment that inspires excellence and compassion in their interactions with patients, we have an ongoing obligation to examine our pedagogical practices. Pimping of all stripes should not escape such scrutiny.

References


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