THE EDUCATOR DEVELOPMENT
CONFERENCE:
PIMPING: THE GOOD AND THE BAD

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“Pimping accomplishes four things”

• Establishment of a pecking order among the medical staff
• Suppression of any honest and spontaneous intellectual question or pursuit
• Creation of an atmosphere of hostility and anger
• Perpetuation of the dehumanization for which medical education has been criticized
“I love pimping – when its 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 ..... I emphasize that I will evaluate students and interns based upon honesty, thoroughness and knowledge of medicine relevant to the patients currently under their care, not based on their ability to handle pimp questions.”
One student’s perspective

• “Pimping brings out malignant students. Whoever answers first looks better... I quickly 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... you don’t have to be a jerk to participate in pimping. I do think that shy people get left behind... it ends up fostering resentment between members of the group... when someone is always the first to answer it gets annoying... let someone else answer or quit trying to show off.”
Another student’s perspective

• “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, “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.’” You have to have the facts in order to do this... it has to be based on evidence.”
“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 don’t know the information. A lot of medical students are type-A, and if you ask one student and he doesn’t know and the next one does, it makes the student who didn’t know look bad.”
• “You have to kick people’s butt once in a while. Embarrassment is good, I think, a little bit, because it kind of motivates people. When I was embarrassed [during pimping], those 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 during med school.”
“It helps me remember what I was being asked. Also, I pay more attention if there is a possibility that I may be asked a question at a random time. Pimping is the best if the question is posed to the group and if no one answers, then someone at random is called on. If they don’t know, the teacher tries to help them answer it or just answers for them.”
“I think my goal is basically to come away from that session with the instructor thinking that I know my stuff. And even if I got some questions wrong, it's OK, because in the greater context I have a good understanding of the subject.”
## The Kingdoms of Teaching

<table>
<thead>
<tr>
<th>Method</th>
<th>Who develops content?</th>
<th>Who answers the questions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactic</td>
<td>Teacher</td>
<td>Teacher</td>
</tr>
<tr>
<td>Socratic</td>
<td>Teacher</td>
<td>Students</td>
</tr>
<tr>
<td>Inquiry</td>
<td>Students</td>
<td>Teacher</td>
</tr>
<tr>
<td>Discovery</td>
<td>Students</td>
<td>Students</td>
</tr>
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The Socratic Method

• “Teaching consists of prompting students into acknowledging their own fallacies and then asking them provocative questions to steer them towards realizing true knowledge via introspection.”

• “How a particular individual reacts to questions [may constitute] the difference between Socratic teaching and pimping.”

Stoddard and O’Dell, JGIM 2016
“Psychological Safety”

• “Teachers must uncover learners’ existing knowledge and skills in order to pose questions or problems that are challenging but do not surpass their current developmental stage.”

Stoddard and O’Dell, JGIM 2016

Create
Evaluate
Analyze
Apply
Understand
Remember
“In Defense of Pimping”

• “The value of high-stress, rapid-fire questioning is that it quickly imparts knowledge in the context of patient care in a highly memorable way. Although sometimes unpleasant, this type of education is truly a long-term kindness to the student, much like a vaccination creates temporary discomfort to achieve a durable gain.”

Healy and Yoo, J Surg Ed, 2014
Diagnose the learner and teach to that level

• Ask questions to assess their baseline knowledge level
  – Ensure that your goal is to motivate and learn
  – Once a learner reports that they do not know an answer, move down to a lower level or move on

Oh and Reamy, AMA J Ethics, 2014
Avoid asking questions for questions’ sake

• How was syphilis named? (too narrow / useless)
• What role do prostaglandins play in homeostasis? (too broad)
• How active are leukocyte-activated killer cells with or without interleukin 2 against sarcoma in the mouse model? (too technical)
• Whose name is given to the dancing uvula of aortic regurgitation? (too eponym-y)

Brancati, JAMA 1989
Tell your students your goal in asking questions

- Prep them at the beginning of the rotation
  - Or at least at the beginning of rounds
  - Discuss your style
  - Be open to feedback
Emphasize important learning points

• Link topics that are discussed to a clinical context
  – Expound after responses, don’t just make the session a barrage of questions
  – Why is the clinical pearl important? How can it be used in the routine care of patients?
Do not attempt to intentionally embarrass or humiliate the students

- Reflect on the teaching encounter to see if you asked any irrelevant questions or if anyone seemed uncomfortable
Pointers for Teachers

• Diagnose the learner and teach to that level
• Avoid asking questions for questions sake
• Tell students your goal in asking questions
• Emphasize important learning points
• Do not attempt to intentionally embarrass or humiliate the students

Oh and Reamy, AMA J Ethics, 2014