

“Pimping” in Pharmacy Education: A Survey and Comparison of Student and Faculty Views

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Abstract

Background: “Pimping” is an informal teaching technique that is widely used in medical education. Pimping is characterized by questioning the learner with the intent of reinforcing clinical hierarchy. To date, there are no studies of the use of pimping in pharmacy education. **Objectives:** To describe the use of pimping as a teaching method in pharmacy education and to compare student and faculty perceptions of this technique. **Methods:** Faculty and fourth-year PharmD (P4) students from 2 colleges of pharmacy were invited to participate in a survey about experiences and perceptions of pimping. Faculty and P4 surveys each contained up to 17 items to assess personal experiences, utilization, perceived risks and benefits, and preferences regarding the role of the technique in pharmacy education. **Results:** The response rate was 49.5% (159 of 321). Of faculty, 74.1% reported they had been pimped in their training, but less than half (45.8%) use pimping themselves. Similarly, 73.7% of students reported that they had been pimped at some time in their pharmacy education. Students nearly equally viewed their experiences as positive (35.3%) versus negative (38.2%). Responses were similar between faculty and students recommending that the method should be avoided entirely ($P = .259$), used sparingly ($P = .072$), or used consistently ($P = .309$). Perceived benefits and risks of pimping were similar between faculty and students, but there were many differences in rationales offered by faculty versus students’ perceived rationales. **Conclusion:** Pimping is common in pharmacy education and its use is controversial. The perceived rationale for use of pimping differs, which may undermine student/faculty relationships.

Keywords

pharmacy education

Introduction

“Pimping” is often described as a person of authority asking questions of their junior colleagues or students with the aim of teaching while reinforcing the clinical environment hierarchy.¹ This term first appears in the medical literature in an ironic article by Frederick Brancati, but it appears that its usage predates this publication.² While clear definitions remain elusive in the medical literature, this teaching method commonly relies on the questioning of students, often using vague, unanswerable, or trivial questions.³ In previous studies, medical students have felt that pimping was mostly used by instructors to informally assess baseline knowledge or progress on learning, but others have felt as though instructors were attempting to humiliate or embarrass them.⁴ Some medical students have characterized pimping as a negative or inappropriate teaching method; however, many students have also claimed that pimping was an effective way to learn.¹ A common problem with erstwhile studies of pimping is that a standard definition was not provided to respondents and pimping may have been described differently according to each individual’s experience.

Despite its perceived ubiquity in the clinical environment, the lack of literature describing this teaching method is surprising. The available studies have mostly surveyed students in medical schools, and the teaching method has yet to be studied in the context of pharmacy education. The definitions and experiences shared in the medical education literature may, in fact, differ from those in pharmacy education. Furthermore, previous studies have not directly compared the perceptions of students and instructors.

In this study, the investigators surveyed faculty and students at 2 colleges of pharmacy in 1 Midwestern state in the United States on their beliefs and experiences with pimping. Using a

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Table 1. Pimping Definition Provided to Respondents.

“Pimping” is a term that is often applied to teaching by questioning the student on the subject at hand. “Pimping” is sometimes described as being singled out by an instructor for direct questioning. While “pimping” does involve being singled out, it only occurs when a teacher or instructor questions a lower ranked person. “Pimping” may be used by a teacher to facilitate learning for their students but might also be used to assert power and reinforce hierarchy. Some medical schools discourage “pimping” for the latter reason.

Example: While on the first day of rounds, a pharmacist asks a question to one of the rotating pharmacy students that only a practicing pharmacist would know. The pharmacist asks this question in front of the patients in an attempt to create a situation that the student will remember and to show that the student has much to learn.

common definition, the investigators aimed to explain how pimping is currently utilized in pharmacy education and compare student and faculty perceptions of this technique.

Methods

Two surveys were developed regarding pimping in pharmacy education: 1 for current faculty members and 1 for current students. The faculty survey was specific to experiences during both their training and teaching, while the student survey was specific to their experiences throughout pharmacy school. Questions in these surveys were similar but varied slightly in content. The questions were developed by the authors, and face validity was established by survey review and edits by a faculty member and nonpharmacy students external to the study authors. The faculty and student surveys were comprised of up to 17 multiple-choice questions regarding experiences and thoughts on the teaching method in question. A definition and example of pimping were provided to all respondents prior to answering any questions to help establish consistency of understanding of the term. This common definition was derived from student interviews by Wear and colleagues and can be seen in Table 1.⁴ The questions for both the faculty and the student surveys can be viewed in Appendix A. Surveys were created and distributed electronically using Qualtrics Survey Research Suite (Provo, Utah).

Pharmacy faculty and fourth-year (P4) pharmacy students from the University of Iowa and Drake University were selected to participate in this study. Most colleges of pharmacy in the United States structure the PharmD curriculum with 3 years of didactic learning and some integrated experiential learning followed by a final fourth year of exclusively experiential rotations. P4 students were selected to be included in this study because during their final, experiential-based year of the PharmD curriculum, they would have been most likely to have encountered pimping as a teaching method, either during clinical rotations or during earlier didactic experiences. Students who were not P4s were not eligible for this survey. Faculty respondent selection criteria included any full- or part-time faculty associated with the aforementioned colleges of pharmacy with any teaching responsibility within the PharmD

Table 2. Demographics of Respondents.^{a,b}

Faculty	
College of pharmacy	
Drake	50.8% (30)
Iowa	49.2% (29)
Gender	
Female	47.5% (28)
Age (years)	
Mean	42 (range: 28-65)
Years teaching	
Mean	13.3 (range: 1-37)
Students	
College of pharmacy	
Drake	56.7% (55)
Iowa	45.3% (42)
Gender	
Female	76% (76)
Rotation number	
7	41.8% (41)
8	38.8% (38)

^aExcept where noted, values reported as % (n).

^bDenominator varies as respondents opted not to answer some questions.

curriculum. Those excluded from the survey included adjunct faculty, staff, or faculty lines focused solely on research. Both surveys were sent via e-mail to faculty and students in February 2016, primarily because students had likely been through at least half of their experiential rotations at this point in the academic year. Informed consent was obtained from participants who decided to participate in the survey. While participants were asked to answer each question, they were able to skip any questions they did not feel comfortable answering. The surveys remained open for 4 weeks with a weekly reminder e-mail sent to those who had not completed the survey. Data were analyzed via IBM SPSS version 23 (Armonk, New York). Chi-square and Fisher exact tests were used for nominal data. Logistic regression was also used where appropriate. A *P* value of <.05 was considered statistically significant. A power analysis was not conducted a priori due to lack of prior quantitative studies. The institutional review board from the University of Iowa reviewed the study protocol and materials and approved as exempt.

Results

A total of 107 pharmacy faculty (71 from the University of Iowa and 36 from Drake University) and 214 P4 students (107 from the University of Iowa and 107 from Drake University) were invited to participate in this study. Of the 107 faculty members invited, 59 (55%) completed the survey, and of the 214 students invited, 100 (47%) participated in the survey. Table 2 contains demographic information on the 2 participant groups.

A majority (58%, 90 of 154) of the respondents agreed with the definition of pimping provided in the survey, while only 13.6% (21 of 154) of respondents disagreed with this

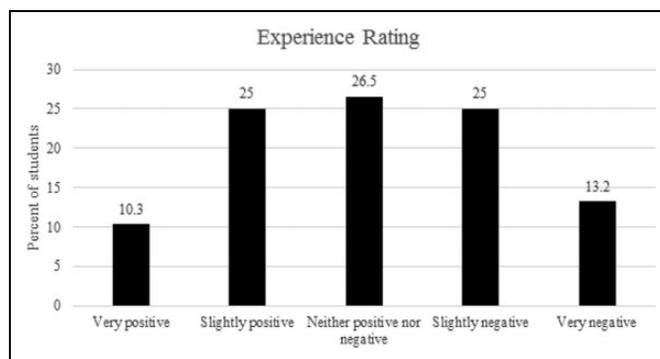
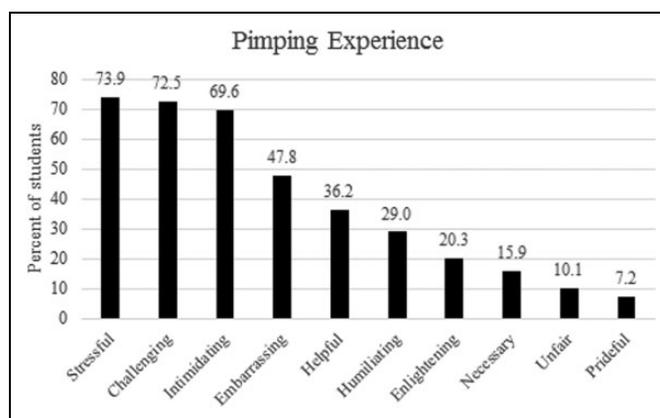
Table 3. Comparison of Responses to Survey Questions.^a

How Should Pimping be Employed?	Faculty	Students	P Value
Avoid	30.5% (18)	22.3% (21)	.259
Use sparingly	45.8% (27)	60.6% (57)	.072
Use consistently	23.7% (14)	17.1% (16)	.309
Perceived benefits			
Reinforce previous learning	52.5% (31)	48% (48)	.580
More interactive	40.7% (24)	39% (39)	.868
Prepared students can stand out	45.8% (27)	41% (41)	.558
Practice verbalizing	59.3% (35)	58% (58)	.870
Identifies deficits in knowledge	67.8% (40)	77% (77)	.204
Perceived downsides			
Embarrasses the student	88.1% (52)	82% (82)	.371
Reinforce faculty knows more	16.9% (10)	33% (33)	.041
Doesn't create understanding	32.2% (19)	41% (41)	.269
Doesn't allow higher order critical thinking	35.6% (21)	33% (33)	.739
Squanders student curiosity	30.5% (18)	37% (37)	.406

^aValues reported as % (n).

definition. Others had not previously encountered the term. There were no statistically significant differences between students and faculty in regard to agreement with the given definition. Responses were not analyzed differently based on term agreement or exposure. As seen in Table 3, faculty and student responses were similar when asked, “How should pimping be employed by faculty?” The mode response for both faculty and students groups was “use sparingly” (45.8% vs 60.6%, $P = .072$); however, 30.5% (18 of 59) of faculty and 22.3% (21 of 94) of students suggested that the method should be avoided entirely in pharmacy education. A subgroup comparison between the 2 colleges of pharmacy (Iowa students vs Drake students and Iowa faculty vs Drake faculty, using chi-square and Fisher exact) revealed no statistically significant differences, except for one. Significantly more Iowa faculty felt that pimping should be “used sparingly” (18 of 29 vs 9 of 30 from Drake, $P = .019$).

Nearly three-quarters (43 of 58) of the faculty reported they had been pipped during their training, while less than half (27 of 59) claimed to use pimping in their instruction. No association was found between faculty age and the likelihood to pimp using a logistic regression analysis ($P = .133$). Similarly, there was no relationship between faculty years of experience and the likelihood to pimp ($P = .231$). Faculty members who used pimping ($n = 27$) were most likely to pimp during clinical case discussions (77.8%) or after student-led topic presentations (74.1%). Slightly less than half of faculty had pipped in lecture sessions (40.7%) or in clinical rounds (44.4%) and very few faculty had pipped in front of a patient (7.4%). A large majority of faculty (85.2%) used pimping in both one-on-one and group settings. All faculty were asked about the influence of their training on how they instruct students currently. About half (28 of 55) of the faculty members surveyed were pipped in their training and as a result continue pimping in their instruction. A quarter (14 of 55) of faculty were pipped in their

**Figure 1.** Student subjective ratings of their pimping experiences.**Figure 2.** Adjective labels used by students to describe their pimping experience.

training and as a result specifically avoid pimping. The remaining faculty had not previously experienced pimping and do not use pimping in their teaching.

Similar to faculty, nearly three-quarters (70 of 95) of students reported that they had been pipped at some time in their pharmacy education. No statistical difference was found between the proportion of current students who had been pipped and the proportion of faculty who had been pipped in their training (chi-square, $P = .951$). Students claimed they had been pipped most frequently by nonfaculty pharmacists (70%), followed by faculty pharmacists (64.3%), physicians (54.3%), and nonpharmacist professors (45.7%). When students were asked where they had been pipped, they had experienced the most pimping on rounds (74.3%), clinical case discussions (65%), and after presentations (52.9%). The majority of students (75.4%) have been pipped both one-on-one and in group settings. Similar proportions of students who had been pipped rated their experience of being pipped as positive or very positive (35.3%) as those who found the experience to be negative or very negative (38.2%). Students' ratings of their experience being pipped can be seen in Figure 1. Students who had been pipped were also given a list of adjective labels to describe their pimping experience. The 3 most common labels selected were “stressful”, “challenging”, and “intimidating.” Further details can be seen in Figure 2.

Table 4. Comparison of Faculty Who Use Pimping and Student Perceptions.^a

Why Do Faculty Use Pimping?	Faculty (27)	Students (100)	P Value
Show they are in charge	0% (0)	18% (18)	.013
Demonstrate their own knowledge	7.4% (2)	28% (28)	.038
Suppress questions	0% (0)	6% (6)	.341
Reinforce teaching points	85.2% (23)	69% (69)	.144
Engage to retain student attention	96.3% (26)	63% (63)	<.001
Open broader discussion	77.8% (21)	33% (33)	<.001
See if students can recall information	96.3% (26)	80% (80)	.045

^aValues reported as % (n).

Compared to all faculty surveyed, more students believed that having been pimpled improved their ability to recall information (45.8% vs 65.2%, chi-square, $P = .027$). However, when asked if pimpleing helps students apply and understand information, just under half of faculty (49.2%) and students (44.9%) agreed (chi-square, $P = .244$). Perceived benefits and downsides of pimpleing were similar between faculty and students in all except one area. Nearly double the proportion of students felt that “reinforcing that faculty know more” was endorsed as downside to the use of pimpleing (Fisher exact, $P = .041$). Additional comparisons between student and faculty perceptions of pimpleing can be seen in Table 3.

Perceptions of faculty members who stated they use pimpleing were also compared to perceptions of all P4 students using Fisher exact tests. These results may be seen in Table 4. Notably, the perceived rationale for why students believe faculty use pimpleing differed greatly from the rationales reported by faculty who use this method.

Discussion

When pimpleing was first described in Brancati’s 1989 article, *The Art of Pimpleing*, it was presented in a playful manner, addressing some of the qualities proper pimpleing questions should have, along with how to most embarrass the student.² In fact, a tongue-in-cheek follow-up to *The Art of Pimpleing* was published 20 years later providing advice to “pimplees” and lauded the activity as a sport.⁵ Although these original articles were less than serious, they did draw attention to an understudied teaching method. Questions continue to arise about pimpleing’s unproven benefits and potential harms to learners in academic and clinical settings.^{6,7} Because of possible commonalities in experiential teaching methods of clinicians in other health professions and exposure via interprofessional education, the aim of this study was to describe the experiences and feelings of pharmacy students and faculty about pimpleing.

In the few prior studies of pimpleing, the term has been inconsistently defined, which leads to misunderstanding of what constitutes pimpleing to both faculty and students. In our survey, both students and faculty were given a definition of pimpleing

based on prior medical student-based studies in which to frame their responses. The majority of both groups agreed with this definition. This indicates that the experiences reported in pharmacy education generally align with the pimpleing definitions previously reported by medical students.⁴ Similar amounts of faculty and students believe pimpleing should either be avoided completely or used consistently. Despite both groups selecting a middle ground mode of “use pimpleing sparingly,” sizeable minorities of both faculty and students selected the extremes of “avoid pimpleing completely” (30.5% and 22.3%) or “use pimpleing consistently” (23.7% and 17%). Based on these results, it seems that not only do students and faculty have similar preferences when it comes to the utilization of the pimpleing method, but also both groups are internally conflicted about how frequently pimpleing should be employed. It is clear, however, as shown in Table 4, that students may not understand why their faculty members use pimpleing in the first place. More students than faculty selected a “negative” option (eg, suppress questions, show they are in charge, demonstrate their own knowledge) regarding why faculty utilize pimpleing, while faculty consistently selected a more “academically legitimate” option (eg, reinforce teaching points, open to broader discussion, retain student attention) regarding why they employed the method. This is problematic as it is possible that the perceived motives for pimpleing may impact its effect.⁴ If students do not understand the benefits of this technique, they may not become actively engaged in this process and, in fact, may resent it. This could potentially strain the relationships between students and faculty. Thus, it is important that faculty members using this technique explain exactly why they are doing it.

“Pimpleing” can often have a malevolent connotation. In our study, 3 of the 4 most common adjectives used by students to describe their experiences were “stressful,” “intimidating,” and “embarrassing.” Teaching by humiliating students is often viewed as a fact of life within health-care education to help one react in high stress situations and “develop stronger spines.”^{7,8} Unfortunately, despite the ubiquity in clinical instruction, negative commentary on the risks to students (and even potentially to patients) exceeds the actual number of formal studies on the topic.⁹⁻¹² Given the lack of high-quality, quantitative data to date on potential benefits of this teaching method, the risks to the student might, in fact, outweigh benefits to their learning. Furthermore, the derogatory association of “pimpleing” with prostitution may further create a hostile environment for students.^{3,13}

While there are a number of aspects of pimpleing that may make it seem malicious (eg, humiliation, fostering a hostile learning environment), there are ways to pimple that can make the method seem more well intentioned.³ In the current study, when students were asked to subjectively rate their experiences of pimpleing, their responses formed a near-perfect bell curve for positive and negative experiences as seen in Figure 1. This dichotomous student view of the same teaching technique supports the opposing “good” versus “malignant” pimpleing styles reported in a qualitative survey of medical students.⁴ Similarly, in the study by Wear and colleagues, 4 of the 11 students

interviewed reported that they liked to be pipped and some even resented not being pipped. In this survey, when faculty who use pipping were asked why they use the technique, nearly all said they do so as a probe to “see if students can recall information.” In fact, nearly half of all faculty members (27 of 59) said pipping helped with recall of information. Pipping, at its most basic, challenges the student to recall facts but not necessarily apply knowledge to a patient case.³ However, almost half of the respondents agreed that pipping can help with application of information. This finding may reveal that some respondents, despite a provided definition, view pipping as no different “teaching by questioning” or synonymous with the Socratic method.

Another factor that adds uncertainty to the effect of pipping is the impact of the environment in which it is used, whether that be an academic environment, clinical environment, or both. In our current study, P4 students were asked who they were pipped by and the most common responses were nonfaculty pharmacists, followed by faculty pharmacists. A nonfaculty pharmacist has most likely not been trained in education and may rely on transmitting content instead of providing an adequate learning and growth environment for students. Furthermore, pipping may emerge from the clinicians’ need for expediency in their teaching and can result in inadequate interactions with students.¹⁴ This finding may further compound ambiguity in pipping rationale and student perceptions. Few studies have elucidated the teacher’s view of pipping, but a qualitative study by Taylor and colleagues reported the views of 11 medical educators on teaching by questioning.¹⁴ These educators felt that teaching methods that rely on questioning (such as pipping) can be useful; however, teachers don’t necessarily want to humiliate or intimidate learners. Additionally, Lo and Regehr’s interviews of medical students, who had been subjected to questioning by clinical preceptors, found that students may find it important to maintain a favorable image of appearing knowledgeable and “teachable.”¹⁵ Faculty who use pipping may want to encourage students to be themselves and avoid getting wrapped in image maintenance. If students are too focused on appearing knowledgeable, they may not actually learn anything from a pipping session.

This study primarily focused on the differences between student and faculty responses, but a post hoc subgroup analysis revealed similar responses between the students and faculty of 2 colleges of pharmacy. No significant findings were expected between the 2 colleges because of their similarities, such as class sizes, region of the United States, and utilization of shared experiential sites. More research must be conducted over a larger portion of the country to truly ascertain a perception of pipping that accurately represents the pharmacy education population. In addition to a multiregional study, nonfaculty preceptors involved in the education of pharmacy students must be able to provide their experiences and beliefs about pipping. This includes clinicians the students listed in their responses: physicians and nonfaculty pharmacists. Furthermore, responses in a survey such as this may be affected by recall bias because experiences may or may not have been

recent. Conversely, about a quarter of students and faculty did not have any personal experience with pipping. Their responses may widen a perception gap, which already exists between students and faculty as seen in Table 4. Finally, outcomes-based research would be most helpful in determining the effectiveness of pipping. Descriptive studies are beneficial to discern the qualities of pipping; however, the researchers cannot determine the actual impacts of pipping without empirical data.

To our knowledge, this is the first study of the pipping technique in pharmacy education and among the largest in health-care education. The differences between the student and faculty groups help to identify trends of pipping in pharmacy education. These trends will ultimately help students and faculty members understand the reason pipping is utilized, as well as recognize some of the benefits and pitfalls of the teaching-by-questioning method. Understanding the role of pipping and how students and faculty may interpret it will ultimately improve its effectiveness as a teaching method. Regardless of setting, faculty members who employ this teaching method should consider explaining the intent for use to each student. This may increase student acceptance of the method and aid in decreasing student stress, intimidation, and embarrassment.

Appendix A

Student and Faculty Surveys

Faculty Survey

1. What institution are you associated with?
 - Drake University
 - University of Iowa
2. What is your age?
_____years
3. How many years have you been teaching?
_____years
4. What is your gender?
 - Male
 - Female
 - Prefer not to answer

Definition:

“Pipping” is a term that is often applied to teaching by questioning the student on the subject at hand. “Pipping” is sometimes described as being singled out by an instructor for direct questioning. While “pipping” does involve being singled out, it only occurs when a teacher or instructor questions a lower ranked person. “Pipping” may be used by a teacher to facilitate learning for their students but might also be used to assert power and reinforce hierarchy. Some medical schools discourage “pipping” for the latter reason.

Example:

While on the first day of rounds, a pharmacist asks a question to one of the rotating pharmacy students that only a practicing pharmacist would know. The pharmacist asks this question in front of the patients, in an attempt to create a situation that the student will remember and to show that the student has much to learn.

5. Is the presented definition of “pimping” consistent with your personal definition or prior experience?

- Yes
 Have not encountered this term before
 No

5a. If not, what is different with your personal definition or experience?

6. How do you think “pimping” should be employed by faculty?

- Avoid entirely
 Use sparingly
 Use consistently

7. Do you utilize “pimping” in either a clinical or classroom setting?

- Yes
 No

If “YES”:

7a. In what situations have you used “pimping”?

- One-on-one
 Group setting
 Both

7b. Why do you use “pimping” as a teaching method? (Select all that apply)

- Shows that I am in charge of the situation
 Demonstrate your knowledge to the student
 Suppress further questions from the students
 Reinforce teaching points
 Engage students to retain their attention
 Open to broader discussion
 To see if students can recall previous teaching/information
 Other _____

7c. In what environment has this occurred? (Select all that apply)

- Lecture
 Clinical discussion
 During or after a presentation where the student was the speaker
 On rounds
 In front of a patient
 Other: _____

8. Did you encounter “pimping” as a student, intern, or other lower ranking position?

- I was “pimped” in my training
 I was not “pimped” in my training

9. How does the way you were taught influence how you utilize “pimping”?

- Because I was “pimped,” I use this method in my teaching
 Because I was “pimped,” I avoid this method in my teaching
 Because I was not “pimped,” I use this method in my teaching
 Because I was not “pimped,” I avoid this method in my teaching

10. Do you believe “pimping” helps the student RECALL the material better?

- Yes
 No
 I don’t know

11. Do you believe “pimping” helps the student UNDERSTAND and APPLY the material better? (eg, apply knowledge in a case situation)

- Yes
 No
 I don’t know

12. What do you think the downsides to “pimping” are? (Select all that apply)

- Embarrasses the students
 Reinforce that the faculty knows more than the student
 Doesn’t create understanding
 Doesn’t allow for higher order critical thinking
 Squanders student curiosity
 Other(s)

13. What do you think the benefits to “pimping” are? (Select all that apply)

- Reinforce previous learning
 More interactive learning
 Allows prepared student to stand out
 Allows practice in verbalizing information
 Identifies deficits in knowledge
 Other(s): _____

Student Survey

1. What institution do you attend?

- Drake University
 University of Iowa

2. What rotation number are you currently on?

3. What is your gender?

- Male
 Female
 Prefer not to answer

Definition:

“Pimping” is a term that is often applied to teaching by questioning the student on the subject at hand. “Pimping” is sometimes described as being singled out by an instructor for direct questioning. While “pimping” does involve being singled out, it only occurs when a teacher or instructor questions a lower ranked person. “Pimping” may be used by a teacher to facilitate learning for their students, but might also be used to assert power and reinforce hierarchy. Some medical schools discourage “pimping” for the latter reason.

Example:

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4. Is the presented definition of “pimping” consistent with your personal definition or prior experience?

- Yes
 Have not encountered this term before
 No

4a. If not, what is different about your personal experience or description of “pimping”?

5. How do you think “pimping” should be utilized by faculty?

- Avoid entirely
 Use sparingly
 Use consistently

6. Utilizing the definition given, have you personally experienced pimping in a clinical or classroom setting?

- Yes
 No

6a. Who was doing the “pimping”? (Select all that apply)

- Professor
 Pharmacist (faculty)
 Pharmacist (nonfaculty)
 Physician
 Other

6b. In what environment did this occur? (Select all that apply)

- Lecture
 Clinical discussion
 During or after a presentation where the student was the speaker
 On rounds
 In front of a patient
 Other: _____

6c. In what situations have you been “pimped”?

- One-on-one
 Group setting
 Both

6d. Did being “pimped” help you RECALL the material better later?

- Yes
 No
 I don’t know

6e. Did being “pimped” help you UNDERSTAND the material better? (eg. applied to a clinical case, understand the why of the situation?)

- Yes
 No
 I don’t know

6f. Which of the following terms would you use to describe your “pimping” experience? (Select all that apply)

- Humiliating
 Proudful
 Embarrassing
 Challenging
 Unfair
 Necessary
 Stressful
 Enlightening
 Intimidating
 Helpful
 Other: _____

6g. How would you rate your experienced of being “pimped”?

- Very positive
 Slightly positive
 Neither positive nor negative
 Slightly negative
 Very negative

7. What do you think the downsides to “pimping” are? (Select all that apply)

- Embarrasses the students
 Reinforce that the faculty knows more than the student
 Doesn’t create understanding

- Doesn't allow for higher order critical thinking
- Squanders student curiosity
- Other(s): _____

8. What do you think the benefits to "pimping" are? (Select all that apply)

- Reinforce previous learning
- More interactive learning
- Allows prepared students to stand out
- Allows practice in verbalizing information
- Identifies deficits in knowledge
- Other(s): _____

9. In your experience, why do you believe faculty use "pimping" as a teaching strategy? (Select all that apply)

- Shows that they are in charge
- Demonstrates their knowledge to the student
- Suppress further questions from the students
- Reinforce teaching points
- Engage students to retain their attention
- Open to broader discussion
- To see if students can recall previous teaching/information
- Other _____

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