Author’s response to reviews

Title: Pimping: A tradition of gendered disempowerment

Authors:

David Chen (chend4@uw.edu)
Kelsey Priest (priest@ohsu.edu)

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Author’s response to reviews:

TO: BMC Medical Education Editorial Team

FROM: David R. Chen

DATE: April 15, 2019

RE: Response to Revisions MEED-D-18-01035 “Pimping: A tradition of gendered disempowerment”

We thank Reviewer 1 (R1), Reviewer 2 (R2), and Reviewer 3 (R3) for their comments and the opportunity to revise the manuscript. We tracked changes in a copy of the original manuscript. All comments from the reviewers were copied and pasted in text (italics) in this document, with our responses noted in bullet points directly below the comment. We appreciate the careful and useful review and believe that the manuscript was improved and strengthened with these suggested changes.

Ahmed Waqas (R1):

Dear authors,

This is an incredibly written manuscript that draws attention to a very common practice of "pimping" in bed-side teaching. It reads very well, however, I would like to suggest some changes.
a) While describing the origins of the term "pimping", the authors mention the history rightly. They mention its first appearance in medical literature in 1989; however, the first mention is credited to William Harvey in 1628, and was also noted by Flexner as part of his visit to Johns Hopkins in 1916 while he was working on the famous Flexner report. The following reference may prove valuable in revising the present manuscript:


- The history behind pimping concerning William Harvey and Abraham Flexner was actually made up by Frederick Brancati, as is explained in a letter to the editor we reference (Stone B, Lipkowitz S. Pümpfrage redivivus. JAMA. 2009;302(6):626.). We have made the following changes on page 2 to make this clearer: “Pimping is incorrectly referenced as deriving from “Pümpfrage,” which translates to “pump questions” in German, owing to an article published by Brancati in 1989 [5]. In “The Art of Pimping,” Brancati fictitiously attributes pimping’s first usages to historical figures, among them William Harvey, a 17th century physician from London: "They know nothing of Natural Philosophy, these pin-heads. Drunkards, sloths, their bellies filled with Mead and Ale. O that I might see them pimped!" [4].”

- Eric Carlson’s piece is currently cited.

b) Medical pimping is often equated with Socratic method of teaching- authors should further elaborate the differences between these two methods. Socrates inspired the young Athenians to think critically and gain wisdom, and medical pimping, in contrast, promotes a hierarchy, and damages students' self-esteem. Please, see table 1 of:

We made the following change, drawing on table 1 of the above citation, as suggested on page 5:

- Original submission: “The intention of the questions posited by Socrates was to stimulate speculative dialogue; in contrast, pimping questions often warrant pointed, efficient, frequently single word responses.”

- Changed to: “And whereas the intention of the questions posed by Socrates was to stimulate speculative dialogue, pimping questions in medicine serve to reinforce the training hierarchy and evaluate whether the student knows a given fact [12]

c) A high proportion of teaching faculty uses pimping in their teaching and consider it effective. The authors should provide some reasoning for this. Following paper reports some predictors of pimping.


We have added the following to page 5, incorporating the suggested citation: “A study conducted at Johns Hopkins University in the Department of Medicine found that 45% of attendings had a positive attitude toward pimping, whereas only 20% of attendings viewed pimping as effective in their own teaching practice [21]. Why do attendings resort to pimping?”


- We feel this article is similar to McEvoy et al (above) but is less relevant to our manuscript as our intended audience is medical educators as opposed to pharmacy educators; thus, we have not included it in our revision, but appreciate the suggestion.
e) I would also recommend the authors to draw readers' attention to reformed pedagogical techniques that can replace pimping. How should the students be taught?

- As elaborated upon below, we made changes to the following paragraph on page 5 which explores this topic: “The term pimping and the practice of pimping should end. Pimping should be replaced with "a practice of questioning that considers purpose, Socratic principles, and adult learning theories..." [17]. Clinical education ought to be approached as a discipline in its own right, in which clinical faculty seek to achieve competency in pedagogical techniques. For example, the five-step “microskills” model is widely applicable [21], and thoughtful approaches to bedside teaching have been proposed [22]. At our institutions, the term directed questioning signifies a deep exploration of student knowledge with the purpose of locating gaps and boundaries, which we suggest as a replacement for pimping—both as concept and nomenclature.” Thank you for this suggestion.

f) The following editorial in JAMA, mentioned plans to counter negative student experiences in Johns Hopkins. McCarthy CP, McEvoy JW. Pimping in medical education: lacking evidence and under threat. JAMA. 2015 Dec 8;314(22):2347-8. These should be added in the manuscript.

- We appreciate the reference, which we had already included in the following sentence on pages 3-4: “Given the gendered nature of pimping, it is surprising that various articles exploring pimping’s relationship to medical student mistreatment do not acknowledge that women and those of non-binary gender identities may experience the practice differently from men [9–13].” We do not feel the other content of the reference is relevant to our argument.

Scott Wright (Reviewer 2):

Thoughtful perspective presented in this 'debate' article type. Compelling argument. Clearly written and very readable. In medical education, we need to better practically and linguistically. This piece provides guidance along one important front.
Louise Nash (Reviewer 3):

Dear Editor,

I think this is an important and timely topic. As the authors argue, sexual harassment is a serious problem that requires systemic and sustained attention. AND, language matters.

a) This is not a research article nor a literature review. It is an opinion piece, and as such, no method is described. As an opinion piece it could be shorter with tighter arguments, or turned into a letter. If it was to be a literature review, then it requires a different approach.

• As R3 mentions, this article was written as a debate/opinion piece and is not intended to be a comprehensive review of the literature. The topic of our manuscript is complex, necessitating discussion of definitions and historical context. As such, we feel it would lose important content if it were to be shortened.

b) Some readers will not be familiar with the term 'pimping” and others on principle would never use it for the reasons the authors outline. I was not familiar with the history and I don't think the history is necessary in making the key point of the paper.

• Contemporary medical education is informed by the history of the profession. Therefore, we believe that including the history of pimping is an essential component of the manuscript. The false notion that it is an ancient tradition stemming back to Germany and 17th century London minimizes the term’s connection to the colloquial meanings of pimping.

c) Is there any evidence on how widespread the use of the term is? Regardless I agree with the authors conclusion that the term (and behaviour) is inappropriate and language does influence culture and vice versa.

• To our knowledge the best evidence of the extent to which pimping is used is the study done at Johns Hopkins University (McEvoy JW, Shatzer JH, Desai S V, Wright SM. Questioning Style and Pimping in Clinical Education: A Quantitative Score Derived from a Survey of Internal Medicine Teaching Faculty. Teach Learn Med. 2018;1–8.).

• We touch on this issue briefly in the following sentence on page 5: “A study conducted at Johns Hopkins University in the Department of Medicine found that 45% of attendings had a positive attitude toward pimping, whereas only 20% of attendings viewed pimping as effective in their own teaching practice [23].”
d) The article states that Socratic questioning of philosophical inquiry was developed 1400 years before modern medicine - I think they mean 2400.

- We appreciate R3 for catching this error. This has been corrected. Thank you.

e) There is some work on how clinical teaching can be done during usual clinical time eg the "Teaching on the Run Programme" or Tsao C. One-minute preceptor model: Brief Description and Application in Psychiatric Education. Academic Psychiatry July 2010. or Neher Jo et al: A five step "microskills” model of clinical teaching. Ja Ma Board Fam Pract 1992; 5:419-424.

- We appreciate this comment and have added the following on page 5 (also copied above): “Clinical education ought to be approached as a discipline in its own right, in which clinical faculty seek to achieve competency in pedagogical techniques. For example, the five-step “microskills” model is widely applicable [21], and thoughtful approaches to bedside teaching have been proposed [22]. At our institutions, the term directed questioning signifies a deep exploration of student knowledge with the purpose of locating gaps and boundaries, which we suggest as a replacement for pimping—both as concept and nomenclature.”

f) The author's argument that teaching adds additional burden to the busy clinician can be tackled as the authors suggest by learning to teach in a different and efficient, effective way that does not damage the learner nor burden the teacher.

- We believe that we have addressed this in the following statement on page 6: “Therefore, ending pimping will require a renewed dedication to pedagogy at all levels, including institutionally and nationally.”

- The additions made for point e) directly above further speak to this issue.

g) The counter argument to the burden of teaching is the evidence that teaching enriches practice and a diverse career is sustaining. It can actually be one of the antidotes to burnout over time.

- We agree with this suggestion and have added the following on page 6: “We believe that teaching medical students can and should be regarded as a rewarding discipline, both personally and professionally. The honorific title, “doctor,” does mean, after all, “to teach” [25].

h) The arguments around sexual harassment are strong and reference 1 in particular, timely.
Other Changes

- Other changes made for clarity and concision were not tracked. A version of the manuscript with tracked changes can be sent upon request.

Thank you for your time and consideration.

Sincerely,

David Chen