

Understanding Pimping as a Rite of Passage: An Enduring Cultural Practice in Medical Education

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Abstract

Background: Frederick Brancati provides a description of the quintessential experience of “pimping” in his famous article titled *The Art of Pimping* and although the practice of “pimping” is ubiquitous in medical education, few studies have attempted to understand the contrasting experiences between students and faculty or the cultural context in which pimping occurs.

Purpose: To examine the practice of “pimping” within an educational curriculum evaluation as it relates to the experiences of students, residents, and faculty physicians.

Methods: We elicited attitudes about pimping in the curriculum by providing a standardized prompt that consisted solely of Brancati’s article in JAMA 1989. We collected a combination data set from three groups: medical students responded via email; resident physicians and faculty responded through open ended group discussions during regularly scheduled curricular evaluations, which were then recorded and transcribed verbatim. The data was analyzed using four codes derived from midrange social science theory.

Results: Response rates were 75% of students, 70% of residents, and 100% of faculty. We report qualitative exemplars of four themes, separating faculty comments from learner comments in order to highlight the contrasting responses. Our data confirms the understanding of pimping through four fundamental constructs: hierarchy, competence, cultural replication, and relationship centered learning. We also expand the extant data that is used to understand pimping.

Conclusions: We understand “pimping” as a cultural phenomenon using the theory of liminality from Victor Turner. Power relationships within medical practice are re-established as medical students cope with their emerging physicianhood. This study suggests that “pimping” can be understood as cultural replication and liminality (rites of passage) even though medical education typically does not recognize the cultural components of establishing competence.

Practice points

- Pimping is a universal part of clinical medical education
- Pimping is a rite of passage to achieve socially accepted physicianhood
- Pimping includes components of hierarchy, competence, cultural replication and relationship-centered education.
- Pimping should not be understood as personal or individualized, instead it is a necessary part of medical education.

Keywords: Pimping, Medical Education, Rites of Passage, Hierarchy, Competence, Cultural Replication, Liminality

Article

Introduction

“Pimping” is an enduring cultural practice in medical education, yet it is poorly understood and under examined in the medical and social science research literature. Frederick Brancati first described “pimping” in JAMA 1989, which was a tongue-in-cheek commentary on how a new attending physician should establish hierarchy while teaching those who very recently were peers (Brancati, 1989; Detsky, 2009). Brancati then goes on to describe cultural interactions designed to humiliate the learner. We find it astonishing that some colleagues (James Meza, Provenzano, Grucz, & Ali, 2014) and commentaries in the literature (Healy & Yoo, 2014) do not acknowledge the article as a tongue-in-cheek spoof and proceed directly to issues of teaching style (Oh & Reamy, 2014), ethics (Burcher, 2014), politics (Schalk, 2014), patient care (Anderson, 2013), or personal experience (abuse) (Frank, Carrera, Stratton, Bickel, & Nora, 2006; Leape et al., 2012; Nagata-Kobayashi, Maeno, Yoshizu, & Shimbo, 2009), demonstrating the lack of understanding of this construct in medical education; we consider this to be the voice of individuals participating in their own culture (the emic perspective). In contrast to this extant literature, we provide a cultural analysis of pimping (the etic perspective). Our data show a near perfect mapping onto the concept of liminality, a rite of passage by which students transition from medical learners to socially empowered physicians.

Victor Turner, an anthropologist, provides the iconic description of rites of passage and liminality (Turner, 1969). He describes it as a cultural process used to mark major life transitions:

Liminal entities are neither here nor there; they are betwixt and between the positions assigned and arrayed by law, custom, convention, and ceremonial...liminality is frequently likened to death, to being in the womb, to invisibility,...Liminal entities, such as neophytes in initiation or puberty rites, may be represented as possessing nothing. Their behavior is normally passive or humble; they must obey their instructors implicitly, and accept arbitrary punishment without complaint. It is as though they are being reduced or ground down to a uniform condition to be fashioned anew and endowed with additional powers to enable them to cope with their new station in life (Turner, 1969).

We were only able to find one qualitative study that included 11 volunteer fourth year medical students (Wear, Kokinova, Keck-McNulty, & Aultman, 2010). By adding the perspectives of faculty, we report on what is heretofore been completely unexamined. All other published accounts consist of commentary or opinion.

As illustrated by the work of Delese Wear and colleagues: “All students noted the hierarchical nature of pimping...” She further reports, “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... ‘to look it up’.” One of her surprising findings is illustrated by the following statement: “Except for one student, all placed pimping strategies into two opposing styles (i.e., ‘malignant’ and ‘benign’ or merely ‘bad’ and ‘good’ pimping),” indicating conflicting interpretations of this cultural practice (Wear et al., 2010).

Other publications include retelling stories of being pimped during training (Anderson, 2013; Burcher, 2014; Healy & Yoo, 2014; Schalk, 2014), evaluate the pedagogy of pimping versus Socratic questioning (Oh & Reamy, 2014; Schalk, 2014), or express opinions regarding the practice in medical education (Greenberg, 2006).

Once we analyzed our qualitative data using constructs already reported in social science midrange theory (hierarchy, competence, cultural replication, and relationship centered education), we concluded that these descriptors are easily recognized as the theory of liminality proposed by Turner. Because participants cannot see their culture, it is important for teachers to be aware of this phenomenon so that they may explain to their students that pimping is not personal, instead, it is a social practice that students must endure to achieve physicianhood with all of its rights and responsibilities.

Methods

This project was prompted by an episode of pimping that caused an autonomic response and cognitive processing difficulty with a student who reported isolation and avoidance of future learning opportunities.

After receiving multiple email reminders from the Assistant Dean of Student Affairs at the medical school regarding policies and procedures for monitoring appropriate treatment of medical students, we undertook a quality improvement project to evaluate curricular compliance. This curricular assessment was undertaken to ensure students were being treated appropriately during educational activities and the curriculum was in compliance with policies and procedures.

Disparate perspectives between faculty and students co-exist because so little is known about pimping in medical education. We purposefully included this in our assessment. We agree with Wear et al. that a qualitative methodology for this quality improvement project is appropriate because of the dearth of conceptual and empirical data on the subject of “pimping.”

Data acquisition

We performed two focus groups, one with resident physicians and another with faculty physicians. To gain the student perspective, we conducted an email survey because medical students are geographically dispersed during clinical rotations. For all three groups, the JAMA 1989 Brancati article (Brancati, 1989) was used as a standardized, open ended prompt to solicit unfiltered responses. Because different respondents understand the topic in such diverse ways, we chose the defining piece of medical literature to elicit thoughts, attitudes, and personal experiences attributed to this topic, allowing conflicting statements and values to emerge spontaneously. Responses during the focus groups were recorded and transcribed in a confidential fashion and all names were omitted from any document generated for analysis.

Analysis

The analysis of this qualitative data was coded using themes derived from midrange theory adapted from predominantly social science literature. They include hierarchy, competence, and cultural replication. We also added Wear’s description of the relationship context of pimping on rounds.

Hierarchy: Brancati uses hierarchy as part of the definition of “pimping,” stating: “Pimping welds the hierarchy of academics in place, so the edifice of medicine may be erected securely, generation upon generation,” (Brancati, 1989). Other commentators also point out the importance of hierarchy (Oh & Reamy, 2014; Schalk, 2014; Wear et al., 2010). Our previous work demonstrated that hierarchy is essential to medical education because competence must always be bestowed by someone more senior and can never be claimed by someone more junior (J Meza & Rohn, 2007). This finding bridges hierarchy to the second major theme, competence.

Competence: In her ethnography, *American Medicine: The Quest for Competence*, Mary-Jo Delvecchio Good claims competence is the dominant value in American medicine (Good, 1998). She demonstrates this in three populations, one of which was medical students experiencing the new curriculum at Harvard medical school referred to as the “New Pathway.” She reports that cultural performance by medical students on rounds was the marker recognized by superiors in the hierarchy as competence. She goes on to state, “Professional competence is thus subject to ...competing philosophies concerning standards of practice and care, and ultimately to power relationships within the profession,” (Good, 1998).

Cultural replication is integrally associated with hierarchy and competence as part of Brancati’s original definition, “...so the edifice of medicine may be erected securely, generation upon generation,” (Brancati, 1989). From a broader perspective Pierre Bourdieu and Jean-Claude Passeron claim that both professors and students participate in cultural replication completely unaware of the process as it occurs: “...in this sense, recognition of PA [pedagogical authority] can never be completely reduced to a psychological act, still less to conscious acquiescence, as is attested by the fact that it is never more total than when totally unconscious,” (Bourdieu & Passeron, 1990). He goes on to say, “Because every PA [pedagogical action] that is exerted commands by definition PAu [pedagogical authority], the pedagogic receivers are disposed from the outset to recognize the legitimacy of the information transmitted and the pedagogical authority of the pedagogic transmitters, hence to receive and internalize the message,” (Bourdieu & Passeron, 1990).

Relationship centered education is a code based on Wear’s data presented above.

Using the above codes, transcripts from each of the open facilitated discussions were entered into Atlas Ti v6.2 as primary documents. The entire data set was analyzed with queries using the above codes to

summarize the data in aggregated topical format.

Results

Response Rates

Nine of twelve students responded with comments for a 75% response rate. During scheduled curriculum evaluation, we recorded an hour-long open-ended facilitated discussion relating resident experiences to experiences of pimping. The average attendance at these Wednesday morning conferences is approximately 15 residents. During a faculty retreat, a one-hour session was added to the agenda for an open-ended facilitated discussion exploring pimping in the curriculum. All ten faculty members present participated.

General comments by learners

In response to Brancati's article, it was notable that all nine students and all resident physicians acknowledged being pipped, most eloquently demonstrated by the following statement. "Omg pimping article is perfect. Surgery is nonstop pimpjuice--unanswerable is the perfect way to describe it. One time i [*sic*] got a ridiculous one right. Then i [*sic*] had to endure ten minutes of making sure I knew I was dumb even though i [*sic*] got one right"

Earlier we noted that some attending physicians didn't recognize the tongue in cheek nature of Brancati's article. The following example demonstrates that students can have the same response, exemplifying Bourdieu and Passeron's claim noted above. "OMG I hated the article. It was horrible and I didn't appreciate the fact that someone was trying to teach others how to belittle the interns and students. We're already nervous as it is and make mistakes that are normal for our academic level but add on top of that someone who just wants to embarrass us and not add to our learning."

Exemplar of Hierarchy

Notable is the absence in the data set of hierarchy from the faculty discussion. Students, however, were able to recognize it easily. Although we analyzed the data for codes defined above, we have found multiple examples where they were inter-related. Consider the following statement by the student, which demonstrates the connection between hierarchy and cultural replication.

If the intern needs to be knocked down a few notches because of something they did wrong or being arrogant than by all means do it. If we will somehow learn something important than by all means to it. But if you are just beating someone down because they are lower than you in the hierarchy, that sucks and you are a jerk. No jerk attending will deserve respect from me (but they will probably still get it because its the right thing for me to do).

Exemplars of Competence

Both students and faculty discussed competence.

From a students [*sic*] perspective I think the art of pimping should assess the student's knowledge, highlight important concepts, but also leave the student's confidence intact. Constructive pimping...if you will.

I find it useful when an attending or resident pimps me on information that I really should know, information that is at the level of the 3rd yr medical student. When I get the question correct, it builds my confidence and makes me remember the info even better. When I get it wrong I feel ashamed but determined to learn it, and then I remember the info forever.

As noted above, hierarchy was absent from faculty comments, but equally as interesting is that competence dominated the entire discussion as indicated by the multiple quotations below. We believe this is one of the important findings of this study.

To know if a resident is good or not, I have to ask questions depending on his year or level. I think its

patient safety. A non competent [*sic*] resident can cause harm to a patient which reflects on faculty.

Some residents are good in test taking and to really know practical knowledge you have to ask questions.

Some times during rounds, good residents like Mary [pseudonym] or Bradley [pseudonym] keep talking, but there may be a quite [*sic*] resident in back who looks unengaged... If I don't ask a question or push him, he can just slide through. I won't know if he is good, bad, or just ok...

They need to demonstrate competency both verbally as well as written.

Exemplars of Cultural Replication

Note how the following student comment demonstrates the tension between individual desires and cultural norms.

But if you are just beating someone down because they are lower than you in the hierarchy, that sucks and you are a jerk. No jerk attending will deserve respect from me (but they will probably still get it because its the right thing for me to do).

Faculty physicians naturally perceive their current teaching style in the context of how they were taught.

It may be a benefit if you are trained harsh and you do the same to students because you had the same thing and you know only that... May be this makes a better teacher

I also had a horrible experience once in residency in front of all residents and students. It does make you reflect on your future interactions with trainees. Either you do the same because it happened to you... In my case I try not to do that because I know how much it did hurt. But for some people it works.

Exemplars of Relationship Centered Education

Wear, et al described both malignant pimping and "good pimping," which was a common feature, which we confirmed in our data. Students recognize the perceived intent of the attending affected the learning environment.

I enjoy getting pimped when the doc is someone I respect and get along with. It's certainly far better than being ignored. I view it as a rite of passage and a price of admission for coming into the OR... If the doctor was someone I didn't like, I might have taken offense. But since it is someone I get along with, I had no problem struggling, getting it wrong and moving on. It just reminds you to be humble and thick-skinned and to always continue learning.

When I am pimped on information that I was never responsible for learning, I am embarrassed and my confidence is destroyed. If the attending next asks me a simple question to which I actually do know the answer, I will likely get it wrong regardless due to my discouragement.

Students are aware of the range of teaching styles as demonstrated by the following comment:

I feel like the style of pimping you receive is luck of the draw, each attending has their own way of asking question and determining if the answer is correct. (I had this one doc [*sic*] in peds [*sic*] who would correct your response no matter how you replied) But, I think physicians are more or less a cross section of the whole population and you get a complete range of personalities and teaching styles.

These faculty comments speak loudly about faculty-learner relationships but also foreshadow

competence, demonstrating a recurrent theme that these constructs are tightly inter-related.

I don't care if they feel intimidated as long as my goal is patient safety. That person is responsible for the patient's well-being and safety. It is important and they need to know the answer.

There are some things that they need to know, they need to know and I make sure they know whether they like it or not.

These data confirm our choice of fundamental constructs within the cultural practice of pimping. We also confirm Wear's data, which is the only prior documented empiric assessment of "pimping". These results expand the amount of qualitative data available to understand this educational phenomenon.

Discussion

The unifying social science theory that incorporates cultural replication, hierarchy and competence can be found in Victor Turner's discussion of rites of passage and liminality (Turner, 1969). He describes this as a cultural process used to mark major life transitions. A perceptive student referenced "rite of passage" when he said: "I enjoy getting pimped when the doc is someone I respect and get along with. It's certainly far better than being ignored. I view it as a rite of passage and a price of admission."

The descriptions of pimping map well onto the description of liminality as described by the anthropologist Paul Stoller:

Liminality is part of "rites of passage"... People in liminal states tend to be humble. They usually do what they are told to do—often without complaint. They accept regimens of pain. They are reduced to a common denominator so that they might be reconstructed... During initiation they receive specialized training... During this period of liminal training, groups of initiates... are often isolated in sacred spaces reserved for the learning of important and powerful secrets (Stoller, 2004).

Additional powers that enable medical students to cope with their impending station in life as practitioners and the learning of important and powerful secrets re-establishes power relationships within medical practice as the initiates are fashioned anew as full practitioners of the medical arts and sciences. DelVecchio-Good refers to this transition in the following way:

This analytic perspective has equal relevance for understanding relations of power in the every worlds of clinical practice and medical education and for interpreting how the profession produces and reproduces the meanings of physician competence through its diverse voices... focuses the analysis on the different ways cultural authority over the production and meaning of professional competence is maintained ... discourse on competence weave through each of the three ethnographic parts of this book, revealing transformations in relations of power and in the culture of medicine (Good, 1998).

Although not part of the classical definition, rites of passage and liminality, include components of cultural replication, hierarchy and competence. The hierarchy is going from childhood to adulthood or medical student to licensed physician. Competence is implied when the initiate returns with powerful knowledge and skills similar to ensuring fully functional adult members of society, which is a form of cultural replication. We believe rites of passage and liminality are useful heuristics to understand the cultural phenomenon of pimping, even though medical education does not recognize it as such.

Because of the psychological-perspective bias in reporting our own culture, medical educators focus on the teacher-student relationship. As the student above noted, "...But I think physicians are more or less a cross section of the whole population and you get a complete range of personalities and teaching styles..." Thus, from a cultural perspective "good pimping" and "bad pimping" represent a false distinction.

Conclusion

Our initial concern was compliance with policies and procedures related to student experiences. Our analysis has increased our tolerance for students reporting uncomfortable situations—it is a part of becoming a doctor, a rite of passage. Although still cognizant of protecting learners from unsafe social situations, we plan no further curricular change or intervention. Our investigation made us realize that as medical educators it is imperative that both clinical teachers and students recognize that we all participate in this socio-cultural practice and that it is not individualized. Although it is tempting to judge behaviors through an interpersonal, ethical or educational dynamic, our anthropological analysis avoids such ethnocentric judgments and instead reports these perspectives as a necessary part of effective medical education.

Practice points

- Pimping is a universal part of clinical medical education
- Pimping is a rite of passage to achieve socially accepted physicianhood
- Pimping includes components of hierarchy, competence, cultural replication and relationship-centered education.
- Pimping should not be understood as personal or individualized, instead it is a necessary part of medical education

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Glossary

- Pimping - Purposefully establishing hierarchy during clinical rounds by asking unanswerable questions in rapid succession.
- Cultural replication – Power structures and culture are reproduced on an ongoing basis, maintaining social structure.
- Liminality – A social space “betwixt and between” two recognized social roles; a place of anti-structure.

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