

## A PIECE OF MY MIND

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## Pimping Socrates

**"What's the differential diagnosis of syncope?"** the resident asked me, a third-year medical student, after I was introduced to him by the interns. He had just heard about our latest admission.

I'd anticipated this question. "We can divide causes of syncope into cardiogenic and neurogenic categories. ..." I spoke until the resident interrupted me.

"And for our patient?"

I admired this resident's insistence on a method of questioning medical students that many residents and attending physicians had abandoned. His questions continued until the interns looked on me with concern and glared disapprovingly at the resident who was "pimping" his medical student.

In 1989, Brancati<sup>1</sup> defined pimping as "whenever an attending poses a series of very difficult questions to an intern or student." Brancati traced the noble history of pimping back to Harvey, Koch, and Osler, noting that, "On the surface, the aim of pimping appears to be Socratic instruction. The deeper motivation, however, is political. ... In the heat of the pimp, the young intern is hammered and wrought into the framework of the ward team." Brancati's discussion of the term shows that despite its modern sexual connotations, "pimp" is likely a byform of "pump," which the *Oxford English Dictionary* defines, in part, as "to ply with questions, to force information from someone by questioning." In a 2009 reflection on such questioning, Detsky<sup>2</sup> asserted that "Pimping is indeed alive and well within academic medicine for several reasons," including the fact that, "Faculty still ... use interactive methods that somewhat resemble Socratic techniques." Detsky noted that while pimping still accomplishes its historical goal of "reinforcing the teacher's position of power," the "more modern perspective is that the purpose of pimping is to increase retention of the key teaching points by being provocative." Detsky wrote the article with the stated intention of helping the practice of pimping to "flourish."

Perhaps regretting the flying sparks and ringing questions that characterized his initial attempt to forge the students' connection with the team, our resident asked if we would like coffee, his treat. He was eager to teach, although he seemed unsure of how to teach us; his first effort was labeled by the interns as "pimping"—which, he later shared with me, his superiors had forbidden.

Intervening study throughout my medical education means that as a third-year medical student, I am the same age as many of the second-year residents. Perhaps it was our status as peers in age, if not in level of training, that led many residents to confide in me that they hesitate to question medical students, whom they fear will report them to superiors for pimping. Such was the disclosure made to me a few days after our discus-

sion of syncope, when this resident asked me another series of questions before interrupting himself this time:

"I'm sorry. I shouldn't ask you questions like this. I should be teaching you," he said.

"You are," I replied.

He looked relieved. "I hate using that awful word 'pimping.' I prefer to call the questioning and answering 'the Socratic method.'"

I've taught elementary, middle, high school, college, and continuing education students, and I know that questioning students is one way of teaching them. I wondered how this resident could use "the Socratic method" as a synonym for "pimping" as Brancati defined it. Is pimping really the Socratic method, as the resident, Brancati, and Detsky all considered it to be?

Much of my aforementioned intervening study has been course work related to my PhD in ancient history, under the auspices of the Harvard Department of the Classics. Having read Plato, I wondered if his Socrates really could be said to have a method and, if so, how such a method might relate to medical education. In his introduction to *Does Socrates Have a Method?* editor Scott<sup>3</sup> writes:

*Nowadays ... "Socratic method" has come to mean any pedagogy conducted through question and answer. ... Yet despite frequent reference to an activity called "the Socratic method" ... scholars disagree even about whether Plato's Socrates has a method, that is, whether he can be said even to possess a single, unified procedure for interrogating and arguing, much less one that is proprietary to him or of which he is the originator. There is further disagreement, among those who believe that Plato's Socrates does have some kind of method, about precisely what best characterizes what it is that he does.*

Vlastos<sup>4</sup> offered the phrase "the Socratic elenchus" to name how Socrates philosophizes in Plato's dialogues; yet other scholars argue that Vlastos' assertions limit themselves only to certain platonic texts. Furthermore, it is unclear if "the elenchus" describes a process or a result: does it mean "to put to the test," "to put to the proof," "to cross-examine," "to indicate," "to shame," "to refute," "to prove"?<sup>3</sup> Is Plato's Socrates testing an individual's beliefs, arguments, or character? Can Socrates' activities with his interlocutors be called "teaching"?

Answers to such questions are—as is often the case in analyses of purpose and meaning in the works of Plato—multidimensional. Plato's Socrates, for a variety of sociopolitical reasons, explicitly says that he is not a teacher (*didaskalos*). Yet Socrates still instructs those around him: he seeks

*to evoke something unique and quite personal within his interlocutors rather than to implant his own ideas in them. ... Socratic education is based on the principle that*

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both the teacher and the student harbor knowledge as well as ignorance within themselves. ... [T]he teacher can appeal to the knowledge buried within the student, striking a chord in him or her and causing a bond to be forged between them.<sup>5</sup>

With this understanding of how Socrates "teaches," Scott<sup>5</sup> presents an eloquent explanation of "the Socratic method":

*Socrates does not seem to regard himself as having a single, overarching method, if method means a set of techniques or predetermined procedures that can be uniformly applied with any and every interlocutor. ... Since the most important questions Socrates puts to his interlocutors always seem to refer back to their character, his method cannot be invariable. ... Socrates' educational strategy would be a bad one if it could not respond to the unique tendencies of each interlocutor.*

Perhaps difficulties in characterizing precisely "the Socratic method" lie in its adaptability to the individual seeker of knowledge.

The idea of "important questions" referring back to interlocutors' individual characters might sound quite modern, if it were not so ancient. In the introduction to a series of articles celebrating the 100th anniversary of the Flexner report, the authors note that "within 15 years after issuing his report, Flexner had come to believe that the medical curriculum overweighted the scientific aspects of medicine to the exclusion of the social and humanistic aspects. ... He undoubtedly would be disappointed to see the extent to which this critique still holds true."<sup>6</sup> In their call for a second revolution in medical education, the authors write that medical education should be built on graded standards, and with opportunities for learners to work to attain one competency before moving to the next phase. Standardized patient examinations, simulations, and self-assessments, they propose, will facilitate this method of learning; but the cornerstone of this new educational edifice must be teaching, buttressed by the "long-term preceptorships or apprenticeships" that promote the kinds of didactic relationships that allow for an instructor's response to the unique tendencies of each interlocutor. Medical education, a subject of endless debate and unceasing reform, has not possessed such salience since the publication of the Flexner report: nearly two dozen medical schools have opened or will soon open in the United States, in contrast to the single medical school that opened between 1980 and 2000.<sup>7</sup>

"The Socratic method" is not a crumbling remnant of an ancient concept but a living monument that is an enduring call to individualized teaching. Teaching in medicine is not always financially rewarding, generally does not increase one's publication record,

and increases a workload that is already draining for house staff and attending physicians. As has been described in a recent *New Yorker* article about medical educators, teaching is "a pure give."<sup>8</sup> But I would suggest that in an era of "individualized medicine," in which physicians are called to view their patients as people, with individual life stories, strengths, pathologies, genetics, and problems, students and house staff might also be viewed as people, with individual life stories, strengths, pathologies, genetics, and problems. While the management of diabetes might be, broadly, the same—we strive for a hemoglobin A<sub>1c</sub> level below 7%—the way in which glucose control is achieved for the individual patient varies. Likewise, while all medical students should be expected to know the biomolecular basis, clinical manifestations, and treatment of diabetes, the way in which this information is internalized by the individual learner varies. The same *New Yorker* article in which medical teaching is called "a pure give" noted that a particular physician revered for his unassuming, expansive, and ever-relevant clinical acumen is a great and "distinctive" teacher because "he is always nice."<sup>7</sup>

Of all the residents from whom I have been privileged to learn, the one who taught me about causes of syncope possessed particular skill in teaching me how to think. I like to believe this is, in part, because he had read Plato—among other authors—in the original Greek (a fact I learned after the rotation had concluded), though I do not think that knowledge of Latin and Greek is necessary for one to be an outstanding educator. The resident used his skills as a clinician, a teacher, and a human being to note how I responded to his instruction. This did not require of him that he stay later at the hospital (though he often did), spend less time with patients, or compromise the care he provided; it did require that he view individuals as people instead of as problems. Just as he saw patients as "Ms S" and not as "the patient with orthostatic hypotension," he saw medical students as "Katherine" and not as "the student who answered the syncope question." He asked me, "How do you do a focused neurological exam?" instead of saying, "This is how I do a focused neurological exam." He encouraged my strengths and respectfully strengthened my weaknesses. He sought to understand how I approached a patient and ensured that his suggestions for improvement were not to make me more like him, but to make me the most thorough physician I could be.

I wonder: What would Plato's Socrates have thought of his dynamic process of dialogue and argument being labeled, millennia later, as "pimping"? I like to imagine that he would, in full knowledge of his interlocutor's goals, tendencies, strengths, and fallibilities, begin his explanation with a sincere and purposeful question: *What do you think about calling this process "pimping"?*

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