

UNIVERSITY OF WASHINGTON

UW Medicine

Third Year Clerkship Orientation Guide for Faculty

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Section 1. What is the Purpose of this Guide?

- To orient faculty at clerkship sites for 3rd year student rotation
- To provide materials to help you
 - Orient students, teachers and staff
 - Incorporate students and teach in a busy practice setting
 - Evaluate students and provide effective feedback.

Section 2. Why Teach?

- I enjoy sharing my knowledge and learning from my students
- I want the next generation of physicians to understand community practice
- I want to feel less isolated from the medical school
- Our patients value our association with the medical school
- I want to give back to medicine
- I may want to hire a graduate
- Students keep me sharp “Why I do things the way I do them”
- Interacting with students gives me a renewed sense of value and commitment to the care of my patients.

(What are some of your reasons?)

Section 3. What Do Students Want?

To learn and advance clinical skills and professionalism through:

- “Real World” experience
- Seeing and experiencing various practice styles
- Time with physicians
- Active involvement in patient care (not shadowing)
- Opportunities to learn how to practice independently
- Specific and timely feedback on how to improve their performance.

Section 4: Reasonable Teaching Goals

I want my students to learn:

- How to build rapport and communicate with patients
- The social, financial and ethical aspects of care
- The natural history of disease

- Clinical thinking and problem solving skills
- How and when to work effectively with others on the health care team—specialist physicians, the patients’ primary care physician, physician assistants, nurse practitioners, nurses, therapists, social workers.

Section 5: Preparing for Students ⁽¹⁾

For Site Before the Student Arrives:

a. Four to Six Weeks Prior:

- Prime staff for having a student in clinic: As appointments are made during the timeframe student will be in clinic, have staff advise patients, “Dr. will have a third year UW SOM student working with him/her when you have your appointment. You will have the opportunity to see both of them and contribute to the training of future physicians.”
- Consider a “wave” schedule or double-book schedule, depending on the number of students you have, so that you and the student can see patients simultaneously (see Appendix E: Sample WAVE Schedule). With this format, the student sees a patient while the physician sees a patient, and then the physician sees the student’s patient with the student.
- Block an hour in your schedule, if needed, for orienting the student.
- Consider blocking a slot or two in your schedule for mid and end of clerkship feedback.

b. Two Weeks Prior (See Appendix A: Two Weeks Before the Student Arrives):

- Obtain and review course syllabus from UW or Department or both
- Review learning goals and clerkship requirements, such as e-learning cases provided by the course chair or site director
- Review evaluation forms
- Review any suggested course material students are expected to have
- Prepare orientation documents
 - Prepare a description of your clinic—who’s who: front desk, staff, faculty
 - Information about dress code, hours/days, address, phone numbers, emergency contact, computer system access
 - Where is the hospital/clinic/other important locations?
 - Parking
 - Lunch storage
 - Work area secure?
 - Clarify days and hours student is expected to be at the office, including call (nights, weekends), holidays. Make sure this is consistent with required clerkship policy
 - Orient student to your work style and practice style. Be clear about your expectations. Confirm your expectations are in line with the clerkship’s goals.
 - EHR orientation with staff member and provider

- Staff member to give student a tour including exam room set up work areas.
- Schedule time at the mid point and at end of the rotation for formal student evaluation and feedback.

c. One Week Prior (See Appendix B: One Week Before the Student Arrives)

- Notify staff and partners of student's arrival
- Tell staff your expectations of student's role, including schedule and patients
- Review with front desk staff how he or she will explain student role to patients. For example, we have our nursing staff, not the front desk, discuss the fact that patients will be seen by Dr. Erickson's student prior to Dr. Erickson seeing them: "You will be seen by Dr Erickson's student first and then Dr. Erickson will be in to see you with the student, is that ok?" vs. "Do you want to be seen by the student?" as the nurse rolls her eyes, which often results in a no. You can set the expectation that you have a teaching practice. Your nurse can be a key player in that process.
- If paper charting, gather any forms student will be using such as lab slips, and have a packet for student to review
- If electronic medical record, plan how student will be incorporated into use of EMR
 - Discuss Medicare documentation guidelines: PFMSH and ROS is all that can be entered into the medical record.
- Contact student to arrange time and location for orientation.

d. Arrival Day (See Appendix C: Day of Arrival Orientation Checklist)

- Orient the student: It's very important to get off to a good start with students.
 - To help guide your orientation, see Appendix D: Orienting and Learning About the Student Through the Use of GLEAM (**G**oals, **L**earning, **E**xperience, **A**ctivities, **M**ore).
 - What are their goals for the rotation? Their career goals?
 - How do they learn most effectively? How do they like to receive feedback?
 - What clerkships have they had? Any other relevant prior experience?
 - What are experiences they may enjoy: home visits, hospice, other?
 - Review scheduling
- Introduce yourself and briefly give your background. Clarify how you will teach. Options include on the fly, formal didactics, such as an in-depth case review or topic discussion, and attendance at hospital conferences.

Section 6: Scheduling and Preparing your Patients (See Appendix G: When the Patient Arrives Checklist) ⁽¹⁾

For each patient with whom the student will interact:

- Introduce the student, clarify acceptance of student in patient care setting
- Ask the student to give his/her patient presentation to you in the room with the patient. Advantages include:
 - More time spent with patient
 - Engages the patient
 - Patients enjoy this
 - Builds student confidence
 - Explain this is like on TV “real life teaching”
 - Make the patient realize that they are integral to the teaching interaction with the student
- Ask patient to provide feedback to student at the end of the visit while you are in the room.

Section 7: Teaching

a. Six Characteristics of Great Teachers

1. Knowledgeable
 - a. Regular and instructive feedback (There is data that this is the second most important characteristic recognized by students and residents as indicating a great teacher.)
2. Communicate expectations
3. Show enthusiasm, inspire
4. Skillful interactions with patients
5. Involve students in learning
6. Supportive role models

This is not hard! (And we have included key teaching resources to help.)

b. Three Teaching Tools

1. The One Minute Preceptor (AKA The 5 Microskills of Teaching) ^(2, 3) The One Minute Preceptor consists of 3 steps: 1) diagnosing learner understanding, 2) teaching general rules and 3) providing feedback. Using The One Minute Preceptor allows you to teach more effectively in time-limited clinical settings and teaches learners to more accurately calibrate their self-assessments by comparing theirs with yours. It consists of 5 “Microskills.” (See Appendix H: Summary of the Learning Experience and Appendix I: The One-Minute Preceptor into Teaching.)

2. Active Observation ⁽⁴⁾ is more than a passive shadowing activity. You make it active by 1) “priming” the learner by describing why you want your learner to observe you, 2) focusing the learner’s attention by describing what you want them to observe, 3) providing an opportunity to reflect and review when the observation is completed and 4) if appropriate, following up with an opportunity for the learner to practice (see Appendix J: Active Observation).

3. Using Questions to Teach (updated Socratic method)⁽⁵⁾

Asking questions is a good way to plan your teaching because it gives you insight into the limits of your student's understanding. But from the learner's perspective being asked questions is often anxiety provoking, especially if they believe they need to be right all the time. To reduce learner anxiety, explain that:

- Questioning will be a routine part of your time together because it helps you to do a better job of teaching.
- You expect your learner to work with you to plan readings and follow-up educational activities based on knowledge gaps and/or interests that become apparent.

As teachers we tend to ask questions in the "knowledge" category 80% to 90% of the time.⁽⁵⁾ But over-reliance on these types of questions doesn't help to uncover students' ability to apply their knowledge in the clinic. For some other types of question to use to help your student learn, see Appendix K: Using Questions to Teach.

Section 8: Formative Assessment and Feedback

a. Nine Ways to Assess Students

- Student self-evaluations
- Observe them with patients, at least once per day
- Read their notes
- Ask questions
- Formal oral Case Presentation
- Use The One Minute Preceptor to probe understanding
- “Homework” – ask students to look up a topic and report back
- 360 degree evaluation: Gather feedback from staff, patients, families
- Patient comments

One popular system is Ask-Tell-Ask (See Appendix L: Summary of Feedback Skills and Feedback Using ASK-TELL-ASK Approach)

- Ask student how they think they did
- Tell what you observed
- Ask how to improve next time

b. Feedback—Helpful Tips

- Set expectations for routine feedback
- Make feedback timely but don't embarrass student in front of others—find right time and place
- Ask permission to give feedback, and label feedback as such: “I am giving you feedback now...I have just given you feedback.”
- Get the student's perspective. Ask student to self-assess first as this provides an easy entry point for constructive comments. You can also determine the degree of self-reflectiveness and awareness the student has, which can help you shape your comments.
 1. What was right
 2. What could improve
 3. Plan for next time
- Make it specific, i.e., “You conveyed a good understanding of X ” vs. “Good job”
- Focus on behaviors (“You didn't make eye contact with the patient,” vs. “You seemed uninterested in the patient”)
- Limit feedback to 1-2 points
- Set up a reminder system to meet with students; it's easy to skip
- Review the evaluation form with the student at beginning of rotation so they are familiar with it. (See Appendix M: Student Evaluation Forms.)

Section 9: Making Students' Experiences More Enjoyable

- Consider inviting the student to your home for dinner one evening. Remember it can be lonely to be away from friends and family for four to six weeks, especially if there are no other students at the site.
- Provide orientation materials for the student about you and your colleagues and brief descriptions of activities and resources in the geographic area, such as parks, museums, and other unique aspects.

Section 10: Three Things You Pledge to Do

1. Orient the student
2. Teach with enthusiasm
3. Provide feedback at a mid-point and at the end

A student should NOT be surprised by a final evaluation of their work.

Section 11: Resources for Faculty

1. Library orientation: <http://libguides.hsl.washington.edu/newfaculty>
2. Faculty development website (currently you need a UWNEDID to access this intranet site):
<https://depts.washington.edu/uwsom/faculty-development/home>
3. BIME Website: <http://bhi.washington.edu/bime/>
4. Links to CLIPP, SiMPLE and FMcases: <http://www.med-u.org/>
5. Visit your department at website for more details.

"Thank you for helping prepare tomorrow's physicians!"

Section 12: Appendices: Forms and Checklists for Faculty, Staff and Patients

I: Preparation Check Lists for Faculty, Staff and Patients:

Appendix A: Two Weeks Before the Student Arrives

Appendix B: One Week Before the Student Arrives

Appendix C: Day of Arrival Orientation Checklist

Appendix D: Orienting and Learning About the Student Through the Use of GLEAM

Appendix E: Sample WAVE Schedule

Appendix F: Welcome our Medical Student Template

Appendix G: When the Patient Arrives Checklist

II: Teaching and Feedback Tools:

Appendix H: Summary of the Learning Experience

Appendix I: The One-Minute Preceptor into Teaching (AKA The 5 Microskills of Teaching)

Appendix J: Active Observation

Appendix K: Using Questions to Teach

Appendix L: Summary of Feedback Skills and Feedback Using ASK-TELL-ASK Approach

I: Preparation Check Lists for Faculty, Staff and Patients * (1)

Appendix A: Two Weeks Before the Student Arrives

- Review the institution's learning goals and objectives and any course syllabus
- Review the institution's orientation materials
- Review the student's information and prepare flyer for office, staff and patients, post in waiting room as well. See Appendix F: Welcome our Medical Student Template. (This can be provided by Academic Affairs, students can prepare these at beginning of 3rd year.)
- Have a reliable number for the institution's contact person in case of problems
- Have staff confirm the dates and times of the instruction in your office with the sponsoring institution
- Send any information the learner should know about the practice to the sponsoring institution
- Send any information the learner should know about the practice to the sponsoring institution for distribution to the learner
- Schedule an hour for orientation for the learner
- Schedule time at the mid point and at the end of the experience for learner evaluation and feedback
- Consider making a brochure or handout for patients about the learner
- Consider altering your schedule for the precepting experience (see Appendix E: Sample WAVE Schedule)
- Consider making a brochure about your practice, if you do not already have one, that can be shared with students.

* Adapted from "Teaching in Your Office: A Guide to Instructing Medical Students and Residents"

Appendix B: One Week Before the Student Arrives *

- Remind staff and partners of the impending arrival of the learner
- Distribute copy of the learner's application or personal information (if available) to staff and partners
- Brief the staff on the learner's responsibilities and their role with the learner
- Coach the staff on how to present the learner to patients
- Identify a parking place for the learner
- Identify a workspace for the learner
- Equip workspace with needed references, paper and writing utensils
- Gather forms (e.g., laboratory, physical therapy, radiology, consultation) for learner orientation
- Generate list of staff, their office locations, and a short description of their responsibilities (save in file)
- Make copies of patient notices about the learner for reception area
- Make a list of what to cover during learner orientation
- If the learner will use electronic medical record and/or dictate notes, prepare instructions (save in file)

* Adapted from "Teaching in Your Office: A Guide to Instructing Medical Students and Residents"

Appendix C: Day of Arrival Orientation Checklist*

Consider using the GLEAM tool for orientation (see Appendix D: Orienting and Learning About the Student Through the Use of GLEAM).

- Post notices in the reception area about the learner
- Have the receptionist inform patients about the learner
- Review with the learner the institution's learning goals and objectives
- Review the learner's expectation for the experience
- Review your expectation for the experience
- Consider signing a learning contract with learner
- Review working hours and days off
- Review potential schedule conflicts and attempt to resolve them
- Review how to contact office in case of personal emergency or unanticipated schedule conflict
- Review office rules and polices (e.g., parking, dress code, meals, telephone and computer use)
- Orient the learner to his or her personal workspace
- Review contents of examination room and where equipment, supplies, and forms are located
- Introduce learner to staff (including their responsibilities) and to partners
- Review when and how teaching will occur
- Review when and how feedback will be provided
- Review how much time should be spent with patients
- Review what parts of examination should and should not be done in your absence
- Review how to organize the learner's time with the patient and you
- Review how you want patients presented to you
- Review how you want notes written or dictated
- Review which clinical tests are performed in the office
- Review how to schedule a consultation
- Review how to schedule a follow-up appointment
- Review where to retrieve patient education materials
- Review how to retrieve test results
- Review how to request a patient chart
- Review when the final evaluation will take place
- Review how to handle an office emergency (e.g., cardiac arrest)

* Adapted from "Teaching in Your Office: A Guide to Instructing Medical Students and Residents"

Appendix D: Orienting and Learning About the Student Through the Use of GLEAM*

G = Goals

- *“What are your goals and expectations for this rotation?”*
- *“What are your career goals?”*

L = Learning

- *“How do you learn most effectively?”*
- *“How do you like to receive feedback?”*

E = Experience

- *“What clerkships have you completed?”*
- *“What challenges have you had?”*
- *“What positive experiences have you had?”*

A = Activities

- *“What activities are you involved in outside of medicine?”*
- *“What kind of support system do you have?”*
- *“What other obligations or responsibilities do you have?”*

M = More

* Developed by Rick Arnold, Kim O'Connor, Genevieve Pagalilauan, Michelle Terry, Raye Maestes, and, Kelly Edwards, University of Washington School of Medicine

Appendix E: Sample WAVE schedule

Time	Appointments	Physician	Student
0830		Daily plan meeting	
0900	Patient A Patient B	Patient A	Patient B
0915	Patient C	Patient C	
0930		Patient B together	
0945	Patient D Patient E	Patient D	Patient E
1000	Patient F	Patient F	
1015		Patient E together	
1030	Patient G Patient H	Patient G	Patient H
1045		Patient H together	
1100	Patient I	Observe student with Patient I	Patient I
1115		Patient I together	
1130	Patient J Patient K	Patient J	Patient K
1145	Patient L	Patient L	
1200		Patient K together	
1215		Lunch	Lunch
1230			
1245			
1300-1645	Patients M-Z	Patients M-Z	Community Project
1600		Debrief	

Appendix F: Welcome our Medical Student Template

Name: Nancy NewStudent



Nancy grew up in _____ and attended college at _____ before beginning medical school.

(other activities)

Activities: Nancy enjoys _____ and she is looking forward to meeting the community.

She will be here from July 1st through August 15th, 2013.

Appendix G: When the Patient Arrives Checklist*

- Have the receptionist inform patients that you have a learner in the office today
- Distribute brochure or handout about the learner to patients, if available
- Ask the patient's permission before bringing a learner into the examination room
 - Couch your request positively, e.g., "I have a medical student/resident working with me today. If it's okay with you, I'd like him/her to talk to you and examine you first. I will come in and see you afterwards."
- If you teach frequently, inform new patients that you work with learners
- Have the office staff inform you about any positive or negative feedback from the patients about the learner
- Consider measuring your patients' satisfaction with the learner by using a Patient Satisfaction Form

* Adapted from "Teaching in Your Office: A Guide to Instructing Medical Students and Residents"

II: Teaching and Feedback Tools

Appendix H: Summary of the Learning Experience*

- Expose the learner to all the things you do as a physician and as a member of the community
 - How do you relate to other specialists and medical professionals
 - How you keep up on medical knowledge
 - What you do in the hospital and in other settings
 - Your participation in professional organizations
 - Your civic and community activities
- Require novice learners to observe you with selected patients performing various skills
 - Taking a focused history
 - Performing part of an examination
 - Performing a procedure
 - Counseling a patient
- Organize the visit for the learner
 - “Prime” the learner by providing pertinent patient-specific background information, e.g., “Mrs. Jones is a healthy 28-year-old woman and is here for her yearly examination. At her age, what are the important screening issues to be covered?”
 - “Frame” the visit by focusing on what should be accomplished at this visit and how long it should take, e.g., “This patient has several problems, but today I’d like you to focus on the patient’s care of her diabetes. Spend 15 minutes taking the history and then come find me.”
- Familiarize yourself with the common models of care-based learning
 - The One-Minute Preceptor
 - Active Observation
 - Using Questions Well
- Set “mini-goals”
- Consider strategies to improve teaching efficiency
 - Consider a wave schedule
 - Have the learner present the case in front of the patient in the examination room
 - Encourage collaborative examinations
 - Use the technique of active observation, e.g., “Let’s counsel the patient about quitting smoking. Watch my approach. I’d like you to review this (brief chapter or paper) and try to counsel the next patient with this issue.”
 - Have the learner keep notes of questions to be discussed at the end of the day
 - Have the learner engage in “Self-Directed (Independent) Learning”
- Ending the day
 - Meet with the learner to discuss unanswered questions or concerns
 - Encourage independent learning by assignment “homework”
 - Follow up with learner on any “homework” assignments
- Feedback and evaluation
 - Provide frequent, timely feedback
 - Base evaluation on evidence

* Adapted from “Teaching in Your Office: A Guide to Instructing Medical Students and Residents”

Appendix I: The One-Minute Preceptor into Teaching (AKA The 5 Microskills of Teaching)⁽²⁾

1. Get a commitment

- What do you think is going on?
- What would you like to accomplish with this procedure?

2. Clarify reasoning

- What made you think that was the diagnosis?
- Tell me why you would take that approach

3. Teach General Rules (1-2 key points; target to level of understanding)

- Most patients with headache don't need CT/MRI unless there are worrisome features in history and physical exam.

4. Tell them what they did right

- You did a good job clearly explaining the abnormal blood gas to the patient.

5. Correct Mistakes

- I agree the patient is probably drug-seeking, but we still need to do a careful history and physical exam to rule out a medical cause for his pain.

6. Specific Tips

- Explain the purpose of the observation to the learner
- Explain how the observation will occur
- Select one skill for observation
- Inform the patient of what will take place
- Observe for a brief period of time without interrupting
- Leave the room and have the learner join you when finished with the patient
- Go through the 5 Microskills
- Use the information gained to plan your teaching
- Repeat the process observing other skills
- Evaluate the learner's skills over time, using multiple, brief periods of observation

Appendix J: Active Observation ⁽⁴⁾

Active observation is not simply “shadowing;” use it when you want to teach specific skills, with learner goals and accountability.

1. Priming: ask your learner to observe you performing a specific clinical skill (e.g., communication, interviewing, physical examination, or procedure). “You should watch me do this because...”
2. Explain exactly WHAT you are asking your learner to observe. “Notice how I...”
3. Provide an opportunity to reflect on and review what was learned after the session. “What did you notice about how I...”
4. If appropriate, follow up with an opportunity for the learner to practice. “When you see the next patient, I want you to ...”

Appendix K: Using Questions to Teach ^(5, 6)

1. KNOWLEDGE QUESTIONS: Ask learners to recall facts (e.g., scientific, medical, patient information). Knowing the answers to these types of questions is often critical, but we should also challenge them in other ways.

Verbs to use: define, describe, list, reproduce

Example:

- List the common symptoms and signs of congestive heart failure.
- What is the normal blood pressure of healthy middle aged women?

2. COMPREHENSION QUESTIONS: Ask learners to describe things in their own words.

Verbs to use: explain, estimate, give an example, summarize

Example:

- Explain why supplemental high oxygen could be deleterious in a patient with COPD and CO₂ retention.
- Select a suitable drug to treat mild gastro esophageal reflux disease.

3. APPLICATION QUESTIONS: Ask learners to apply what they know to a specific patient.

Verbs to use: compute, demonstrate, operate, prepare, solve, use

Example:

- What would happen if we gave a patient with COPD and CO₂ retention a nasal cannula with 6 l O₂/minute?

4. ANALYSIS/SYNTHESIS QUESTIONS: Require learners to demonstrate understanding of a topic vs. being able to simply present a list of facts.

Verbs to use: compose, create, design, develop, plan organize

Example:

- Develop a treatment plan for a patient with poorly controlled diabetes.
- When is it appropriate to use...

5. EVALUATION QUESTIONS: Ask learners to judge the value of material and methods for a given purpose.

Verbs to use: appraise, critique, justify, support

Example:

- Why is test A better than test B to diagnose condition X?

Appendix L: Summary of Feedback Skills and Feedback Using the ASK-TELL-ASK Approach

- Feedback should be ongoing and frequent
 - The most common complaint of learners is that nobody tells them how they are doing
 - Give the feedback as soon as possible after a critical incident
 - Use notes to help you recall the points you wish to make
 - Describe the observed behavior
 - Be as specific as possible
 - End the feedback with detailed instructions for improvement
 - Follow up with positive feedback and praise the learner when improvement occurs
-
- **ASK-TELL-ASK**

Set-Up: *“Do you have a moment for feedback now?”*

Ask: Encourage self-reflection on performance

“How do you think that history? presentation? went?”

Tell: Respond with your own observations, reinforcing or correcting student’s self-assessment

“It appeared you were having a hard time identifying important aspects of the case.”

Ask: About strategies for improvement

“What do you think would help you focus your history taking?”

Offer your suggestions

Plan: Develop an action plan

“Would you be willing to try...”

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