

Syllabus

Society, Community, and the Individual - SCI

I, II, III and IV

PSCI 5211

PSCI 5212

PSCI 6211

PSCI 6212

Academic Year 2016 - 2017

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Course Description

Society, Community, and the Individual (SCI) is comprised of four essential components: 1) Social Foundations of Medicine, 2) Introduction to Clinical Research, 3) Community Health Experience, and 4) Conversational and Medical Spanish. We also provide students the opportunity to participate in Service-Based Learning.

The Social Foundations of Medicine exposes students to a population perspective on health and illness. We will provide students opportunities to learn how social, cultural, economic, political, and environmental forces affect and are affected by the health of individual patients. This is the primary focus of the immersion and is then continued during the remainder of the pre-clerkship experience, primarily the second year. The Introduction to Clinical Research component includes biostatistics, epidemiology, and the tools to understand clinical research and the medical literature to prepare students to become life-long learners. The Community Health Experience provides students opportunities to experience actual applications of what they are learning in their preclinical years by working with community physicians and other health care providers. In Conversational and Medical Spanish, students will begin learning Spanish or enhance their current Spanish speaking skills to enable them to work effectively with their Spanish speaking patients.

Course Goals

SCI course goals include the following and are linked with the appropriate Paul L. Foster School of Medicine (PLFSOM) Medical Education Program Goals and Objectives that can be found at: <http://el Paso.ttuhsc.edu/som/catalog/GoalsObjectives.aspx>

The institutional goals are indicated in the parentheses. Upon graduation, students will be able to:

- Articulate how political, social, community, organizational, and family systems affect and are affected by the health of individual patients. (2.5, 3.5, 6.1, 6.2, 6.3)
- Identify and assess biostatistical concepts so they can critically evaluate the medical literature and practice evidence-based medicine. (2.3, 2.6, 3.4, 6.3, 8.4)
- Use epidemiological principles to assess and evaluate the distribution and determinants of disease. (2.4)
- Describe how culturally based beliefs, attitudes, and values affect the health and illness behaviors of individuals, groups, and communities. (1.8, 4.1, 5.1)
- Effectively work with patients and co-workers who have different cultural backgrounds. (4.1, 4.2, 7.4)
- Describe the concepts of community and of systems within communities that impact health seeking behaviors and responses to treatment interventions. (2.5, 3.5, 6.1, 6.2)
- Describe and recognize the impact of environmental and occupation factors on the health of individuals and populations as well as identify and apply effective strategies for promoting health and reducing illness at the level of both the individual and the community. (2.4, 3.5)
- Converse with patients in both conversational and medical Spanish. (4.1)
- Participate in the delivery of health care by community physicians and other health care providers. (1.1, 4.2)
- Articulate the role of other health care providers in enhancing the health of their patients and work effectively with them in a collaborative manner. (4.2, 7.1, 7.2, 7.3, 7.4)
- Identify community needs and have the opportunity to engage in service learning projects to fulfill such needs. (3.5, 6.2)

SCI Components

SCI has four required components: 1) Social Foundations of Medicine, 2) Introduction to Clinical Research, 3) Community Health Experience, and 4) Conversational and Medical Spanish. While optional, we encourage participation in Service-Based Learning. These components are outlined below:

Social Foundations of Medicine

This component of SCI will expose students to a population perspective on health and illness. We will provide students opportunities to learn how social, cultural, economic, political, and environmental forces affect and are affected by the health of individual patients. While this component will be the prime focus of the immersion, these topics will also be explored throughout the first and second year, particularly the second year. The schedule of topics and their objective will be found on Canvas. There will be times when SCI will have integrated sessions with Masters' Colloquium. In addition to lectures, students will have sessions in which they work in small groups with one another, such as during the Community Assessment Project and the Cultural Intelligence Sessions. There will also be panel discussions. Attendance is mandatory for those sessions that are highly interactive and that include presenters from outside PLFSOM. Students will be notified via Canvas of which sessions are mandatory.

This component will be assessed via midterms and finals that will include short answers, essays, and multiple choice questions. In the second year, students will work on a lessons learned project in which they will apply what they have learned in this component to what they have observed in their community health experiences. Students will submit a written proposal in the fall semester and provide an oral presentation to their classmates in the spring semester. This is a new feature of the course, and more details will be provided as the year progresses.

Introduction to Clinical Research

Practicing physicians need the ability to critically assess the medical literature so they can provide optimal care to their patients. This component will help students develop this important skill. It will provide them with the essential tools to understand the foundations of clinical research, to become life-long learners in medicine, and to serve as a foundation for their student research project. This material will help students—and subsequently their patients—deal appropriately with the uncertainties that are inherent to the practice of medicine. It will also help them understand the basis of sound medical reasoning as well as to correctly interpret, understand, and use the medical literature.

We will use these techniques to help foster long-term learning: active learning, spaced learning, interleaving, mixed-up practice, and desired difficulties. Because there is not a single text that

will cover what we cover in this component at the level we will cover it, there is no assigned textbook. Students are encouraged to use whatever resource they feel will best help them learn the objectives for each session and are in fact encouraged to use multiple resources. These objectives will be found on Canvas for each session. While students are encouraged to attend lectures, they are optional. Students should understand that the lecture slides are designed to facilitate class presentations; they are not designed to be a study aid. Indeed, learning theory suggests taking notes in class provides active learning. We do not provide study aids because students who create their own study aid generally outperform students who use study aids generated by other people.

In lieu of a textbook, the classroom experience will have a largely lecture format with intervals when students break into pairs or small groups to work on a problem. Students will have a question from biostatistics or epidemiology on their weekly formative (non-graded) exam. Formative experiences are also available to the students with multiple choice questions available in the library (Exam Master, Board Vitals, and UWorld Biostats). Students will also have graded problem sets. For problem sets, students are encouraged to work with and thus learn from one another. To enhance long-term learning, however, students need to solve or attempt to solve the problem set separately before working together. Students will then submit their own final solution to be graded separately. One of the important goals of this course is to teach students how to critically review the primary literature, so students will read and answer questions from articles assigned to them as a part of their problem sets (literature reviews).

Midterm and final exams will include short answer and multiple choice questions. Because spaced learning is important for long-term learning, midterm and final exams will include a sizeable number of questions from prior material.

Community Health Experience

Our goal is to provide students with clinical experiences during their pre-clerkship years to help remind them of their overall goal to become clinicians as well as to ground them for what they are learning in Scientific Principles of Medicine, Medical Skills, Masters' Colloquium, and SCI. This will enable students to understand the relevance of what they are learning and how it is adapted in a clinical practice.

Approximately once a month during the school year, students will be assigned a clinical experience for up to a half a day. **Attendance is mandatory.** Please remember that these community preceptors are volunteers and remember that you represent PLFSOM when you come to these activities so professionalism is highly important.

Students will have two types of community health experiences: (1) clinics with primary care physicians, physician assistants, and nurse practitioners and (2) experiences with non-physician health care providers, such as dentists, optometrists, and pharmacists. In addition to direct

learning, students will have the opportunity to learn how they can effectively work with other health care providers to enhance the health of their patients. Working with non-physician health care providers is a part of a larger effort within the medical field to enhance inter-professional collaboration.

This component requires students to attend all the assigned clinics and to submit on time the completed signed preceptor feedback form and student checklist.

Conversational and Medical Spanish

While this is the primary syllabus for the course, students should also review the Spanish syllabus for the level of Spanish to which they have been assigned.

In their third and fourth year of medical school, students will be taking care of patients who speak Spanish but not English. The Spanish component is designed to facilitate communication with these patients as well as others the student will likely encounter after graduation. Medical Spanish is highly integrated with Medical Skills so that when you learn pertinent questions to ask about chest pain, for example, you will also learn how to do so in Spanish as well.

Students will be assigned to small groups based upon their Spanish speaking ability. Spanish instruction is divided into these parts:

- Intensive Conversational Spanish: ~60 hours during the immersion.
- Medical Spanish I: one-hour weekly meetings for first-year students.
- Medical Spanish II: one-hour weekly meetings for second-year students.

Goals for Conversational and Medical Spanish

- To help students enhance their level of competency in conversational Spanish. Fluency is not a realistic goal.
- To learn culturally appropriate conversational skills according to their level of competency in the Spanish language.
- To help students gain a familiarity with medical Spanish sufficient to enable them to communicate in a limited but useful way with Spanish-speaking patients.
- To help students recognize when their language competency constitutes a significant limitation that must be addressed by enlisting the services of a skilled Spanish-English-Spanish interpreter.

Educational Methods and Learning Experiences in Spanish

The primary educational method for all Spanish instruction will be a task-based communicative approach.

- This approach considers language to be an activity: language is doing something, for some reason, in a particular context, and not just a series of grammar rules.
- Task-based instruction makes use of real-life situations that students must negotiate, as opposed to exercise-based instruction in which drills and learned patterns make students more of a passive learner than an active user of language.
- Situational, linguistic, and cultural contexts are very important in this language teaching approach.
- Learning experiences will be based on this approach and will be devised around activities that require students to actively participate in both scripted and improvised situations in which they will use Spanish according to their language competencies.
- Attendance is extremely important and mandatory: Success in conversational medical Spanish, both within and beyond the class, depends greatly on active participation during class time.
- Students may bring a hard-copy of the Spanish-English dictionary to class. They may not use electronic devices (e.g., laptops, iPads, cell phones) in class unless specified by the instructor.

Canopy

This year we are introducing Canopy, an online medical Spanish training program that students will have access to use. Throughout the year, Spanish instructors may incorporate this tool in their teaching. Students can also use this tool independently.

Service Learning

Service-learning is a structured learning experience that combines community service with preparation and reflection. Students engaged in service learning provide community service in response to community-identified concerns and learn about the context in which the service is provided, the connection between their service and their academic coursework, and their roles as citizens and professionals [Seifer SD. “Service learning: Community-campus partnerships for health professions Education.” *Academic Medicine* 1998;73(3):273-277].

Although service-learning is not required, it is highly recommended. Service-learning will give students an opportunity to put what they are learning into practice in a real-life situation as well as to make a difference in the El Paso community and beyond.

As part of the SCI immersion, students will do a community assessment project. This will give them an opportunity to discover needs and assets in the local communities and will then share those needs, assets, and ideas for service learning opportunities with their class. A service

learning site is available on Canvas where students can find opportunities as well as complete and submit service learning reflection forms.

Students are encouraged to contact the SCI Service Learning Director, Dr. Lee Rosenthal, before beginning any service learning activity so she can provide guidance as they complete their service learning activity. A **service learning symposium** will be held annually in the spring, and students will have that opportunity to share their service learning activities with faculty, students, and members of the community. Participation in this symposium can be included in their applications for residency programs.

The Immersion

The immersion is designed to achieve the following:

- Students will receive accelerated Spanish instruction.
- Students will be introduced to important SCI issues at a time when these issues do not compete for their time and attention with other aspects of the curriculum.
- Students will participate in the community assessment and cultural competency activities, both of which would not work well in a different context.
- The lower stress during immersion gives students the opportunity to bond with their classmates more readily. It is hoped that this will help them emotionally and socially as the curriculum becomes more stressful.
- The immersion also provides time for administrative and other non-SCI activities (student oath, longitudinal survey, etc.).

Important points to note:

- Attendance is required at all SCI immersion activities.
- With the exception of the introductory lecture, there will be test items from the SCI portion of the immersion on the fall midterm.

Grading for SCI

There are four components of SCI that are graded: (1) Social Foundations of Medicine, (2) Introduction to Clinical Research, (3) the Community Health Experience, and (4) Conversational and Medical Spanish.

To pass SCI, students must pass each of these four assessments/requirements:

1. **Written/Oral Assessments:** These assessments will assess competency in two SCI components: (1) Social Foundations of Medicine and (2) Introduction to Clinical Research. These components are assessed through midterms, finals, oral presentations, and problem sets. Students must obtain a 75% or greater average for the semester to pass each semester. **This is a strict cut-off; there is no curve in SCI.**
2. **Completion of the Community Health Experiences.** To pass this component, students must attend all the assigned clinics and submit the completed signed preceptor feedback form and student checklist. An unexcused absence or not submitting the required material on time will result in a failure of this component.
3. **Spanish Language Assessment.** This will be assessed as described in the Spanish language assessment section on page 17. To pass Spanish in the fall semester of the first year, students must pass both conversational Spanish during the immersion as well as medical Spanish during the remainder of the fall semester.
4. **Non-Graded Requirements.** Students may be assigned non-graded requirements such as the completion of the Inter-Professional Collaboration Practice module. While these activities are not graded, semester grades will not be released until this activity is complete. Failure to accomplish these requirements by the deadline will be reported as a professionalism concern.

On the official student transcript, students will receive a grade of Pass or Fail for SCI each semester. Students must pass all four of these assessments/requirements noted above to pass SCI; failure of one results in failure of SCI. Remediation for the components is possible before receiving a final grade of Fail for the SCI course. See below under Remediation:

Remediation

Students can successfully remediate any of these assessments/requirements, and successful remediation will convert the grade for that section from an in progress (PR) to a Pass. Students who do not pass the course after their remediation attempt will receive a grade of Fail for SCI

and will be referred to the Grading and Promotion Committee. Students can remediate as follows:

1. **Written/Oral Assessments:** Students who score below a 75% average for the semester on these assessments will have the opportunity to take a remediation exam and will receive a pass if they score at or above 75%. A score below 75% will result in a grade of Fail for SCI and a referral to the Grading and Promotion Committee.
2. **Completion of the Community Clinic Experience.** Students who have an unexcused absence from the community clinic experience can remediate by writing a 10-page or longer paper on a topic selected by the Director of Community-Based Education, Dr. Rosenthal. This is in addition to the assignment of an activity that attempts to substitute for the missed clinical opportunity. Students who attend clinic but do not submit the required written material in the required time can remediate by writing a 5-page or longer paper on a topic selected by Dr. Rosenthal. Before they begin their remediation activity, students will be given the rubric by which the SCI faculty will grade their paper. Students who do not successfully complete remediation within the designated time frame or who have a second failure to perform properly (unexcused absence or failure to submit the required written material on time) will receive a grade of Fail for SCI and a referral to the Grading and Promotion Committee.
3. **Spanish Language Assessment.** Students who fail Spanish based on their language assessment will be given the opportunity to remediate with the Spanish faculty. If unsuccessful, they will receive a grade of Fail for SCI and a referral to the Grading and Promotions Committee.

Attendance is required in Spanish. Students who have an unexcused absence can remediate by completing an assignment designated by the Spanish course director. The instructor may, for example, assign additional reading material with an oral presentation in Spanish of that material to the class or the instructor. For medical Spanish, this will be repeated if there is a second unexcused absence. If the student does not complete the remediation(s) at a satisfactory level or if the student has a third unexcused absence, the student will receive a grade of Fail for SCI and will be referred to the Grading and Promotions Committee. For conversational Spanish during the immersion, however, a second unexcused absence (rather than the third unexcused absence for medical Spanish) will result in a grade of Fail and a referral to the Grading and Promotions Committee.

More Specific Grading Criteria

1. Written/Oral Assessments

Midterm and Final Exams

With the exception of the second semester of the second year when students will only have a final exam, students will have a midterm and final exam each semester that will assess them for their competency in (1) Social Foundations of Medicine and (2) Introduction to Clinical Research. The content of each examination is cumulative and will include content based on material that was covered previously, including summer immersion. Particularly for the Introduction to Clinical Research material, examinations will contain a large amount of material from before the last examination and from prior semesters. An unexcused absence from an exam will result in a score of “0” for that exam.

We have the same policy for tardiness for examinations as Scientific Principles of Medicine: “Tardiness for a formative or summative assessment is disruptive, unprofessional, discourteous, and strongly discouraged. Students who arrive up to 10 minutes late for an assessment will be permitted entry to the assessment area entirely at the discretion of the chief proctor and with regard to the effect that such entry may have on the students already present in the assessment environment. Students who are permitted late entry to the assessment must finish at the scheduled end time. Students who arrive more than 10 minutes late for an assessment will be denied entry and recorded as absent. . . .Excused absences are granted through the Office of Student Affairs (see ‘Course Policies and Procedures’).”

Problem Sets

Throughout the semester, students will be required to complete problem sets. While students are welcome to work with one another and are encouraged to do so, each student must submit his or her own solutions for grading. No credit will be given for problem sets submitted after the deadline, although students can submit late problem sets to receive feedback.

Lessons Learned: Community Clinics and Social Foundations

In the spring semester of the second year, students will complete a lessons learned project under the direction of the Director of Community-Based Education, Dr. Rosenthal, in which students will integrate what they have learned in Social Foundations of Medicine with their Community Health Experience. Students will submit a written proposal during the fall semester of the second year and give an oral presentation to their fellow students on this topic in the spring semester.

Grading Distribution (Fall and Spring Semester for MSI)

Problem Sets	10%
Midterm	40%
Final Exam	50%

Grading Distribution (Fall Semester for MSII)

Midterm	35%
Written Proposal for Lessons Learned Project	10%
Problem Sets	5%
Final Exam	50%

Grading Distribution (Spring Semester for MSII)

Problem Sets	10%
Lessons Learned Project Presentation	40%
Final Exam	50%

Other Factors Affecting the Final Grade

- For classes with required attendance, missing a class with an unexcused absence will result in a deduction of 2% from the final grade for each absence or for being late by more than 10 minutes. We will, however, forgive being tardy on one occasion each academic year.
- Those students completing at least one Op-Log entry for each community clinic encounter for that semester will receive a bonus of one (1) percentage point on their final grade if the Op-Log entry is made within one week of the clinic visit.

2. Completion of the Community Clinic Experience

For each community clinic experience students are required to submit two forms: (1) the signed preceptor feedback form and (2) the student checklist. To receive credit for each clinic visit, students must submit both the preceptor feedback form and the completed student checklist form within 7 calendar days of the clinic activity (if the student had clinic on Wednesday, for example, the student needs to submit the paperwork by 5:00 PM the following Wednesday). Forms must be submitted electronically in PDF format to the SCI course coordinator; we do not accept paper submissions or submissions not properly formatted. Two free scanners are available in the Library. Students should also make at least one entry of a patient in Op-Log within one week of

each clinic visit. Students who do this within the required time will receive a bonus of one (1) percentage point on their final grade.

Documenting an evaluation without attending clinic will be considered cheating and will result in an automatic failure of the Community Clinic Experience and SCI without the option for remediation as well a referral to the Grading and Promotions Committee and a report to the Vice President of Student Affairs.

Standard Community Clinic Times

Each student will be provided with an individual schedule of their community clinics. Clinic visits will be on either Tuesday or Wednesday afternoon from 1:00 pm until ~5:00 pm for MS1 and Wednesday or Thursday morning from 8:00 am until ~12:00 pm for MS2. Unfortunately, given the complexity of multiple schedules and limited preceptor time, these schedules need to be followed as scheduled unless the student is granted an excused absence by the Office of Student Affairs. Because community preceptors can cancel their clinics at any time, students should keep these alternative times as free as possible in case they need to be rescheduled.

Missing a Clinic

It is **essential** that students attend clinics as scheduled. Unless they have an excused absence (obtained through the Office of Student Affairs at PLFabsence@ttuhsc.edu), students will not be able to reschedule the clinic and will need to undergo remediation as outlined above to pass.

If the absence is excused or if the clinic cannot accommodate the student as scheduled, the clinical coordinator will contact the clinic on your behalf and make arrangements for a make-up clinic session. **Students should not “negotiate” alternative clinic times with their clinic preceptors or fellow students.** To receive credit, they will need to attend this make-up clinic that may need to be scheduled outside of the usual clinic times but not in conflict with other curriculum requirements. On a rare occasion, they may need to make up a clinic in a subsequent semester. Students will not be held responsible if the clinical coordinator is unable to schedule a make-up session for an excused absence. However, the Director of Community-Based Education will provide an assignment in attempt to substitute for the missed opportunity.

Students missing a scheduled community clinic need to do the following as soon as possible:

- E-mail the Office of Student Affairs at PLFabsence@ttuhsc.edu.
- Contact the SCI course coordinator by phone (915-215-432) or by email diana.alaniz@ttuhsc.edu.
- Contact their preceptor to let them know they will not be at clinic.

3. Spanish Language Assessment

Final grades will be assessed with this distribution:

- 20%: Professionalism and attendance
- 10%: Participation in class that is active, respectful, and professional
- 20%: Two listening and comprehension quizzes, 10% each
- 20%: Two five-minute Spanish oral conversation evaluation, 10% each
- 30%: Final examination that will consist of a five to seven minute doctor-patient oral interview.

An unexcused absence from a graded evaluation will result in a score of “0” for that activity.

Final Grades for the Spanish Component:

- 90% or greater: exceeds expectations/honors
- 76 to 89%: meets expectations/pass
- 75% or less: does not meet expectations/fail

Students who do not meet expectations will need to successfully undergo remediation to advance. While a student can receive honors for this component, this designation does not appear on the transcript that will indicate either pass or fail for SCI.

Attendance

Attendance is required for all Spanish classes. For both excused and unexcused absences, students are responsible for completing assignments during their absence and can be assigned alternative activities to make up for their absence from classroom participation.

Students who have an unexcused absence will need to undergo remediation as outlined in the section on remediation on page 13. Students who fail to adequately remediate or who have a third unexcused absence during medical Spanish or a second unexcused absence during conversational Spanish will Fail SCI and be referred to the Grading and Promotions Committee.

Absences can be excused only through Student Affairs at plfabsence@ttuhsc.edu.

Language Competency and Testing

Competency levels will be defined according to criteria set by the American Council of Foreign Language for the following: Novice 1 and 2, Intermediate 1 and 2, and Advanced 1 and 2. These same criteria will be used for placement of students into their groups.

Grading will be based on meeting the course objectives and always according to students' competency level; i.e., beginning students will not be assessed according to the same criteria use to grade more advanced students.

Because learning a language requires cumulative knowledge and practice, students may not move to a higher placement level the next semester without passing the previous course.

Evaluation of students will be guided by rubrics devised for specific exercises and levels of competencies. These rubrics will assess: comprehensibility, comprehension, language forms and phrases/vocabulary appropriate to the task and student level, as well as cultural understanding and completion of the assigned task.

Assessment of these skills will use this scale: 1) does not meet expectations for student level; 2) meets expectations for student level; 3) exceeds expectations for student level.

For medical Spanish I and II, there will be an additional evaluation tool: the Objective, Structured Clinical Exam (OSCE) that will be given at the end of Medical Spanish I and Medical Spanish II. If the student does not pass the OSCE exam, remediation will be required per the Director of the Spanish program.

4. Non-Graded Requirements

While not graded, semester grades will not be released until these non-graded requirements are completed. Failure to accomplish these requirements by the deadline will be reported as a professionalism concern to the Vice President for Student Affairs and their college masters.

Attendance Policies

For both excused and unexcused absences, students are responsible for the material they missed. They may be required to complete the activity scheduled for the required session or may be assigned an alternative activity.

Unexcused absences are not acceptable for those activities that are designated as required attendance and will be forwarded as a professionalism concern. Only the Office of Student Affairs can designate that an absence is excused.

Social Foundations of Medicine Introduction to Clinical Research

Attendance is required during the immersion period, interactive/small group sessions, and presentations that involve invited guests. These will be indicated in Canvas and students will be informed in advance when these sessions will occur. An unexcused absence or tardy arrival (more than 10 minutes late) for a required session will result in the deduction of two (2) percentage points from the student's SCI exam grade for that semester. For most sessions, however, attendance is expected and encouraged but not required.

Important: while attendance is not required, students are nonetheless responsible for all the material presented during classes. Academic material presented in class is testable whether or not it is a part of the slide presentations or written material. Students are also responsible for administrative announcements. It is the responsibility of students not attending class to obtain this material, academic and administrative, from their fellow students. Students are also responsible for information sent to them by e-mail from SCI.

The Clinical Community Experience

Attendance is required for all activities.

Conversational and Medical Spanish

Attendance is required for all activities.

Professional Attire

During clinical experience in the community as well as when working with standardized patients, students need to dress in a modest and understated manner, commensurate with proper decorum for clinical work. These are identical to the requirement for Medical Skills.

- Men are required to wear business casual attire. This includes slacks, a collared dress shirt, dress shoes, and optionally a necktie. Inappropriate attire includes polo shirts, running shoes, blue jeans, cargo pants, shorts, or T-shirts.
- Women are required to wear business casual attire. This includes slacks, dresses, or a skirt with blouse and dress shoes. Inappropriate attire includes low cut necklines, see-through blouses, bare midriffs, and short skirts or dresses that reveal the thigh above the knee.
- Closed-toe shoes are required in all clinical settings. Heels should be modest (3” or less). Sandals and shoes with open toes are prohibited in clinical areas by OSHA regulations because of the hazards posed by spills, needles, and sharp instruments.
- Grooming should be hygienic. Students must shower, use deodorant, and use daily oral hygiene. Long hair must be tied back so that it does not contact the standardized patient or interfere with the physical examination. Facial hair such as beards and sideburns must be neat, clean, and well-trimmed. Fingernails should be clean and length of nails should not be so long as to interfere with the proper performance of the physical examination.
- Students will wear their short white coats during clinical activities unless specifically advised otherwise by the community clinic.

Professionalism

Professionalism is a core competency in Medicine, one that is taken extremely seriously in Society, Community, and the Individual. Students are expected to adhere to the Standards of Professional Conduct outlined in the PLFSOM student handbook. In particular, students should not attempt to copy, post, share, or use SCI exam questions. Students should not submit false claims of attendance at their community clinic. Depending on the nature of the problem and as determined by the course director, failure to act professionally may result in a grade of Fail for SCI, regardless of the student's performance in other aspects of the course, and the student will be referred to the Grading and Promotions Committee. Violations of professionalism could result in expulsion from the PLFSOM.

Textbooks

Required

Ortega P. Spanish and the Medical Interview: A Textbook for Clinically Relevant Medical Spanish. Second edition. Elsevier, 2015. On Vital Source.

Recommended/Reference

These texts are available on reserve in the library.

Greenberg RS. Medical Epidemiology, 4th edition. New York: Lange Medical Books, McGraw-Hill, 2005. A solid introductory text for epidemiology.

Hennekens CH, Buring JE. Epidemiology in Medicine. Philadelphia: Lippincott Williams and Wilkens, 1887. A classical introductory text for epidemiology.

Rothman KJ, Greenland S. Modern Epidemiology, 2nd edition. Philadelphia: Lippincott Williams and Wilkens, 1998, An advanced text for epidemiology.

Dawson B, Trapp RG. Basic and Clinical Biostatistics, 4th edition. New York: Lange Medical Books, McGraw-Hill, 2005. An introductory text for biostatistics but not as user friendly as most Lange texts, perhaps due to the nature of the subject.

Rosner B. Fundamentals of Biostatistics, 6th edition. Pacific Grove, CA: Duxbury. 2006. An excellent advanced text in biostatistics.

Straus SE, Glasziou P, Richardson WS, Haynes. Evidence-Based Medicine: How to Practice and Teach it. Fourth Edition. A classic text.

Weaver A, Goldberg. Clinical Biostatistics and Epidemiology Made Ridiculously Simple. 2102. A short text, <100 pages, that will provide a concise review for your USMLE exam but does not include all of the testable material covered in SCI.

Pezzullo JC. Biostatistics for Dummies. 2013. This appears to be a reasonable introductory text. There are, however, some errors in it.

Myriam-Hunnik MG, Weinstein. Decision Making in Health and Medicine: Integrating Evidence and Values. 2014. An excellent text on clinical decision making.

Reigeiman. Studying and Study and Testing a Test: Reading Evidence-based Health Research. 2012. The best text I know of to learn how to read the medical literature.

Wheelan C. Naked Statistics. This book provides a good conceptual basis for a general understanding of statistics

<http://annals.org/SS/AuthorInformationStatisticsOnly.aspx%20>. A good source about how to use statistics in medical publications.

Spanish Dictionary (of your choice)

Appendix 1

Important Dates

Examinations

MSI

Fall Midterm: 10 October 2016

Fall Final: 13 December 2016

Fall Remediation Exam, if needed: 10 January 2016

Spring Midterm: 31 January 2017

Spring Final: 2 May 2017

Spring Remediation Exam, if needed: 7 May 2017

MSII

Fall Midterm: 27 October 2016

Fall Final: 15 December 2016

Fall Remediation Exam, if needed: 3 January 2017

Spring Final: 16 February 2017

Spring Remediation Exam, if needed: 24 March 2017

Problem Sets

These dates are tentative and may change depending on class progress:

Problem Set	Date Given	Date Due
<u>MSI</u>		
1	8 September	15 September

2	20 October	27 October
3	10 November	17 November
4	12 January	19 January
5	23 February	2 March
6	6 April	13 April

MSII

1	22 August	29 August
2	14 November	21 November
3	16 January	23 January