TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO
Paul L. Foster School *of* Medicine

Syllabus

Society, Community, and the Individual (SCI)

PSCI 5221 (SCI I)

PSCI 5212 (SCI II)

PSCI 6211 (SCI III)

PSCI 6212 (SCI IV)

Academic Year 2017-18

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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. These components as well as the Immersion experience are outlined below. We also provide students the opportunity to participate in Service-Based Learning.

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, comprehensive basic science exam, 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.

Social Foundations of Medicine

This component of SCI 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. 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 session level objectives will be found on Canvas along with the times and locations of the

sessions. Some sessions will integrate with Masters' Colloquium and Medical Skills. 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 of the course to what they have observed in their community health experiences. Students will submit a written proposal in the fall semester and will be assigned to work in small groups to deliver an oral presentation to their classmates in the spring semester.

Introduction to Clinical Research

Practicing physicians need the ability to critically assess the medical literature so they can provide optimal, state-of-the-art 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, which includes foundations in biostatistics, epidemiology and evidence-based medicine, 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. 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 evidence suggests that students who create their own study aids generally outperform students who use study aids generated by other people.

Most classes 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, etc). 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) that will be subsequently discussed in class. In the last problem set of the second year, students will identify a clinical problem they have encountered, search the literature in an attempt to answer this question, answer questions on two primary and two secondary sources of literature that address this question, and assess the quality of the evidence in their determination of the best answer to their clinical question.

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.** Students must remember that these community preceptors are volunteers and remember that they represent PLFSOM when they 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. These will be the students' primary care preceptors with which we hope students develop a productive, longitudinal experience. When attending clinic, students should tell their primary care provider what they are currently learning in Scientific Principles of Medicine (SPM) so they can direct relevant patients to them if possible. (2) Experiences with non-physician health care providers, such as dentists, optometrists, and pharmacists that will be one time experiences. 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 to enhance inter-professional collaboration and education.

This component requires students to attend all assigned clinics and to submit documentation of participation and a reflection for each visit.

Conversational and Medical Spanish

While the Spanish instructors will provide additional material for each of their sections, this syllabus supersedes any other material given to students.

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. It also helps students understand the cultural context of some of the patients they will care for at the PLFSOM. Medical Spanish is highly integrated with Medical Skills so that when students learn pertinent questions to ask about chest pain, for example, they 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: one-hour weekly meetings for first and second year students after Immersion.

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

Canopy is an online medical Spanish training program for students. Spanish instructors may incorporate this tool in their teaching. Students can also use this tool independently.

Service-Based 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 a local community 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. Rosenthal, if they have any questions about service-learning activities. A **service-learning symposium** is held annually. This is currently planned for Tuesday, February 6, 2018 with abstracts due during the first week of January. In this symposium, students have the 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.

Students who contribute more than 100 hours of service-learning will be recognized at both the annual symposium as well as at graduation.

Competencies, Program Goals and Objectives, and Outcome Measures

The Paul L. Foster School of Medicine education program goals and objectives are outcome-based statements that guide instruction and assessment as you develop the knowledge and abilities expected of a physician. All elements of the PLFSOM curriculum are derived from and contribute to the fulfillment of one or more of the medical education program's goals and objectives, which can be found at PLFSOM PGOs.

- SCI course goals include the following (institutional goals are indicated in 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 to critically evaluate the medical literature and practice evidence-based medicine. (2.3, 2.6, 3.1, 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, 4,3, 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. (1.9, 2.4, 3.1, 3.5)
- Converse effectively 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, 6.4, 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)

Patient Care		
Educational Program Objectives		Outcome Measures
1.1	Gather essential information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging studies, and other tests.	• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals) • Narrative Assessment (Small-group interviewing skills rubric; community health experience rubric)
1.8	Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.	• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals)
1.9	Provide preventative health care services and promote health in patients, families and communities.	• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals)
Knowledge for Practice		
Educational Program Objectives		Outcome Measures
2.3	Apply evidenced-based principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem solving.	• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals; graded problem sets)
2.4	Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.	• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals; graded problem sets)
2.5	Apply principles of social-behavioral sciences to patient care including assessment of the impact of psychosocial, cultural, and societal influences on health, disease, care seeking, adherence and barriers to care.	• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals) • Research or Project Assessment ('Lessons learned' presentation)
2.6	Demonstrate an understanding of and potential for engagement in the creation, dissemination and application of new health care knowledge.	• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals; graded problem sets)
Practice-Based Learning and Improvement		
Educational Program Objectives		Outcome Measures
3.1	Identify and perform learning activities to address gaps in one's knowledge, skills and/or attitudes.	• Exam – Institutionally Developed, Written/Computer-based (Graded problem sets)

		• Research or Project Assessment ('Lessons learned' presentation)
3.4	Locate, appraise and assimilate evidence from scientific studies related to patients' health problems.	• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals; graded problem sets)
3.5	Obtain and utilize information about individual patients, populations or communities to improve care.	• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals) • Research or Project Assessment ('Community assessment' presentation)
Interpersonal and Communication Skills		
Educational Program Objectives		Outcome Measures
4.1	Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.	• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals) • Research or Project Assessment ('Cultural intelligence' presentation) • Narrative Assessment (Community health experience rubric) • Participation (Spanish language assessment) • Exam – Institutionally Developed, Oral (Spanish comprehension quizzes, Spanish oral conversation evaluations, Spanish doctor/patient oral interview exam)
4.2	Communicate effectively with colleagues and other health care professionals.	• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals) • Narrative Assessment (Small-group discussion rubric)
4.3	Communicate with sensitivity, honesty, compassion and empathy.	• Narrative Assessment (Community health experience rubric; small-group discussion rubric)
4.4	Maintain comprehensive and timely medical records.	
Professionalism		
Educational Program Objectives		Outcome Measures

5.1	Demonstrate sensitivity, compassion, integrity and respect for all people.	• Narrative Assessment (Community health experience rubric)
Systems-Based Practice		
Educational Program Objectives		Outcome Measures
6.1	Describe the health system and its components, how the system is funded and how it affects individual and community health.	• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals)
6.2	Demonstrate the ability to identify patient access to public, private, commercial and/or community-based resources relevant to patient health and care.	• Narrative Assessment (Community health experience rubric)
6.3	Incorporate considerations of benefits, risks and costs in patient and/or population care.	• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals; graded problem sets)
6.4	Describe appropriate processes for referral of patients and for maintaining continuity of care throughout transitions between providers and settings.	• Narrative Assessment (Community health experience rubric)
Interprofessional Collaboration		
Educational Program Objectives		Outcome Measures
7.1	Describe the roles of health care professionals.	• Participation (TeamSTEPPS and related IPE activities)
7.2	Use knowledge of one's own role and the roles of other health care professionals to work together in providing safe and effective care.	• Participation (TeamSTEPPS and related IPE activities) • Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals)
7.3	Function effectively both as a team leader and team member.	• Participation (TeamSTEPPS and related IPE activities)
7.4	Recognize and respond appropriately to circumstances involving conflict with other health care professionals and team members.	• Participation (TeamSTEPPS and related IPE activities) • Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals)
Personal and Professional Development		
Educational Program Objectives		Outcome Measures
8.4	Utilize appropriate resources and coping mechanisms when confronted with uncertainty and ambiguous situations.	• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals; graded problem sets) • Research or Project Assessment ('Lessons learned' presentation)

Grading System

Graded Components

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, the lessons learned project, 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 activities. They must (1) submit the signed documentation from their preceptor verifying their attendance and (2) complete the on-line reflection for each activity. 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. While not graded, the semester grades for SCI will be recorded as in progress (PR) until any non-graded requirements are completed. Students cannot advance to the next semester until they receive a pass in SCI.

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

on their transcript and will be referred to the Grading and Promotion Committee (GPC). 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% on this examination. A score below 75% will result in a grade of Fail for SCI and a referral to the GPC.

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. Students who attend clinic but do not submit the required on-line reflection 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 GPC.

3. Spanish Language Assessment. Students who fail Spanish based on their language assessment will be given the opportunity to remediate as directed by the Spanish course director. If unsuccessful, they will receive a grade of Fail for SCI and a referral to the GPC.

   Attendance is required in Spanish. Students who have an unexcused absence can remediate by completing an assignment designated by the Spanish instructor. 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. A tardy beyond 10 minutes counts as an absence, although one tardy a year is forgiven. 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 GPC. 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 GPC.

Students will be referred to the GPC if they need to undergo three or more remediations during an academic year for either SPM unit exams or SCI semester grades.

More Specific Grading Criteria

1. Written/Oral Assessments

Midterm and Final Exams

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. Students will be advised of what material from prior semesters will be a part of any examination. 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. A score of zero will be given for problem sets submitted after the deadline. Any problem set receiving a score less than 60% must be resubmitted until a score above 60% is achieved to assure competency in the material; only the first score will count toward the final grade, however. This must be successfully accomplished within one week after the final exam for the semester to pass SCI.

Lessons Learned: Community Clinics and Social Foundations

During the second year, students will work in small teams to complete a self-directed lessons learned project. The goal is for students to integrate what they have learned in Social

Foundations of Medicine with their Community Health Experience. In the fall, students will submit their preferred topics followed by a written proposal. After reviewing the literature, each team of students will give an oral presentation to their fellow students on their topic in the spring semester. Rubrics to assess this activity are posted on Canvas.

Grading Distribution (Fall and Spring Semester for MSI)

Problem Sets	15%
Midterm	35%
Final Exam	50%

Grading Distribution (Fall Semester for MSII)

Midterm	30%
Written Proposal for Lessons Learned Project	10%
Problem Sets	10%
Final Exam	50%

Grading Distribution (Spring Semester for MSII)

Midterm	20%
Problem Sets	15%
Lessons Learned Project Presentation	25%
Final Exam	40%

Other Factors Affecting the Final Grade

For classes with required attendance in Social Foundations of Medicine, 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.

2. Completion of the Community Health Experience

Documenting the visit

For each community health experience, students are responsible for having their preceptor document their visit by signing their preceptor documentation card that needs to be submitted to the unit coordinator, Ms. Melissa Jaime, at the end of each semester. Documenting a visit without attending clinic will result in an automatic failure of the Community Clinic Experience and SCI without the option for remediation as well a referral to the GPC.

Reflection

For each Community Health Experience, students will fill out an on-line reflection within seven (7) calendar days of that activity (if the student had clinic on Wednesday, for example, the student needs to submit the paperwork by 11:59 PM the following Wednesday). If the reflection is submitted beyond the above deadline, the student is responsible for contacting Dr. Rosenthal to obtain the remediation paper assignment and its due date.

At the beginning of each semester, students will receive an individualized LINK from SCI-ELPaso@ttuhsc.edu to complete their on-line Community Health Reflection. Students are responsible for keeping and using the appropriate LINK each semester.

Standard Community Clinic Times

Students will receive a 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, students need to abide by the schedule 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. Students should not "negotiate" alternative clinic times with their clinic preceptors or fellow students.

Missing a Clinic

It is **essential** that students attend clinics as scheduled. Students need to follow the procedures outlined below that are appropriate to their situation:

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 unit director, Ms. Barbara Stives, by phone (915-215-4392) or by email barbara.stives@ttuhsc.edu. Please include the preceptor's name and the date of the missed clinic.
- Contact their preceptor to let them know they will not be at clinic.

If the student discovers that the preceptor is not available, the student needs to contact the SCI unit director, Ms. Barbara Stives, by phone (915-215-4392) or by email barbara.stives@ttuhsc.edu. Please include the preceptor's name and the date of the missed clinic.

If the clinic visit is missed due to an excused absence as determined by Student Affairs, the SCI unit director will work with the preceptor to schedule a make-up clinic at a time when the student does not have scheduled class activities. If such a time cannot be found, the student is not responsible for making up this clinic.

If the clinic visit is missed due to an un-excused absence, the student is required to submit the ten page remediation paper at the direction of Dr. Rosenthal. If desired, the student can request that the SCI unit director attempt to schedule a make-up clinic at a time when the student does not have scheduled class activities. Attending this clinic, however, does not replace submitting the remediation paper.

If the clinic visit is missed due to preceptor unavailability or a SCI mistake, the SCI unit director will work with the preceptor to schedule a make-up clinic at a time when the student does not have scheduled class activities. If such a time cannot be found, the student is not responsible for making up this 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 under the direction of the Director of the Spanish program to advance to the next semester. 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 remediate 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 GPC.

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

Language Competency and Testing

Competency levels are 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 need to change to a different level as determined by the Spanish faculty.

Evaluation of students will be guided by rubrics devised for specific exercises and levels of competencies. These rubrics will be given closer to the examination. They 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, there will be an additional evaluation tool: the Objective, Structured Clinical Exam (OSCE). If the student does not pass the OSCE exam, remediation will be required under the direction of the Director of the Spanish program.

4. Non-Graded Requirements

While not graded, the semester grades for SCI will be recorded as in progress (PR) until any non-graded requirements are completed. Students cannot advance to the next semester until they receive a pass in SCI.

Important Dates

1. Examinations

MSI

Fall Midterm:	10 October 2017
Fall Final:	12 December 2017
Spring Midterm:	30 January 2018
Spring Final:	30 April 2018

MSI Remediation Exam dates:

Students will be permitted to remediate up to two SPM unit exams or two SCI semester grades, or a combination of one SPM unit exam and one SCI semester grade, over the course of the academic year. Students may select an SPM/SCI remediation schedule that best suits their individual needs from the exam dates offered below**:

Fall remediation (optional):

9 January 2018

Spring remediation:

31 May 2018

1 June 2018

12 June 2018

13 June 2018

20 June 2018

21 June 2018

Note that students needing to remediate the comprehensive end-of-year exam (CEYE) will also need to factor this into the above Spring remediation schedule. CEYE remediation must take place over two consecutive days.

** It is essential that students chose a schedule that allows their individual remediation requirements to be completed by the last available date. Failure to do so will lead to a grade of 'F' for the associated SPM and/or SCI semesters.

MSII

Fall Midterm:	26 September 2017
Fall Final:	9 November 2017
Spring Midterm:	14 December 2017
Spring Final:	15 February 2018

MSII Remediation Exam dates:

Students will be permitted to remediate up to two SPM unit exams or two SCI semester grades, or a combination of one SPM unit exam and one SCI semester grade, over the course of the academic year. Students may select an SPM/SCI remediation schedule that best suits their individual needs from the exam dates offered below:

Fall remediation (optional):

2 January 2018

Spring remediation:

2 March 2018

16 March 2018

2. Problem Sets

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

Problem Set	Date Given	Date Due
MSI		
1	7 September	14 September
2	20 October	27 October
3	9 November	16 November
4	11 January	18 January
5	22 February	1 March
6	5 April	12 April
MSII		
1	21 August	28 August
2	2 October	9 October
3	15 January	22 January

3. Lessons Learned Due Dates (MSII)

Topic Proposal	August 21
Team Topic Report	October 23
Team Presentations	January 10 to February 7

Course Policies and Procedures

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 to the college masters for monitoring.

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 as required for Medical Skills. Please see their syllabus for any updates. Briefly,

- 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 Community Health Experiences unless specifically advised otherwise by their preceptor.

Professionalism

Professionalism is a core competency in Medicine, one that is taken extremely seriously in SCI. 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 GPC. Violations of professionalism could result in expulsion from the PLFSOM.

Appendix

Texts Available on Vital Source

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

Daniel WW, Cross CL. Biostatistics: A Foundation for Analysis in the Health Sciences. Tenth edition. Wiley, 2013. Prior students recommend this text.

Greenberg R, Daniels S, Flnders W, Eley J, Boring J. Medical Epidemiology: Population Health and Efective Health Care. Fifth Edition. Lange, 2015.

Note: In addition to its use as a resource, Spanish instructors may use the Spanish text for assignments. While there will be no required readings from the biostatistics and epidemiology texts, students are encouraged to use these or other sources to learn the material from another vantage point.

Recommended/Reference for Introduction to Clinical Research

These texts are available on reserve in the library.

Hennekins 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: Doxbury. 2006. An excellent advanced text in biostatistics.

Straus SE. Glasziou P, Richardosn 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 the 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/AuthorInformationStatisticsOly.aspx%20. A good source about how to use statistics in medical publications.

Recommended/Reference for Social Foundations of Medicine

Riegelman RK, Kirkwood B. Public health 101 : healthy people--healthy populations. Available at: http://libraryaccess.elpaso.ttuhsc.edu/login?url=http://ebookcentral.proquest.com/lib/ttuhsc-elpaso/detail.action?docID=4441234 .

Beaufort B Longest, Jr, Darr K. Managing health services organizations and systems. Available at: http://libraryaccess.elpaso.ttuhsc.edu/login?url=http://ebookcentral.proquest.com/lib/ttuhsc-elpaso/detail.action?docID=4816402.

Coughlin SS, American Public Health Association. Case studies in public health ethics. Available at: http://libraryaccess.elpaso.ttuhsc.edu/login?url=http://ebookcentral.proquest.com/lib/ttuhsc-elpaso/detail.action?docID=836779.

Turnock BJ. Public health : what it is and how it works. Available at: http://libraryaccess.elpaso.ttuhsc.edu/login?url=http://ebookcentral.proquest.com/lib/ttuhsc-elpaso/detail.action?docID=4441402.

Katz R. Essentials of public health preparedness. Available at: http://libraryaccess.elpaso.ttuhsc.edu/login?url=http://ebookcentral.proquest.com/lib/ttuhsc-elpaso/detail.action?docID=3319390.

Turnock BJ. Essentials of Public Health. Available at:

http://libraryaccess.elpaso.ttuhsc.edu/login?url=http://ebookcentral.proquest.com/lib/ttuhsc-elpaso/detail.action?docID=4441374.

Pacyna JM, Pacyna EG. Environmental determinants of human health. Available at: http://libraryaccess.elpaso.ttuhsc.edu/login?url=http://ebookcentral.proquest.com/lib/ttuhsc-elpaso/detail.action?docID=4720726.

Bernheim RG, Childress JF, Melnick A, Bonnie RJ. Essentials of Public Health Ethics. Available at: http://libraryaccess.elpaso.ttuhsc.edu/login?url=http://ebookcentral.proquest.com/lib/ttuhsc-elpaso/detail.action?docID=4441268.