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, Fall MS1)

PSCI 5212 (SCI II, Spring MS1)

PSCI 6211 (SCI III, Fall MS2)

PSCI 6212 (SCI IV, Spring MS2)

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Contact Information

Course Director
E. Lee Rosenthal, Ph.D., M.S., M.P.H.
Office: MEB 4150
Tel.: 915-215-6954
lee.rosenthal@ttuhsc.edu

Course Co-Director
Jorge L. Cervantes. M.D., Ph.D.
Office: MEB 2200F
Tel.: 915-215-4672
jorge.cervantes@ttuhsc.edu

Course Coordinator *(key contact for most SCI questions)*
Steven Lazarin
Office: MEB 2200
Tel.: 915-215-4105
steven.lazarin@ttuhsc.edu

Unit Manager *(key contact for questions related to community health visits)*
Barbara Stives, BMS
Office: MEB 4147
Tel.: 915-215-4392
barbara.stives@ttuhsc.edu

Unit Associate Director *(Key person for computer issues)*
Frank Maldonado, MPA
Office: MEB 2200
Tel.: 915-215-4342
frankj.maldonado@ttuhsc.edu

Spanish Faculty

Gabriel Avila, M.A.
Director of Conversational Spanish
UTEP
gabavila@utep.edu

Judith Navarro, M.A.
Director of Medical Spanish
UTEP
junava@utep.edu

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, such as the student oath and the comprehensive basic science exam.

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 exam.

Social Foundations of Medicine

This component of SCI exposes students to a societal/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, Scientific Principles of Medicine (SPM), 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 include presenters from outside PLFSOM. Students will be notified via the CHAMP of which sessions are mandatory. This component will be assessed via midterms and finals that will include short answers, essays, and multiple choice questions.

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 includes foundations in biostatistics, epidemiology, and evidence-based medicine. It 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, not just the lecture slides. These objectives will be found on CHAMP 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 that students taking notes in class provides active learning. Thus, 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. Thus, slide sets are not annotated. Students who do not attend class and take notes will likely not find the posted slide sets adequate for studying and should seek alternative sources.

Most classes will have a largely lecture format with intervals when students will occasionally break into pairs or small groups to work on a problem. Students will have a question from biostatistics or epidemiology on their weekly formative exam during the first year and via email during the second year. Formative experiences are also available to students with multiple choice questions available in the library (Exam Master, Board Vitals, etc.) as well as in some of the texts identified in the appendix. 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), all but the last of which will be subsequently discussed in class. During the first year students will have two literature reviews, the first reviewing articles that use classical methods, the second reviewing articles that use current statistical methods. In the second year, students will also have two literature reviews, the first a review of a recent issue from the *New England Journal of Medicine*, the second an evidence-based medicine review. For the evidence-based medicine review, students will identify a clinical problem they have encountered, search the literature 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. They will also assess the quality of the answer using the GRADE criteria.

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 SPM, Medical Skills, Masters' Colloquium, and the other SCI components. 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 students represent PLFSOM when they come to these activities, so professionalism is highly important. Students are responsible for having all of their necessary immunizations completed before attending.

Students will have two types of community health experiences: (1) clinics with primary care physicians. These will be the students' primary care preceptors with which we hope they will develop a productive, longitudinal experience. When attending clinic, students should tell their primary care provider what they are currently learning in SPM and Medical Skills so the preceptor can direct relevant patients to them if possible. Indeed, maximizing this integration is a prime reason why we use primary care physicians. (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 (1) documentation of participation and (2) a reflection for selected visits.

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 a large number 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: weekly one-hour 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 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 and 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, cellphones) in class unless specified by the instructor.

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 who contribute more than 100 hours of service-learning will be eligible for the 100-Hour Club and be recognized at both the annual symposium as well as at graduation.

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 each February 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.

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 students 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 that 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, use, 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; community health experience)
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)
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)

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) • 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) • Participation (TeamSTEPPS and related IPE activities)
4.3	Communicate with sensitivity, honesty, compassion and empathy.	• Narrative Assessment (Community health experience; small-group discussion)
4.4	Maintain comprehensive and timely medical records.	• Narrative Assessment (Community health experience)
Professionalism		
Educational Program Objectives		Outcome Measures
5.1	Demonstrate sensitivity, compassion, integrity and respect for all people.	• Narrative Assessment (Community health experience)
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)
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)
Interprofessional Collaboration		
Educational Program Objectives		Outcome Measures
7.1	Describe the roles of health care professionals.	• Participation (TeamSTEPPS and related IPE activities) • Narrative Assessment (Community health experience)
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) • Narrative Assessment (Community health experience)
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)

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 three 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, 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 required on-line reflections. An unexcused absence will result in a failure of this component as can late submissions of reflections. Absences can only be excused through Student Affairs (PLFabsence@ttuhsc.edu).

3. Spanish Language Assessment. This will be assessed as described in the Spanish language assessment section. 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.

Detailed information regarding institutional and school-level grading procedures and transcript notations can be found in the TTUHSC-EP 'Grading Procedures and Academic Regulations' (HSCEP OP 77.19) policy and PLFSOM 'Grading, Promotion, and Academic Standing' (GPAS) policy. On the official student transcript, students will receive a grade of Pass or Fail for SCI each semester. Students must pass all three of the assessments 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 as outlined below.

Remediation

Students can successfully remediate these assessments/requirements, and successful remediation will convert the grade for that section from 'Deferred' (DE) to 'Pass' (PA). Students who do not pass the course after their remediation attempt will receive a grade of 'Fail' (FA) 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 Health Experience. Students who have an unexcused absence from the community health experience can remediate by satisfactorily writing a 4000-word (approximately 10-page) or longer paper on a topic selected by the Director of Community-Based Education, Dr. Rosenthal. In addition, a professionalism concern will be sent to the student's college masters and documented as an 'event card' on e-portfolio. A second unexcused absence at any time during the pre-clerkship curriculum (which includes both the MS1 and MS2 years) will result in a failure of SCI and a referral to the GPC. Please note that inability to attend a community health experience due to lack of immunizations is an unexcused absence.

   For students who attend clinic but do not submit the required on-line reflection in the required time, a professionalism concern will be sent to the student's college masters and documented as an 'event card' on e-portfolio. For a second late submission at any time during the pre-clerkship curriculum (which includes both the MS1 and MS2 years), an additional professionalism concern will also be sent to the student's college masters and documented as an 'event card' on e-portfolio. A third late submission at any time during the pre-clerkship curriculum (which includes both the MS1 and MS2 years) will result in a failure of SCI and a referral to the GPC. An unexcused absence counts as a missed reflection.

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. Student Affairs tracks all absences, excused and unexcused, which includes absences in Spanish. All unexcused absences and tardies will be recorded as in e-portfolio. 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 during an academic year. If the student does not complete the remediation(s) at a satisfactory level or if the student has a third unexcused absence during the course of an academic year, 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. Please note that unexcused absences in immersion count toward the total unexcused absences during the first academic year. A tardy beyond 10 minutes counts as an absence, although one tardy a year is forgiven.

More Specific Grading Criteria

1. Written/Oral Assessments

Midterm and Final Exams

Students will have a midterm and final exam each semester except for during spring semester of their second year (SCI IV) when they will have only a final exam. Exams 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 SPM, and SCI will abide by the latest SPM policy: "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. Failure to do so will result in a failure of SCI and a referral to the GPC.

Grading Distribution (Fall and Spring Semester for MSI)

Problem Sets	15%
Midterm	35%
Final Exam	50%

Grading Distribution for MSIIs

Fall Semester:

Problem Sets	20%
Midterm	35%
Final Exam	45%

Spring Semester:

Problem Sets	45%
Final Exam	55%

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 manager, Ms. Barbara Stives, 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 based on professionalism without the option for remediation as well a referral to the

GPC. Students are advised to take a picture of their signed form after each visit in case they lose their signature card. Cards must be submitted within 1 week of the final visit of the semester.

Reflection

For selected Community Health Experience, students will fill out an on-line reflection. Due dates for reflections are designated below. At the start of the Community Health Experiences 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. When asked, students are responsible for signing up for clinical slots by the deadline provided. 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. Instead, they should work through the unit manager, Ms. Barbara Stives.

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 manager, Ms. Barbara Stives, by phone (915-215-4392) or by email barbara.stives@ttuhsc.edu as soon as possible. Please include the preceptor's name and the date of the missed clinic as well as times available within the next month for potential rescheduling.
- 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 manager, 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 as well as times available within the next month for potential rescheduling. The SCI unit manager will work with the preceptor to schedule a make-up clinic at a time when the student does not have scheduled class activities or during another month within the academic year in which case the student may have two preceptor visits during the same month. If an available time cannot be found, the student is not responsible for making up this clinic.

If the clinic visit is missed due to an excused absence as determined by Student Affairs, the SCI unit manager will work with the preceptor to schedule a make-up clinic at a time when the student does not have scheduled class activities or during another month within the academic year in which case the student may have two preceptor visits during the same month. If an available time cannot be found, the student is not responsible for making up this clinic.

If the clinic visit is missed due to an unexcused absence, the student is required to submit the 4000-word or longer remediation paper at the direction of Dr. Rosenthal. The SCI unit manager will attempt to schedule a make-up clinic at a time when the student does not have scheduled class activities or during another month within the academic year in which case the student may have two preceptor visits during the same month. Attending this clinic is required but does not replace submitting the remediation paper.

If the clinic visit is missed due to an SCI mistake, the SCI unit manager will work with the preceptor to schedule a make-up clinic at a time when the student does not have scheduled class activities or during another month within the academic year in which case the student may have two preceptor visits during the same month. If an available time cannot be found, the student is not responsible for making up this clinic.

Students are required to follow up about the missed visit remediation paper with Dr. Rosenthal.

3. Spanish Language Assessment

For Immersion Spanish, final grades for novice and intermediate Spanish (1.1, 1.2, 2.1, and 2.2) will be assessed with this distribution:

10%: Professionalism

15%: Daily participation

15%: Two oral comprehension assignments

25%: Two weekly assignments

10%: Participation/Assignments for off-campus activities

15%: Final assessment

10%: Final group presentation

For Immersion Spanish, final grades for advanced Spanish (3.1 and 3.2) will be assessed with this distribution:

10%: Professionalism

10%: Daily participation

30%: Individual research presentations

5%: Participation in Q&A about research presentations

10%: Work as conversation tutors

10%: Work as standardized patients

10%: Participation/Assignments for off-campus activities

10%: Final group presentation

5%: Glossary

MEDICAL SPANISH NOTE (8/8/19): Percentages listed here supersede the Medical Spanish Syllabus.

For medical Spanish for novice and intermediate students (1.1, 1.2, 2.1, and 2.2), 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 5-7 minute doctor-patient oral interview

For medical Spanish for advanced students (3.1 and 3.2), final grades will be assessed with this distribution:

- 20%: Professionalism and attendance
- 20%: Presentations: 10% for presentation, 10% for active participation in discussion
- 20%: Two listening and comprehension quizzes, 10% each

- 20%: Two five-minute Spanish oral conversation evaluation, 10% each
- 20%: Final oral evaluation as patients

Revision 9/9/19: MS2 Spring semester (applies to all classes – novice, intermediate, advanced):

- 20%: Professionalism and attendance
- 20%: Presentations: 10% for presentation, 10% for active participation in discussion
- 15%: One listening and comprehension quiz
- 15%: One five-minute Spanish oral conversation evaluation
- 30%: Final oral evaluation as patients

For medical Spanish, all evaluations are graded according to the student's proficiency level. Assessments will be based on American Council of Foreign Language (ACTFL) appropriate-level rubrics. These rubrics will assess comprehensibility, language forms and phrases/vocabulary appropriate to the task and student level, as well as cultural understanding and completion of the assigned task. ACTFL signposts:

· 90% or greater: exceeds expectations/pass

· 76 to 89%: meets expectations/pass

· 75% or less: does not meet expectations/fail

While students may be told that they exceed expectations for their feedback, this is not recorded on their transcript, which only records a grade of pass or fail for SCI. 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. If students fail this remediation, they will receive a grade of Fail for SCI and be referred to the GPC.

Attendance

As outlined in the PLFSOM 'Pre-clerkship phase attendance policy', failure to meet the school's overall expectations for attendance and participation can lead to a number of consequences including failure of a course or referral to the GPC for professionalism concerns. 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. Students who fail to adequately remediate or who have a third unexcused absence during an academic year or who have a second unexcused absence during conversational Spanish during Immersion will Fail SCI and be referred to the GPC.

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

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 ACTFL 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.

Important Dates

Please watch Canvas/CHAMP for potential changes.

1. Examinations

MSI

Fall Midterm: October 15

Fall Final:	December 16
Spring Midterm:	February 7
Spring Final:	May 4
Remediation Dates:	January 3
	June 4
	June 5
	June 11
	June 12
	June 18
	June 19

MSII

Fall Midterm:	November 1
Fall Final:	December 20
Spring Final:	February 21
Remediation Dates:	January 3
	March 5
	March 13
	March 20

2. Problem Sets

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

Problem Set	**Date Given By:**	**Date & Time Due** By SCI class (in class or online as designated)
MSI		
1	September 19	October 3
2	October 3	October 3 (in class activity)

3	November 21	December 5
4	January 16	January 23
5	February 27	March 5
6	April 9	April 16

MSII

7	August 26	September 9
8	September 30	October 14
9	August 26	January 13

3. Community Health Experience Reflections

Students are encouraged to do their reflection immediately following their Community Health visits. That being said, deadlines allow more time than that as indicated below.

Primary Preceptor Visits: Reflections are required once per semester for the Primary Preceptor visits in Year 1, including a related Patient Tracking Reflection once per year. A final overall Primary Preceptor reflection is required at the end of Year 2.

Specialty Community Health Experiences: Reflections are required for each of the seven (7) specialty visits over the MS1 and MS2 years. Except for the initial Public Health Department visit, these reflections are due at the end of the semester.

Missed Visits Remediation Papers: Remediation papers for missed visit are due at the end of the semester when the visit was missed. These must be turned in through the Assignments feature in the associated semester's SCI Course in Canvas.

The visit dates below are subject to change with notice depending on community partners:

	Date of Visit/s	**Date & Time Due by 11:59 pm online**
MS1		
Fall		
1) Public Health Department Reflection	**August 13**	**September 1**
2) Primary Preceptor Visits: September –December (3 visits)	**Varied**	**December 23 (3 days after exams)**
Spring		

3) Pharmacy Visit: January-February
4) Primary Preceptor Visits: February-April (2 visits)
5) Patient Tracking Refection on Primary Preceptor Patient (1 per year)
6) Community Health Center Visit

April (Details pending) **May 25 (3 days after CEYE)**

MS2

Fall

1) Ophthalmology Visit: Fall
2) Dental Visit: Fall
3) Obstetrical and Gynecology Visit: Fall
   *(*NOTE*: Fall Primary Preceptor Visit – no Reflection until Spring)*

Varied **Dec 23 (3 days after exams)**

Spring

1) Specialty Visit/Unit Panel: Spring (Details pending)
2) Primary Preceptor Visit: Overall Reflection on **Fall & Spring Visits**

Varied **Feb 24 (3 days after exams)**

MS1 and MS2

Deadlines for remediation papers are as indicated below unless otherwise negotiated.

Missed Visit Remediation Paper (4000 words) due in the SCI Course in Canvas:

Fall	**Dec 23 (3 days after exams)**
MS1 Spring	**May 25 (3 days after CEYE)**
MS2 Spring	**Feb 24 (3 days after exams)**

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.

SCI follows PLFSOM absence and tardiness policies; see the Student Handbook for details.

Social Foundations of Medicine and Introduction to Clinical Research

Attendance is required during the immersion period and presentations that involve most invited presenters. These will be indicated in CHAMP, and students will be informed in advance when these sessions require attendance.

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 made in class. 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 Community Health Experience

Attendance is required for all activities.

Conversational and Medical Spanish

Attendance is required for all activities.

Professional Attire

During the community health experiences 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; SCI will abide by the most recent version from Medical Skills. 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 have failed SCI due to professionalism problems. 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 or alter documents. 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.

Disability Support Services

TTUHSC EP is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to this course, and your program, please contact the Office of Academic and Disability Support Services to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively so students are encouraged to register with DSS as soon as possible.

Appendix

Recommended texts are available electronically or on reserve in printed form in the library.

Recommended/Reference for Spanish:

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

Note: In addition to its use as a resource, Spanish instructors may use the Spanish text for assignments.

Recommended/Reference for Introduction to Clinical Research:

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

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. Has questions.

Greenberg R, Daniels S, Flanders W, Eley J, Boring J. Medical Epidemiology: Population Health and Effective Health Care. Fifth Edition. Lange, 2015. Has questions.

A Lange medical book: Publisher: New York, N.Y. : McGraw-Hill Education LLC., c2015Edition: 5th ed. Available at: http://libraryaccess.elpaso.ttuhsc.edu/login?url=http://accessbiomedicalscience.mhmedical.com/book.aspx?bookid=1430

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

Myriam-Hunnik MG, Weinstein. Decision Making in Health and Medicine: Integrating Evidence and Values. 2014. An excellent text on clinical decision making. Has questions (but without answers).

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

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.

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

Rothman KJ, Greenland S. Modern Epidemiology, 2nd edition. Philadelphia: Lippincott Williams and Wilkens, 1998, An advanced text for epidemiology. Has questions (but without answers).

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.

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:

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.

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.

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.

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.

Hunting KL, Gleason BL. Essential case studies in public health-putting public health into practice. Available at: http://libraryaccess.elpaso.ttuhsc.edu/login?url=http://www.r2library.com/Resource/Title/0763761311

Levine, R. Case Studies in Global Health.

https://libraryaccess.elpaso.ttuhsc.edu/login?url=https://ebookcentral.proquest.com/lib/ttuhsc-elpaso/detail.action?docID=4440150

Morabia, Alfredo. Enigmas of health and disease : how epidemiology helps unravel scientific mysteries. New York : Columbia University Press, 2014

https://libraryaccess.elpaso.ttuhsc.edu/login?url=https://ebookcentral.proquest.com/lib/ttuhsc-elpaso/detail.action?docID=1634831

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.

Porta. Miguel. Editor. A dictionary of epidemiology. Contributor(s): Porta, Miquel S [editor.] | Greenland, Sander, 1951- [editor.] | Hernan, Miguel [editor.] | Silva, Isabel dos Santos [editor.] | Last, John M, 1926- [editor.] | International Epidemiological Association [sponsor.].

Material type: BookSeries: Oxford quick reference: Publisher: Oxford : Oxford University Press, [2014]Copyright date: 2014

https://libraryaccess.elpaso.ttuhsc.edu/login?url=https://ebookcentral.proquest.com/lib/ttuhsc-elpaso/detail.action?docID=1679277

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 .

Skochelak SE, Hawkins RE, Lawson LE, Starr SR, Borkan JM, Gonzalo JD. Health Systems Science. Elsevier. The American Medical Association. 2017.

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.

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

Zimmerman, RS et al. Introduction to global health promotion and Society for Public Health Education (SOPHE). Society for Public Health Education [sponsoring body.]. Available at:

https://libraryaccess.elpaso.ttuhsc.edu/login?url=https://ebookcentral.proquest.com/lib/ttuhsc-elpaso/detail.action?docID=4519243

Reserve Resources

On the “third pillar of medical education” developed with the American Medical Association:

- Skochelak SE, et al. Health Systems Science. AMA Education Consortium. AMA Education Consortium. Elsevier. 2017. An overview of Health Systems Science: Gonzalo JD,
- Ehrenfeld JD. Health Systems Science Review. AMA Education Consortium. AMA Education Consortium. Elsevier. 2019. Cases and questions for review.