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

Syllabus

Society, Community, and the Individual (SCI)
First Year

Immersion

SCI I, Fall MS1 (PSCI 5221)

SCI II, Spring MS1 (PSCI 5212)

Academic Year 2025-2026

Table of Contents

Contact Information

Course Director

Narges Khanjani, MD, PhD
Office: MEB 2200L
Tel.: 915-215-4532
Email: nkhanjan@ttuhsc.edu
Office Hours: Mondays 2:00-4:00 PM

SCI Faculty

E. Lee Rosenthal, MS, MPH, PhD
Office: MEB 4150
Tel.: 915-215-6954
Email: lee.rosenthal@ttuhsc.edu
Office Hours: Thursdays 3:00-5:00 PM

Salma Elwazeer, BDS, MDS, MPH
Office: MSBII, Dental School
Tel.: 915-215-4737
Email: Salma.Elwazeer@ttuhsc.edu
Office Hours: Contact for an appointment.

Program Coordinator *(key contact for most SCI questions)*

Nicolas Acedo Aguilar
Office: MEB 2200
Tel.: 915-215-4712
Email: Nicolas.Acedo-Aguilar@ttuhsc.edu

General Email: SCI-ElPaso@ttuhsc.edu

Course Hours:
Immersion is July 7-25, 2025, as posted in Elentra.
During the semester, classes will be on Thursday 11 am - 12 pm, and 1 pm – 2 pm.
CHE visits are on Tuesday, Wednesday or Friday afternoons. CHE visit hours are different for each student and will be posted in Elentra.

Course Description

The overall goal of the Society, Community, and the Individual (SCI) Course is to expose students to a population perspective on health and illness and to provide students opportunities to learn about the social, cultural, economic, political, and environmental forces affecting the health of patients and communities.

The SCI course in the first year of medical school is comprised of several essential components divided into to two semesters, SCI I (that includes Immersion) and SCI II. Within these 2 semesters, several core content areas are addressed, which are:

1) Community Health Immersion

2) Health System Sciences/Social Foundations of Medicine

3) Evidence-Based Medicine/Introduction to Clinical Research Methods

4) Community Health Experiences (CHE) including clinical and non-clinical experiences

5) Optional Service Learning activities, and

6) Conversational and Medical/Clinical Spanish. (*The Spanish Language component appears as a separate Syllabus*.)

These 5 course components are described below.

1- Community Immersion

Immersion, held the month before all other classes begin, in July, is designed to achieve the following:

- Students will be introduced to important SCI topics particularly Social Foundations of Medicine topics at a time when these issues do not compete for time and attention with other aspects of the curriculum.
- 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.
- Students will participate in field-based and service learning in order to learn about the individuals, families, and communities they will serve while they are in medical school.

- Students will participate in the community assessment and present on the assessment including a proposed community health intervention (logic model format).
- Students will receive accelerated conversational Spanish instruction.
- Immersion also provides time for administrative and other non-SCI activities, such as clinical communication skills, student oath, and an introduction to components of the pre-clerkship curriculum.

There are several core themes in Immersion that are supported by a mix of learning activities and assessments. These are:

Themes	Learning Objectives
Non-Medical Drivers of Health (AKA* Social Determinants of Health)	• Describe and discuss Social Determinants of Health and illness as an integral component of patient-centered care. • Examine the importance of addressing social determinants of health in improving the health of individuals and communities.
Community vs Individual Health	• Differentiate between individual versus community health and understand the roles of physicians and dentists to enhance both. • Conduct a community assessment and use existing data to form a community-based intervention.
Community-Centered Healthcare (Culturally competent care)	• Understand how culture-based discrimination, stereotyping, and mistrust affect patient-provider communication and reflect negatively on health outcomes. • Apply cultural competency knowledge to enhance essential skills needed to effectively provide culturally appropriate care to the culturally diverse population. • Apply the principles of culturally competent communications and patient-centered care during clinical interviewing.
Clinician Professionalism & Well-Being	• Develop an oath that describes the ways you will demonstrate professionalism during your career. • Collaborate in interprofessional teams. • Develop a personal wellness strategy and collaborative approach to mutual support.
Experiential Service Learning	• Provide service in the Paso del Norte Region • Reflect on how service and experiential learning contributes to student learning about the communities they serve • Examine the role of other sectors of the health and human services field that contribute to promoting health and well-being.
Conversational Spanish	• Develop culturally appropriate conversational skills according to the students' level of competency in the Spanish language.

**AKA: also known as*

Community Immersion's Community Assessment Project:

Immersion features a Community Assessment Project with Team-based and Individual components to engage students early on working in teams in order to foster strong communication and professional accountability. The project will also help students apply classroom and field-based learning in community and public health, demonstrating their synthesizing skills through creation of a community fact sheet and reflection, both individually and then as a team. As a culmination of the Community Assessment Project, teams propose a public health intervention informed by their observations and study of their assigned community. This project supports students in developing their observation skills and skills related to the synthesis of data from multiple sources, including their own Windshield Survey, Key Informant Interviews, and Community Member Surveys along with a look at existing reports and data. In Immersion, an important goal is to help student learn about the community but also to make the link between the importance of distilling community data from multiple community-centered sources to form interventions just as it is important to do the same for individual patients with clinical data gleaned from observation, patient interviews, lab tests, and the existing literature; all informing treatment planning.

The SCI Course works to help students take a community-centered approach just as we promote them taking a patient-centered approach. These approaches can help physicians to more deeply relate to the conditions in which their patients, live, work, and ideally thrive.

Important points to note about Immersion:

- At the start, students are assigned to three different levels (advanced, intermediate and beginners) of Spanish speaking proficiency upon intake based on a placement exam (using the Emmersion platform or similar) to allow for placement into conversational Spanish classes taught in Immersion. Students then go on to learn medical Spanish in the academic year.
- Unless otherwise specified, attendance is required at all SCI immersion activities.
- Immersion topics will not be tested on exams, however, the team-based Community Assessment Project is worth 20% of the SCI I grade. The Individual Community and Service Reflection Worksheet is worth 10% of the first semester grade. (See SCI Semester Grade Determinations)
- Immersion is taught as an interprofessional learning experience with students from the Hunt School of Dental Medicine.

2- Health System Sciences/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 immersion, these topics will also be explored more deeply throughout the first and second year. The schedule of topics and their session level objectives will be found on the Department of Medical Education learning platforms along with the times and locations of the sessions. Some sessions will integrate with College 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 Competence Project. There will also be panel discussions. This component will be assessed on exams that may include short answers, essays, and multiple-choice questions.

Attendance is required in all SCI Health System Sciences/Social Foundations of Medicine sessions in Year 1.

3- Evidence-Based Medicine/Introduction to Clinical Research

Practicing physicians need the ability to find, select, critically assess and extract useful information from the medical literature so they can provide optimal, state-of-the-art care to their patients. This component will help students develop these important skills through five steps (Asking, Acquiring, Appraising, Applying, and Assessing). It will also 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 course in the first year includes foundations in epidemiology, qualitative and quantitative research methods, and evidence-based medicine. It will help students, and subsequently their patients, in dealing 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.

Students will also have graded problem sets in this segment of the course. 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 receive one or two Research Methods problem sets in year one (in semester 2).

All Evidence-Based Medicine/Introduction to Clinical Research Methods sessions in SCI II are required unless otherwise noted at the start of the semester in the Learning Platform (Elentra).

4- Community Health Experiences (CHE visits)

Our goal is to provide students with clinical and public health 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, College Colloquium, and other SCI components. This will enable students to understand the relevance of what they are learning and how it is adapted in clinical practice.

Approximately once a month during the school year, students will be assigned a clinical or community-based experience for up to a half a day. **Attendance and punctuality for these community health experiences is mandatory.** Students must remember that these community preceptors are volunteers and our students represent PLFSOM when they go to these activities, so professionalism is highly important. Students are responsible for having all of their necessary immunizations completed before attending.

CHE programming extends from SCI I to SCI IV with 14 total visits. Typically, half the visits are in Clinical Settings and half the visits are in Non-Clinical settings.

I) Clinical Visits

(1) Clinical visits are with physicians or Doctor of Nurse Practitioner with a faculty appointment at PLFSOM in a few cases. When there are multiple visits with the same preceptor, we hope that students will work to develop a productive, longitudinal experience. The preceptor will be informed about the organ unit that the student is going through, as a list of units and their dates will be in the preceptor manual. Meanwhile, when attending clinic, students are encouraged to tell the preceptor 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 will be one-time experiences. These preceptors will prepare themselves for the preceptor visit with the information in the preceptor manual. The course faculty will reach out to these preceptors a minimum of one to two times per year. 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.

NOTE: WHITE COATS are required for all CHE off-campus visits and on-campus clinical experiences once SCI I has started.

II) Non-Clinical Visits

CHE visits can also take the form of group field visits (to a health center or the public health department); a Patient or Provider Panel, or a Symposium.

CHE Curriculum

The CHE SCI field-based/experiential learning curriculum component requires students to attend all assigned clinics, community visits and panels, and to submit documentation of participation at the end of each semester unless otherwise designated. A reflection may be requested for a selected visit or panel if specified in the event posting, however the main reflection is embedded in a Reflection Survey given in SCI I.

Visit dates and times in year one are primarily Tuesdays and Wednesdays 1:00-5:00 pm; other days and times may be used with advance notice. An overview of the visit schedule can be found in the Appendix.

The SCI CHE Guidebook for preceptors and students should be consulted for review of protocols and visit tips. This guidebook will be given to preceptors electronically with confirmation emails or during the faculty member's visit to the preceptors' office, and to students at the August orientation.

A CHE Orientation session will be held for the CHE visits and will include training by UMC pharmacies and UMC medical staff. This session will be in the first 2 weeks of the fall semester on a Tuesday or Wednesday afternoon during the dedicated CHE MS1 times. The time will be announced in Elentra.

5- 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.]

There are limited mandatory service hours for students. Students have to spend ~3 hours at the food bank in immersion and up to ~3 hours in a smaller group on community assessment day. These 5 hours will be included in the 100-hour club. Although more service-learning is not required for PLFSOM students, but 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.

The SCI team works to create opportunities for students to learn about opportunities for service early in their time at PLFSOM. As part of that, in SCI immersion, students do a community assessment. This project gives students an opportunity to discover needs and assets in a local community and it often leads to interest in service in those or similar communities. SCI also hosts activities with community groups to help link students to community-based organizations.

A service-learning site is available through campus learning platforms in Elentra where students document and submit service-learning hours and 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. Student Service Chairs for each class play a role in reviewing and approving their peers' service hours against our 100 Hour Club Guidelines (See Appendix).

A **Service-Learning Symposium** is held annually, usually in the spring. Abstract submission is due during the first weeks of the calendar year. 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 as a presenter can be included in their applications for residency programs.

SCI requires 2 hours of attendance in the Service-Learning Symposium (in the keynote, podium presentations, or posters) for first year students. Abstract requests come out in late November and are due in early January. The Symposium is usually held in late February or early March. This requirement serves as a Spring MS1 Community Health Experience.

Students are encouraged to contact Dr. Rosenthal, if they have any questions about service-learning activities.

Service and Service-Learning reflections are encouraged for all PLFSOM students throughout their four years of Medical School.

Strategies to Reinforce Learning

Throughout the Course, SCI instructors use techniques to help foster long-term learning, including active learning, spaced learning, interleaving, mixed practice, and desired difficulties. Students are encouraged to use resources they feel will best help them learn the objectives for each session and are in fact encouraged to use multiple resources, not just the session slides. The objectives will be found on the Department's learning platforms for each session. Students should understand that the session 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. Classes will be a blend of lecture format with intervals when students break into pairs or small groups to work on a problem. Interactive testing polls and games will also be used to reinforce learning.

Each semester will feature 1-2 Problem Sets to reinforce the application of the content featured in the semester. SCI II's Evidence-Based Medicine-Introduction to Clinical Research team-based learning (TBL) activities will include individual- and team-readiness assurance tests (iRATs/tRATS) that will carry percentage point values towards the final grade. See SCI Semester Grade Determinations.

All SCI sessions except Immersion-only content (content that is not further presented in SCI I in Fall) will be tested in the Final Exams at the end of the semester. Exams will feature multiple choice questions and may also include a small number of multi-point open-ended questions. Because spaced learning is important for long-term learning, exams may include questions beyond the current semester. Sessions to be tested beyond the current semester will be announced at the beginning of the semester.

Competencies, Program Goals and Objectives, and Outcome Measures

The Paul L. Foster School of Medicine (PLFSOM) 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. See the table below for SCI assessment strategies for PGOs.

SCI course goals include the following. Institutional goals are indicated in parentheses. Upon graduation, students will be able to:

1. Articulate how political, social, community, organizational, and family systems affect and are affected by the health of individual patients. (KP-2.5, PBL-3.5, SBP-6.1, SBP-6.2, SBP-6.3)
2. Identify community assets and needs, and have the opportunity to engage in service-learning projects to build on those assets and work to address identified needs. (PBL-3.5, SBP-6.2)
3. Identify, use, and assess quantitative and qualitative findings to critically evaluate the medical literature and practice evidence-based medicine. (KP-2.3, KP-2.6, PBL-3.1, PBL-3.4, SBP-6.3, PPD-8.4, PC-1.2)

4. Use epidemiological principles to assess and evaluate the distribution and determinants of disease. (KP-2.4)
5. Describe how culturally-based beliefs, attitudes, and values affect the health and illness behaviors of individuals, groups, and communities and identify strategies to effectively work with patients and co-workers who have different cultural backgrounds. (PC 1.6, ICS-4.1, ICS-4.2, ICS-4.3, PRO 5.1, IPC-7.4)
6. Describe the concepts of family, community, and systems within communities that impact health seeking behaviors and responses to treatment interventions. (KP-2.5, PBL-3.5, SBP-6.1, SBP-6.2)
7. Describe and recognize the impact of environmental and occupation factors on the health of individuals and populations. (PC-1.7, KP-2.4, PBL-3.1, PBL-3.5)
8. Identify and apply effective strategies for promoting health and reducing illness at the level of both the individual and the community. (PC-1.7, KP-2.4, PBL-3.1, PBL-3.5)
9. Participate in and/or analyze barriers and facilitators to the successful delivery and quality improvement of health care by community physicians and other health care providers. (PC-1.1, PBL 3.2, ICS-4.2, IPC 7.3)
10. Articulate the role of other health care providers in enhancing the health of their patients and work effectively with them in a collaborative manner. (ICS-4.2, SBP-6.4, IPC-7.1, IPC-7.2, IPC-7.3, IPC-7.4)
11. Investigate Health System Sciences to examine how health system organization impacts health and access to care for varied populations. (PBL 3.5, SBP 6.1, SPB 6.4)
12. Participate in Interprofessional Education (IPE) in order to better understand Physician's roles and opportunities for collaboration to promote health and wellbeing for providers and those they serve. (ICS 4.2, IPC 7.3)

See the PLFSOM Programmatic Goals and Assessment Methods during SCI I to II, in the table below.

PLFSOM Programmatic Goals and Assessment Methods during SCI I to II.

Patient Care			
Educational Program Objectives		Assessment Methods	Outcome Measures
PC-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.	• Narrative Assessment • Self-Assessment • Exam – Institutionally Developed, Written/Computer-based	• Immersion Activities (See Rubrics in Appendix.) • Community Health Experience (CHE) (SCI I CHE survey as Complete/Incomplete [C/I]) • SCI I Final Exams
PC-1.2	Make informed decisions about diagnostic and therapeutic	• Research or Project Assessment	• Problem Set SCI II. (See Rubric in Appendix.)

	interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.	• Exam – Institutionally Developed Written/Computer-based • Preceptor assessment	• TBL iRATs/tRATs (SCI II) • SCI II Final Exams • The CHE preceptor visit student evaluation form (See rubric in Appendix).
PC-1.6	Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.	• Narrative Assessment • Self-Assessment	• Immersion Activities and Projects (Team based projects, Patient centered interviewing skills, cross-cultural vignettes) See Rubrics in the Appendix. • Community health experience (CHE) (SCI I CHE survey [C/I])
PC-1.7	Provide preventative health care services and promote health in patients, families and communities.	• Narrative Assessment • Self-Assessment • Exam – Institutionally Developed, Written/Computer-based	• Immersion Activities and Projects (Team based projects, Patient centered interviewing skills, cross-cultural vignettes) See Rubrics in the Appendix. • Community health experience (CHE) (SCI I CHE survey [C/I]) • SCI I Final Exams
Knowledge for Practice			
Educational Program Objectives		Assessment Methods	Details
KP-2.3	Apply evidence-based principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem solving.	• Narrative Assessment • Self-Assessment • Research or Project Assessment • Exam – Institutionally Developed, Written/Computer-based	• Immersion Activities and Projects (Team based projects, Patient centered interviewing skills, cross-cultural vignettes) See Rubrics in Appendix. • Community health experience (CHE) (SCI I CHE survey [C/I]) • Problem Set SCI II. See Rubric in Appendix. • TBL iRATs/tRATs (SCI II) • SCI I & II Final Exams
KP-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.	• Narrative Assessment • Research or Project Assessment • Exam – Institutionally Developed,	• Immersion Activities and Projects (Team based projects, Patient centered interviewing skills). See Rubrics in Appendix. • Problem Set SCI II. See Rubric in Appendix. • TBL iRATs/tRATs (SCI II) • SCI II Final Exams

		Written/Computer-based	
KP-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.	• Narrative Assessment • Self-Assessment • Exam – Institutionally Developed, Written/Computer-based	• Immersion Activities and Projects (Team based projects, Patient centered interviewing skills, cross-cultural vignettes) See Rubrics in Appendix. • Community health experience (CHE) (SCI I CHE survey [C/I]) • SCI I Final Exams
KP-2.6	Demonstrate an understanding of and engagement in the creation, dissemination and application of new health care knowledge.	• Narrative Assessment • Research or Project Assessment • Exam – Institutionally Developed, Written/Computer-based	• Immersion Activities and Projects (Team based projects) See Rubrics in Appendix. • Problem Set SCI II. See Rubric in Appendix. • SCI I Finals
Practice-Based Learning and Improvement			
Educational Program Objectives		Assessment Methods	Details
PBL-3.1	Identify gaps in one's knowledge, skills, and/or attitudes, and perform learning activities to address them.	• Research or Project Assessment • Exam – Institutionally Developed, Written/Computer-based	• Problem Set SCI II. See Rubric in Appendix. • SCI I Final Exam
PBL-3.2	Demonstrate an understanding of quality improvement principles and their application to analyzing and solving problems in patient and/or population-based care.	• Exam – Institutionally Developed, Written/Computer-based	• SCI I Final Exam
PBL-3.4	Locate, appraise and assimilate evidence from scientific studies related to patients' health problems.	• Research or Project Assessment • Exam – Institutionally Developed, Written/Computer-based	• Problem Set SCI II. See Rubric in Appendix. • TBL iRATs/tRATs (SCI II) • SCI II Final Exams
PBL-3.5	Obtain and utilize information about individual patients, populations or communities to improve care.	• Narrative Assessment • Self-Assessment	• Immersion Activities and Projects (Team based projects, Patient centered interviewing skills, cross-cultural vignettes) See Rubrics in the Appendix. • Community health experience (CHE) (SCI I CHE survey [C/I])

		• Exam – Institutionally Developed, Written/Computer-based	• SCI I Final Exams
Interpersonal and Communication Skills			
Educational Program Objectives		Assessment Methods	Details
ICS-4.1	Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.	• Narrative Assessment • Self-Assessment • Preceptor assessment • Exam – Institutionally Developed, Written/Computer-based	• Immersion Activities and Projects (Patient-Centered Interviewing, cross-cultural vignettes) See Rubrics in the Appendix. • Community health experience (CHE) (SCI I CHE survey [C/I]) • The CHE preceptor visit student evaluation form (See rubric in Appendix). • SCI I Final Exams
ICS-4.2	Communicate effectively with colleagues and other health care professionals.	• Exam – Institutionally Developed, Written/Computer-based • Peer Assessment	• SCI I Final Exams • Peer Assessment in the middle and at the end of SCI II (See SCI peer assessment rubric in appendix).
ICS-4.3	Communicate with sensitivity, honesty, compassion and empathy.	• Narrative Assessment • Self-Assessment • Peer Assessment	• Immersion Activities and Projects (Community health experience, small-group discussion). See Rubrics in Appendix. • Community health experience (CHE) (SCI I CHE survey [C/I]) • Peer Assessment in the middle and at the end SCI II (See the SCI Peer Assessment Rubric in Appendix).
Professionalism			
Educational Program Objectives		Assessment Methods	Details
PRO-5.1	Demonstrate sensitivity, compassion and respect for all people.	• Narrative Assessment • Self-Assessment	• Immersion Activities and Projects (Team based projects, Patient centered interviewing skills, cross-cultural vignettes) See Rubrics in Appendix. • Community health experience (CHE) (SCI I CHE survey [C/I])
Systems-Based Practice			
Educational Program Objectives		Assessment Methods	Details

SBP-6.1	Describe the health system and its components, how the system is funded and how it affects individual and community health.	• Self-Assessment • Exam – Institutionally Developed, Written/Computer-based	• Community health experience (CHE) (SCI I CHE survey [C/I]) • SCI I Final Exams
SBP-6.2	Demonstrate the ability to identify patient access to public, private, commercial and/or community-based resources relevant to patient health and care.	• Research or Project Assessment • Self-Assessment • Preceptor assessment • Exam – Institutionally Developed, Written/Computer-based	• Problem Set SCI I. See Rubric in Appendix. • Community health experience (CHE) (SCI I CHE survey [C/I]) • The CHE preceptor visit student evaluation form (See rubric in Appendix). • SCI I Final Exams
SBP-6.3	Incorporate considerations of benefits, risks and costs in patient and/or population care.	• Exam – Institutionally Developed, Written/Computer-based	• SCI I Final Exams
SBP-6.4	Describe appropriate processes for referral of patients and for maintaining continuity of care throughout transitions between providers and settings.	• Exam – Institutionally Developed, Written/Computer-based	• SCI I Final Exams
Interprofessional Collaboration			
Educational Program Objectives		Assessment Methods	Details
IPC-7.1	Describe the roles and responsibilities of health care professionals.	• Self-Assessment • Exam – Institutionally Developed, Written/Computer-based	• Community health experience (CHE) (SCI I CHE survey [C/I]) • Final SCI I Exam
IPC-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.	• Self-Assessment • Exam – Institutionally Developed, Written/Computer-based	• Community health experience (CHE) (SCI I CHE survey [C/I]) • SCI I Final Exams
IPC-7.3	Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that	• Narrative Assessment	• TeamSTEPPS and related IPE activities

	is safe, timely, efficient, effective, and equitable.		
IPC-7.4	Recognize and respond appropriately to circumstances involving conflict with peers, other health care professionals and team members.	• Exam – Institutionally Developed, Written/Computer-based	• TeamSTEPPS and related IPE activities • SCI I Final Exams
Personal and Professional Development			
Educational Program Objectives		Assessment Methods	Details
PPD-8.4	Utilize appropriate resources and coping mechanisms when confronted with uncertainty and ambiguous situations.	• Narrative Assessment • Exam – Institutionally Developed, Written/Computer-based	• Immersion Activities and Projects (Patient centered interviewing skills) See Rubrics in the Appendix. • SCI I Final Exams

Abbreviations in the table:
SCI: Society, Community, and the Individual Course
CHE: Community Health Experience
IPE: Interprofessional Education
C/I: Complete/Incomplete
CA: Community Assessment
TBL: Team Based Learning
iRAT: Individual Readiness Assurance Test
tRAT: Team Readiness Assurance Test

Grading System

Graded Components and Remediations

There are three (3) components of SCI overall that are graded: (1) SCI Coursework which is graded, (2) the Community Health Experience and (3) Spanish. (*See Spanish Syllabus for Spanish component details.*)

1. Coursework

Summative Assessments

Graded coursework includes a combination of in-class individual and/or team-based quizzes, final exams, and written assignments/reflections. Students must obtain a 65% or greater cumulative score to pass each semester. This is a strict cut-off.

Students will have final exams in each semester. The content of the course is cumulative so each examination may build on content covered previously. Students will be notified at the beginning of the semester, if any specific sessions from the prior exam will be featured on an exam.

Attendance at SCI Sessions is required. As per university policy "Tardiness is disruptive, unprofessional, discourteous, and strongly discouraged". See the Pre-clerkship phase attendance Policy.

An unexcused absence from an exam will result in a score of "0" for that exam. 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.

Remediation decisions are based on the initial cumulative score at the end of the semester. If the cumulative score is less than 65%, students will be required to remediate by doing a written exam with a 65% passing threshold.

Students with an excused absence for a session with a graded quiz will be permitted to take an individual makeup quiz prior to the end of the semester. The remediation dates for SCI II are in late April and will be announced in advance. If the date does not work, the student is responsible for contacting the course coordinator and setting a time to do the makeup exams inside the time frame determined by the course director. There is a limited time frame for doing makeup exams and if a student misses this time frame, the grade for that session will be zero, despite the excused absence. Students with an unexcused absence for a session with a graded quiz will forfeit the session grade.

If problem sets are submitted late, the student will be penalized 25% for each 24 hours of delay. A score of zero will be given to problem sets submitted after 4 days.

Formative Assessments

Students will have access to weekly formative assessments with inclusion of Multiple Choice Questions (MCQs) and, in some cases, open ended questions. Formative questions should ideally be answered after reading/listening to the on-line posted teaching materials and before coming to class. Feedback on formative assessments will be given to students, automatically from the exam system, or they will be posted with Course Material. Formative questions may appear as Quizzes in Elentra (SCI I Fall) or Attachments (SCI II).

2. Community Health Experiences (CHE)

To pass this component of SCI, students must attend all the assigned activities and submit a SCI I CHE Survey and submit required documentation of CHE visit attendance.

Student CHE documentation is currently managed using required hard copy signed documentation cards. It is the students' responsibility to review instructions for each semester and adhere to the methods provided.

An unexcused absence for an assigned CHE activity that is not remediated, will result in a Fail of the SCI course. See Remediation protocols for unexcused missed CHE visits below. Requests for excused absences can be submitted through the PLFSOM online absence/leave request system here. See the PLFSOM Pre-clerkship phase attendance policy for guidelines on excused absences.

A CHE Guidebook for preceptors and students will be shared at the start of the Academic Year to clarify what is expected from the preceptors and students in the preceptor visits.

Students can swap their time slots with a classmate, once in a semester, and if they have a legitimate reason. However, both students have to inform the SCI coordinator at least 2 weeks (10 business days) before the earliest time slot and both students have to see the SCI coordinator in person and fill in a request form. Exceptions can be made by the director's discretion on a case basis.

An Orientation Session will be held for the CHE visits and will include training by UMC pharmacies and UMC medical staff. This session will be in the first 2 weeks of the fall semester on a Tuesday or Wednesday afternoon during the dedicated CHE MS1 times. The time will be announced in advance.

If something goes wrong or something unexpected happens with a CHE visit for any reason, the student has to inform the Course Coordinators and the Course Director by email of the issue no later than 5 business days after the event.

Standard Community Clinic Times

- Students will receive a schedule of their community clinic visits early in the semester. An announcement will be made when all visits have been scheduled for the semester through an email from the SCI coordinators to the class. If asked, students are responsible for signing up for clinical slots by the deadline provided.
- Until that email is released, students should keep their dates and times available for SCI visits.
- MS1 Community Health Experience visits will primarily be on either Tuesday or Wednesday afternoon from 1:00 pm until ~5:00 pm.
- Exceptionally, some visits will be scheduled on other days of the week when other pre-clerkship courses are not scheduled.
- 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.
- 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.

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 relevant program coordinator, at the end of each semester.

Falsely documenting a visit without attending clinic will result in an automatic failure of the Community Clinic Experience and SCI based on professionalism issues without the option for remediation as well as 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 (7 days) after the final exam. Card submission instructions will be printed on the card. Failure to submit the card will result in a failure of SCI.

The preceptor will also be asked to complete a student evaluation survey online and submit electronically or on paper and submitted in a sealed and signed envelope. The evaluation form can be seen in the Appendix.

Pre and Post Survey Reflection

For selected Community Health Experiences, at the start of SCI I, students will receive an individualized LINK from SCI-ELPaso@ttuhsc.edu to complete an on-line Community Health Experiences Reflection. Students are responsible for keeping and using the appropriate link.

Students are required to participate in both Non-Clinical and Clinical Visits as listed in the table below.

Year 1 SCI Community Health Experiences Visit order and sites subject to change with notice	
Non-Clinical Events (no preceptor)	**Clinical Visits (with preceptors)**
1. Community/Military Health Facility (SCI I-Immersion) 2. Chronic Disease Patient Panel (SCI I) 3. Service Learning Symposium (SCI II) 4. Public Health Department Visit (SCI II)	1-3. Physician (or DNPs) Preceptor Visits (SCI I, II, III) 4. Pharmacy Visit (SCI I or SCI II) 5. Internal Medicine Visit (SCI I or SCI II)

DNP: Doctor of Nurse Practitioner, with a faculty appointment at PLFSOM

Missing a Community Health Experience

Make-ups are required for all CHE absences, excused and unexcused. For clinical CHEs this includes making up the visit itself.

It is specifically **essential** that students attend Clinical CHE visits as scheduled. If students miss a visit, they need to follow the procedures outlined here, that are appropriate to their situation:

- E-mail the Department of Medical Education through the PLFSOM absence management system as soon as possible.
- Contact the respective SCI program coordinator **as soon as possible, in no later than 5 business days** after the event. Include the preceptor's name and the date of the missed clinic.
- Contact their preceptor to let them know they will not be at their clinic.

➢ *If the student discovers that the preceptor is not available*, the student needs to contact the respective SCI program coordinator. 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 program coordinator will work with the preceptor to schedule a make-up visit at a time when the student does not have scheduled class activities or during another month in which case the student may have two preceptor visits during the same month.

- *If the clinic visit is missed due to an excused absence*, the SCI program coordinator will work with the preceptor to schedule a make-up visit at a time when the student does not have scheduled class activities or during another month in which case the student may have two preceptor visits during the same month. See the Pre-clerkship phase attendance policy to find out how absences are excused.
- *If the clinic visit is missed due to an unexcused absence*, the student is required to submit the 4000-word remediation paper. The SCI program coordinator will attempt to schedule a make-up visit at a time when the student does not have scheduled class activities or during another month in which case the student may have two preceptor visits during the same month. Attending the clinic is required but does not replace submitting the remediation paper.
- *If the clinic visit is missed due to an SCI mistake*, the SCI program coordinator will work with the preceptor to schedule a make-up visit 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.

Missed Visits Remediation Papers

Remediation papers for missed non-clinical and clinical CHE visits are due at the end of the semester when the visit was missed, and must be turned in online within 7 days of the final unit/semester exam through the Assignment's DropBox feature in the associated semester's SCI Course, in Elentra. See table below for the remediation plans in different situations. Make-up and Remediation Paper descriptions are in the Appendix.

Summarized Student Remediation Plan	
Situation	**Make-Up or Remediation**
A Non-Clinical Excused Absence	• The 600 word make-up reflection
A Non-Clinical Unexcused Absence	• The 600 word make-up reflection & • The 2000 word remediation paper
A Clinical Excused Absence	• A make-up visit
A Clinical Unexcused Absence	• A make-up visit & • The 4000 word remediation paper

Assignment due Dates are 7 days after the unit final exams are completed.
For SCI II this can be after the CEYE exam.

For unexcused absences, a professionalism concern will be sent to the student's college mentors and documented in the student's record according the Pre-clerkship phase attendance policy.

A second unexcused clinical CHE absence in the same year will result in a failure of SCI and a referral to the GPC. Note that inability to attend a community health experience due to lack of immunizations is an unexcused absence.

SCI Semester Grade Determinations

Detailed information regarding institutional and school-level grading procedures and transcript notations at TTUHSC-EP, can be found at:

- ✓ Grade Changes and Transcript Notations (subsidiary to HSCEP OP 59.05) policy
- ✓ Grading Procedures and Academic Regulations (HSCEP OP 59.05) policy and
- ✓ Grading, Promotion, and Academic Standing' (GPAS) policy.

The overall semester course grades for SCI I and SCI II are comprised of the following weighted components:

SCI I – Immersion and Fall (MS1)

SCI I Assessment Components (Immersion and Fall)	
Immersion: Team-based Immersion Community Assessment Project	20% of final grade
Immersion: Individual Community and Service Reflection Worksheet	10% of final grade
Fall: CHE reflection and Health Systems Sciences Survey	20% of final grade
Final Exam	50% of final grade
Immersion and Fall Community Health Experiences Documentation	Reported as Complete or Incomplete

SCI II – Spring (MS1)

SCI II Assessment Components	
Problem Set: Research Methods	30% of final grade
In class Team-based activity *Each session is worth equal grades and the grade of each session is the 20% divided by the number of sessions. The grade of each session is equally divided between the iRAT and the tRAT.*	20% of final grade
Final Exam	50% of final grade
Community Health Experiences	Reported as Complete or Incomplete

Example for how the SCI II grade will be calculated:

If someone gets 70/100 in the final, 80/100 from the Problem Set, and 50/100 from class activity, the grade will be 69 and because it is ≥ 65 , this person will pass. We look at the cumulative grade.

$(0.50 \times 70)+(0.30\times 80) +(0.20\times 50) = 69$

Overall SCI Semester Course Grading

Students must obtain a 65% or greater cumulative score (based on weighted components) and satisfactorily complete the community health experiences to pass each semester. The grading system has been summarized below:

Pass (PA)	Cumulative score ≥ 65% and Completion of CHEs.
In Progress (PR)	Cumulative score ≥ 65% and Incomplete CHE due to an unscheduled or excused absence.
Deferred (DE)	Cumulative score < 65% or Incomplete CHE due to an unexcused absence.
Fail (FA)	After an unsuccessful remediation exam, or two unexcused clinical CHE absences, or an Incomplete CHE that did not get made up or remediated in the expected time frame.

CHE: Community Health Experience

Remediation Process

- Students with a cumulative score below 65% will receive a grade of DE and must take one written remediation exam. This written exam is the only component of the remediation. Previous performance on other components will not be considered.
- Successful remediation: Scoring ≥ 65% on the remediation exam (if applicable) and/or completing all CHE visit remediation requirements (if applicable) converts the grade of DE or PR to a Pass (PA).
- Unsuccessful remediation: Scoring < 65% on the remediation exam or not completing all CHE visit remediation (or makeup) requirements in the expected time frame converts the grade of DE or PR to Fail (FA) and results in a referral to the Grading and Promotions Committee (GPC).

Important Dates

Please watch Canvas/Elentra for potential changes.
See the Appendices for the Session List for SCI I and SCI II.

Examinations

Exam Date*	**Exams**	**Sign Up Deadline*, if any**
December 2, 2025	SCI Final I	-
January 5, 2026	SCI Remediation Round 1	December 26, 2025
April 17, 2026	SCI Final II	-
June 4, 2026	SCI Remediation Round 2	May 29, 2026
June 5, 2026	SCI Remediation Round 3	May 29, 2026
June 11, 2026	SCI Remediation Round 4	June 5, 2026
June 12, 2026	SCI Remediation Round 5	June 5, 2026
June 17, 2026	SCI Remediation Round 6	June 12, 2026
June 18, 2026	SCI Remediation Round 7	June 12, 2026

* *Dates are subject to change*.

Individual and Team –Based Assignment Due Dates

Assignment due dates will be posted in Elentra or in the designated platform. Anticipated assignment and Problem Set dues dates are below. Problem sets will be given out at least one month before the deadline, except in the case of Immersion.

Semester	Individual and Team-Based Assignments	Due Date*
Immersion	Team-based Immersion Community Assessment Project • *Note: In addition to turning in the assignment, starting at Noon 7-23-25, please return all completed survey instruments in the designated location as per Elentra. These documents have to get stored or shredded*.	July 23, 2025 6:00 pm
Immersion	Individual Community and Service Reflection Worksheet	July 23, 2025 6:00 pm
SCI I	Individual CHE visit reflection and Health System Sciences Survey (CHE and Classroom Learning)	Friday before Unit Exams
SCI II	Problem Set: Research Methods	April 27, 2026

* *Dates are subject to change*.

Community Health Experiences

The SCI I CHE Survey is due at the end of the Fall semester, on the Friday before Unit Exams. Also see 'Remediation Paper Assignment' in the Appendix.

Attendance Policies

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. For both excused and unexcused absences, students are responsible for learning the educational material and completing necessary assignments offered during their absence and can also 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 second unexcused absence during an academic year will fail SCI and be referred to the GPC. An unexcused absence from a graded assessment will result in a score of "0" for that assessment. Absences can be excused only through the PLFSOM absence management system here.

Attendance at SCI I-II classes and CHE sessions are required unless otherwise posted at the start of the semester. SCI follows PLFSOM absence and tardiness policies; see the Student Handbook for details.

Important: Students are responsible to learn 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 team members.

Course Policies and Procedures

Professional Attire

During the CHE (Community Health Experience) visits as well as when working with standardized patients, and community members, 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.
- As noted earlier in the Syllabus, 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.

Office of Accessibility Services

TTUHSC El Paso is committed to providing equitable access to learning opportunities for all students with documented learning disabilities. To ensure access to this course and your program, please contact the Office of Accessibility Services (OAS) by calling 915-215-4398 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 OAS as soon as possible. More information can be found on the OAS website: https://elpaso.ttuhsc.edu/studentservices/accessibility/default.aspx

Student Mistreatment Policy

TTUHSC El Paso strives for a positive and supportive learning environment. If at any time you experience any mistreatment by faculty, staff or other students, please report it directly to the Course Director or Co-Director or use the QR code to submit a report.

Statement of Accommodation for Pregnant and Parenting Students

To support the academic success of pregnant and parenting students and students with pregnancy related conditions, Texas Tech University Health Sciences Center El Paso offers reasonable modifications based on the student's particular needs. Any student who is pregnant or parenting a child up to age 18 or has conditions related to pregnancy are encouraged to communicate their needs with their faculty and/or program for academic support. Students may also contact Norma Fuentes, the Manager of Accessibility and Student Advocacy, to discuss support options. She will work with the institution's designated Pregnancy and Parenting Liaison to ensure equal access to the University's education program or activity. Please email norma.fuentes@ttuhsc.edu or call 915.215.4398. Students may also submit a Pregnancy & Parenting Support form to request assistance.

For more information, please refer to Texas Tech University System Regulation 07.15 – Pregnancy and Parental Status.

Recommended Texts

Recommended texts are available electronically or on reserve in printed form in the library. A curated list of relevant electronic textbooks is also available through the TTUHSC-EP Library at:

https://elpaso-ttuhsc.libguides.com/PLFSOMtextbooks.

➢ Recommended/References for Introduction to Clinical Research Methods

A collection of Epidemiology books for PLFSOM students can be found here:

https://elpaso-ttuhsc.libguides.com/PLFSOMtextbooks/biostats

The main textbook for Research Methods is:

Gordis Epidemiology by David D. Celentano and Moyses Szklo.

➢ Recommended/References 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.

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.

Gonzalo JD Ehrenfeld JD. Health Systems Science Review. Cases and questions for review. AMA Education Consortium. AMA Education Consortium. Elsevier. 2019.

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.

Hammound, M. Medical students making an impact: Submissions to the accelerating change in medical education health systems science student impact competition. American Medical Association.; 2019

Howell, M et al. Understanding healthcare delivery science Howell, 2020

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

Institute of Medicine (U.S.) Patients charting the course: citizen engagement and the learning health system : workshop summary Institute of Medicine (U.S.) Roundtable on Value & Science-Driven Health Care, Corporate Author; Olsen, Leigh Anne.; Saunders, Robert S.; McGinnis, J. Michael. 2011

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

McGinnis, J et al. Digital Infrastructure for the Learning Health System: The Foundation for Continuous Improvement in Health and Health Care: Workshop Series Summary. 2012

Sobti R, et al. Delineating Health and Health System: Mechanistic Insights into Covid 19 Complications. 2021

Skochelak S, et al. AMA Education Consortium. Health Systems Science. Elsevier Publications, 2021, Second Edition.

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.

Wilensky SE, Teitelbaum JB. Essentials of Health Policy and Law. 2020. Available at: http://libraryaccess.elpaso.ttuhsc.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=2029553

Appendices

Appendix 1: Immersion 2025 Calendar

Appendix 2: MS1 CHE Orientation Session and Experiences

Appendix 3: SCI I Sessions

Appendix 4: SCI II Sessions

Appendix 5: Immersion Assessment Forms (2 forms)

Appendix 6: Immersion Community Assessments Project Rubrics (3 Rubrics)

Appendix 7: SCI Peer Assessment Rubric

Appendix 8: Rubrics of the Research Methods assignment (the Comprehensive Component)

Appendix 9: Preceptor Visit Student Evaluation Form

Appendix 10: SCI Community Health Experience Self-Assessment Rubric for Intake & Exit Surveys

Appendix 11: Make-Up and Remediation Assignment for Missed CHE visit

Appendix 12: Event Card

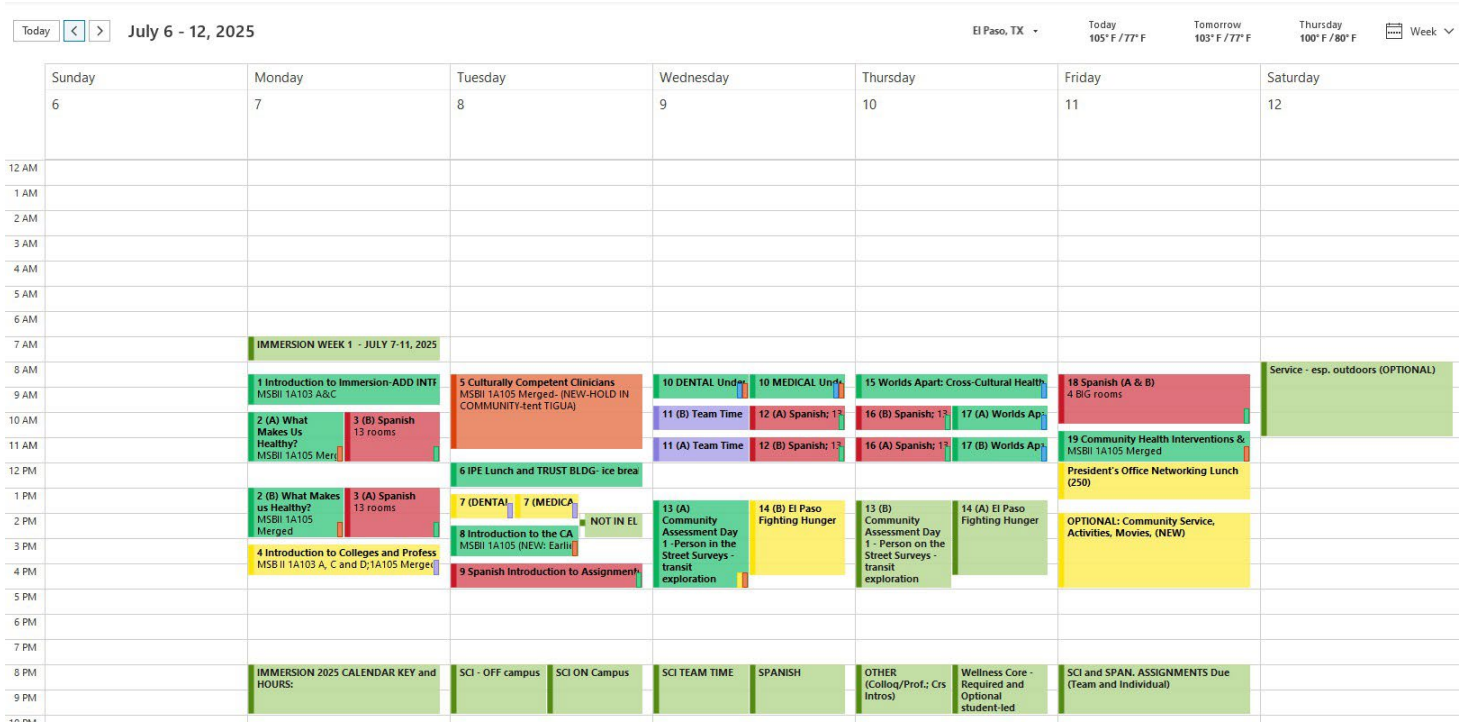
Appendix 13: 100 Hour Club Guidelines

Appendix 1: Immersion 2025 Calendar

This schedule is subject to change. See Elentra for the final schedule.

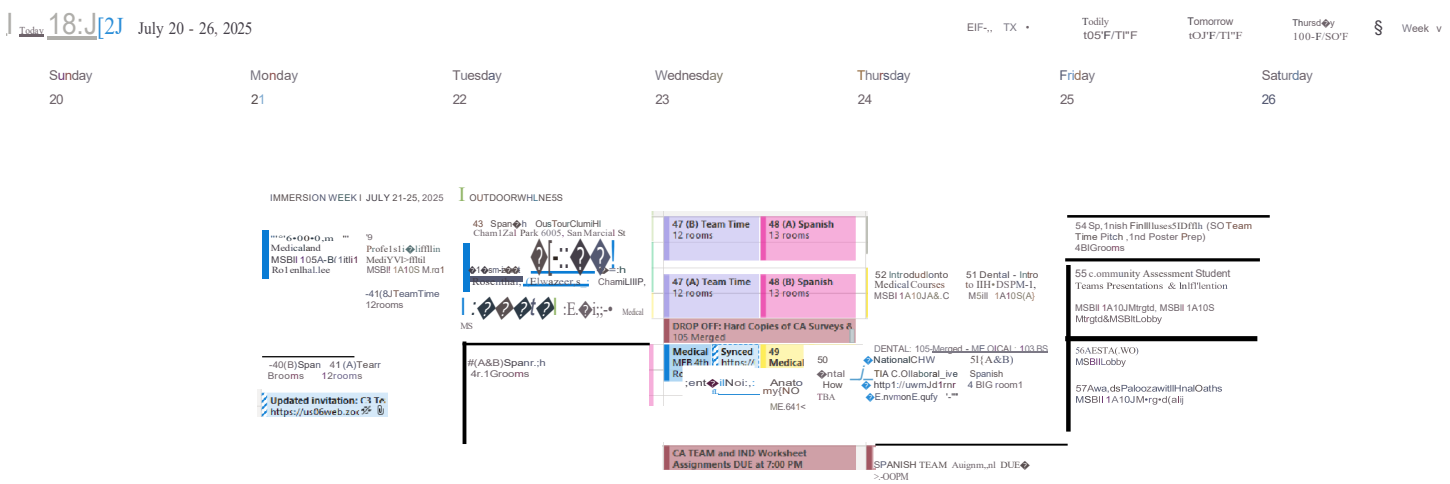
The Calendar Legend:

The 2025 Immersion Calendar, Week 1



The 2025 Immersion Calendar, Week 2

The 2025 Immersion Calendar, Week 3



Appendix 2: MS1 CHE Orientation Session and Experiences

SCI I

CHE Orientation session will be held for the CHE visits and will include training by UMC pharmacies and UMC medical staff. This session will be in the first 2 weeks of the fall semester on a Tuesday or Wednesday afternoon during the dedicated CHE MS1 times. The time will be announced in Elentra.

CHE Personal Self-Directed Learning Goals and Health Systems Science Reflection Survey: The Survey will be released in the same first two weeks; it is due the last Friday before the unit final exams.

MS1 SCI I and II CHE SCHEDULE: Fall – Spring – 8 visits

MS1 CHE Visits and Activities: Visit dates and times are Tuesdays and Wednesdays from 1:00-5:00 pm; other days and times may be used with advance notice.

1) Health Facility Visit (During Immersion)
2-3) Primary Preceptor (2 visits over the academic year)
4) Pharmacy Visit (1 over the academic year)
5) Internal Medicine Visit (1 over the academic year)
6) Service-Learning Symposium
7) Living with Chronic Diseases /Patient Panel
8) Public Health Department Experience (or similar)

REMINDER: Visit Documentation: CHE MS1 year visit documentation is due at the end of Fall and the end of the Spring semester 7 days after Final Exams are due. Watch for updates on documentation methods to be announced in class and in Elentra

The SCI CHE 2025-26 Guidebook for preceptors and students should be consulted for review of protocols and visit tips.

Appendix 3: SCI I Sessions

MS1 SCI I Session - Fall 2025
Thursdays 11 am and 1 pm

Session Names and Dates are Subject to Change

Session No.	Date	Topics
1	July 31	Environmental Exposures in the US Southeast
2	August 7	Systems Thinking: Intro to the Bio-psych-social model
3	August 14	Health Literacy
4	August 21	Modifying Patient Behavior (Health Behavior Theories)
5	August 28	Social Support & Adherence to Treatment Plans
	September 4	**No Class - Exam Week**
6	September 11	Motivational Interviewing Workshop
7	September 18	IPE: Roles & Responsibilities
8	September 25	Introduction to the Public Health Insurance Systems in the US: Part 1
9	October 2	Introduction to the Public Health Insurance Systems in the US: Part 2
10	October 9	Providing Culturally-Competent Care: The Role of Nutrition for Better Health Outcomes
	October 16	**No Class - Exam Week**
11	October 23	Panel on NON-CLINICAL Patient-Centered Referral: Reaching Out to Community Partners
	October 30	Health Insurance in Health Systems - Application to Clinical Care CHE Reflection and Survey Review
12	November 6	Panel on CLINICAL Patient-Centered Referral: Collaborating to Close the Loop
13	November 13	Navigating the US Health Care System: Taking a Patient-Centered Approach (Referral and Navigation Simulation)
14	November 20	The Role of Primary Care Providers and Providing Patient-Centered-Care
	November 27	**No Class - Thanksgiving Break**
	December 2	**FINAL EXAM**
15	December 4	International Health and Health Care Systems
16	December 11	Crossing the Quality Chasm

Appendix 4: SCI II Sessions

MS1 SCI II Session - Spring 2026
Thursdays 11 am and 1 pm

Session Names and Dates are Subject to Change

Session No.	Date	Topics
1	Jan 8	Intro to Epidemiology and Measures of Disease Frequency
2	Jan 15	TeamSTEPPS tools 1
3	Jan 22	TeamSTEPPS Tools 2
4	Jan 29	TeamSTEPPS Simulation Day
	Feb 5	Exams
5	Feb 12	TeamSTEPPS Debrief
6	Feb 19	Qualitative Research
7	Feb 26	Cross-Sectional Studies
8	March 5	Case Control Studies
9	March 12	Sampling Techniques
10	March 19	Cohort Studies
11	March 26	Randomized Control Trials
	April 2	Exams
12	April 9	Bias, Confounding, and Effect Modification
13	April 16	Systemic Reviews and Meta Analysis
14	April 23	Searching for Scientific Evidence
15	April 30	Designing Research with the End in Mind

Appendix 5: Immersion Assignment Forms (2 Forms)

Patient-Centered Interviewing Assessment Form

1. **Was the student respectful of others in class?**
   ☐ Yes ☐ No ☐ N/A

2. **Did the student respond well to feedback?**
   ☐ Yes ☐ No ☐ N/A

3. **Did the student work well with others in the group?**
   ☐ Yes ☐ No ☐ N/A

4. **Was the student tolerant of different ideas?**
   ☐ Yes ☐ No ☐ N/A

5. **Was the student able to self-assess and gain new insights?**
   ☐ Yes ☐ No ☐ N/A

6. **Please comment on any student behavior that demonstrates either a good or bad example of professionalism.**

Worlds Apart Assessment Form

1. **Was the student respectful of others in class?**
   ☐ Yes ☐ No ☐ N/A

2. **Did the student respond well to feedback?**
   ☐ Yes ☐ No ☐ N/A

3. **Did the student work well with others in the group?**
   ☐ Yes ☐ No ☐ N/A

4. **Was the student tolerant of different ideas?**
   ☐ Yes ☐ No ☐ N/A

5. **Was the student able to self-assess and gain new insights?**
   ☐ Yes ☐ No ☐ N/A

6. **Please comment on any student behavior that demonstrates either a good or bad example of professionalism.**

Appendix 6: Immersion Community Assessments Project Rubrics (3 Rubrics)

IMMERSION 2025 RUBRICS

COMMUNITY ASSESSMENT (CA) PROJECT RUBRICS

The Community Assessment Project is worth 30% percent of the SCI I Semester Grade:

It has an Individual (10%) and a Team-based (20%) Component.

INDIVIDUAL ASSIGNMENT COMPONENT:

I. INDIVIDUAL COMMUNITY ASSESSMENT AND SERVICE-LEARNING REFLECTION RUBRIC

INDIVIDUAL COMMUNITY AND SERVICE-LEARNING REFLECTION WORKSHEET

SCI IMMERSION COMMUNITY ASSESSMENT PROJECT: INDIVIDUAL COMMUNITY ASSESSMENT & SERVICE-LEARNING REFLECTION ASSIGNMENT RUBRIC				
Name:		School:		
	Limited Evidence (1)	Good Evidence (2)	Exemplary Evidence (3)	FINAL SCORE (Notes, if any)
I. COMMUNITY OBSERVATION (20%)	Reflects a limited review of community resources and challenges related to health and well being	Reflects a good review of community resources and challenges related to health and well being	Reflects a excellent review of community resources and challenges related to health and well being	
II. COMMUNITY SERVICE & SERVICE-LEARNING REFLECTION (20%)	Reflects a limited review of lessons learned through service about self and community members	Reflects a thoughtful review of lessons learned through service about self and community members	Reflects a thought provoking review of lessons learned through service about self and community members	
III. NAVIGATING THE SYSTEM (20%)	Reflects a limited exploration of individual community member's access to care and opportunities to support health	Reflects a good exploration of individual community member's access to care and opportunities to support health	Reflects a thorough exploration of individual community member's access to care and opportunities to support health	
IV. "RECUERDO" CONNECTION (20%)	Reflects a modest effort to make a linkage between selected Recuerdo and the community	Reflects a good effort to make a linkage between selected Recuerdo and the community	Reflects a comprehensive effort to make linkage between selected Recuerdo and the community	
V. IDENTIFIED HOW THE COMMUNITY CONNECTS TO OWN LIFE (20%)	Reflects limited thought on how the focus community connects to own personal and/or professional life	Reflects thoughtful review of how the focus community connects to own personal and/or professional life	Reflects deep thought on how the focus community connects to own personal and/or professional life	
General Feedback:				TOTAL SCORE /15
Admin Notes:				

TEAM-BASED ASSIGNMENT COMPONENTS: (2 of the 3 Rubrics are for team -based work)

II. COMMUNITY ASSESSMENT PROJECT TEAM-BASED ASSIGNMENT RUBRIC

The CA Presentation is judged by members of the Campus and Paso del Norte Community, falls under the team-based component of the assignment. It makes up 10% of the Team -based assignment grade.

IMMERSION 2025
COMMUNITY ASSESSMENT (CA) PROJECT TEAM-BASED ASSIGNMENT OVERVIEW WITH RUBRIC

Community Assessment Project Goals:

- The Community Assessment Project is intended to help students synthesize learning from field-based and the classroom settings to better understand the non-medical drivers of health that impact individuals, families, and communities in our region.
- The Community Assessment Project is also intended to help students develop skills in collaboration and accountability as they work in interprofessional teams to carry out the Project.

This Community Assessment Project is 30% of your SCI I Semester Grade: 20% is from Team-based work and 10% from Individual work.

OVERVIEW OF PROJECT COMPONENTS

1. **COMMUNITY FACT SHEET (1 double-sided page) 25%**
   To include:
   - **Community Asset Map-** from Windshield Survey Observation
   - **Community Navigation Inventory Highlights > Health and Human Services Identified**
   - **Community Assessment Data – generate up to four tables or figures**
   - **Highlight integrated findings**
     Key Informants Interviews
     People on the Street Interviews
     Exploration of Existing County and Community Data and Reports

2. **PROPOSED INTERVENTION (3 single-sided page) 25%**
   - **1 sided-page write up team's proposed intervention including**
     Brief discussion of how your proposed intervention responds to what you heard from and learned about the community (1 para)
     Overview of Proposed Intervention (1 para)
     Description of proposed Intervention Launch Event (1 para)
   - **1 sided-page Health Intervention Logic Model**
   - **1 sided-page Outline of an Elevator Pitch explaining why the Team's community and intervention idea should be implemented (voted best)**

3. **TEAM REFLECTION (1 double-sided page) 20%**
   Project coordination/collaboration, IPE; service experience; how the community relates to team members, reflection on community & TEAM PHOTO & TEAM'S #1 COMMUNITY ARTIFACT (Photo and Statement)

4. **ATTRIBUTIONS, ACKNOWLEDGMENTS, AND REFERENCES (1 single-sided page) 10%**

5. **POWERPOINT PRESENTATION: Community Assessment Team Presentation 10%from Judges & 10% SCI Faculty = 20%**
   (See JUDGES PRESENTATION RUBRIC FOR RUBRIC FOR half the points for this COMPONENT)

NON-GRADED-SUBMISSION: Any Key Informants Interview Notes and Community Surveys – SUBMIT AS HARD COPIES SEPARATELY
For more details about the assignment, please review the assignment description in Elentra.

COMMUNIIY ASSESSMENT PROJECT RUBRIC							
	Criteria	**Poor(I)**	Needs Improvement (2)	Sa.ti.sfactory (3)	Good (41	**Excellent** (5)	**TOTAL**
1	Community Fact Sheet **1 page double-sided** **25%**	Community **Fact** Sheet layout poor, Presentation indudes no graphics or graphi,cs are unrelated to the subje<I and/or distract from the mess.age.	Community Fact Sheet layout orgonized, the team does.not explain tables/graphs, uses inappropriate graph type(s) **or** graphics conflict **with** the intervei;,tion.	Community fact Sheet layout goocl, graphics illustrate evidence which s.up ports the interverntionz appropriate graph type(s) used.	Community **Fact** Sheet exemplary, remarkable graphics, clearly presents information whi.ch supports tlhe **proposed** intervention.	Community Fact Sheet e•emplary, remarkable graphics, clearly presents. information which supports the proposed intervention_ Mc1kes vi ewer want to know more and tak,e action to support this community	**/25**
2	Community Health Interventiion 3 **Single-sided pages** **25%**	Inc-0herent overview; .absernt or illogical logic model; fails to cite literature; minimal to no launch activity details. **No** Hevator Pitch ,outline.	Incomplete overview; **unde.ar** logic model; poorly selected literature **and/or** cites fewer than 3 relev.ant articles.; incomplete launch activity proposal. Limited Elevator Pitch outline.	General overview acceptable; **logic** model gives basic overview, lacks depth; cites fewer than 3 relevant articles; general launch :activity proposal lacking detail. Elevator Pitch outline acceptable.	Clear ovenriew with minor omis.sion s; mostly **clear** logic model; cites **3** artides or more clear launch activity proposal with **all** elements. Elevator pitch clear.	Comprehens.ive and de.ar overview of Intervention; well-,organiz.ed logic model with clear linkages; cit,es 3 or more relevant peer-reviewed articles; detailed launch activity proposal with all elements_ Well developed Elevator Pitch.	**/25**
3	Teamwork amd Community **Reflection,** **1 Double-sided page** **10%**	Indicates poor teamwork with missing reflections. and no team photo.	Sliiows weak teamwork with incomplete retrlection and limited reflections on IPE,	Displays basic teamwork wjtjh a :simple reflection and team photo.	Sliiows good teamwork with a clear reflection and **team** photo.	Demonstrates cohes.iv.e teamwork with a cleaJr reflection c11i1d team **photo.** Shares	**/20**
			cooperation, service, and connection to the community	Shows.reflections ,on IPE. team cooperation, s,ervice, and connection to the commur-.ity	Shmvs reflections on IP I E, team cooperation, service, and connection to the community	t**o**ughtful reflections **on** IPE, team cooperation, servic.e, and connection to the community	
4	Attributioms, Acknowledgments, And Reference5 Up to **1** Double-sided **page** **10%**	No Attributions, **Ackoowledgments,** And Reference.s	Incomplete **Attributions, Ackeowledgmeels,** Ar1d References	**Has** basic Attributions.., Acknowledgments, And References	**Has well-developed** Attributions to community key informaJnts, other community members, Ad:nowledgments to those that helped with data, re.search, community visits etc., and literature References.	**Has** compreliensive exemplary Attributions to community key informants, other community members, Acknowledgments to those that helped with data, research, community visits etc., and liter.ature Referer-.ces	**/10**
5	**POWERPOINT PRESENTATION:** Community Assessment Temtm Presentation 10% from Judges & **10% SCI Faoulty - 20%**	Little to No Knowledge/ Understanding of **t**he Local Community Demonstrated and Pre.s:entation Incomplete of required elements	Modest Koowledge/ Understanding of the Local Community Demonstrated and Presentatiorn mostly c,omplete of required elements	Emerg ing Knowledge/ Understanding of the Local Community Demonstr:ated and Presentc1tion has required element.s	Expressed Knowledge/ Understanding of the Local Community Demonst:rated and Presentation has: comp.lete arnd w.ell developed required elements.	Advanced Well Communicated Knowledge/ Understaoding of the Local Community Demonstrated aindJ Pre.ser-.tation has complete and well developed required elements	**Faculty: /10** **Judges: /10**
Comment:s:							**/100**

III. IMMERSION COMMUNITY ASSESSMENT PRESENTATION (3 of 3 Project Rubrics)

COMMUNITY FORUM JUDGES RUBRIC

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER®
EL PASO
Woody L. Hunt School *of* Dental Medicine

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

IMMERSION COMMUNITY ASSESSMENT PROJECT:

COMMUNTY FORUM COMMUNITY ASSESSMENT PRESENTATION JUDGES RUBRIC

Date:

Community Name/Team Letter/Number (A or B 1-12):

Judge Name and School/Organization:

Community Assessment Project Background:

- Students were divided into 24 interprofessional (medical and dental) teams to investigate one of 12 communities (2 teams per community) in the Paso del Norte region.
- This presentation highlights the Community Assessment Project they carried out during their 3-week Immersion.
- The presentation also reflects several service experiences they had including one in small interprofessional group with their teams in or near their assigned community.
- For the Project, students completed a Windshield Survey observation, explored the community with a Community Health Worker (CHW) helping them to navigate the health and human services system, had interviews with various community leaders as key informants, surveyed community members on the street in English or Spanish (with Spanish Instructor support) as needed, and searched the grey and peer review literature for comparative data to learn about their community. This information combined helped to inform student proposals for community health interventions that address the interests and needs of the community they investigated.

Presentation should demonstrate and/or include the following content:

1) **Subject Knowledge / Understanding of the Local Community – esp. built from CHW Navigation Exploration and Wwindshield Survey observations - from which they produced an Asset Map. (ASSET MAP)**
2) **Findings from the evidence-based searched for existing comparative data and a summary of themes identified form the key informant interviews and community member surveys. (TABLES & FIGURES; INTEGRATED THEMES FROM VARIED SOURCES)**
3) **A proposed community-responsive heath intervention shown in a Logic Model and including a kickoff/launch activity. (LOGIC MODEL)**
4) **The team's reflections on their collaboration experience and community. (TEAM PHOTO)**
5) **A well-organized presentation structure, timeliness and responsiveness to Judge/attendee questions (ON TIME)**

Presentation Rubric-for Judge:s

JUDGE NAME: _____ HUNT/FOSTER/AGENCY: _____

IIEAM's COMMUNUTY NAME & LETTER w/ NUMBER (AI-12, BI-12) _____ RANK in ROOM (1 best): /6

IMMERSION 2025 - Tile Presentation is 20% of the Team CA Project Grade

PRESENTATION JUDGES - COMMUNITY ASSESSMENT TEAM PRESENTATION EVALUATION RUBRIC

Points.	1	2	3	4	Total
1.Sobje<t Knm'llecIge / Understanding of the local Community	The team doe.snot have grasp of community. Many statements are incorrect and umupported.	The team is uncomfona ble with information about the community, leaves out imponant details and/or pres.ems inaccurate information.	The team is at ease with community details and presents accurate infonnation.	The team demonstrates fu ll grasp of tfle community, pre.sentlng complete and accurate informatio11.	
2.Presentartion Organization & Content, Teamwork Demonstrated	Not Organized and missing more than two of the presentation elements: {compairative data; windshield survey obsenJation (asset map); :summary of the interview themes; Proposed intervention inclLJdin,g tlle logic model; team experience; and team's photo, a111d team presented	Not Organized ,and/or missing one or two of the presentation elements: (comparative data; windshield survey observation (asset map); summary of tfle interview themes; Proposed imervention including the logic model; team experience; and team's photo and teamwork demoM.trated	Not very well--Organized and/or mi.ssing one of the presentation elements: (comparative data; windshield survey observation (asset map); summarv of tlle interview themes; Proposed intervention including the logic model; team e.xperience; team's photor andl good teamwork demonstrated	Very wel l-0rganized and indudes all the required pre.sel1tatio11eleme11ts: {comparative data; windshield survey observation (asset map); summa◆ of the interview themes; Proposed inte-rventio11indudi11g the logic model; team experience; team's photo, and exemplary teamwork: demoMtrated	
3.Explanatiorns from Evid'ence/htant and Data Collected	The information presented including the compara1ive data are not related to the evidence provided.	The i11formation presented including the comparative data are very poorty related to tile-evidence JJrovided.	The student use:s some data, prior knowledge, research, and experience to support the i11tervention.	The student use.s all available data and his/her prior knowledge/research and experience to supp on the intervention.	
4. Community Fact Sheet with up to four (4) Tables and Figures (1 page double-sided)	Community Faa Sheet l!ayout poor, Presentation indudes no graphics or graphies are unrelated to the subject and/o:r distract from the message.	Community Fact Sheet la-yout organized, the team does not explai11 tables/g.-aphs, uses inappropriate graph type(s) or graphics co11Hict with the intervention.	Community Fact SIleet layout good, graphicsillustrate evide11ce which supports the i11terventio11, appropriate graph type{sj used. Larger, smaller or simplified graphics.would be more clear.	Commu11ity Faa Sheet layout e:xemplary, appropriate graphic:s clear1y present information which supports the ◆onclusion and the student accurately explains tlle graphics during the pre.sentatio11.	
5.Judge Question/, (Note to Judges: nuut time 2-3 mins; ait least 1 question from 1 judge per team; shoner pres. gets more questions)	The team cannot a11swer questions. aboLit subject.	The team is able to answer only rudimentary questions, answers questions without explanatio11.	The team is at ease with answers to most questions, but fails to elaborate.	The team answers all questions with expla11atio ns and elaboration.	
6.Time (Max. 10-12 Minute Presentation)	More than 12 minutes	12 minutes	11 minutes	10 minutes or le.ss	

/2◆

UUDGES: Plea.se write out anycomments on the categories 1-6 listed below* ANDplease provide general narrative feedback to tt,e student teams. We expect to share the written feedback with the studelltsj your scores will be incorporated in the team's Project score and grade.

•REFERENCE: RUBRIC CATEGORIES: 1. Subject Knowledge/ U11derstancling of the Local Community 2. Presentation Organization & Content, Teamwork Demonstrated 3. Explanation:sfrom Evidence/Extant and Data Collected 4. Website Layout/fables and Graphs 5. Jrudge Question/s 6. Time (Ma:it. 10-12 Minute Pre.sentalion)

Return your completed Rubrics to the desk where you picked them up after the session; please rank the presentations in your room.

If youwa.nt to fill them in electronically arnd email them back, please send them to SCHIPaso@ttuhsc.edu by 11:59 PM Monday July 28, 2025. THANK YOU!

NOIIE: this RUBRIC WIU BE SCANNED ANO RETURNED TO THE TEAM MEMBERS SO THEY CAN UEARN FROM YOUR FEEDBACK

Appendix 7: SCI Peer Assessment Rubric

Pre-clerkship TBL

This form is for Team-Based Learning Peer Assessment

Pre-clerkship TBL

These are items specific for Pre-clerkship Team-Based Learning Assessment

	Never	Sometimes	Often	Always
The peer arrives on time and remains with team during activities				
Demonstrates a good balance of active listening & participation				
Asks useful or probing questions				
Shares information and personal understanding				
Is well prepared for team activities				
Shows appropriate depth of knowledge				
Identifies limits of personal knowledge				
Is clear when explaining things to others				
Gives useful feedback to others				
Accepts useful feedback from others				
Is able to listen and understand what others are saying				
Shows respect for the opinions and feelings of others				

What is the single most valuable contribution this peer makes to your team? (Plea,se make sure your feedback is useful by describing specific.beh,aviors clearly. and using oonstructive content and tone)

What is the singlle mo.st important wax this pee,r could alter their !behavior to more elfectivelly help your team? (Please make sure your feedback is useful by describing specific beha,11fors clearly. ,and using con,structive content and tone)

Appendix 8: Rubrics of the Research Methods Assignment (the Comprehensive Component)

General Rubric for SCI-II-III-IV Problem Sets

Question Grade of each Question (Q) = Total grade/n	Correct 100 %	Mostly correct 75 %	Half Correct 50 %	Less than half correct 25 %	Completely wrong 0 %
Q1					
Q2					
Q3					
Q4					
Q5					
Q6					
Q7					
Q8					
Q9					
Q10					
...					
Qn					

See details about the grades that were deducted in the comments boxes beside your answers in the graded assignment.

Appendix 9: Preceptor Visit Student Evaluation Form

Dear Preceptor,

Please return this *confidential* feedback form to us within *one* week of the student's visit:

- **Scan and send to SCI-ElPaso@ttuhsc.edu OR**
- **For concerns or questions, contact: Nicolás Acedo-Aguilar, SCI Coordinator, at 915-215-4712 or Nicolas.Acedo-Aguilar@ttuhsc.edu.**

Texas Tech Health EL PASO

Foster School of Medicine Pre-Clerkship Community Health Experience
Medical Student – Preceptor Formative Feedback Form

Thank you for serving as a preceptor for our medical students. Your support, mentorship, and feedback are essential to their learning and development!

📌 Please evaluate each student *individually*.

Student Name: _____

Year, check one box: **MS1** ☐ **MS2** ☐

Preceptor Name: _____

Visit Date: _____ **Feedback Date:** _____

Criteria	Exceeds Expectations	Meets Expectations	Needs Improvement	N/A
Medical Knowledge				
Clinical Skills				
Patient Communication				
Professionalism				
Responsiveness to Feedback				

General Comments (optional but encouraged; feel free to use the back of this page):

Appendix 10: SCI Community Health Experience Self-Assessment Rubric for Intake & Exit Surveys

SCI Community Health Experience Self-Assessment Rubric for Intake & Exit Surveys

Domain	Did Not Meet Expectations (1)	Met Expectations (2)	Exceeds Expectations (3)
Health System Sciences Observations	Reflections lack insight into health systems (e.g., no mention of roles in care delivery, quality improvement, or population health). Observations are superficial or absent.	Provides clear observations on health systems, including aspects like interprofessional collaboration, resource utilization, or system inefficiencies, with basic connections to learning.	Offers deep, insightful observations on health systems, integrating concepts like value-based care, equity, or policy impacts, with strong ties to personal growth and future practice.
Patient-Centered Care Observations	Minimal or no discussion of patient interactions, empathy, communication, or cultural considerations. Lacks self-awareness in care delivery.	Describes patient interactions with attention to empathy, shared decision-making, and respect for patient values, showing adequate self-reflection.	Demonstrates exceptional insight into patient-centered care, highlighting nuanced communication, advocacy, and holistic approaches, with reflective analysis of personal biases and improvements.
Non-Medical Drivers of Health Observations	Minimal or no recognition of social determinants such as socioeconomic status, housing, education, or environmental factors. Observations are absent or unrelated to health impacts.	Identifies key non-medical drivers like access to resources, community support, or cultural influences, with basic reflections on their role in patient health outcomes.	Provides profound insights into non-medical drivers, analyzing intersections with health equity, advocating for systemic changes, and linking to personal learning for comprehensive care.
Individualized Learning Plan to Address Own Knowledge Gaps	Plan is absent, incomplete, or unrealistic; no goals, timelines, or resources specified. Lacks alignment with identified gaps.	Outlines a feasible plan with SMART goals, resources (e.g., readings, mentors), and timelines to address gaps effectively.	Develops a comprehensive, innovative plan with detailed, measurable goals, diverse resources, and integration of feedback mechanisms for ongoing evaluation and adaptation.

Reflections on Own Professionalism and Physician Student Role in Varied Clinical Settings	Lacks meaningful reflections on professional behaviors, ethical dilemmas, or adaptation to different clinical environments; observations are superficial, absent, or show limited self-awareness.	Provides thoughtful reflections on professionalism, including ethical decision-making, teamwork, and role adaptation across settings like inpatient, outpatient, or community care, with connections to personal development.	Offers profound, introspective reflections on professionalism, integrating ethical principles, leadership in diverse clinical contexts, and commitment to continuous improvement as a future physician, with evidence of transformative self-insight.

Reflection Comments:

Appendix 11: Make-Up and Remediation Assignment for Missed CHE visit

Make-up and Remediation Assignments for Missed Community Health Experiences (CHE)

If you miss a scheduled Community Health Experience (CHE) including a Preceptor visit, you will be expected to do a Make-up and/or a Remediation paper. See the Table below to see if the visits missed was clinical or non-clinical.

As per the Syllabus: It is your responsibility to reach out to the SCI team and informed SCI Directors and Coordinators about the missed CHE within 5 days.

See the Missed CHE Make-up and Remediations below:

Summarized Student Remediation Plan	
Situation	**Make-Up or Remediation**
A Non-Clinical Excused Absence	• The 600 word make-up reflection
A Non-Clinical Unexcused Absence	• The 600 word make-up reflection & • The 2000 word remediation paper
A Clinical Excused Absence	• A make-up visit
A Clinical Unexcused Absence	• A make-up visit & • The 4000 word remediation paper
Assignment due Dates are 7 days after the unit final exams are completed. *For SCI II this can be after the CEYE exam.*	

Non-Clinical and Clinical Community Health Experiences Visit order and sites subject to change with notice	
Non-Clinical Events (no preceptor)	**Clinical CHE Visits (with preceptors)**
5. Community/Military Health Facility (SCI I-Immersion) 6. Chronic Disease Patient Panel (SCI I-Fall) 7. Service Learning Symposium (SCI II) 8. Public Health Department Visit (SCI II) 9. Working with Interpreters Training (SCI III) 10. Obstetrics and Gynecology Panel (SCI III) 11. NAMI Panel and Policy Session (SCI IV)	1-3. Physician Preceptor Visits (and DNPs) (SCI I, II, III) 4. Pharmacy Visit (MS1 -SCI I or II) 5. Internal Medicine Visit (MS1 -SCI I or II) 6. Ophthalmology Visit (optometrist, ophthalmologist (SCI III) 7. Dentistry Visit at Dentists' Office or Hunt Dental Clinic (SCI IV)

DNP: Doctor of Nurse Practitioner, with a faculty appointment at PLFSOM
NAMI: National Alliance on Mental Illness

Consequences In Addition to Papers:

- As per the Syllabus, professionalism reports may be sent to College Mentors in addition to the memo and paper assignments. See Syllabus for further consequences.

REMEDIATION ASSIGNMENTS

DUE DATES: Remediation Assignments should be submitted one week (7 days) after semester exams end; for Spring this can be 1 week after end of year exams. Due dates stand unless otherwise negotiated.

Submission should be in Elentra. Work with the SCI Coordinators so a Drop Box can be set up for your submission.

The 600 Word Missed Non-Clinical CHE Make-Up Assignment

Create a Reflection - a minimum of 600 words - on your missed CHE non-Clinical visit that includes the following; please give a sub-heading to each item in your paper:

1) A brief description of the CHE event missed– talk to peers, see a website (50 words min.)
2) A brief description of why this event/setting is important to your understanding of medicine and community health – your thinking about why this site/event is assigned (50 words min.)
3) A brief discussion of five (5) key points (@ 100 words each) of new learnings about this site (or similar sites)/event – your thinking reflecting on what you learn from peers, a website related to the site or experience, and also research and related content that talk about this site/event or similar ones
4) Please list your Research Sources for your Reflection including attribution to Peers (MS1 Key Informant – names not required), websites, reports, papers, etc.
   NOTE: Attributions/References does NOT count in the Word Count Minimums.

Submit your Assignment in Elentra as soon as possible to be able to fulfill semester requirements - ask the SCI Coordinators to set-up a DropBox if you do not find one called: MISSED NON-CLINICAL CHE VISIT MAKE-UP ASSIGNMENT

NOTE: This is a Complete/Incomplete Assignment – No Rubric is available

The 2000 and 4000 Word Remediation Papers

- The Remediation Paper Should be double spaced using Times New Roman, 12 point font; 1 inch margins.
- Choose a health issue/disease or Health System Sciences (HSS) issue of interest to you (diabetes, CVD, renal disease, arthritis, depression, hypertension, HIV-AIDS, - Value-Based Care, Payment Reform, Access to CAM services, etc.).
- Describe this condition and its impact on the population. Include epidemiologic evidence, cost to society in terms of money and productivity (esp. for the 10 page paper), particular population groups affected, and both environmental and behavioral risk factors. If HSS, describe the problems being addressed, the practice or policy challenges and options, and the state of current innovation.
- Describe what you would expect to see in a clinical situation with a patient suffering from this condition. Include signs, symptoms, and clinical findings. Also describe what you would ask the patient to do in order to control their disease. If HSS, discuss examples of individual cases of groups of patients in relationship to this issue.

- Describe how you would approach a patient who was not adherent to your recommendations. Use at least one of the theories you have learned in SCI (stages of change, Health Belief Model, motivational interviewing, etc.) to explain how you would approach this issue. If HSS, describe the practice, policy, or current research in this area. Make sure this is at least 10-20% of your paper's content).
- Include references in AMA format as noted above. You need at least 6 references for the 4000 word paper and at least 3 references for the 2000 word paper . Reference are not counted in page numbers. References cited must be in AMA format.
- Your writing must be grammatically correct.

This must be your own work! We expect students to adhere to the Student Honor Code and to adhere to published policies related to plagiarism and copyright protection. Though you may build on past work, original work must be done as a part of fulfilling this assignment.

*Note we may use **Turn-It In** software and it recognizes your own former papers.*

You must get a minimum of 9 points in order to pass this 12 point assignment. See Rubric below.

SCI REMEDIATION RUBRIC 9 points required to PASS—total possible 12			
Qualities and Criteria	**Poor 1 point possible in each category**	**Good 2 points possible in each category**	**Excellent 3 points possible in each category**
1) Describe the disease and its impact	No to little description of the disease or the impact of the disease on the population. No depth of description of cost*, groups affected, or risk factors. Not evidence-based.	Complete description of the disease and the impact of the disease on the population. Cites literature in the description of the cost*, groups affected, and risk factors.	Complete description of the disease and the impact of the disease on the population. Cites literature in the description of the cost*, groups affected, and risk factors; and connects the literature with examples from the community in which they have worked.
2) Describe what you would expect to see in a clinical situation and what you would ask the patient to do.	No lists or limited lists of signs, symptoms and clinical findings. Simple description of what the patient should do.	Describes signs, symptoms and clinical findings in some detail. Gives a description of what the patient should do based on clinical standards and recommendations from the literature.	Describes signs, symptoms and clinical findings in some detail. Gives a description of what the patient should do based on clinical standards and recommendations from the literature. Include some discussion of possible barriers the patient may face in following instructions—give examples from their experience.

3) Describe how to approach non-adherent patients.	Describes what they would do but not clearly theory-based. No description of theoretical constructs.	Describes what they would do based upon clearly stated theoretical constructs. Identifies common non-adherent behavior in the patient population they have chosen.	Describes what they would do based upon clearly stated theoretical constructs. Identifies common non-adherent behavior in the patient population they have chosen. Discusses more than one theory and compares/contrasts those theories.
4) References and use of references • 3 CITES FOR 2000 WORDS/5 PAGES • 6 CITES FOR 4000 WORD/10 PAGES • How effective the references are used in the essay • Soundness of references • AMA style in reference list and for citations 5) Quality of Writing • Clarity of sentences and paragraphs • No errors and spelling, grammar and use of English • Organization and coherence of ideas	Minimum not met for scholarly references (5 pages- 3 cites) OR (10 pages-6 cites) scholarly resources, and/or they are not used effectively in the essay. References are not effectively used, and/or correctly cited and/or correctly listed in the reference list according to AMA style. & The essay is not well written, and contains many spelling errors, and/or grammar errors and/or use of English errors. The essay is badly organized, lacks clarity and/or does not present ideas in a coherent way.	There is a minimum of 3 (2000 word/5 pages) OR 6 (4000 word /10 pages paper) scholarly resources that are for the most part used effectively in the essay. Most of the references are effectively used, correctly cited and correctly listed in the reference list according to AMA style. & The essay is for the most part well written, and contains some spelling errors, and/or grammar errors and/or use of English errors. The essay is not fully organized, lacks some clarity and/or does not present ideas in a fully coherent way.	There is a minimum of 6 (10 pages) scholarly resources that are all used effectively in the essay. All references are correctly cited and correctly listed in the reference list according to AMA style. & The essay is well written, and contains no spelling errors, and/or no grammar errors and/or no use of English errors. The essay is well organized, is clear clarity and presents ideas in a coherent way.

**Discussion of cost optional*

REMEDIATION FEEDBACK/COMMENTS:

SCORE:

Appendix 12: Event Card

This Event card is also available in Elentra.

Event Card

Student Name:
Faculty/Staff/Student Name:
Date:
Course (Circle One**): MSPM MSK COL SCI OSCE Other**
Description of Event:
Did this demonstrate exceptional professionalism? (Circle One**) Yes No**
Did this demonstrate a lapse in professionalism? (Circle One**) Yes No**
Suggestions for improvement:

Appendix 13: 100 Hour Club Guidelines

100 Hour Club-Service Matters

Supporting Community Engagement and Learning Through Service

OVERVIEW OF THE 100 HOUR CLUB and SERVICE at PLFSOM

SERVICE LEARNING: Service learning is defined as *"a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities."* - National Service-Learning Clearinghouse. The SCI course supports service learning for medical students and others on the campus through our reflection and documentation system and an annual symposium.

THE 100 HOUR CLUB: The primary goal of the "100 Hour Club – Service Matters" is to support and encourage student activity in service that benefits the Paso del Norte region in sites selected by students. As a part of membership, student service and learning must be documented through tracking hours served and writing reflections on service.

SETTING YOUR OWN GOALS FOR SERVICE LEARNING: To support your learning, we ask you to set at least three (3) learning objectives to guide you in the selections you make related to your service activities. Our reflection and documentation software (linked to e-portfolio and in Canvas) asks you to set those objectives when you reach 10 hours of service; the objectives may be updated at any time.

REFLECTIONS ON SERVICE: Students are asked to briefly describe their service experiences each time you log hours, ideally for each new venue. At select milestones (50 hours, 100 hours, 250 hours, and 500 hours), a brief reflection is required to consider what you have learned and to assess how that learning will impact your future thinking about yourself, your professional role/s, and the wider community.

PLANNED HOURS AND SERVICE BENEFICIARIES: While we support episodic acts of charity such as helping out a stranger or rescuing an animal, to count for the 100 Hour Club generally your service activities must be planned. Also, while helping family, friends, and near neighbors is laudable, these acts of kindness should not be counted as service hours.
Hours to be counted must serve the community and not directly considered a part of our campus community; your family and friends are also not appropriate recipients of service for the 100 Hour Club. (See more details below).

SERVICE SITE & SUBJECT MATTER: The PLFSOM does not mandate where you do service or what service you do. We encourage you to do due diligence and learn about the organizations where you volunteer. We may share announcements about service opportunities, however, unless indicated, we do not endorse any opportunities.

SCHEDULE/DEADLINES: To qualify for the 100 Hour Club, students must reach 100 hours of service, adhering to these guidelines, from July 1 of the year they enter through March 1, on the year of their graduation. For MS1-MS3s, hours are due December 31. For MS4s hours are due by March 1. **NOTE:** Data for the previous year must be entered by July 31. Rising MS4s who wish to include a new 100 Hour Club membership in their residency applications must enter hours by July 31; confirmation of hours and membership will be provided by early August.

CONFIRMATION AND RECOGNITION OF MEMBERSHIP: All submitted hours will be reviewed using the 100 Hour Club Guidelines. MS1s thru MS3s 100 Hour Club membership will be confirmed with an invitation to the annual Service-Learning Symposium and Reception. An invitation confirming MS4s submitted hours and membership will be made by August 31 for July 31 submissions or by April 15 for March 1 submissions. Members are all recognized at graduation.

HOURS IN DISPUTE/GUIDELINE UPDATES: The Service-Learning Committee or its designees will review requests for exceptions to these guidelines and for general clarifications of guidelines on an ongoing basis. Students may request ruling reviews. The Committee and the Student Service Chairs may also request a review of hours submitted. These Guidelines are reviewed annually, approved updates will be made at the end of the academic year.

100 HOUR CLUB– SERVICE MATTERS GUIDELINES

What hours count?

The following guidelines are intended to aid students in determining if service hours undertaken can be applied for recognition for the 100 Hour Club. In all cases, we ask that students monitor themselves and apply judgment in listing hours. We recommend that students approach College Service Chairs and Representatives when unclear about whether hours are eligible. Transparency is recommended.

Overall, most hours you undertake and enter in our Service-Learning Database will be counted toward the 100 Hour Club when they are accompanied by required objective setting, clear description of activities, and required reflections. These guidelines were developed to address "grey" areas that have been brought forward to the Service-Learning Committee.

GENERAL GUIDANCE AND DATA ENTRY:

Reflecting on Hours and Logging Hours is required

I. **Objectives and Reflection:** To fulfill requirements for the 100 Hour Club, personal learning objectives must be set at the 10-hour mark and reflections are required at 50 Hours, 100 Hours, 250 Hours, and 500 Hours.
II. **Entering Hours:** For the first 100 hours logging can be done in up to 25-hour increments. After 100 hours, increments increase to 50 hours at a time. We encourage you to enter hours for each agency where you serve. *Note, we encourage you to log hours for each new service site or organization.*
III. **Rounding-up:** You are responsible for tracking your time. Service hour entries can only be entered as whole hour integers, so to account for your full time served, please combine service time less than an hour together to form whole hours for entry.
IV. **Deadlines:** To qualify for the 100 Hour Club, students must reach 100 hours of approved service from July 1 of the year they enter through March 1 on the year of their graduation. Data for the previous year must be entered by July 31. MS4s must submit by July 31 for an August confirmation. MS1s –MS3s should submit hours by December 31; MS4s can submit hours for consideration through March 1 for gradation recognition.

"MATCHING" HOURS: Contact with beneficiaries should happen 50% of the whole time of your activity. Prep activities or activities without beneficiaries present count, however, all such hours must be matched by contact hours with direct beneficiaries (also known as community members, or patients). This includes remote work that does not directly involve community members.

Example - When you bake, knit, or even prepare a newsletter for a community group outside our campus, you may count those hours but those hours must be matched by direct hours of contact with the intended beneficiaries – so 10 hours of prep would require 10 hours of contact. If you had 15 hours of prep but only 10 hours of contact you would claim 20 hours: 10 prep and 10 contact.

Advocacy and Educating

Reaching out to professional organizations and policy makers is to be applauded. Doing so to support your own profession's development is not counted (such as participating in the AMA). Hours spent on advocacy for others is counted but you must match those advocacy hours with direct contact with those for whom you are advocating.

Example: You work with migrant farmworkers at a clinic and you advocate for service for them at city council (50/50).

Spiritual Community Service

For students who play a role in supporting the life of their spiritual community such as teaching children and participation in worship leadership (choir, organ, etc.); service hours may be counted. Specifically, performance hours on site may be counted but they must include matching beneficiary contact. Given that, practice sessions should not be counted. Attendance at events also does not count.

Exceptions to MATCHING Guideline-Section II:

According to the Matching Guideline, if a selected event required more time for prep than there were hours of beneficiary contact (also known as community members, or patients), you may only claim the prep hours according to the 50% breakdown; for example, if you had 15 hours of prep, but only 10 hours of contact, you could only claim a total of 20 hours (10 for contact, and the 10 you are able to claim for prep according to 50%). **If you (or your student interest group) anticipate you will want to challenge this Matching Guideline for a selected activity, records of hours served and activities undertaken should be kept**. A review on a case-by-case basis by designated representatives of the Service-Learning Committee can be requested. Typically reviews will be undertaken just once per semester.

ANIMAL AND ENVIRONMENT CARE

Animal Care - Service related to animals is limited to formal service in a shelter or in a coordinated care program. Fostering, pet sitting, and random animal rescue, while applauded, does not count.

Environmental Care-Organized Garden and community clean-up campaigns in the community count. Campus-focused gardens and clean-up do not count. Note, community–facing direct activities linked to a campus garden count.

CLINICAL SERVICE SPECIAL NOTES & CLARIFICARTIONS

Transit Hours

Transit hours do not count.

Overnight Service: On Call / On Duty – (50% and 5 hours)

Hours for overnight on-call: sleeping hours may be counted for a maximum of 5 hours per occurrence (if sleeping fewer hours please log accordingly). Hours spent sleeping overnight may only count for at most 50% of the hours served. *This would include community service or group leadership such as supervisor of youth group camping trip or sleeping overnight as volunteer on- call staff in a shelter*.

Clinical Shadowing

Clinical shadowing, while unpaid, that is largely serving in your clinical development and training, does not count as service. However, hours that are donated at an organized event such as a community clinic or sports event where your primary goal is service to the community, would count.

Crisis Hotline

For students working directly with community members through crisis, self-help or education service lines, even if is virtual and phone contact only, count as community service hours.

CAMPUS LEADERSHIP & STUDENT EVENTS:

Campus leadership & student events are only taken into account when focused on community and when the activity is service.

Campus Leadership Roles

While playing a role in student organization leadership is to be applauded, leadership of these groups or activities to benefit the campus community, do not count. Hours in activities to benefit those outside our campus community may be counted as below.

Student Leadership Managing a Community Activity (no formal interest group)

If you organize the event that benefits individuals or groups outside campus, the organizing time counts. **You should not count hours if you just attend.**

Campus Activities and Committees to Support Student Candidates and Students, Staff, and Faculty

Hosting applicants does not meet the goal of service outside the campus community so these hours do not count. Participation in student interview panels also does not count. Ushering at the White Coat and Graduation ceremonies also does not count. Finally, campus wellness activities do not count. Others similar campus –focused activities, while laudable, also will not be considered eligible hours.

Participation in Walks/Run and Pageants

Even if an event is raising funds or awareness to support a community group, you may not count participation in a walk, run, fundraiser, or pageant. Additionally, simply watching or attending a charity event should not be counted. If you are an event organizer, these hours would count to the extent that they are matched by beneficiary contact (see II. Matching)

Coordinated Reporting of Hours for Large Service Events

For larger scale volunteer activities (including Corazon de Oro, SUNS Health Fair; MLK Day) taking a coordinated approach to documenting service hours is recommended. *We encourage leadership of such events to set parameters for their student teams on the number of planning, clean-up and related hours to be counted;* as possible this should be undertaken in coordination with Faculty Advisors. Groups are advised to have students document their hours and activities carefully when submitting.

RESEARCH, TEACHING, and MENTORIING

Community engagement associated with Research- esp. SARP vs. SARP Support

Even if your SARP research involves a community-based activity, your own SARP student hours invested are not considered service hours for the 100 Hour Club. If other students, not gaining SARP credits, assist in a related community-based activity for the SARP project, students not receiving SARP credit may count the hours as service.

For other work on community research not linked to SARP that involves planning for or direct community service, hours may be counted.

Research-related service should proactively be reviewed. Decisions will be on a case-by-case basis for all research.

Tutoring and Mentoring

Work supporting other campus students as a tutor or mentor for their research does not count as they are part of the campus community. Note, Admissions Panels and Candidate hosting does NOT count.

Tutoring and mentoring activities for those who are not on our campus are eligible hours as long as individuals are not paid for the services provided.

SERVICE-LEARNING GUIDELINES USE AT PLFSOM:

These Guidelines parallel and support guidelines used by the PLFSOM Colleges which support College Cup activities.

These are "living guidelines" intended to serve for this academic year. ***Comments are encouraged. These may be sent to service-opportunities-elp@ttuhsc.edu for consideration for the coming year.***

Student inquiries will be reviewed once per semester during Fall and Spring. Full Guidelines will be reviewed every other year.

Submit questions through Class Service Chairs.

OUTREACH TO STUDENT ORGANIZATIONS: The Service-Learning Committee will reach out to student organizations through Student Service at the start of each year to reach out to share these Guidelines and propose this proactive planning. The MATCHING rule will be emphasized to groups and all student interest groups will be encouraged to discuss the Guidelines as they pertain to their service area.

NOTE: INDIVIDUAL SELF-DIRECTED SERVICE IS ALSO VALUED AT PLFSOM; BE IN TOUCH WITH QUESTIONS ABOUT GUIDELINES.