Syllabus

Society, Community, and the Individual (SCI)

PSCI 5221 (SCI I, Fall MS1)
PSCI 5212 (SCI II, Spring MS1)
PSCI 6211 (SCI III, Fall MS2)
PSCI 6212 (SCI IV, Spring MS2)

Academic Year 2021-2022
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Course Description

Society, Community, and the Individual (SCI) is comprised of four essential components:

1) Health System Sciences/Social Foundations of Medicine
2) Evidence-Based Medicine/Introduction to Clinical Research
3) Community Health Experiences
4) Conversational and Medical/Clinical Spanish
5) The offering of support for optional Service Learning activities is a fifth curricular element of SCI. These 5 components including the first year SCI Immersion, which is linked to SCI semester I, are described below.

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 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 receive accelerated conversational Spanish instruction (Intensive Conversational Spanish: ~30 hours during the immersion).
- Students will participate in the community assessment and cultural competency activities, and present on both including a proposed community health intervention (logic model format).
- The immersion also provides time for administrative and other non-SCI activities, such as the clinical communication skills, student oath, and an introduction to components of the pre-clerkship curriculum.

Important points to note:

- At the start, students are assigned to different levels 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 medical Spanish in the academic year.

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

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 the immersion, these topics will also be explored throughout the first and second year. The schedule of topics and their session level objectives will be found on the Department 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 Intelligence Sessions. There will also be panel discussions. Attendance is mandatory for those sessions that include guest presenters especially those from outside PLFSOM. Students will be notified via Elentra of which sessions are mandatory. This component will be assessed via midterms and finals that will include short answers, essays, and multiple choice questions.

Evidence-Based Medicine/Introduction to Clinical Research
Practicing physicians need the ability to critically assess the medical literature so they can provide optimal, state-of-the-art care to their patients. This component will help students develop this important skill. It will provide them with the essential tools to understand the foundations of clinical research, to become life-long learners in medicine, and to serve as a foundation for their student research project. This course includes foundations in biostatistics, epidemiology, qualitative 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 then submit their own final solution to be graded separately.

To enhance biostatistical, epidemiological, and qualitative data analysis skills, students will receive 4 problems sets over the first and second year, with 2 in year one and 2 in year two.

Another important goal of this course is to teach students how to locate, select, and critically review the primary literature. When presented with clinical questions, students need to be able to quickly identify reliable current literature on their clinical question, to be able to read and answer questions about the articles they identified (which include systematic literature reviews), and to be able to use the material to discuss a clinical in class. During the first year students will conduct one literature review, examining articles that involve both primary and secondary research. In the second year, students will carry out a two-part literature review. In the first step students will identify a clinical problem they have encountered, search the literature to answer this question, and propose a list of primary and secondary source literature that address this question to be further reviewed. Upon approval by the course leadership, students will review the literature assessing the quality and level of the evidence in their determination of the best answer to their clinical question.

**Strategies to Reinforce Learning**

We will use these techniques to help foster long-term learning: active learning, spaced learning, interleaving, mixed practice, and desired difficulties. Students are encouraged to use whatever resource they feel will best help them learn the objectives for each session and are in fact encouraged to use multiple resources, not just the lecture slides. These objectives will be found on the Department’s learning platforms for each session. While students are encouraged to attend lectures, they are optional unless otherwise indicated. Students should understand that the lecture slides are designed to facilitate class presentations; they are not designed to be a study aid. Indeed, learning theory suggests that students taking notes in class provides active learning. Thus, we do not provide study aids because evidence suggests that students who create their own study aids generally outperform students who use study aids generated by other people. Thus, slide sets are not annotated. Students who do not attend class and take notes will likely not find the posted slide sets adequate for studying and should seek alternative sources. Most classes will have a largely lecture format with intervals when students will occasionally break into pairs or small groups to work on a problem. Formative quizzes will also be available to students with multiple choice questions.

Midterm and final exams will include short answer and multiple choice questions. Because spaced learning is important for long-term learning, midterm and final exams will include a sizeable number of questions from prior material.
Community Health Experiences
Our goal is to provide students with clinical experiences during their pre-clerkship years to help remind them of their overall goal to become clinicians as well as to ground them for what they are learning in SPM, Medical Skills, College Colloquium, and the other SCI components. This will enable students to understand the relevance of what they are learning and how it is adapted in a clinical practice.

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

Students will have two types of community health experiences: (1) clinics with primary care physicians. These will be the students’ primary care preceptors with which we hope they will develop a productive, longitudinal experience. When attending clinic, students should tell their primary care provider what they are currently learning in SPM and Medical Skills so the preceptor can direct relevant patients to them if possible. Indeed, maximizing this integration is a prime reason why we use primary care physicians. (2) Experiences with non-physician health care providers, such as dentists, optometrists, and pharmacists that will be one time experiences. In addition to direct learning, students will have the opportunity to learn how they can effectively work with other health care providers to enhance the health of their patients. Working with non-physician health care providers is a part of a larger effort to enhance inter-professional collaboration and education.

This component requires students to attend all assigned clinics and to submit (1) documentation of participation and (2) a reflection for selected visits.

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

In their third and fourth year of medical school, students will be taking care of a large number of patients who speak Spanish but not English. The Spanish component in the preclerkship years is designed to facilitate communication with these patients as well as others students will likely encounter after graduation. It also helps students understand the cultural context of some of the patients they will care for at the PLFSOM. Students begin with conversational Spanish in Immersion, wherever possible. Medical Spanish is integrated with Medical Skills so that when students learn pertinent questions to ask about chest pain, for example, they will also learn how to do so in Spanish as well.
Spanish instruction is divided into these parts:

- **Medical Spanish**: Will consist of a series of in-person small-group activities conducted weekly for one-hour along with Medical Skills. In addition, a self-paced Medical Spanish course and certification program will be provided using the online Canopy medical Spanish platform. Participation in the weekly small-group activities and completion of each Canopy level (Levels 1-3) is required in order to pass the Spanish component of SCI.

**Goals for Spanish**

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

**Educational Methods and Learning Experiences in Spanish**

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

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

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

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

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, the SCI immersion, students do a community assessment. This projects gives students an opportunity to discover needs and assets in a local community and it often leads to interests in service in those or similar communities. SCI hosts other activities with community groups to help link students to community-based organizations.

A service-learning site is available through campus learning platforms (CHAMP/Canvas with likely transition to Elentra) where students can find opportunities as well as complete and submit service-learning reflection forms. Students who contribute more than 100 hours of service-learning will be eligible for the 100-Hour Club and be recognized at both the annual symposium as well as at graduation.

A **service-learning symposium** is held annually, usually in the spring. Abstract submission is usually 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.

**MS1 Requirement:** SCI requires attendance at 2 hours (keynote, podium presentations, posters eligible) of the Service Learning Symposium for first year students; usually the Symposium is held in February. This requirement serves as a Spring MS1 Community Health Experience.

Students are encouraged to contact the SCI Service Learning Director, Dr. Rosenthal, if they have any questions about service-learning activities.
Competencies, Program Goals and Objectives, and Outcome Measures

The Paul L. Foster School of Medicine education program goals and objectives are outcome-based statements that guide instruction and assessment as students develop the knowledge and abilities expected of a physician. All elements of the PLFSOM curriculum are derived from and contribute to the fulfillment of one or more of the medical education program’s goals and objectives that can be found at PLFSOM PGOs. Also see Table 2 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:

- 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)
- Identify, use, and assess biostatistical concepts 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)
- Use epidemiological principles to assess and evaluate the distribution and determinants of disease. (KP-2.4)
- Describe how culturally-based beliefs, attitudes, and values affect the health and illness behaviors of individuals, groups, and communities. (PC-1.6, ICS-4.1, PRO-5.1)
- Effectively work with patients and co-workers who have different cultural backgrounds. (ICS-4.1, ICS-4.2, ICS-4.3, IPC-7.4)
- Describe the concepts of community and of 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)
- Describe and recognize the impact of environmental and occupation factors on the health of individuals and populations as well as identify and apply effective strategies for promoting health and reducing illness at the level of both the individual and the community. (PC-1.7, KP-2.4, PBL-3.1, PBL-3.5)
- Converse effectively with patients in both conversational and medical Spanish. (ICS-4.1)
- Participate in and/or analyze barriers and facilitators to the successful delivery of health care by community physicians and other health care providers. (PC-1.1, ICS-4.2)
- Articulate the role of other health care providers in enhancing the health of their patients and work effectively with them in a collaborative manner. (ICS-4.2, SBP-6.4, IPC-7.1, IPC-7.2, IPC-7.3, IPC-7.4)
• Identify community assets and needs and have the opportunity to engage in service-learning projects to build on those assets and work address identified needs. (PBL-3.5, SBP-6.2)
| Table 2. PLFSOM Programmatic Goals and Objectives and SCI Assessment Strategies |
|---|---|
| **Patient Care** |  |
| **Educational Program Objectives** | **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. | • Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals)  
• Narrative Assessment (Immersion team projects; Small-group interviewing skills; community health experience) |
| PC-1.6 | Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making. | • Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals) |
| PC-1.7 | Provide preventative health care services and promote health in patients, families and communities. | • Narrative Assessment (Immersion team projects)  
• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals) |
| **Knowledge for Practice** |  |
| **Educational Program Objectives** | **Outcome Measures** |
| KP-2.3 | Apply evidence-based principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem solving. | • Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals; Pass/fail problem sets) |
| 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. | • Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals; Pass/fail problem sets) |
| 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. | • Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals) |
| KP-2.6 | Demonstrate an understanding of and engagement in the creation, dissemination and application of new health care knowledge. | • Narrative Assessment (Immersion team projects)  
• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals; Pass/fail problem sets) |
<p>| <strong>Practice-Based Learning and Improvement</strong> |  |</p>
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<tr>
<th>Educational Program Objectives</th>
<th>Outcome Measures</th>
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<tr>
<td><strong>PBL-3.1</strong> Identify gaps in one's knowledge, skills, and/or attitudes, and perform learning activities to address them.</td>
<td>• Exam – Institutionally Developed, Written/Computer-based (Pass/Fail problem sets)</td>
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<td><strong>PBL-3.4</strong> Locate, appraise and assimilate evidence from scientific studies related to patients’ health problems.</td>
<td>• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals; Pass/fail problem sets)</td>
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<td><strong>PBL-3.5</strong> Obtain and utilize information about individual patients, populations or communities to improve care.</td>
<td>• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals) • Research or Project Assessment (‘Community assessment’ presentation)</td>
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**Interpersonal and Communication Skills**

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<th>Educational Program Objectives</th>
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<tr>
<td><strong>ICS-4.1</strong> Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.</td>
<td>• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals) • Research or Project Assessment (Immersion ‘Cultural intelligence’ presentation) • Narrative Assessment (Community health experience) • Participation (Spanish language assessment) • Exam – Institutionally Developed, Oral (Spanish comprehension quizzes, Spanish oral conversation evaluations, Spanish doctor/patient oral interview exam)</td>
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<tr>
<td><strong>ICS-4.2</strong> Communicate effectively with colleagues and other healthcare professionals.</td>
<td>• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals) • Participation (Community health experience, TeamSTEPPS and related IPE activities)</td>
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<td><strong>ICS-4.3</strong> Communicate with sensitivity, honesty, compassion and empathy.</td>
<td>• Narrative Assessment (Community health experience; small-group discussion)</td>
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<tr>
<td><strong>ICS-4.4</strong> Maintain accurate, comprehensive and timely medical records.</td>
<td>• Narrative Assessment (Community health experience)</td>
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## Professionalism

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<th>Educational Program Objectives</th>
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<tr>
<td>PRO-5.1 Demonstrate sensitivity, compassion and respect for all people.</td>
<td>• Narrative Assessment (Community health experience)</td>
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## Systems-Based Practice

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<th>Educational Program Objectives</th>
<th>Outcome Measures</th>
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<tr>
<td>SBP-6.1 Describe the health system and its components, how the system is funded and how it affects individual and community health.</td>
<td>• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals)</td>
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<td>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.</td>
<td>• Narrative Assessment (Immersion team projects; Community health experience)</td>
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<tr>
<td>SBP-6.3 Incorporate considerations of benefits, risks and costs in patient and/or population care.</td>
<td>• Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals; Pass/fail problem sets)</td>
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<tr>
<td>SBP-6.4 Describe appropriate processes for referral of patients and for maintaining continuity of care throughout transitions between providers and settings.</td>
<td>• Narrative Assessment (Community health experience)</td>
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## Interprofessional Collaboration

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<th>Educational Program Objectives</th>
<th>Outcome Measures</th>
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<td>IPC-7.1 Describe the roles and responsibilities of health care professionals.</td>
<td>• Participation (TeamSTEPPS and related IPE activities) • Narrative Assessment (Community health experience)</td>
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<tr>
<td>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.</td>
<td>• Participation (TeamSTEPPS and related IPE activities) • Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals) • Narrative Assessment (Community health experience)</td>
</tr>
<tr>
<td>IPC-7.3 Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable.</td>
<td>• Participation (TeamSTEPPS and related IPE activities)</td>
</tr>
<tr>
<td>IPC-7.4 Recognize and respond appropriately to circumstances involving conflict with peers, other health care professionals and team members.</td>
<td>• Participation (TeamSTEPPS and related IPE activities) • Exam – Institutionally Developed, Written/Computer-based (SCI Midterms and Finals)</td>
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## Personal and Professional Development

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<th>Educational Program Objectives</th>
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<tr>
<td>PPD-8.4</td>
<td>Utilize appropriate resources and coping mechanisms when confronted with uncertainty and ambiguous situations.</td>
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Grading System

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

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

1. Written/Oral Assessments: These assessments will assess competency in two SCI components: (1) Social Foundations of Medicine and (2) Introduction to Clinical Research. These components are assessed through midterms, finals, and problem sets. Students must obtain a 65% or greater average for the semester to pass each semester. This is a strict cut-off; there is no curve in SCI.

2. Completion of the Community Health Experiences. To pass this component, students must attend all the assigned activities. They must (1) submit the signed documentation from their preceptor verifying their attendance and (2) complete the required on-line reflections. An unexcused absence will result in a failure of this component as can late submissions of reflections. Absences can only be excused through Student Affairs (PLFabscence@ttuhsc.edu).

3. Spanish Language Assessment. This will be assessed as described in the Spanish language assessment section below. To pass Spanish in the fall semester of the first year, students must pass both conversational Spanish during the immersion as well as medical Spanish during the remainder of the fall semester. Conversational and Medical Spanish exit assessments will be undertaken for informational purposes.

Detailed information regarding institutional and school-level grading procedures and transcript notations can be found in the TTUHSC-EP ‘Grading Procedures and Academic Regulations’ (HSCEP OP 59.05) policy and PLFSOM ‘Grading, Promotion, and Academic Standing’ (GPAS) policy. On the official student transcript, students will receive a grade of Pass or Fail for SCI each semester. Students must pass all three of the assessments noted above to pass SCI; failure of one results in failure of SCI. Remediation for the components is possible before receiving a final grade of Fail for the SCI course as outlined below.

Remediation
Students can successfully remediate these assessments/requirements, and successful remediation will convert the grade for that section from ‘Deferred’ (DE) to ‘Pass’ (PA). Students who do not pass the course after their remediation attempt will receive a grade of ‘Fail’ (FA) for
SCI on their transcript and will be referred to the Grading and Promotion Committee (GPC). Students can remediate as follows:

1. **Written/Oral Assessments:** Students who score below a 65% average for the semester on these assessments will have the opportunity to take a remediation exam and will receive a pass if they score at or above 65% on this examination. A score below 65% will result in a grade of Fail for SCI and a referral to the GPC.

2. **Completion of the Community Health Experience.** Students who have an unexcused absence from the community health experience can remediate by satisfactorily writing a 4000-word (approximately 10-page) or longer paper on a topic selected by the Director of Community-Based Education, Dr. Rosenthal. Papers are due at the end of the semester of the incident. In addition, a professionalism concern will be sent to the student’s college mentors and documented as an ‘event card’ on e-portfolio. A second unexcused absence at any time during the pre-clerkship curriculum (which includes both the MS1 and MS2 years) will result in a failure of SCI and a referral to the GPC. Please note that inability to attend a community health experience due to lack of immunizations is an unexcused absence. Students may not arrange date changes for their clinical visits directly with providers unless the provider initiates a request. Any changes must be confirmed with the relevant SCI team member coordinator, Vanessa Mena (Year 1) or Barbara Stives (Year 2).

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

3. **Spanish Language Assessment.** Failure to complete the Canopy modules by the associated deadline (Level I by the end of semester I; Level II by the end of semester II; and Level III by the end of semester III) will lead to a grade of ‘deferred’ (DE) for the associated SCI semester course and automatic placement of the student on ‘Academic Warning’ per the GPAS policy. Module completion is required in order to receive a semester course grade of ‘pass’ (PA), and please note that students with grades of ‘DE’ are not eligible for promotion to the next year.

   Attendance is required in Spanish during immersion and other selected Spanish language events as designated on Elentra. All unexcused absences and tardies will be
recorded in e-portfolio, and students who have an unexcused absence can remediate by completing an assignment designated by the Spanish instructor. The instructor may, for example, assign additional reading material with an oral presentation in Spanish of that material to the class or the instructor. If the student does not complete the remediation(s) at a satisfactory level or if the student has a second unexcused absence during Immersion, the student will receive a grade of Fail for SCI and will be referred to the GPC. Please note that unexcused absences in immersion count toward the total unexcused absences during the first academic year. A tardy beyond 10 minutes counts as an absence.

More Specific Grading Criteria

1. Written/Oral Assessments

Midterm and Final Exams

Students will have a midterm and final exam each semester except for during spring semester of their second year (SCI IV) when they will have only a final exam. Exams will assess them for their competency in (1) Social Foundations of Medicine and (2) Introduction to Clinical Research. The content of each examination is cumulative and will include content based on material that was covered previously. Students will be advised of what material from prior semesters will be a part of any examination. Particularly for the Introduction to Clinical Research material, examinations will contain a large amount of material from before the last examination and from prior semesters. An unexcused absence from an exam will result in a score of “0” for that exam.

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

Problem Sets
Throughout the SCI I-IV semesters, students will be required to complete 8 problem sets. While students are welcome to work with one another and are encouraged to do so, each student must submit his or her own solutions for grading. Most SCI problem sets are Pass/Fail at the 65% threshold; the standard set for the course. In addition to the 8 Pass/Fail problem sets; in SCI III-IV, students will undertake a 2 part self-directed Clinical Problem Literature Review. A score of zero will be given for problem sets submitted after the deadline. Any problem set receiving a score less than 65% (Fail) must be resubmitted until a score above 65% is achieved. This must be successfully accomplished within one week after the final exam for the semester to pass SCI. Failure to do so will result in a failure of SCI and a referral to the GPC.

Grading Distribution and Required Semester Elements

**MSI Grading Distribution and Required Semester Elements - Fall**

(Course passing threshold 65%)

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midterm</td>
<td>40%</td>
</tr>
<tr>
<td>Final Exam</td>
<td>60%</td>
</tr>
<tr>
<td>2 Problem Sets</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Spanish Class (in-person) Participation</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>4 Community Health Experiences</td>
<td>Pass/Fail</td>
</tr>
</tbody>
</table>

**MSI Grading Distribution and Required Semester Elements - Spring**

(Course passing threshold 65%)

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midterm Exam</td>
<td>40%</td>
</tr>
<tr>
<td>Final Exam</td>
<td>60%</td>
</tr>
<tr>
<td>2 Problem Sets</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Spanish Class (in-person) and Spanish Module</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Canopy Level 1 (passing threshold 70%)</td>
<td></td>
</tr>
<tr>
<td>4 Community Health Experiences</td>
<td>Pass/Fail</td>
</tr>
</tbody>
</table>


**MS II Grading Distribution and Required Semester Element -Fall**

(Course passing threshold 65%)

Part 1: Clinical Problem Proposed Literature for Review Problem Set 15%

Midterm 35%

Final Exam 50%

2 Problem Sets (beyond Clinical Problem Part 1) Pass/Fail

Spanish Class (in-person) Pass/Fail

4 Community Health Experiences Pass/Fail

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**MSII Grading Distribution and Required Semester Elements -Spring**

(Course passing threshold 65%)

Problem Sets:

- Biostats-Epi USMLE Practice Pass/Fail
- Clinical Problem Literature Review Problem Set 35 %

Final Exam 65 %

Spanish Canopy Module 3 (passing threshold 70%) Pass/Fail

2 Community Health Experiences Pass/Fail

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2. **Completion of the Community Health Experience**

**Documenting the visit**

For each community health experience, students are responsible for having their preceptor document their visit by signing their preceptor documentation card that needs to be submitted to the relevant program coordinator, Ms. Vanessa Mena (Year 1) or Ms. Barbara Stives (Year 2), at the end of each semester. Documenting a visit without attending clinic will result in an automatic failure of the Community Clinic Experience and SCI based on professionalism without the option for remediation as well a referral to the GPC. Students are advised to take a picture of their signed form after each visit in case they lose their signature card. Cards must be submitted within 1 week after the final exam of the semester the card is due. Card submission
instructions will be printed on the card. Failure to submit the card will result in a failure of SCI and a referral to the GPC.

Reflection

For selected Community Health Experience, students will fill out an on-line reflection. Due dates for reflections are designated below. At the start of the Community Health Experience students will receive an individualized LINK from SCI-ELPaso@ttuhsc.edu to complete their on-line Community Health Reflection. Students are responsible for keeping and using the appropriate link each semester.

Standard Community Clinic Times

Students will receive a schedule of their community clinics. When asked, students are responsible for signing up for clinical slots by the deadline provided. Clinic visits will be on either Tuesday or Wednesday afternoon from 1:00 PM until ~5:00 PM for MS1 and Wednesday or Thursday morning from 8:00 AM until ~12:00 PM for MS2. Unfortunately, given the complexity of multiple schedules and limited preceptor time, students need to abide by the schedule unless the student is granted an excused absence by the Office of Student Affairs. Because community preceptors can cancel their clinics at any time, students should keep these alternative times as free as possible in case they need to be rescheduled. Students should not negotiate alternative clinic times with their clinic preceptors or fellow students. Instead, they should work through the associated program coordinator, Ms. Vanessa Mena (Year 1) or Ms. Barbara Stives (Year 2).

Missing a Clinic

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

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

- E-mail the Office of Student Affairs at PLFabsence@ttuhsc.edu.
- Contact the respective SCI program coordinator, Ms. Vanessa Mena (Year 1) or Ms. Barbara Stives (Year 2), as soon as possible. Please include the preceptor’s name and the date of the missed clinic as well as times available within the next month for potential rescheduling.
- Contact their preceptor to let them know they will not be at clinic.

If the student discovers that the preceptor is not available, the student needs to contact the respective SCI program coordinator, Ms. Vanessa Mena (Year 1) or Ms. Barbara Stives (Year 2).
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 clinic at a time when the student does not have scheduled class activities or during another month within the academic year in which case the student may have two preceptor visits during the same month. If an available time cannot be found, the student is not responsible for making up this clinic.

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

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

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

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

3. **Spanish Language Assessment**

**Conversational (Immersion) Spanish**

For Immersion Spanish, final grades for novice and intermediate Spanish (all levels) will be assessed with this distribution:

20%: Professionalism and daily attendance

20%: Daily participation and oral comprehension class assignments
20%: Participation/Assignments for off-campus activities (grocery & murals)
20%: Final assessments (varied by level)
20%: Final group presentation

Medical Spanish

Complete in person and Canopy Spanish as assigned (see Table 1).

<table>
<thead>
<tr>
<th>Table 1: Spanish Requirement Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MS1 - Class of 2025</strong></td>
</tr>
<tr>
<td>- SCI I: In-person Spanish: Immersion, Conversational Spanish and Fall, Medical Spanish</td>
</tr>
<tr>
<td>- SCI II: In-person Spanish and Canopy Level 1</td>
</tr>
<tr>
<td>- SCI III: Canopy Level 2</td>
</tr>
<tr>
<td>- SCI IV: Canopy Level 3</td>
</tr>
<tr>
<td>Optional Canopy NIH-recognized Fluency Exam</td>
</tr>
<tr>
<td><strong>MS2 – Class of 2024</strong></td>
</tr>
<tr>
<td>- SCI I: Canopy Level 1</td>
</tr>
<tr>
<td>- SCI II: Canopy Level 2</td>
</tr>
<tr>
<td>- SCI III: In-person Spanish</td>
</tr>
<tr>
<td>- SCI IV: Canopy Level 3</td>
</tr>
<tr>
<td>Optional Canopy NIH-recognized Fluency Exam</td>
</tr>
</tbody>
</table>

Requirements for Passing In-person Spanish are outlined above
Requirement for Passing the Canopy Modules (Level I-III) Assessments
For both first and second year students:
- Each of the three levels of the Canopy Learn program has a final assessment exam. Taking the exam for each level is a compulsory activity at the end of a semester as per the schedule above. Passing the exam is required if the student wishes to obtain a certificate of completion of a level.
- **Passing Canopy at Canopy’s 70% threshold is required for all three module levels.**

**COMPLETION Due Dates:** Passing designated Canopy Module/s is required by **11:59 pm 3 full days following the last final exam of each semester.** Students are encouraged to finish Canopy levels prior to the deadlines. Only a grade of pass or fail for Medical Spanish will be utilized.

Attendance
As outlined in the PLFSOM ‘Pre-clerkship phase attendance policy’, failure to meet the school’s overall expectations for attendance and participation can lead to a number of consequences including failure of a course or referral to the GPC for professionalism concerns. Attendance is required for all Spanish classes. For both excused and unexcused absences, students are responsible for completing assignments during their absence and can be assigned alternative activities to make up for their absence from classroom participation.

Students who have an unexcused absence will need to remediate as outlined in the section on remediation. Students who fail to adequately remediate or who have a third unexcused absence during an academic year or who have a second unexcused absence during conversational Spanish during Immersion will Fail SCI and be referred to the GPC.

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

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

Language Competency and Testing

Competency levels are defined according to criteria set by the incoming placement exam (True North): Beginner, Intermediate, and Advanced, i.e., criteria used for placement of students into their groups for immersion.

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

Because learning a language requires cumulative knowledge and practice, students may need to change to a different level as determined by the Spanish teachers.

Important Dates
Please watch Canvas/Elentra for potential changes.

1. Examinations

**MSI**

<table>
<thead>
<tr>
<th>Exam</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Midterm</td>
<td>October 12</td>
</tr>
<tr>
<td>Fall Final</td>
<td>December 13</td>
</tr>
<tr>
<td>Spring Midterm</td>
<td>February 4</td>
</tr>
<tr>
<td>Spring Final</td>
<td>May 2</td>
</tr>
</tbody>
</table>
Remediation Dates:

January 5
June 2
June 3
June 9
June 10
June 16
June 17

MSII

Fall Midterm: October 28
Fall Final: December 17
Spring Final: February 17
Remediation Dates: January 3
March 4
March 11
March 18

2. Problem Sets

Problem sets are due Fridays at 11:59 pm in Canvas 2-3 weeks after the related class session when they are given unless otherwise noted below. Due dates will be set to ensure they are not due the week before an exam. The anticipated month that problem sets will be given are noted below.

Problem Set

MS 1 Fall

1) Health System Sciences Problem Set
2) Literature Search Strategies Problem Set

MS1 Spring
3) Biostatistics & Epidemiology (B & E) Problem Set
4) B & E Problem Set Problem Set

MS2 Fall
5) Part 1: Clinical Problem Literature Proposed Literature for Review List (15 % of grade)
   Part 1: Due in October; Part 2 given out in November
6) B & E Problem Set

MS2 Spring
7) B & E Problem Set with USMLE Format; SCI III final exam Prep)
8) Part 2: Clinical Problem Literature Review – Part 2 (35 % of grade)

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

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

Specialty Community Health Experiences: Reflections are required for each of the seven (7) specialty visits over the MS1 and MS2 years. Except for the initial Public Health Department visit which is due the last day of the month of the visit, these reflections are due at the end of the semester within 3 full days following the final unit/course exam of the semester.

Missed Visits Remediation Papers: Remediation papers for missed visit are due at the end of the semester when the visit was missed. These must be turned in within one week of the final unit/semester exam through the Assignments feature in the associated semester’s SCI Course on-line in Canvas or other designate on-line platform.

The visit dates below are subject to change with notice depending on community partners.
Except for first field visit all SCI Community Health Reflections are due at the end of the semester - 3 full days following the last exam of the semester.

<table>
<thead>
<tr>
<th>Date of Visit/s</th>
<th>Reflection Due Date - Due by 11:59 pm online</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS1</td>
<td></td>
</tr>
</tbody>
</table>
Fall

- Public Health Panel (or Site visit) with Reflection Due
  
  **August (Aug 17 tbc)**     August 31

Primary Preceptor Visits: September –December (3 visits)

Varied

3 full days after final exam

Spring

5) Pharmacy Visit: January-February
6) Service Learning Symposium (any 2 hours)
7) Primary Preceptor Patient (1 per year)
8) Community Health Center Visit

   Reflections due **April (Details pending)**  3 full days after semester exams

MS2

Fall

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

Varied

3 full days after semester exams

Spring

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

Varied

3 full days after semester exams

Community Health Remediation Papers for Missed Visits

**MS1 and MS2**

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

Missed Reflection (1st time)  7 full days after semester exams

1st offense: 600 words

2nd offense: 2000 words
Missed Visit Remediation Paper (4000 words) are due in the SCI Course on-line platform in Canvas:

**MS1s and MS2s Fall**
7 full days after semester exams

**MS1 Spring**
7 full days after semester exams

**MS2 Spring**
7 full days after semester exams

### Course Policies and Procedures

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

Unexcused absences are not acceptable for those activities that are designated as required attendance and will be forwarded to the college mentors for monitoring.

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

#### Social Foundations of Medicine and Introduction to Clinical Research

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

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

#### The Community Health Experiences

Attendance is required for all activities.

#### Conversational and Medical Spanish

Attendance is required for all activities.
Professional Attire
During the community health experiences as well as when working with standardized patients, students need to dress in a modest and understated manner, commensurate with proper decorum for clinical work as required for Medical Skills. Please see their syllabus for any updates; SCI will abide by the most recent version from Medical Skills. Briefly,

- Men are required to wear business casual attire. This includes slacks, a collared dress shirt, dress shoes, and optionally a necktie. Inappropriate attire includes polo shirts, running shoes, blue jeans, cargo pants, shorts, or T-shirts.

- Women are required to wear business casual attire. This includes slacks, dresses, or a skirt with blouse and dress shoes. Inappropriate attire includes low cut necklines, see-through blouses, bare midriffs, and short skirts or dresses that reveal the thigh above the knee.

- Closed-toe shoes are required in all clinical settings. Heels should be modest (3” or less). Sandals and shoes with open toes are prohibited in clinical areas by OSHA regulations because of the hazards posed by spills, needles, and sharp instruments.

- Grooming should be hygienic. Students must shower, use deodorant, and use daily oral hygiene. Long hair must be tied back so that it does not contact the standardized patient or interfere with the physical examination. Facial hair such as beards and sideburns must be neat, clean, and well-trimmed. Fingernails should be clean and length of nails should not be so long as to interfere with the proper performance of the physical examination.

- Students will wear their short white coats during Community Health Experiences unless specifically advised otherwise by their preceptor.

Professionalism
Professionalism is a core competency in Medicine, one that is taken extremely seriously in SCI. Students have failed SCI due to professionalism problems. Students are expected to adhere to the Standards of Professional Conduct outlined in the PLFSOM student handbook. In particular, students should not attempt to copy, post, share, or use SCI exam questions. Students should not submit false claims of attendance at their community clinic or alter documents. Depending on the nature of the problem and as determined by the course director, failure to act professionally may result in a grade of Fail for SCI, regardless of the student’s performance in other aspects of the course, and the student will be referred to the GPC. Violations of professionalism could result in expulsion from the PLFSOM.
Disability Support Services
TTUHSC El Paso is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to this course, and your program, please contact the Academic Success and Accessibility Office (ASAO), 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 the ASAO as soon as possible. Please note: faculty are not allowed to provide classroom accommodations to a student until appropriate verification from ASOA has been provided to the school and disseminated to the appropriate faculty member(s). For additional information, please visit the ASAO website:
Appendix

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:


Recommended/Reference for Spanish:


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

Recommended/Reference for Introduction to Clinical Research:

LINKS:  For these resources - please do not use VPN. If you are off campus, LINKS will need to go through the Library Log on page. Once you are logged in for a browser session, resources should be accessible.


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

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


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

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


**Recommended/Reference for Social Foundations of Medicine:**


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