



Physician Assistant Education Department

Master of Science in Medicine

4 units

MSM 6105 FUNDAMENTALS OF GASTROENTEROLOGY

SUMMER 2025

Office location: 204 Office hours: TBA	Instructor title and name: Taera Felkins, PA-C (adjunct faculty) David Arenson, MD (guest lecturer) Yoojin Choi, PhD (faculty)
Final Exam and OSCEs: Monday, June 5, 2023, 8:00am-5:00pm	Phone:
Meeting location: Balboa Campus, Classroom 154, Clinical Skills Lab 223	Email: ychoi@pointloma.edu tfelkins@pointloma.edu

PLNU Mission

To Teach ~ To Shape ~ To Send

Point Loma Nazarene University exists to provide higher education in a vital Christian community where minds are engaged and challenged, character is modeled and formed, and service is an expression of faith. Being of Wesleyan heritage, we strive to be a learning community where grace is foundational, truth is pursued, and holiness is a way of life.

COURSE DESCRIPTION:

This course covers the epidemiology, etiology, risk factors, pathogenesis, pathophysiology, complications, and differential diagnoses of commonly encountered digestive system diseases and disorders through symptoms-based and systems-based approaches. Management of patients with these diseases and disorders across the life span from initial presentation through follow-up for acute, chronic, and emergent cases will be covered, as will referral when necessary, preventive medicine, and patient education.

COURSE GOALS

This goal of this course is to provide the appropriate basic science background essential to the understanding of and diagnosis of disease patterns related to the gastrointestinal system, and to provide the student with the skills and knowledge necessary for the diagnosis and management of common gastrointestinal disorders.

PROGRAM LEARNING OUTCOMES

The content in this course will contribute to the student's proficiency in this/these area(s):

1. Gather a history and perform a physical examination. (MK, IC, PC, PR)
2. Prioritize a differential diagnosis following a clinical encounter. (MK, PC, PB, PR, SB)
3. Recommend and interpret common diagnostic and screening tests. (MK, IC, PC, PR, PB, SB)
4. Enter and discuss orders and prescriptions. (MK, IC, PC, PR, PB, SB)
5. Document a clinical encounter in the patient record. (MK, IC, PC, PR)
6. Provide an oral presentation of a clinical encounter. (MK, IC, PC, PB, PR)
7. Form clinical questions and retrieve evidence to advance patient care. (MK, PC, PR, PB, SB)
8. Give or receive a patient handover to transition care responsibility. (MK, PC, PR, IC, PB)
9. Collaborate as a member of an inter-professional team. MK, IC, PC, PR, PB, SB
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management. (MK, IC, PC, PR, PB, SB)
11. Obtain informed consent for tests and/or procedures. MK, IC, PC, PR, PB
12. Perform general procedures of a physician assistant. MK, IC, PC, PR, PB, SB

Initials indicate PA core competency required to meet the PLO.

PA Core Competencies:

MK = Medical Knowledge

IC = Interpersonal Skills & Communication

PC = Patient Care

PR = Professionalism

PB = Practice-based Learning

SB = Systems-based Practice

COURSE LEARNING OUTCOMES

Successful completion of this course requires demonstration of the skills and knowledge outlined here at, minimally, the ADVANCED BEGINNER level:

1. Obtain a history and perform a focused physical examination relevant to symptoms found within gastrointestinal system. (PC2; MK1; IC1; IC7; PR1; PR3; PR5)
2. Prioritize a differential diagnosis based on the history and physical findings in a patient with a gastrointestinal complaint. (PC2, PC4, MK2, MK3, MK4, PB1, IC2, PR8)
3. Recommend common diagnostic and screening tests, pharmacotherapeutics, and management based on their applicability to the differential diagnosis. (PC4, PC5, PC7, PC9, MK1, MK4, PB9, SB3)
4. Document a clinical encounter in the patient record including a complete gastrointestinal history and examination. (PC4, PC6, IC1, IC2, IC5, PR4, SB1)
5. Provide an oral presentation of a clinical encounter including justification of the proposed management plan. (PC2; PC6; IC1; IC2; PB1; PR1; PR3)

6. Form clinical questions and retrieve evidence to advance patient care. (PC5, PC7, MK3, MK4, PB1, PB3, PB6, PB7, PB8, PB9)
7. Recognize a patient presenting with gastrointestinal symptoms requiring urgent or emergent care and initiate evaluation and management. (PC1, PC2, PC3, PC4, PC5, PC6, IC6, PR1, PR5)

INSTRUCTIONAL OBJECTIVES

Upon completion of the **ANATOMY AND PHYSIOLOGY** section of the course, the student will be able to:

1. Describe the arterial supply, venous drainage and portal system of the gastrointestinal tract.
Comprehension, B2.02a
2. Discuss the structure, function and vasculature of the mesentery. Comprehension, B2.02a, B2.02b
3. Explain how secretions and movement are regulated throughout the small intestines. Comprehension, B2.02b
4. Discuss the role of the liver, gallbladder, and pancreas in producing, transporting, and storing digestive juices. Comprehension, B2.02b
5. Discuss the role of HDL, LDL, and VLDL in the absorption and transport of lipids in the body.
Comprehension, B2.02b
6. Summarize the process of digestion, absorption, and transport for carbohydrates, lipids, and proteins. Comprehension, B2.02b
7. Discuss the histological features of the digestive system, including each of the four major layers.
Comprehension, B2.02a
8. Contrast chemical and mechanical digestion. Analysis, B2.02b
9. Diagram the gastrointestinal ducts of the biliary tree and list the digestive juice associated with each. Analysis, B2.02a, B2.02b
10. Outline the nervous and chemical mechanisms that regulate the digestive system. Analysis, B2.02b
11. Contrast the process of absorption that occurs in the small and large intestines. Analysis, B2.02b
12. Contrast the mechanism of reabsorption of bile acids/salts in the small intestine versus the colon. Analyze, B2.02b

Upon completion of the **PATHOPHYSIOLOGY** section of the course, the student will be able to:

13. Relate the clinical characteristics of end-stage acute and chronic liver disease to the normal functions of the liver, and describe how fibrosis affects liver function. Application, B2.02c
14. Describe the basis for studying liver enzyme and bile acid levels in the circulation as a measure of liver and gallbladder pathology. Analyze, B2.02c
15. Describe the contribution of water and ion reabsorption in the gall bladder to gall stone formation. Identify the major types of gallstones and the potential consequence of gall stone formation. Comprehension, B2.02c
16. Describe common causes of steatorrhea, and predict effects of steatorrhea on absorption of fat-soluble vitamins. Comprehension, B2.02c

17. Classify the diseases of enzyme and transport deficiencies leading to osmotic diarrhea. Comprehension, B2.02c
18. Compare and contrast the disorders of motility that can lead to gastroparesis, achalasia, diarrhea, constipation, megacolon and irritable bowel syndrome. Analyze, B2.02c
19. Relate distension of organs affects GI reflexes and to altered responses to other regulatory inputs. Analyze, B2.02c
20. Relate abnormal distension to GI pain and abnormal motility. Analyze, B2.02c
21. Relate the roles of fluid malabsorption in the small intestine versus colon on the potential to cause diarrheal disease. Analyze, B2.02c
22. Relate the normal regeneration of the colonic epithelium from stem cells and how this process is changed if a stem cell becomes cancerous or in the presence of inflammation. Analyze, B2.02c

Upon completion of the **PHYSICAL DIAGNOSIS** section of the course, the student will be able to:

23. Demonstrate a focused medical history in the evaluation of suspected GI disease. Application, B2.07a
24. Systematically examine a patient with gastrointestinal complaints using appropriate technique. Application, B2.07b
25. Demonstrate the proper order and execution of the abdominal examination. Application, B2.07b
26. Justify indications for, properly perform the relevant tests and relate findings from these tests to specific, suspected abdominal disease to include: Application, B2.07c, B2.07d
 - a. muscular rigidity/guarding
 - b. rebound tenderness
 - c. referred rebound tenderness
 - d. jar sign/Markle's sign
 - e. Rovsing's sign
 - f. psoas sign
 - g. obturator sign
 - h. McBurney's point
 - i. cutaneous hyperesthesia
 - j. ballottement
 - k. shifting dullness
 - l. fluid wave
 - m. puddle sign
 - n. Murphy's sign
 - o. Courvoisier's sign
 - p. assessment of abdominal masses or hernias
 - q. succession splash
 - r. Cullen's sign
 - s. Grey Turner's sign
27. Discuss the indications for a rectal exam and demonstrate appropriate technique in performing the examination. Application, B2.07d
28. List common signs and symptoms that are suggestive of GI disease and relate them to the underlying pathology or pathophysiology generating the complaint. Analysis, B2.02c, B2.07c
29. Explain the significance of positive and negative findings in the abdominal exam. Analysis, B2.07b, B2.07c, B2.07e

Upon completion of the **CLINICAL MEDICINE** section of the course, the student will: ^{B2.03}

30. Given a patient across all age groups, with any of the following signs or symptoms: interview and elicit a comprehensive, relevant medical history, ^{B2.07a} perform a complete and focused physical examination and identify the physical findings, ^{B2.07b} generate a complete list of differential diagnoses prioritizing them appropriately, ^{B2.07c} recommend an appropriate work-up, order and interpret diagnostic studies, ^{B2.07d} propose patient management including acute and chronic care plans, ^{B2.07e} provide patient education and referral. ^{B2.07f, Evaluate}

- a. Abdominal pain (acute)
 - i. [Acute Pancreatitis](#)
 - ii. [Acute Diverticulitis](#)
 - iii. [Mechanical Bowel Obstruction and Ileus: Pathogenesis and clinical findings](#)
 - iv. [Diverticulosis vs. Diverticulitis: Distinguishing Features](#)
 - v. [Acute pancreatitis: Complications](#)
 - vi. [Ascending Cholangitis: Pathogenesis and Clinical Findings](#)
 - vii. [Acute Cholecystitis](#)
 - viii. [Acute GI Related Abdominal Pain](#)
 - ix. [Appendicitis](#)
 - x. [Small Bowel Infarction](#)
 - xi. [Perforated Viscous](#)
 - xii. [Cholelithiasis](#)
- b. Abdominal pain (chronic)
 - i. [Gastroesophageal Reflux Disease \(GERD\): Complications](#)
 - ii. [Stomach Acid Reducing Medications: Mechanisms of Action](#)
 - iii. [Celiac Disease: Pathogenesis and clinical findings](#)
 - iv. [Celiac Disease: Complications](#)
 - v. [Small Bowel Bacterial Overgrowth: Pathogenesis and clinical findings](#)
 - vi. [Gastroesophageal Reflux Disease \(GERD\): Pathogenesis and clinical findings](#)
 - vii. [Peptic ulcer disease](#)
 - viii. [Gastritis](#)
- c. Abdominal distention
 - i. [Feces](#)
 - ii. [Flatus](#)
 - iii. [Fluid](#)
 - iv. [Fetus](#)
 - v. [Fibroids](#)
 - vi. [Fatal tumor](#)
- d. Abdominal masses
 - i. [Organomegaly](#)
 - ii. [Neoplastic](#)
 - iii. [Pulsatile](#)
 - iv. [Feces](#)

- v. Pseudoneoplastic
 - vi. Incisional Hernia: Pathogenesis and Clinical Findings
 - vii. Acquired Inguinal Hernias: Indirect + Direct
- e. Constipation
 - i. Pathogenesis of Select Causes of Constipation in Adults and in Elderly
- f. Diarrhea
 - i. Fecal Incontinence
 - ii. Clostridium difficile infection: pathogenesis and clinical findings
 - iii. Small Bowel Bacterial Overgrowth: Pathogenesis and clinical findings
 - iv. Infectious Large Bowel Diarrhea
 - v. Infectious Small Bowel Diarrhea
 - vi. Infectious Diarrhea: Pathogenesis of Food Poisoning
- g. Dysphagia
 - i. Infectious Esophagitis: Pathogenesis and clinical findings
 - ii. Eosinophilic Esophagitis: Pathogenesis and Clinical Findings
 - iii. Achalasia: Pathogenesis and clinical findings
- h. Dyspepsia
- i. Jaundice
- j. Nausea and vomiting
 - i. Hematemesis
 - ii. “coffee ground” emesis
 - iii. Bilious emesis
 - iv. Bloody emesis
 - v. Gastroenteritis: Pathogenesis and clinical findings
- k. Hematochezia
- l. Melena
- m. Lower GI Bleed
 - i. Ischemic Colitis: Pathogenesis and Clinical Findings
 - ii. Colorectal Carcinoma: Pathogenesis and Clinical Findings
 - iii. Hemorrhoids: pathogenesis and clinical findings
 - iv. Diverticulosis vs. Diverticulitis: Distinguishing Features
 - v. Lower GI Bleed: Risk Factors
 - vi. Diverticulosis and Angiodysplasia

31. Given a patient across all age groups, with any of the following diseases or disorders: interview and elicit a comprehensive, relevant medical history, ^{B2.07a} perform a complete and focused physical examination and identify the physical findings, ^{B2.07b} generate a complete list of differential diagnoses prioritizing them appropriately, ^{B2.07c} recommend an appropriate work-up, order and interpret diagnostic studies, ^{B2.07d} propose patient management including acute and chronic care plans, ^{B2.07e} provide patient education and referral. ^{B2.07f, Evaluate}

- n. Disorders of the esophagus
 - i. Esophagitis

- ii. Gastroesophageal reflux disease
 - iii. Motility/reflux disorders
 - iv. Mallory-Weiss tear
 - v. Strictures
 - vi. Varices
- o. Neoplasms
 - i. Benign
 - ii. Malignant
- p. Biliary disorder
 - i. Acute/chronic cholecystitis
 - ii. Cholangitis
 - iii. Cholelithiasis
- q. Hepatic disorders
 - i. Acute/chronic hepatitis
 - ii. Cirrhosis
- r. Pancreatic
 - i. Acute/chronic pancreatitis
- s. Colorectal disorders
 - i. Abscess/fistulae
 - ii. Anal fissure
 - iii. Constipation
 - iv. Diverticulitis
 - v. Fecal impaction
 - vi. Hemorrhoids
 - vii. Inflammatory Bowel Disease
 - viii. Irritable Bowel disease
 - ix. Ischemic bowel disease
 - x. Obstruction
 - xi. Polyps
 - xii. Toxic megacolon
- g. Small intestine disorder
 - i. Appendicitis
 - ii. Celiac disease
 - iii. Intussusception & Volvulus

- iv. Obstruction
- v. Polyps
- vi. Toxic megacolon
- vii. Hernia

32. Discuss the following laboratory assessments in terms of the expected findings in the gastrointestinal diseases listed above: Application, B2.07d

- a. CBC
- b. lymphocytic count
- c. serum albumin
- d. serum transferrin
- e. serum prealbumin
- f. BUN/serum creatinine
- g. serum cholesterol/triglyceride
- h. serum calcium/phosphorus
- i. immune reactivity studies (anergy panel)
- j. stool leukocytes/stool culture
- k. stool exam for ova & parasites
- l. rapid PCR analysis
- m. serum electrolytes
- n. urine sodium
- o. serum osmolality
- p. retinol-binding protein

33. Given a patient across all age groups, with any of the following disorders of vitamin deficiency: interview and elicit a comprehensive, relevant medical history, B2.07a perform a complete and focused physical examination and identify the physical findings, B2.07b generate a complete list of differential diagnoses prioritizing them appropriately, B2.07c recommend an appropriate work-up, order and interpret diagnostic studies, B2.07d propose patient management including acute and chronic care plans, B2.07e provide patient education and referral. B2.07f, Evaluate, Analyze

- a. thiamine (B₁)/beriberi
- b. riboflavin (B₂)
- c. niacin
- d. vitamin B₆
- e. vitamin C (ascorbic acid)/scurvy
- f. vitamin A
- g. vitamin D
- h. vitamin E
- i. vitamin B₁₂
- j. folate
- k. vitamin K

34. Apply knowledge of the etiology, clinical manifestations and diagnostic evaluation to distinguish between Kwashiorkor vs. Marasmus and determine treatment options for protein-energy malnutrition.

Analyze, B2.07c

35. Describe the basic principles and methods involved in the clinical evaluation of nutritional states, with special reference to: Comprehension, B2.03

- a. the nutritional history B2.07a
- b. physical examination B2.07b
- c. laboratory assessment B2.07d

36. Counsel a healthy patient regarding nutrition in reference to: Synthesis, B2.12a

- a. basic food groups
- b. carbohydrate/protein/fat intake
- c. vitamins and minerals
- d. normal growth/maturation/development
- e. lactose intolerance
- f. gluten intolerance
- g. nut allergies
- h. fad diets

37. Assess a given patient's risk for gastrointestinal disease, obesity or other weight disorder and provide dietary management and patient education directed to prevention of these diseases. Analyze, B2.07f

38. Discuss common gastrointestinal disorders presenting in children and in the elderly, their varying presentations and propose a management plan including consideration of co-morbidities and polypharmacy. Application, B2.02d, B2.07e, B2.08a

39. Working with the appropriate health care professional, develop an appropriate patient education plan as needed. Application, B2.07f

40. Working with the appropriate health care professional, recommend an appropriate patient referral plan as needed. Application, B2.07f

41. Working with the appropriate health care professional recommend a suitable rehabilitation plan as needed. Application, B2.08b

42. Working with the appropriate health care professional recommend a suitable prevention program as needed. Application, B2.08b

43. Working with the appropriate health care professional, recommend an appropriate palliative care plan for a patient facing end-of-life decisions. Application, B2.08e

44. Differentiate the evaluation and treatment approach in acute, chronic and emergent gastrointestinal disease. Analysis, B2.07e, B2.08b

45. Identify the patient requiring emergent intervention for an acute gastrointestinal disorder. Evaluation, B2.08b

46. Demonstrate skills in problem solving and medical decision-making through community learning group case discussions and activities. Application, B2.05

47. Demonstrate supportive counseling skills when delivering bad news to a patient. Application, B2.12c

48. Discuss the relevance, and cost/benefit associated with common diagnostic studies in light of their contribution to a diagnosis. Comprehension, B2.07d

49. Discuss the indications, contraindications, complications and the efficacy/effectiveness of proposed pharmacotherapeutic intervention. Comprehension, B2.02d

SKILLS OBJECTIVES

Upon completion of this course, the student will demonstrate proficiency in:

1. Eliciting a history. ^{Application, B2.07a}
2. Performing a complete and focused gastrointestinal physical examination. ^{Application, B2.07b}
3. Performing nasogastric tube insertion, and explaining the indications and contraindications of the procedure. ^{Application, B2.09}
4. Properly acquiring a stool specimen. ^{Application, B2.09}
5. Performing and correctly interpreting stool guaiac testing for occult blood. ^{Application, B2.09}

Note: Superscripts identify the Bloom's Taxonomy level for each objective.

REQUIRED TEXTS AND RECOMMENDED STUDY RESOURCES

Note: Texts prefaced with double asterisks are provided in Access Medicine.

****Pathophysiology of Disease: An Introduction to Clinical Medicine, 8e** by Gary D. Hammer (Author), Stephen J. McPhee (Author) McGraw-Hill.

ISBN-13: 978-1-260-02650-4

ISBN-10: 0071806008

****Current Diagnosis & Treatment: Gastroenterology, Hepatology, and Endoscopy, 3rd Edition** (2016)

Author: Norton J. Greenberger, Richard S. Blumberg, Robert Burakoff

Publisher: McGraw – Hill

ISBN 978-0-07-183772-9

ISSN 1946-3030

Date	Topic/Instructor	Reading/Assignment
Monday May 13 th 1-4pm	Anatomy and Physiology Pathophysiology Dr. Choi	Pathophysiology Chapter 13, 14, 15
Tuesday May 14 th 1-4pm	Dysphagia, GERD and PUD Dr. Arenson, MD	Current Gastro Chapter 11-15
Wednesday May 15 th 1-4pm	Diarrhea: Acute, Chronic, IBD Dr. Arenson, MD	Current Gastro Chapter 2-5
Thursday May 16 th 1-4pm	Liver, Pancreas, Biliary Part 1 Dr. Arenson, MD	Current Gastro Chapter 26-29, 38-44, 53-54
Friday May 17 th 9am-12pm 1-4pm	Lab- Physical Diagnosis Case Discussions Dr. Arenson MD	
Monday May 20 th 9am-12pm 1-4pm	Acute abdominal Pain Taera Felkins, PA-C	Current Gastro Chapter 1
Tuesday May 21 st 1-4pm	Chronic Abdominal Pain Taera Felkins, PA-C	Current Gastro Chapter 20-25, 27
Wednesday May 22 nd 1-4pm	Liver Pancreas, Biliary Part 2 Dr. Arenson (Zoom)	Current Gastro Chapter 26-29, 38-44, 53-54

Thursday May 23 rd 1-4pm	Abdominal masses Neoplasms Dr. Arenson (Zoom)	Current Gastro Chapter 16, 29, 50
Friday May 24 th 9am-12pm 1-4pm	Lab- NG tube/Fecal Occult Taera Felkins, PA-C GI Imaging Dr. Arenson (Zoom)	
Tuesday May 28 th 1-4pm	GI Bleeding (Zoom) Dr. Arenson	Current Gastro Chapter 31, 32
Wednesday May 29 th 1-4pm	Malabsorption and Nutrition Dr. Arenson (Zoom)	Current Gastro Chapter 20
Thursday May 30 th 1-4pm	Lab- Abdominal Ultrasound Robert Meadows, PA-C	
Friday May 31 th 9am-12pm 1-4pm	Case Discussions Review Taera Felkins, PA-C	

LEARNING MODALITIES

Modalities include lectures, on-line pre-lecture activities, reading assignments, community learning activities, and clinical skills labs. The class schedule and assignments can be found in Canvas.

ATTENDANCE AND PARTICIPATION POLICY

Regular and punctual attendance at all classes is considered essential to optimum academic achievement. However, we recognize that as adults you have other life responsibilities and challenges that may interfere. Ultimately you are responsible for your education and your ability to demonstrate mastery of the course and program objectives.

1. You MUST attend:

- PE and clinical skills labs appropriately dressed and with all necessary equipment
- examinations on the date and time for which they are schedule
- Community learning group

2. We expect

- active participation in all class activities.
- completion of all class preparatory assignments prior to commencement of class.
- respect for the class, peers and faculty.
- on-time arrival for all classes, laboratories, learning groups or any scheduled activities. Routine tardiness demonstrates a lack of professionalism and will not be tolerated

INCOMPLETES AND LATE ASSIGNMENTS

All assignments are to be submitted/turned in by the beginning of the class session when they are due—including assignments posted in Canvas. Incompletes will only be assigned under extremely unusual circumstances. Students failing an examination or practicum must complete the designated remediation (See REMEDIATION below) within the assigned time.

FINAL EXAMINATION POLICY

Successful completion of this class requires taking the final examinations (written and practical) on their respective scheduled days. No requests for early examinations or alternative days will be approved.

ASSESSMENT AND GRADING

Student course grades are calculated using all assessment tools utilized during the course. These include quizzes, written examinations, written assignments, practicums, and evaluation of skills.

Learning community groups will be utilized to provide case-based instruction. A clinical case will be presented to each group by the group mentor. Students are expected to utilize knowledge acquired from prior readings and lectures, as well as self/group directed learning to work up the case, develop a working diagnosis, a differential diagnosis and a therapeutic regimen which will include a follow-up plan and patient education. Effective interpersonal communication, clinical reasoning and problem solving abilities, professional behavior and teamwork are paramount to success and development as clinicians. Cases will be issued no more frequently than every other week. There will be 2 cases in this module. Students will receive a collective grade for this exercise.

Learning community group performance expectations include; demonstrating effective interpersonal communication, clinical reasoning and problem solving abilities, professional behavior and teamwork skills. Application, B2.05, B4.03b, B4.03c, B4.03e

ACTIVITY	% OF GRADE
Learning Community	5%
Case Study H&P	5%
Written Examinations	50%
Skills OSCE	15%
Patient-centered OSCE	25%

Grading will be in keeping with Point Loma Nazarene University policy for graduate programs and will be as follows:

A = 93-100	C = 73-76
A- = 92-90	C- = 70-72
B+ = 87-89	D+ = 67-69
B = 83-86	D = 63-66
B- = 80-82	D- = 60-62
C+ = 77-79	F = 0-59

REMEDIATION

Remediation is the process by which both the student and the program are assured that performance indicating a deficiency in knowledge or skills is subsequently demonstrated to be satisfactory. This may include a re-test over missed material, a skills demonstration or a review of missed material with completion of corrected answers. It is important to note that this is content remediation, not grade remediation and no grade will be changed based on these activities.

Within 48 hours of the posting of a grade of <70%, the student MUST contact the course director to discuss the student's performance and create a remediation plan. Unless otherwise directed by the course director, remediation activities must be completed within 5 days.

PLNU COPYRIGHT POLICY

Point Loma Nazarene University, as a non-profit educational institution, is entitled by law to use materials protected by the US Copyright Act for classroom education. Any use of those materials outside the class may violate the law.

PLNU ACADEMIC HONESTY POLICY

Students should demonstrate academic honesty by doing original work and by giving appropriate credit to the ideas of others. Academic dishonesty is the act of presenting information, ideas, and/or concepts as one's own when in reality they are the results of another person's creativity and effort. A faculty

member who believes a situation involving academic dishonesty has been detected may assign a failing grade for that assignment or examination, or, depending on the seriousness of the offense, for the course. Faculty should follow and students may appeal using the procedure in the university Catalog. See the [Academic Honesty Policy](#) in the Graduate and Professional Studies Catalog for definitions of kinds of academic dishonesty and for further policy information.

PLNU ACADEMIC ACCOMMODATIONS POLICY

PLNU is committed to providing equal opportunity for participation in all its programs, services, and activities in accordance with the Americans with Disabilities Act (ADA). Students with disabilities may request course-related accommodations by contacting the Educational Access Center (EAC), located in the Bond Academic Center (EAC@pointloma.edu or 619-849-2533). Once a student's eligibility for an accommodation has been determined, the EAC will work with the student to create an Accommodation Plan (AP) that outlines allowed accommodations. Professors are able to view a student's approved accommodations through Accommodate.

PLNU highly recommends that students speak with their professors during the first two weeks of each semester/term about the implementation of their AP in that particular course. Accommodations are not retroactive so clarifying with the professor at the outset is one of the best ways to promote positive academic outcomes.

Students who need accommodations for a disability should contact the EAC as early as possible (i.e., ideally before the beginning of the semester) to assure appropriate accommodations can be provided. It is the student's responsibility to make the first contact with the EAC. Students cannot assume that because they had accommodations in the past, their eligibility at PLNU is automatic. All determinations at PLNU must go through the EAC process. This is to protect the privacy of students with disabilities who may not want to disclose this information and are not asking for any accommodations.

This syllabus is subject to change. Students are encouraged to check course messages and emails in order to remain current.

ARC-PA standards (5th edition) addressed in this course: B2.02(a)(b)(c)(d), B2.03, B2.05, B2.07, B2.08, B2.09, B2.12, B4.03b, B4.03c, B4.03e