PLNU forward

**Department of Physician Assistant Education**

**Master of Science in Medicine**

**3 units**

**MSM 6107 FUNDAMENTALS OF NEUROLOGY**

**SUMMER 2025**

| | | |
|---|---|---|
| **Office location: 208**<br>**Office hours:** TBA | | **Instructor title and name:** TBD<br>**Faculty:**<br>Sarah Mayer, PA-C<br>**Guest lecturers:**<br>Donnie Cobbler, PA-C<br>Dr. Richard Smith, MD<br>Dr. James Grisolia, MD |
| **Final Exam and OSCEs:** Monday 4/8, 8a-4p | | **Phone:** |
| **Meeting location:** Balboa Campus, Classroom 154, Clinical Skills Lab 223 | | **Email:** rmeadows@pointloma.edu |
| **Week 1**<br>**Meeting days and times:** | **Week 2**<br>**Meeting days and times:** | **Week 3**<br>**Meeting days and times:** |

**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 central and peripheral nervous systems 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 neurologic system and to provide the student with the skills and knowledge necessary for the diagnosis and management of common neurological 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 COMPETENT level.

1. Obtain a history and perform a focused physical examination relevant to neurologic symptoms. (PC2; MK1; IC1; IC7; PR1; PR3; PR5)
2. Prioritize a differential diagnosis based on the history and physical findings in a patient with a neurologic 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 including history, physical examination, lab and/or imaging results and a differential diagnoses in the patient record. ((PC4, PC6, IC1, IC2, IC5, PR4, SB1)
5. Provide an oral presentation of a clinical encounter for a neurologic complaint including discussion of the pathology, laboratory and/or imaging results and 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 requiring urgent or emergent care for a neurologic condition or the patient in whom the manifestation of systemic disease is neurologic 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 normal pressure, flow, volume (ventricular vs. cisternal), and composition of the CSF. Comprehension, B2.02a, B2.02b
2. Describe the blood brain barrier and the role of P-glycoprotein in maintaining the integrity of the CSF composition. Comprehension, B2.02a, B2.02b
3. Compare and contrast the blood-brain barrier of the circumventricular organs with that of the majority of the neural tissue in the brain. Analysis, B2.02b
4. Compare and contrast presynaptic inhibition with post-synaptic inhibition (ipsp). Analysis, B2.02b

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

5. Apply the neurophysiological basis of the EEG to epilepsy Application, B2.02c
6. Explain the neurobiological basis and clinical correlates of pain and headache. Comprehension, B2.02c
7. Differentiate between normal and abnormal brain blood flow and metabolism and mechanisms of stroke Application, B2.02c
8. Explain the major clinical correlates of and distinguish major clinical treatment approaches to stroke depending on location and type. Application, B2.02c
9. Compare and contrast the essentials for localization and diagnosis of neurological lesions Analysis, B2.02c
10. Relate the major clinical abnormalities and correlate them to homeostatic functions of neuroendocrine regulation, water/osmolar balance, temperature regulation, food intake/energy balance, and circadian rhythm regulation Application, B2.02c
11. Differentiate a subarachnoid from an epidural hemorrhage by location, symptoms, and CT scan. Analysis, B2.02c
12. Attribute changes in CSF composition to certain pathological conditions. Evaluation, B2.02c
13. Predict the consequences of sampling CSF from the lumbar cistern when the CSF pressure is above normal. Evaluation, B2.02c
14. Differentiate between normal and the major related clinical abnormalities and correlates of the retina and central visual system Application , B2.02c

15. Predict the visual field deficits resulting from the following lesions in the visual pathway: retinal lesion, optic nerve lesion, optic chiasm, optic tract, lateral geniculate nucleus (LGN), optic radiations, and primary visual cortex. Evaluation, B2.02c

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

16. Demonstrate a focused medical history in the evaluation of suspected neurologic disease. Application, B2.07a
17. Perform a complete, but focused neurological examination on a patient with suspected neurologic disease with all special examinations relevant to this system (e.g. stereognosis, rapid alternating movement, sensation, movement, balance, etc). Application, B2.07b
18. Differentiate between normal and abnormal findings in a neurological examination and identify the most likely etiologies. Analysis, B2.07c

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

19. 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. Altered level of consciousness
    i. Focal
        1. Trauma
        2. Stroke
        3. Tumor
        4. Hemorrhage
    ii. Non-focal
    iii. Metabolic abnormality
    iv. No metabolic abnormality
        1. Postictal
        2. Concussion
        3. Postconcussion syndrome
        4. Meningitis
        5. Encephalitis
    v. Structural abnormality
        1. Epidural hemorrhage
        2. Subdural hemorrhage
        3. Intracranial hemorrhage
        4. Ischemia
        5. Tumor
    vi. No structural
        1. Postictal

2. Concussion
3. Postconcussion syndrome
4. Encephalitis

b. Aphasia
   i. Fluent
      1. Wernicke's Aphasia
      2. Conduction aphasia
      3. Transcortical sensory Aphasia
      4. Anomic Aphasia
   ii. Non-fluent
      1. Global Aphasia
      2. Broca's Aphasia
      3. Mixed transcortical aphasia
      4. Transcortical motor aphasia

c. Back pain
   i. Acute/Subacute (red flags, <6 weeks)
      1. Fracture
      2. Tumor
      3. Infection
      4. Cauda equine syndrome
   ii. Chronic (acute after 6 weeks, no red flags, > 6 weeks)
      1. Unresolved radicular symptoms
      2. Myelopathic
      3. Spondyloarthropathies or Osteoarthritis

d. Cognitive impairment
   i. Dementia
      1. Subcortical dementia
         a. Normal pressure hydrocephalus
         b. Chronic meningitis
         c. Tumor
         d. Chronic drug abuse
         e. Subdural hematoma
         f. Parkinson's Disease with dementia
         g. Huntington's Disease
         h. Creutzfeldt-Jakob Disease
         i. Paraneoplastic disorder
      2. Cortical dementia
         a. Fronto-temporal dementia
         b. Vascular dementia
         c. Alzheimer's dementia
         d. Dementia with Lewy bodies
   ii. Affecting multiple domains

1. Depression
2. Delirium

iii. Decline in ADL
1. Amnestic mild cognitive impairment
2. Non-amnestic mild cognitive impairment

e. Dizziness
i. Organic disease
1. Presyncope/vasodepressor syncope
2. Peripheral neuropathy

ii. Psychiatric disease

f. Dysarthria
i. Lower motor neuron
1. Motor neuron disease
2. Lesions of cranial nerves VII, IX, X, XII
3. Myasthenia Gravis
4. Guillain-Barre Syndrome

ii. Upper motor neuron
1. Bilateral lacunar internal capsule strokes
2. Multiple Sclerosis
3. Amyotrophic Lateral Sclerosis

iii. Ataxic (Cerebellar)
1. Spinal-Cerebellar Ataxia
2. Multiple Sclerosis
3. Alcohol
4. Tumor
5. Paraneoplastic disorder

iv. Extra-Pyramidal
1. Parkinson's Disease

g. Gait disturbance
i. Movement disorder
ii. Hereditary
iii. Sporadic

h. Headache
i. Primary
1. No pattern
a. Unilateral
i. Migraine
b. Bilateral
i. Tension/Stress headache
2. Other
a. Primary cough headache
b. Primary exertional headache

c. Primary stabbing headache
3. In clusters
a. Cluster headache
b. Hemicranial continua
c. Trigeminal neuralgia

ii. Secondary
1. Acute
a. Concussion
b. Traumatic brain injury
2. Chronic
a. Analgesic induced headache
b. Postconcussion syndrome

i. Pain
i. CNS
1. Post stroke
2. Spinal injury
ii. PNS
1. Post-herpetic neuralgia
2. Neuroma
3. Neuropathy
4. Carpal Tunnel Syndrome
5. Complex regional pain syndrome

j. Movement disorder
i. Bradykinetic
1. Parkinson's Disease
2. Drug Induced Parkinsonism
3. Progressive Supranuclear Palsy
4. Multiple System Atrophy
ii. Hyperkinetic
1. Tics
a. Tourette's Syndrome
2. Dystonia
3. Stereotypies
4. Myoclonus
a. Epilepsy
5. Chorea
a. Huntington's Disease
6. Athetosis
7. Ballism
iii. Tremor
1. Action tremor
a. Cerebellar disease

2. Resting tremor
    a. Parkinson's Disease
    b. Midbrain tremor
    c. Wilson's Disease
    d. Progressive Supranuclear Palsy
3. Postural tremor
    a. Essential tremor
    b. Dystonia

k. Peripheral weakness
    i. Lower motor neuron
        1. Sensory changes
            a. Guillain-Barre Syndrome
        2. No sensory changes
            a. Myasthenia Gravis
            b. Guillain-Barre Syndrome
    ii. Upper motor neuron
        1. Cerebral palsy
        2. Hemiplegia
    iii. Upper and lower motor neuron
        1. Amyotrophic Lateral Sclerosis
        2. Cervical myeloradiculopathy
        3. Syrinx

l. Seizure
    i. Epileptic
        1. <u>Focal</u>
            a. Dyscognitive
            b. Non-Dyscognitive
        2. Unclassified
        3. Generalized
            a. Convulsive
                i. Convulsive status epilepticus
            b. Non-convulsive
                i. Non-convulsive status epilepticus
    ii. Non-epileptic
        1. Migraine/auras
        2. Febrile

m. <u>Stroke</u>
    i. Intracerebral hemorrhage
    ii. <u>Ischemia</u>
        1. Thrombosis
        2. Embolus
        3. Systemic hypo-perfusion

iii. Subarachnoid hemorrhage
    1. Aneurysm
    2. Arteriovenous malformation
    3. Trauma

n. Syncope
    i. Vasovagal/Autonomic
        1. Central
        2. Peripheral/Situational

o. Vertigo
    i. Central vestibular dysfunction
        1. Infection
            a. Meningitis
            b. Cerebellar brainstem abscess
        2. Inflammation
            a. Multiple Sclerosis
        3. Intoxication
        4. Trauma
            a. Cerebellar contusion
        5. Space-occupying lesion
            a. Tumors
        6. Vascular
            a. Vertebrobasilar insufficiency
            b. Basilar artery migraine
            c. Transient ischemic attack
            d. Cerebellar brainstem infarction
            e. Cerebellar hemorrhage
    ii. Peripheral vestibular dysfunction
        1. BPPV
        2. Labrynthitis/Vestibular Neuronitis
        3. Meniere's Disease
        4. Acoustic Neuroma

20. Choose a pharmacotherapeutic intervention relating the indications, contraindications, complications, efficacy and effectiveness of the treatment. Evaluate, B2.02d

21. Justify the ordering of diagnostic tests used in the evaluation of neurologic disease identifying the relevance to diagnosis, risk/benefit and cost. Analysis, B2.07d

22. Properly conduct and score a NIHSS Stroke Scale and interpret the results. Evaluation, B2.07b

23. Properly conduct and score a Glasgow Coma Scale and interpret the results. Evaluation, B2.07b

24. Predict the laboratory (CSF, blood) findings expected given a presumptive diagnosis. Synthesis, B2.07d

25. Outline the expected values in CSF and correctly identify those seen with various neurologic diseases. Analysis, B2.07d

26. Discuss common neurologic 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
27. Working with the appropriate health care professional, develop an appropriate patient education plan as needed. Application, B2.07f
28. Working with the appropriate health care professional, recommend an appropriate patient referral plan as needed. Application, B2.07f
29. Working with the appropriate health care professional recommend a suitable rehabilitation plan as needed. Application, B2.08b
30. Working with the appropriate health care professional recommend a suitable prevention program as needed. Application, B2.08b
31. Working with the appropriate health care professional, recommend an appropriate palliative care plan for a patient facing end-of-life decisions. Application, B2.08e
32. Differentiate the evaluation and treatment approach in acute, chronic and emergent neurologic disease. Analysis, B2.07e, B2.08b
33. Identify the patient requiring emergent intervention for an acute neurologic disorder. Evaluation, B2.08b
34. Demonstrate skills in problem solving and medical decision-making through community learning group case discussions and activities. Application, B2.05
35. Demonstrate supportive counseling skills when delivering bad news to a patient. Application, B2.12c

## SKILLS OBJECTIVES

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

1. Eliciting a history. Application, B2.07a
2. Performing complete and focused physical exam of the nervous system. Application, B2.07b
3. Performing a lumbar puncture and explaining the indications and contraindications of the procedure. Application, B2.09

*Note: Superscipts 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 Medical Diagnosis and Treatment, 60e (2021)
Author: Maxine A. Papadakis, Stephen J. Mcphee, Eds. & Michael Rabow, Assoc Ed

Publisher: McGraw-Hill
ISBN: 978-1260469868

**Principles of Neurology 12e (2023). Faintness and syncope. Ropper A.H., & Samuels M.A., & Klein J.P., & Prasad S(Eds.), Adams and Victor's Principles of Neurology, 12e. McGraw-Hill Education.

**Tintinalli's Emergency Medicine: A Comprehensive Study Guide, Ninth Edition (Emergency Medicine (Tintinalli)) 9th Edition
by Judith Tintinalli (Author), J. Stapczynski (Author), O. John Ma (Author), David Cline (Author), Rita Cydulka (Author), Garth Meckler (Author)
ISBN-13: 978-1260019933
ISBN-10: 0071484809

| Date | Topic/Instructor | Reading/Assignment |
|---|---|---|
| Tuesday<br>June 25th<br>1-4pm | Anatomy and Physiology<br>Pathophysiology<br><br>Dr. Choi PhD | Patho: Chapter 7 |
| Wednesday<br>June 26th<br>1-4pm | Neuro Physical Exam<br>LP/CSF Lecture<br>Headaches (migraine, tension/stress, cluster, trigeminal neuralgia)<br><br>Dr. Robert Meadows, PA-C | Current Chapter 26-01<br><br>TIntinalli Chapter 175 |
| Thursday<br>June 27th<br>1-4pm | Tardive Dyskinesia - Tim Ho PA-C<br>1-2:00 or 2:30<br><br>Syncope<br>2:30 - 4<br><br>Dr. Robert Meadows | Principles of Neurology Chapter 17 |

| | | |
|---|---|---|
| Friday<br>June 28th<br>9am-12pm<br>1-4pm | Lumbar Puncture Lab and Skills Practice<br><br>Dr. Robert Meadows, PA-C | |
| Monday<br>July 1st<br>9am-12pm<br>1-4pm | Movement Disorders/Ataxia<br>MS, CP, ALS<br>Essential Tremor<br>Parkinson's Disease<br>Huntington's Disease<br>Myasthenia Gravis<br>Guillain-Barre Syndrome<br><br>Dr. James Grisolia, MD | Current Chapter 26-14 |
| Tuesday<br>July 2nd<br>1-4pm | Vertigo/Dizziness<br>Peripheral/Vestibular Dysfunction:<br>Labyrinthitis/Vestibular Neuronitis and Acoustic Neuromas<br>BPPV, Meniere's Disease<br><br>Sarah Mayer, PA-C | Current Chapter 8-08 |
| Wednesday<br>July 3rd<br>1-4pm | Seizure, Tourette's, Aphasias, Cranial Nerve Palsies<br><br>Dr. James Grisolia, MD | Current Chapter 26-03 and 26-32 |
| July 4th and 5th | No Class | |
| Monday<br>July 8th<br>9am-12pm<br>1-4pm | Lower back pain and spine associated disorders<br>Fractures of the spine and pelvis<br>Peripheral Neuropathies<br>Mononeuropathies (CTS, CTS, etc)<br>Complex Regional Pain syndrome<br><br>Donnie Cobbler PA-C | Current Chapter 26-26, 29, 30, 31 |

| | | |
|---|---|---|
| Tuesday<br>July 9th<br>1-4pm | Encephalitis and Meningitis<br>Creutzfeldt-Jakob<br>Abscess<br><br>Dr. Richard Smith, MD | Chapter 35-12, 26-16 |
| Wednesday<br>July 10th<br>1-4pm | Dementia, Alzheimer's<br>Neurocognitive disorders,<br>Delirium, Major/mild neurocognitive disorders<br><br>Dr. James Grisiolia, MD | Chapter 26-15 |
| Thursday<br>July 11th<br>1-4pm | Stroke/TIA<br>Tumor<br><br>Mike Roach, PA-C | Chapter 26-08, 09, |
| Friday<br>9am-12pm<br>1-4pm<br>July 12th | Altered LOC<br>Trauma<br>Epidural, subdural, intracranial, and cerebellar hemorrhage<br>Concussion/TBI<br><br>Shawn Ruppert, PA-C | Chapter 26-18 |
| Monday<br>July 15th<br>8-5pm | Final Exam and PC OSCE | |

**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. Failure to meet the deadline will result in a loss of 10% each day the assignment is not turned in to the requesting faculty member. 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 grading 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 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.

## ARTIFICIAL INTELLIGENCE (AI) POLICY

You are allowed to use Artificial Intelligence (AI) tools (e.g., ChatGPT, Gemini Pro 1.5, Grammarly, Perplexity, etc.) in this course. Any work that utilizes AI-based tools must be clearly identified as such, including the specific tool(s) used. Please use the following sources to guide your citations when using AI.

**MLA Style Center: Citing Generative AI**

**APA Style: How To Cite ChatGPT**

**Chicago Manual of Style: Citing Content Developed or Generated by AI**

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**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(c), B2.18, B4.03(b)(c)(e)**