



Physician Assistant Education Department

Master of Science in Medicine

4 units

MSM 6105 FUNDAMENTALS OF GASTROENTEROLOGY

SUMMER 2024

Office location: 204 Office hours: TBA		Instructor title and name: TBD	
Final Exam and OSCEs: TBD		Phone:	
Meeting location: Balboa Campus, Classroom 154, Clinical Skills Lab 223		Email:	
Week 1 Meeting days and times:	Week 2 Meeting days and times:		Week 3 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 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:

1. 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
2. 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
3. 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
4. Describe common causes of steatorrhea, and predict effects of steatorrhea on absorption of fat-soluble vitamins. Comprehension, B2.02c
5. Classify the diseases of enzyme and transport deficiencies leading to osmotic diarrhea. Comprehension, B2.02c

6. Compare and contrast the disorders of motility that can lead to gastroparesis, achalasia, diarrhea, constipation, megacolon and irritable bowel syndrome. Analyze, B2.02c
7. Relate distension of organs affects GI reflexes and to altered responses to other regulatory inputs. Analyze, B2.02c
8. Relate abnormal distension to GI pain and abnormal motility. Analyze, B2.02c
9. Relate the roles of fluid malabsorption in the small intestine versus colon on the potential to cause diarrheal disease. Analyze, B2.02c
10. 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:

1. Demonstrate a focused medical history in the evaluation of suspected GI disease. Application, B2.07a
2. Systematically examine a patient with gastrointestinal complaints using appropriate technique. Application, B2.07b
3. Demonstrate the proper order and execution of the abdominal examination. Application, B2.07b
4. 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
5. Discuss the indications for a rectal exam and demonstrate appropriate technique in performing the examination. Application, B2.07d
6. 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

7. Explain the significance of positive and negative findings in the abdominal exam. ^{B2.07c, B2.07e} Analysis, B2.07b,

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

1. 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](#)
2. 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

- a. Disorders of the esophagus
 - i. Esophagitis
 - ii. Gastroesophageal reflux disease
 - iii. Motility/reflux disorders
 - iv. Mallory-Weiss tear
 - v. Strictures
 - vi. Varices
- b. Neoplasms
 - i. Benign
 - ii. Malignant
- c. Biliary disorder
 - i. Acute/chronic cholecystitis
 - ii. Cholangitis
 - iii. Cholelithiasis
- d. Hepatic disorders
 - i. Acute/chronic hepatitis
 - ii. Cirrhosis
- e. Pancreatic
 - i. Acute/chronic pancreatitis
- f. 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

3. 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

4. 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

5. 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

6. 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
7. 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
8. 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
9. 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
10. Working with the appropriate health care professional, develop an appropriate patient education plan as needed. Application, B2.07f
11. Working with the appropriate health care professional, recommend an appropriate patient referral plan as needed. Application, B2.07f
12. Working with the appropriate health care professional recommend a suitable rehabilitation plan as needed. Application, B2.08b
13. Working with the appropriate health care professional recommend a suitable prevention program as needed. Application, B2.08b
14. Working with the appropriate health care professional, recommend an appropriate palliative care plan for a patient facing end-of-life decisions. Application, B2.08e
15. Differentiate the evaluation and treatment approach in acute, chronic and emergent gastrointestinal disease. Analysis, B2.07e, B2.08b
16. Identify the patient requiring emergent intervention for an acute gastrointestinal disorder. Evaluation, B2.08b
17. Demonstrate skills in problem solving and medical decision-making through community learning group case discussions and activities. Application, B2.05
18. Demonstrate supportive counseling skills when delivering bad news to a patient. Application, B2.12c
19. Discuss the relevance, and cost/benefit associated with common diagnostic studies in light of their contribution to a diagnosis. Comprehension, B2.07d
20. 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.

UNIT INSTRUCTION

UNIT	HOURS	LECTURES	LABS
Unit I	5	ORIENTATION PATHOPHYSIOLOGY	
UNIT I EXAM			
Unit II	10	PHYSICAL DIAGNOSIS	Patient History Physical Exam
UNIT II EXAM			
Unit III	45	CLINICAL MEDICINE Signs and Symptoms	Patient History Physical Exam Nasogastric Tube Stool Specimen Rectal Exam Guaiac
UNIT III EXAM			

REQUIRED TEXTS AND RECOMMENDED STUDY RESOURCES

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

****Harrison's Principles of Internal Medicine 20/E (Vol.1 & Vol.2) 20th Edition by Dennis L. Kasper, Anthony S. Fauci, Stephen Hauser, Dan Longo, J. Larry Jameson, Joseph Loscalzo**
ISBN-13: 978-1259644030
ISBN-10: 0071802150

****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

Bates' Guide to Physical Examination and History Taking, 13th Edition by Lynn S. Bickley. LLW, (2022)
ISBN-13: 978-1496398178
ISBN-10: 1496398173

****DeGowin's Diagnostic Examination, 11e Richard F. LeBlond, Donald D. Brown, Manish Suneja, Joseph F. Szot. McGraw-Hill Education / Medical; 11th edition (2020).**
ISBN-10: 0071814477
ISBN-13: 978-1260134872

****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

****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

****Symptom to Diagnosis: An Evidence-Based Guide, 4e.**
Scott D. C. Stern, Adam S. Cifu, Diane Altkorn
McGraw-Hill/Lange
ISBN-13: 978-1-260-12111-7

****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

Essential Clinical Procedures: 4th Edition by Richard Dehn & David P. Asprey.

(2021) Elsevier Health Sciences
(ISBN-13: 978-0323624671
ISBN-10: 1455707813

Recommended: (not available in Access Medicine)

Cecil Essentials of Medicine: Edition 10
Edward J Wing, Fred J. Schiffman
Elsevier Health Sciences, (2022)
ISBN-13: 978-0323722711
ISBN-10: 143771899X

Textbook of Physical Diagnosis: History and Examination With STUDENT CONSULT Online Access,
8e (Textbook of Physical Diagnosis (Swartz)) 8th Edition by Mark H. Swartz MD FACP (Author).
Saunders; 8th edition, (2021)
ISBN-13: 978-0323672924
ISBN-10: 0323221483

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
21. 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

While all students are expected to meet the minimum standards for completion of this course as established by the Technical Standards and the instructor, students with disabilities may require academic adjustments, modifications or auxiliary aids/services. At Point Loma Nazarene University (PLNU), these students are requested to register with the Disability Resource Center (DRC), located in the Bond Academic Center. (DRC@pointloma.edu or 619-849-2486). The DRC's policies and procedures for assisting such students in the development of an appropriate academic adjustment plan (AP) allows PLNU to comply with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

Section 504 (a) prohibits discrimination against students with special needs and guarantees all qualified students equal access to and benefits of PLNU programs and activities. After the student files the required documentation, the DRC, in conjunction with the student, will develop an AP to meet that student's specific learning needs. The DRC will thereafter email the student's AP to all faculty who teach courses in which the student is enrolled each semester. The AP must be implemented in all such courses.

If students do not wish to avail themselves of some or all of the elements of their AP in a particular course, it is the responsibility of those students to notify their professor in that course. PLNU highly recommends that DRC students speak with their professors during the first two weeks of each semester about the applicability of their AP in that particular course and/or if they do not desire to take advantage of some or all of the elements of their AP in that course.

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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, B4.03b, B4.03c, B4.03e