PLNU forward

Department of Physician Assistant Education

Master of Science in Medicine

3 units

MSM 6107 FUNDAMENTALS OF NEUROLOGY

SUMMER 2024

Office location: 208 **Office hours:** TBA		**Instructor title and name:** **Faculty:** **Guest lecturers: Donnie Cobbler** **RIchard Smith**
Final Exam and OSCEs:		**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 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:

1. Apply the neurophysiological basis of the EEG to epilepsy Application, B2.02c
2. Explain the neurobiological basis and clinical correlates of pain and headache. Comprehension, B2.02c
3. Differentiate between normal and abnormal brain blood flow and metabolism and mechanisms of stroke Application, B2.02c
4. Explain the major clinical correlates of and distinguish major clinical treatment approaches to stroke depending on location and type. Application, B2.02c
5. Compare and contrast the essentials for localization and diagnosis of neurological lesions Analysis, B2.02c
6. 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
7. Differentiate a subarachnoid from an epidural hemorrhage by location, symptoms, and CT scan. Analysis, B2.02c
8. Attribute changes in CSF composition to certain pathological conditions. Evaluation, B2.02c
9. Predict the consequences of sampling CSF from the lumbar cistern when the CSF pressure is above normal. Evaluation, B2.02c
10. Differentiate between normal and the major related clinical abnormalities and correlates of the retina and central visual system Application , B2.02c

11. 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:

1. Demonstrate a focused medical history in the evaluation of suspected neurologic disease. Application, B2.07a
2. 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
3. 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

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. 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. Focal
            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. Stroke
    i. Intracerebral hemorrhage
    ii. Ischemia
        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

(Key: ID- Dr. Smith
MSK - Donne Cobbler
THE REST -- Dr. Grisolia or other?)

2. Choose a pharmacotherapeutic intervention relating the indications, contraindications, complications, efficacy and effectiveness of the treatment. Evaluate, B2.02d
3. 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
4. Properly conduct and score a NIHSS Stroke Scale and interpret the results. Evaluation, B2.07b
5. Properly conduct and score a Glasgow Coma Scale and interpret the results. Evaluation, B2.07b
6. Predict the laboratory (CSF, blood) findings expected given a presumptive diagnosis. Synthesis, B2.07d
7. Outline the expected values in CSF and correctly identify those seen with various neurologic diseases. Analysis, B2.07d
8. 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
9. Working with the appropriate health care professional, develop an appropriate patient education plan as needed. Application, B2.07f
10. Working with the appropriate health care professional, recommend an appropriate patient referral plan as needed. Application, B2.07f

11. Working with the appropriate health care professional recommend a suitable rehabilitation plan as needed. Application, B2.08b
12. Working with the appropriate health care professional recommend a suitable prevention program as needed. Application, B2.08b
13. Working with the appropriate health care professional, recommend an appropriate palliative care plan for a patient facing end-of-life decisions. Application, B2.08e
14. Differentiate the evaluation and treatment approach in acute, chronic and emergent neurologic disease. Analysis, B2.07e, B2.08b
15. Identify the patient requiring emergent intervention for an acute neurologic disorder. Evaluation, B2.08b
16. Demonstrate skills in problem solving and medical decision-making through community learning group case discussions and activities. Application, B2.05
17. 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.

UNIT INSTRUCTION BY WEEK

UNIT	HOURS	LECTURES	LABS
Unit I	4	ORIENTATION **ANATOMY AND PHYSIOLOGY**	
	6	**PATHOPHYSIOLOGY**	
	5	**PHYSICAL DIAGNOSIS**	**Patient History** **Physical Exam**
Unit II	30	**CLINICAL MEDICINE**	**Patient History** **Physical Exam** **Lumbar Puncture**
FINAL EXAM			

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, Stephen J. McPhee
McGraw-Hill/Lange
ISBN: 978-1260026504

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

**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

**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

**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

Date	Topic/Instructor	Reading/Assignment
Tuesday June 25th 1-5pm	Anatomy and Physiology Pathophysiology Dr. Choi	Patho: 7
Wednesday June 26th 1-5pm	Pathophysiology Dr. Choi	Patho: 7 Harr: 424
Thursday June 27th 1-5pm	Pathophysiology Dr. Choi	Patho: 7 Harr: 424
Friday June 28th 8am-12pm 1-5pm	Labyrinthitis/Vestibular Neuronitis Acute Neuromas Huntington's Disease Lumbar Puncture Skills Lab	
Monday July 1st 8-12am 1-5pm	Ischemic Stroke Aphasia Neuro PE	
Tuesday July 2nd 1-5pm	Seizure Tourette's Syndrome	

Wednesday July 3rd 1-5pm	Encephalitis and Meningitis Creutzfeldt-Jakob Dr. Richard Smith (can change date if needed)	
Monday July 8th 8am-12pm 1-5pm	Spine and pelvic fractures and bracing Back pain, carpal tunnel, spine/nerve injuries Donnie Cobbler	
Tuesday July 9th 1-5pm	Back Brace and Fitting Donnie Cobbler	
Wednesday July 10th 1-5pm	Dementia, Parkinson's Disease with Dementia, Alzheimer's, Dizziness, Headaches (migraine, tension/stress, cluster, trigeminal neuralgia) Vertigo, BPPV, Meniere's Disease, MS, CP, ALS	
Thursday July 11th 1-5pm	Myasthenia Gravis Guillain-Barre Syndrome	
Friday 8am-12pm 1-5pm July 12th	Epidural, subdural, and intracranial hemorrhage	
Monday July 15th 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 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 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.

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)