



Physician Assistant Education Department  
Master of Science in Medicine  
2 units

**MSM 6102 FUNDAMENTALS OF INFECTIOUS DISEASE**  
**SPRING 2026**

<b>Office location: 204</b> <b>Office hours: TBA</b>	<b>Instructor title and name:</b> Dr. Paul Silva, MD Dr. Richard Smith, MD
<b>Final Exam and OSCEs: Monday, 2/23/2026,</b> <b>8:00-11:00am</b>	<b>Phone:</b> 619-849-7953
<b>Meeting location:</b> Balboa Campus, Classroom 154, Clinical Skills Lab 223	<b>Email:</b> <a href="mailto:psilva@pointloma.edu">psilva@pointloma.edu</a>

**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**

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This course covers the epidemiology, etiology, risk factors, pathogenesis, pathophysiology, complications, and differential diagnoses of commonly encountered infectious diseases through symptoms-based and systems-based approaches. Management of patients with these diseases 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**

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The goal of this course is to provide students with the appropriate basic science background, skills and knowledge essential to the understanding, diagnosis and management of common infectious diseases.

**PROGRAM LEARNING OUTCOMES**

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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/CLO.*

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**

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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 this organ system. (PC2; MK1; IC1; IC7; PR1; PR3; PR5)
2. Prioritize a differential diagnosis based on the history and physical findings in a patient with an infectious disease 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. (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 requiring urgent or emergent care for an infectious disease condition or the patient in whom the manifestation of systemic disease is infectious 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. Classify the five immunoglobulins and describe their function and response. Comprehension, B2.02a, B2.02b
2. Describe the role of the complement cascade/system in immunity. Comprehension, B2.02b
3. Differentiate the four types of adaptive immunity. Comprehension, B2.02b
4. Explain how the innate and adaptive immune responses coordinate to fight invading pathogens. Comprehension, B2.02b
5. Compare and contrast humoral and cellular mechanisms of adaptive immunity. Evaluation, B2.02a, B2.02b

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

6. Differentiate mechanisms of host barriers to infectious diseases, and discuss host factors that predispose to infection. Analysis, B2.02c
7. Determine common infectious and neoplastic complications associated with acquired immunodeficiency syndrome (AIDS). Evaluation, B2.02c
8. Summarize the mechanism in which viruses enter, replicate and kill host cells. Comprehension, B2.02c
9. Differentiate mechanisms of bacterial initiated cellular and tissue injury, including adhesions, endotoxins and exotoxins. Comprehension, B2.02c
10. Compare and contrast infectious diseases caused by bacteria, fungi, helminths, mycobacteria, prions, protozoa, rickettsia and viruses. Evaluation, B2.02c
11. Compare and contrast hepatitis caused by hepatitis A virus (HAV), hepatitis B virus (HBV), hepatitis C virus (HCV), hepatitis D (delta) virus (HDV), hepatitis E virus (HEV) and hepatitis G virus (HGV). Evaluation, B2.02c

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

12. Generate an appropriate and comprehensive medical history from patients presenting with signs and symptoms of infectious disease. Application, B2.07a
13. Perform a focused physical examination on a patient with a suspected infectious disease. Application, B2.07b
14. Describe common findings on the physical examination, which might suggest an underlying infectious disease. Knowledge, B2.07b
15. Recognize common signs and symptoms of infectious disease. Knowledge, B2.02c

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

16. Given a scenario with a communicable disease, the student will be able to differentiate those situations where standard precautions vs. special isolation conditions are indicated and utilize aseptic and sterile techniques appropriately. Analysis, B2.02c, B2.07a
17. List common techniques and practices which reduce the risks of acquiring an infectious disease and discuss common mechanisms involved in the spread of communicable diseases. Comprehension, B2.02c, B2.07a
18. Describe the clinical approach to a patient with a suspected infectious disease. Comprehension, 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,<sup>B2.07b</sup> generate a complete list of differential diagnoses prioritizing them appropriately,<sup>B2.07c</sup> recommend an appropriate work-up, order and interpret diagnostic studies,<sup>B2.07d</sup> propose patient management including acute and chronic care plans,<sup>B2.07e</sup> provide patient education and referral.<sup>B2.07f, Evaluate</sup>

#### BBAbdominal pain

- a. Acute
  - i. Diffuse (non-peritoneal)
    - a. Gastroenteritis
  - ii. Localized
    - a. Upper quadrant
      - i. Non-peritoneal
        - 1. RUQ
          - a. Pyelonephritis,
          - b. Viral hepatitis,
          - c. Hepatic abscess
        - 2. Epigastric
          - a. Peptic ulcer disease
        - 3. LUQ
          - a. Splenic abscess
      - b. Lower quadrant
        - i. Non-peritoneal
          - 1. Urinary tract infection
          - 2. Psoas abscess
        - ii. Peritoneal
          - 1. Bowel
            - a. Appendicitis,
            - b. Diverticulitis
          - 2. Pelvic
            - a. Pelvic inflammatory disease
            - b. Salpingitis
  - b. Chronic
    - i. Constant
      - a. Upper quadrant
        - i. Peptic ulcer disease,
        - ii. Splenic abscess

#### Arthralgia

- c. Polyarticular
  - i. Bacterial
    - a. Bacterial endocarditis
    - b. Lyme disease,
    - c. Gonococcal arthritis
  - ii. Viral

- a. Rubella,
    - b. Hepatitis B,
    - c. HIV,
    - d. Parvovirus
  - iii. Post-infectious
    - a. Enteric
    - b. Urogenital
    - c. Rheumatic fever
  - d. Monoarticular
    - i. Acute onset
      - a. Gonococcal arthritis
      - b. Septic arthritis
    - ii. Insidious onset
      - a. Lyme disease

#### Chest Discomfort

- e. Cardiovascular
  - i. Pericarditis
  - ii. Myocarditis
- f. Neurologic
  - i. Herpes simplex virus
- g. Pulmonary/Mediastinal
  - i. Chest wall/Pleura
    - a. Pleuritis/Serositis
  - ii. Parenchymal
    - a. Pneumonia with pleurisy
    - b. Tuberculosis

#### Cough

- h. Acute
  - i. Normal Chest X-Ray
    - a. Common cold
    - b. Sinusitis
- i. Chronic
  - i. Normal Chest X-Ray
    - a. Rhinosinusitis
  - ii. Abnormal Chest X-Ray
    - a. Tuberculosis
- j. Cough with dyspnea and fever
  - i. Normal Chest X-Ray
    - a. Acute bronchitis
  - ii. Abnormal Chest X-Ray
    - a. Influenza
    - b. Pertussis

- c. Community-acquired pneumonia (CAP)
- d. Hospital-acquired pneumonia
- e. Aspiration pneumonia
- f. Tuberculosis
- g. Opportunistic
- h. Viral pneumonia
- i. Bacterial pneumonia
- j. Fungal pneumonia
- k. Septic emboli

Diarrhea

- k. Acute
  - i. Diarrhea predominant
    - a. Small bowel (Large volume/Watery)
      - i. Viral
      - ii. Bacterial
        - 1. C. perfringens
        - 2. V. cholera
        - 3. E. coli
        - 4. Salmonella,
        - 5. Yersinia
      - iii. Parasitic
        - 1. Giardia
    - b. Large bowel (Bloody/small volume/urgency)
      - i. Bacterial
        - 1. E. coli
        - 2. C. difficile
        - 3. Salmonella
        - 4. Campylobacter
        - 5. Shigella
      - ii. Parasitic
        - 1. E. histolytica
  - ii. Nausea/vomiting predominant
    - a. Bacillus cereus
    - b. Staphylococcus aureus
- l. Chronic
  - i. Small bowel (Large volume/Watery)
    - a. Whipple's Disease

Dyspnea

- m. Acute
  - i. Parenchymal
    - a. Pneumonia
- n. Chronic

- i. Alveolar
      - a. Pneumonia
- Dysuria
  - o. Pyuria
    - i. Bacteriuria and hematuria, positive nitrites
      - a. Enterobacteria-E. coli, Salmonella, Shigella
        - i. Upper urinary tract infection/Pyelonephritis
        - ii. Lower urinary tract infection/Cystitis
    - ii. No bacteriuria and hematuria, negative for nitrites
      - a. Gonococcal
      - b. Chlamydia
      - c. Trichomonas
  - p. No Pyuria
    - i. Urethritis
      - a. Candida
      - b. Herpes Simplex Virus
    - ii. Vaginitis
      - a. Candida
      - b. Gardnerella
- Fever
  - q. Acute
    - i. Bacterial
      - a. Bacteremia
        - i. Intermittent
        - ii. Continuous
      - b. Septic Shock
      - c. Acute organ specific infection
        - i. URTI
        - ii. UTI
        - iii. Pneumonia
        - iv. Pyelonephritis
        - v. Meningitis
        - vi. Skin infection
      - d. Abscess
        - i. Head and neck
        - ii. Thoracic
        - iii. Abdominal
        - iv. Pelvic
        - v. Extremity
    - ii. Viral
      - a. Rhinovirus
      - b. Influenza virus

- c. Parainfluenza virus
    - d. Adenovirus
    - e. Enterovirus
    - f. Coronavirus
    - g. HIV
  - iii. Other
    - a. Fungal
    - b. Protozoa
    - c. Other parasites
- r. Fever of Unknown Origin/Chronic Fever
  - i. Bacterial
    - a. Organ specific
      - i. Infectious endocarditis
      - ii. Osteomyelitis
      - iii. Occult abscess
      - iv. Sinusitis
      - v. Cholangitis
      - vi. UTI
      - vii. Meningitis
    - b. Non-organ specific
      - i. Brucellosis
      - ii. Q-fever
      - iii. Salmonella
      - iv. Yersinia
      - v. Tularemia
      - vi. Septic phlebitis
      - vii. Rheumatic fever
      - viii. Lyme disease
      - ix. TB
      - x. Whipple's disease
  - ii. Viral
    - a. HIV
    - b. EBV
    - c. CMV
    - d. Viral hepatitis
    - e. Enterovirus
  - iii. Other
    - a. Fungal
    - b. Protozoa
    - c. Other parasites
- s. Fever in the Immunocompromised Host
  - i. Cellular defect

- a. Cell mediated immunity
  - b. Neutropenia or neutrophil dysfunction
- ii. Structural defect
- iii. Protein defect
  - a. Complement deficiency
  - b. Hypogammaglobulinemia

#### Lymphadenopathy

- t. Diffuse
  - i. EBV
  - ii. CMV
  - iii. HIV
  - iv. Tuberculosis
  - v. Hepatitis
- u. Localized (cervical, supraclavicular, axillary, epitrochlear, inguinal)
  - i. Bacterial
    - a. Pharyngitis
    - b. Cellulitis
    - c. Lymphadenitis

#### Nausea and Vomiting

- v. Gastrointestinal
  - i. Upper Gastrointestinal
    - a. Acute
      - i. Infectious gastroenteritis
    - b. Chronic
      - i. PUD
  - ii. Hepatobiliary
    - a. Acute hepatitis
  - iii. Lower Gastrointestinal
    - a. Acute
      - i. Infectious gastroenteritis
      - ii. Acute appendicitis
- w. Other Systemic Disease
  - i. Central Nervous System
    - a. Meningitis
    - b. Ear infection
  - ii. Other
    - a. Sepsis

#### Skin lesions

- x. Skin rash
  - i. Vesiculobullous
    - a. Vesicles Fragile/easily ruptured
      - i. Varicella zoster

- ii. Herpes zoster
    - iii. Herpes simplex
    - iv. Bullous impetigo
  - y. Genital lesions
    - i. Elevated
      - a. Vesicles
        - i. Herpes simplex
        - ii. Papules and plaques
        - iii. Molluscum contagiosum
        - iv. HPV (Condyloma acuminata)
        - v. Secondary Syphilis
        - vi. Reiter's syndrome
      - ii. Depressed
        - a. Erosions/ulcers
          - i. Painful:
            - 1. Herpes simplex
            - 2. Chancroid
          - ii. Painless:
            - 1. Chancre
            - 2. Granuloma inguinale
            - 3. Lymphogranuloma venereum
    - z. Oral ulcers
      - i. Herpes simplex
      - ii. Viral stomatitis

Sore throat (Acute)

- aa. Viral
  - i. Acute viral pharyngitis
  - ii. Acute influenza
  - iii. Acute viral laryngotracheitis
  - iv. Acute viral tracheobronchitis
  - v. Acute infectious mononucleosis
  - vi. Herpangina
- bb. Bacterial
  - i. Streptococcal tonsillopharyngitis
  - ii. Peritonsillar abscess
  - iii. Ludwig's angina

Shock

- cc. Warm extremities
  - i. Distributive shock (low JVP)
    - a. Sepsis

20. Distinguish infectious diseases by causative agent, agent classification, pathophysiology, clinical presentation and treatment to include the following bacteria/bacterial disease: Application, B2.02c, B2.03, B2.07e

- B. pertussis
- Botulism
- Campylobacter
- Chlamydia
- Cholera
- Diphtheria
- E. coli
- Enterococcus
- Gonococcus
- H. flu
- Mycoplasma
- N. meningitidis
- Pseudomonas
- Salmonella
- Shigella
- Staphylococcus
  - dd. MRSA

Q. Streptococcus

R. Tetanus

21. Distinguish infectious diseases by causative agent, agent classification, pathophysiology, clinical presentation and treatment to include the following viral diseases: Application, B2.02c, B2.03, B2.07e

- S. Coronavirus
- T. Cytomegalovirus infections
- U. Epstein-Barr Virus(es)
- V. Erythema infectiosum
- W. Hepatitis
- X. Herpes simplex
- Y. HIV
- Z. HPV
- AA. Influenza
- BB. Measles
- CC. Mumps
  - DD. Norovirus
  - EE. Rabies
  - FF. Roseola
  - GG. Rotavirus
  - HH. Rubella
  - II. Varicella zoster

22. Distinguish infectious diseases by causative agent, agent classification, pathophysiology, clinical presentation and treatment to include the following fungal diseases: Application, B2.02c, B2.03, B2.07e

- JJ. Candidiasis
- KK. Coccidioidomycosis
- LL. Cryptococcosis
- MM. Histoplasmosis
- NN. Pneumocystis

23. Distinguish infectious diseases by causative agent, agent classification, pathophysiology, clinical presentation and treatment to include the following parasitic diseases: Application, B2.02c, B2.03, B2.07e

- OO. Cryptosporidiosis
- PP. Giardiasis
- QQ. Helminth infestations
- RR. Malaria
- SS. Pinworms
- TT. Toxoplasmosis
- UU. Trichomoniasis

24. Distinguish infectious diseases by causative agent, agent classification, pathophysiology, clinical presentation and treatment to include the following spirochetal and rickettsial diseases: Application, B2.02c, B2.03, B2.07e

- VV. Syphilis
- WW. Rocky Mountain spotted fever
- XX. Lyme disease

25. Distinguish infectious diseases by causative agent, agent classification, pathophysiology, clinical presentation and treatment to include the following mycobacterial diseases: Application, B2.02c, B2.03, B2.07e

- YY. Tuberculosis
- ZZ. Atypical mycobacteria

26. List common anti-infective agents by drug class, indications, common dosages and length of treatment. Knowledge, B2.02d

27. Explain commonly employed lab tests in the evaluation of infectious disease, including their indications, cost, utility and interpretation to patients and their families. Comprehension, B2.07d

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

29. Develop a differential diagnosis and management plan for patients presenting with confirmed infectious disease, including follow-up and monitoring of therapeutic regimens. Application, B2.07c, B2.07e

30. Discuss common infectious diseases presenting in children and in the elderly, their varying presentations and propose a management plan including consideration of age, comorbidities and polypharmacy. Application, B2.02d, B2.07e, B2.08a

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

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

33. Working with the appropriate health care professional recommend a suitable prevention program plan as needed. Evaluation, B2.08b

34. Working with the appropriate health care professional recommend a suitable rehabilitation plan as needed. <sup>Application, B2.08b</sup>
35. Working with the appropriate health care professional, recommend an appropriate palliative care plan for a patient facing end-of-life decisions. <sup>Application, B2.08e</sup>
36. Educate patients on preventative measures to avoid infection and avoiding transmission to others. <sup>Application, B2.07f</sup>
37. Demonstrate skills in problem solving and medical decision-making through community learning group case discussions and activities. <sup>Application, B2.05</sup>
38. Demonstrate supportive counseling skills when delivering bad news to a patient. <sup>Application, B2.12c</sup>

## SKILLS OBJECTIVES

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1. During the completion of this course, students will receive instruction in performing an incision and drainage of a simple abscess, with the opportunity to practice this skill in a controlled lab setting. <sup>Application, B2.09</sup>

*Note: Assessment of this skills objective will occur during the End of Didactic (EOD) examinations. Superscripts identify the Bloom's Taxonomy level for each objective.*

## REQUIRED TEXTS AND COURSE SCHEDULE

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

**\*\*Review of Medical Microbiology & Immunology: A Guide to Clinical Infectious Diseases, 18e.**  
 Peter Chin-Hong, Elizabeth A. Joyce, Manjiree Karandikar, Mehrdad Matloubian, Luis Alberto Rubio, Brian S. Schwartz, Warren Levinson. McGraw Hill  
 ISBN 978-1-265-12600-1

**\*\*Harrison's Principles of Internal Medicine 20/E (Vol.1 & Vol.2) 21st Edition by Dennis L. Kasper, Anthony S. Fauci, Stephen Hauser, Dan Longo, J. Larry Jameson, Joseph Loscalzo**  
 Volume 1 ISBN 9781264268467; MHID 1264268467  
 Volume 2 ISBN 9781264268481; MHID 1264268483

Date	Topic/Instructor	Reading/Assignment
	Immune System Historical/Global Perspective Intro to Infectious Diseases	Review of MM&I: 57, 14, Part III (intro only), 31, 34, 73, 75, 76

	<p>Medically Important Bacteria</p>	<p>Review of MM&amp;I: Part X (Bacteria), 74, 77</p>
	<p>Medically Important Viruses</p> <p>Medically Important Fungi</p>	<p>Review of MM&amp;I: Part X (Viruses), 78, 79, 80</p> <p>Review of MM&amp;I: Part X (Fungi), Part XII: Intro and Table XII-1 through XII-11, 70, 71, 72</p>
	<p>Medically Important Fungi Cont.</p> <p>Medically Important Parasites</p>	<p>Review of MM&amp;I: Part X (Parasites), Part XI</p>
	<p>Fever</p> <p>Physical Diagnosis</p> <p>History</p> <p>Physical Exam</p>	<p>Harrison's Chapters 119 and 122</p>
	<p>Skin lesions</p> <p>Arthralgia</p> <p>Abdominal pain</p> <p>Nausea and vomiting</p> <p>Diarrhea</p> <p>Dysuria</p> <p>Shock</p>	<p>Harrison's Chapters 129-136, 147, 148</p>

	Abscess I and D Lab	
	Dyspnea Sore throat Cough Lymphadenopathy Chest discomfort	Harrison's Chapters 126-128

**LEARNING MODALITIES**

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

**PLNU Attendance and Participation Policy**

Regular and punctual attendance at all class sessions is considered essential to optimum academic achievement. Therefore, regular attendance and participation in each course are minimal requirements.

If the student is absent for more than 10 percent of class sessions, the faculty member will issue a written warning of de-enrollment. If the absences exceed 20 percent, the student may be de-enrolled without notice until the university withdrawal date or, after that date, receive an "F" grade.

Students who anticipate being absent for an entire week of a course should contact the instructor in advance for approval and make arrangements to complete the required coursework and/or alternative assignments assigned at the discretion of the instructor. Acceptance of late work is at the discretion of the instructor and does not waive attendance requirements.

Refer to [Academic Policies](#) for additional detail.

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 groups
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**

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All assignments are to be submitted/turned in by the beginning of the class session when they are due—including assignments posted in Canvas. No partial credit will be given for late assignments. Incompletes will only be assigned under extremely unusual circumstances. Late assignments receiving no credit must still be submitted. Students failing an examination or practicum must complete the designated remediation (See REMEDIATION below) within the assigned time.

## **FINAL EXAMINATION POLICY**

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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**

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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

<b>ACTIVITY</b>	<b>% OF GRADE</b>
Quizzes/Assignments/Lecturio	15%
Learning Community	5%
Case Study H&P/Healer	10%
Skills OSCE	20%
Written Examinations	50%

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**

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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 Recording Notification**

In order to enhance the learning experience, please be advised that this course may be recorded by the professor for educational purposes, and access to these recordings will be limited to enrolled students and authorized personnel.

Note that all recordings are subject to copyright protection. Any unauthorized distribution or publication of these recordings without written approval from the University (refer to the Dean) is strictly prohibited.

## **PLNU COPYRIGHT POLICY**

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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**

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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**

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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](mailto: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 (5<sup>th</sup> edition) addressed in this course: B2.02(a)(b)(c)(d), B2.03, B2.05, B2.07, B2.08, B2.09, B2.12(c), B4.03b, B4.03c, B4.03e**