



Department of Physician Assistant Education

Master of Science in Medicine

3 units

MSM 6107 FUNDAMENTALS OF NEUROLOGY

SUMMER 2026

Office location: 208 Office hours: TBA		Instructor title and name: TBD Faculty: Sarah Mayer, PA-C Dr. James Grisolia, MD Guest lecturers: Donnie Cobbler, PA-C Dr. Richard Smith, MD Tim Ho, PA-C Diana Paddock PA-C	
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 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 responsibilities. (MK, PC, PR, IC, PB)
9. Collaborate as a member of an interprofessional 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)
8. Perform the common procedures of a physician assistant related to Neurology. MK, IC, PC, PR, PB, SB

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. Amnesic mild cognitive impairment
 - 2. Non-amnesic 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. Syring
- I. 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

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

Technical Skills

During this course, the student will:

1. Perform a lumbar puncture and explain the indications and contraindications of the procedure. Application, B2.09

Clinical Skills

During this course, the student will demonstrate competency in:

1. Eliciting a history. Application, B2.07a
2. Performing a complete and focused neurological physical examination. Application, B2.07b

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

REQUIRED TEXTS AND RECOMMENDED STUDY RESOURCES

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

****Pathophysiology of Disease: An Introduction to Clinical Medicine, 8e** by Gary D. Hammer (Author), Stephen J. McPhee (Author) McGraw-Hill.
 ISBN-13: 978-1-260-02650-4
 ISBN-10: 0071806008

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

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

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

Student Success

The Center for Student Success supports our Graduate and Professional Studies students throughout their academic journey. We provide student services such as academic advising and planning, resource workshops, and connect students to career services, writing support, tutorial services, and wellness resources. The Center itself is located on the first floor of the Mission Valley Campus. If you have any questions about how to access resources at PLNU, please start by reaching out to the Center for Student Success [by email](#) or by phone at 619-563-2850. Please visit [myPLNU Student Success](#) for more details. If you are in the School of Education, please contact [SOE Advising](#).

State Authorization

State authorization is a formal determination by a state that Point Loma Nazarene University is approved to conduct activities regulated by that state. In certain states outside California, Point Loma Nazarene University is not authorized to enroll online (distance education) students. If a student moves to another state after admission to the program and/or enrollment in an online course, continuation within the program and/or course will depend on whether Point Loma Nazarene University is authorized to offer distance education courses in that state. It is the student's responsibility to notify the institution of any change in his or her physical location. Refer to the map on [State Authorization](#) to view which states allow distance education outside California.

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 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 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 Behavior Policy

Both faculty and students at Point Loma Nazarene University have the right to expect a safe and ordered environment for learning. Students are expected to take the initiative to learn and conduct themselves in a mature and civil manner in the classroom environment. Any student behavior that is disruptive or threatening is a serious affront to Point Loma Nazarene University as a learning community. Students who fail to adhere to these behavioral standards may be

subject to disciplinary action, including removal from class or further university sanctions. For a full definition of disruptive behavior, response procedures, and the appeal process, please consult the [Academic Behavior Policy](#) in the [University Catalog](#).

ARTIFICIAL INTELLIGENCE (AI) POLICY

You are allowed to use Artificial Intelligence (AI) tools (e.g., ChatGPT, Gemini Pro GrammarlyGo, 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 this [Purdue resource](#) to guide your citations when using AI.

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 on the PL campus, the first floor of the Balboa campus, and the second floor of the Mission Valley campus. For all students, including the Bakersfield campus, virtual appointments are available. You can reach the Educational Access Center (EAC) [by email](#) or phone at 619-849-2533. Students can access both requests for and evidence of disability through the Accommodate link off the main page of [OneLogin](#). 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 approved 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 approved accommodations in that particular course. Accommodations are not retroactive; as such, 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-related need should contact the EAC as early as possible (i.e., ideally before the beginning of the semester) to assure appropriate accommodations can be provided. In accordance with ADA, accommodations cannot constitute a fundamental alteration to course outcomes; therefore, planning ahead is vital in establishing appropriate accommodations for equal access to this course. 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 eligibility process. This is to protect the privacy of students with disabilities who may not want to disclose this information and are not asking for any accommodations.

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

ARC-PA standards (5th edition) addressed in this course: B2.02(a)(b)(c)(d), B2.03, B2.05, B2.07, B2.08, B2.09, B2.12(c), B2.18, B4.03(b)(c)(e)