



Department of Physician Assistant Education  
Master of Science in Medicine

3 units

**MSM 6109 FUNDAMENTALS OF MUSCULOSKELETAL DISEASE AND RHEUMATOLOGY**

**FALL 2023**

<b>Meeting days:</b>	<b>Instructor title and name:</b> Don Cobbler, DMSc, PA-C
<b>Meeting times:</b>	<b>Phone:</b>
<b>Meeting location:</b>	<b>Email:</b>
<b>Final Exam:</b> (day/time)	<b>Office location and hours:</b>

**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 musculoskeletal diseases and rheumatologic 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**

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The goals of this course are to provide the appropriate basic science background essential to the understanding of and diagnosis of disease patterns related to the musculoskeletal and rheumatic systems and to provide the student with the skills and knowledge necessary for the diagnosis and management of common musculoskeletal and rheumatic disorders.

**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.*

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 COMPETENT level.

1. Obtain a history and perform a focused physical examination relevant to musculoskeletal and rheumatic 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 musculoskeletal and/or rheumatic 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 musculoskeletal and/or rheumatic 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 musculoskeletal and/or rheumatic condition or the patient in whom the manifestation of systemic disease is

musculoskeletal and/or rheumatic and initiate evaluation and management. (PC1, PC2, PC3, PC4, PC5, PC6, IC6, PR1, PR5)

## INSTRUCTIONAL OBJECTIVES

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Upon completion of the **ANATOMY AND PHYSIOLOGY** section of the course, the student will be able to:

1. Contrast osteoclast and osteoblast action in remodeling bone tissue. Analysis, B2.02a, B2.02b
2. Distinguish factors affecting bone development, growth and repair, including nutrition, hormonal secretions, and physical activity. Comprehension, B2.02a, B2.02b
3. Appraise “Wolff’s Law” and its affect on remodeling of weight bearing bones. Evaluation, B2.02a, B2.02b
4. Discuss the mechanism of action of acetylcholine, acetylcholinesterase, ATP and creatine phosphate related to muscle contraction. Comprehension, B2.02b
5. Summarize the major events involved in muscle contraction and relaxation. Analysis, B2.02b

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

1. Analyze the four fundamental mechanical forces that may be applied to bone. Analysis, B2.02c
2. Classify the various types of bone fractures. Evaluation, B2.02c
3. Compare and contrast the pathophysiology of connective tissue disorders. Analysis, B2.02c
4. Evaluate the clinical characteristics of various connective tissue disorders. Evaluation, B2.02c
5. Critique the effects of osteoarthritis on the major diarthrodial joints. Evaluation, B2.02c
6. Differentiate congenital and developmental disorders of the musculoskeletal system. Analysis, B2.02c
7. Determine the effects of rheumatic disorders on connective tissue. Evaluation, B2.02c
8. Differentiate between benign and malignant tumors of the musculoskeletal system. Analysis, 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 musculoskeletal disorders. Application, B2.07a
2. Perform a complete, but focused physical examination on a patient with a suspected connective tissue disorder which includes all special examinations relevant to this system (e.g. drawer test, Lachman test, pivot-shift test, McMurry’s sign, empty can test, straight leg raise, range of motion). Application, B2.07b
3. Differentiate between normal and abnormal findings in the examination and identify the most likely etiologies. Analysis, B2.07c
4. Outline the expected values in joint aspiration fluid and correctly identify those seen with various musculoskeletal disorders. Analysis, B2.07d
5. Select commonly employed diagnostic tests used in the evaluation of musculoskeletal disorders based on their utility. Evaluation, B2.07d

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, <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, Evaluation</sup>

**a. Acute joint pain**

i. Vascular

1. Spasm
2. Occlusion
3. Disruption
4. Compression

ii. Infectious

1. Polyarticular

- a. Viral myalgia
- b. Viral arthritis
- c. Disseminated gonococcal infection
- d. Secondary syphilis
- e. Fifth disease
- f. Rubella
- g. Primary HIV infection
- h. Endocarditis

2. Monoarticular

- a. Articular
  - i. Septic arthritis
- b. Periarticular
  - i. Cellulitis
  - ii. Necrotizing fasciitis
  - iii. Septic bursitis
  - iv. Abscess
  - v. Osteomyelitis

iii. Trauma

1. Multiple injury sites
2. Dislocation
3. Fracture
4. [Open fractures](#)
5. [Acute compartment syndrome](#)
6. Herniated nucleus pulposus
7. [Achilles tendon rupture](#)
8. [Cauda equina syndrome](#)
9. Infectious joint pain
10. [Avascular necrosis](#)

iv. Autoimmune/Inflammatory

1. Monoarticular
  - a. [Gout](#)

- b. [Pseudogout](#)
      - c. Early rheumatic disease
    - 2. Oligoarticular (1-4 joints)
      - a. Gout
      - b. Psoriatic
      - c. Rheumatic fever
      - d. Lyme disease
    - 3. Polyarticular (> 4 joints)
      - a. Peripheral only
        - i. [Rheumatoid arthritis](#)
        - ii. Juvenile rheumatoid arthritis
        - iii. [SLE](#)
        - iv. [Sjogren's Syndrome](#)
        - v. [Scleroderma](#)
        - vi. [CREST syndOsteochondromarome](#)
        - vii. Polymyalgia rheumatic
        - viii. [Polymyositis](#)
        - ix. Rheumatic fever
      - b. Peripheral and axial
        - i. [Ankylosing spondylitis](#)
        - ii. [Psoriatic arthritis](#)
- v. Metabolic
  - 1. [Osteoporosis](#)
  - 2. [Paget's Disease](#)
  - 3. Renal osteodystrophy
  - 4. [Osteomalacia/Ricketts](#)
- vi. Iatrogenic
  - 1. History of prior surgery
- vii. Neoplastic
  - 1. Nonaggressive
    - a. Osteochondroma
    - b. Bone cysts
    - c. Osteoid osteoma
    - d. Osteoblastoma
    - e. Chondroblastoma
    - f. Chondromyxoid fibroma
  - 2. Aggressive
    - a. Multiple lytic lesions
      - i. Multiple myeloma
    - b. Broad or indistinct margin
      - i. Benign
        - 1. Enchondroma

2. Giant cell tumor
    - ii. Malignant
      1. Osteosarcoma
      2. Chondrosarcoma
      3. Ewing's sarcoma
  - viii. Congenital
    1. Scoliosis
    2. Talipes equinovarus
    3. Meta tarus adductus
    4. Bowleg
    5. Knock-kneed
  - ix. Degenerative
    1. Degenerative disc disease
    2. [Herniated nucleus pulposus](#)
    3. [Osteoarthritis](#)
    4. Osteoporosis
- b. Chronic joint pain**
  - i. Peri-articular
    1. Aseptic bursitis
    2. Slipped epiphysis
    3. Apophysitis (Osgood-Schlatter Disease)
    4. Enthesitis
    5. Tendinopathy
    6. Tendon rupture
    7. Impingement (spinal stenosis)
    8. Tenosynovitis
    9. Ganglion cyst
    10. [Stress fracture](#)
    11. [Charcot joint](#)
    12. Pathologic fracture
    13. Periostitis
    14. Epicondylitis
    15. Fasciitis
    16. Delayed onset muscle soreness
    17. Fibromyalgia
    18. Myositis ossificans
  - ii. Intra-articular
    1. [Stress fracture](#)
    2. [Charcot joint](#)
    3. Osteoarthritis
    4. Chondromalacia
    5. [Baker cyst](#)

6. Ganglion cyst
7. [Carpal tunnel syndrome](#)
8. [Adhesive capsulitis](#)
9. Monoarthritis
10. Polyarthritis

**c. Deformity/Limp**

- i. Infection
  1. [Septic arthritis](#)
  2. Cortical hypertrophy
  3. Osteomyelitis
- ii. Inflammation
  1. Rheumatoid arthritis
  2. Toxic synovitis
  3. [Reactive arthritis \(Reiter syndrome\)](#)
- iii. Other causes
  1. Osteoarthritis
  2. Osteomalacia
  3. Rickets
  4. [Boutonniere deformity](#)
  5. [Trigger finger](#)
  6. [Hallux valgus](#)
  7. Gamekeeper's thumb
  8. Mallet finger
  9. Swan neck deformity
- iv. Hip joint
  1. [Hip dysplasia](#)
  2. Slipped capital femoral epiphysis
  3. Legg-Calve-Perthes Disease
- v. Knee joint
  1. Patellofemoral syndrome (chondromalacia patellae)
  2. Osgood-Schlatter Disease
  3. Patella (tendon rupture, dislocation, subluxation)
  4. Meniscal tears
  5. [ACL injury](#)
  6. [PCL injury](#)
- vi. Spine/stature
  1. Osteoporosis
  2. [Scoliosis/spinal curvature](#)
  3. Kyphosis
  4. Lordosis
  5. Torticollis

**d. Myalgia**

- i. [Polyarteritis nodosa](#)
- e. **Paresthesia**
  - i. Thoracic outlet syndrome
- f. **Soft tissue**
  - i. Septic
    1. Septic bursitis
    2. [Necrotizing fasciitis](#)
    3. Septic tenosynovitis
    4. Cellulitis
  - ii. Aseptic
    1. Intraarticular
      - a. Sprain
      - b. Dislocation
      - c. Osteochondritis dissecans
      - d. Bone contusion
      - e. Chondromalacia
      - f. Traumatic synovitis
      - g. Monoarthritis
      - h. Polyarthritis
      - i. Synovial osteochondromatosis
      - j. Meniscal injury
      - k. Labral injury
      - l. SLAP lesion
      - m. Fracture
      - n. Spontaneous osteonecrosis
    2. Periarticular
      - a. Aseptic bursitis
      - b. Sprain
      - c. Dislocation
      - d. Tendon rupture
      - e. Muscle strain
      - f. Fracture
      - g. Contusion
      - h. Fat pad contusion
      - i. Hematoma
      - j. Plantar fasciitis
- g. **Tumor (Primary)**
  - i. [Benign](#)
    1. Osteochondroma
    2. Osteoid osteoma
    3. Osteoblastoma
    4. Fibroxanthoma



5. Fibrous dysplasia
  6. Non-ossifying fibroma
  7. Chondroblastoma
  8. Chondromyxoid fibroma
  9. Periosteal chondroma
  - ii. Aggressive, non-malignant
    1. Enchondroma
    2. Giant cell tumor
    3. Aneurysmal bone cyst
  - iii. [Malignant](#)
    1. Multiple myeloma
    2. Osteosarcoma
    3. Chondrosarcoma
    4. Ewing's sarcoma
    5. Fibrosarcoma
    6. Liposarcoma
    7. Rhabdomyosarcoma
    8. Leiomyosarcoma
    9. Malignant fibrous histiocytoma
2. Given a patient across all age groups, with any of the following disorders: interview and elicit a comprehensive, relevant medical history, <sup>B2.07a</sup> 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, Evaluation</sup>
- a. Fractures, dislocations, and soft tissue injuries of the shoulder, arm, forearm, wrist, hand, fingers, pelvis, hip, thigh, knee, lower leg, ankle, foot and toes.
  - b. Fractures, dislocations and soft tissue injuries of the spinal column
    - i. Jefferson's fracture
    - ii. Hangman's fracture
    - iii. Burst fractures
  - c. Chest wall deformities and fractures.
    - i. Pectus excavatum
    - ii. Pectus carinatum
    - iii. Flail chest
3. Differentiate the evaluation and treatment approach in acute, chronic and emergent musculoskeletal and rheumatologic diseases and disorders. <sup>Analysis, B2.07e, B2.08b</sup>
4. Identify the patient requiring emergent intervention for an acute musculoskeletal disorder. <sup>Evaluation, B2.08b</sup>
5. Working with the appropriate health care professional recommend a suitable prevention program, or post-event rehabilitation plan as needed. <sup>Evaluation, B2.08b</sup>

6. Working with the appropriate health care professional recommend a suitable rehabilitation plan as needed. Application, B2.08b
7. Discuss common musculoskeletal and rheumatologic diseases and disorders presenting in children and the elderly, their varying presentations and propose a management plan including consideration of co-morbidities and polypharmacy. Application, B2.02d, B2.07e, B2.08a
8. Working with the appropriate health care professional, develop an appropriate patient education plan as needed. Application, B2.07f
9. Working with the appropriate health care professional, recommend an appropriate patient referral plan as needed. Application, B2.07f
10. Working with the appropriate health care professional, recommend an appropriate palliative care plan for a patient facing end-of-life decisions. Application, B2.08e
11. Choose a pharmacotherapeutic intervention relating the indications, contraindications, complications, efficacy and effectiveness of the treatment. Evaluation, B2.02d
12. Justify the ordering of diagnostic tests used in the evaluation of musculoskeletal disease identifying the relevance to diagnosis, risk/benefit and cost. Analysis, B2.07d
13. Demonstrate skills in problem solving and medical decision-making through community learning group case discussions and activities. Application, B2.05
14. Demonstrate supportive counseling skills when delivering bad news to a patient. Application, B2.12c

## SKILLS OBJECTIVES

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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 musculoskeletal and rheumatic system. Application, B2.07b
3. Performing proper casting and splinting of extremities. Application, B2.09
4. Evaluating and interpreting basic musculoskeletal images. Evaluation, B2.07d, B2.09
5. Performing joint injections, and explaining the indications and contraindications of the procedure. Application, B2.09
6. Performing joint aspirations, and explaining the indications and contraindications of the procedure. Application, B2.09
7. Demonstrating and performing local anesthesia and digital blocks, and explaining the indications and contraindications of the procedure. Application, B2.09

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

## UNIT INSTRUCTION

UNIT	HOURS	LECTURES	LABS
Unit I	2	ORIENTATION	

		<b>ANATOMY AND PHYSIOLOGY</b>	
		<b>PATHOPHYSIOLOGY</b>	
	3	<b>PHYSICAL DIAGNOSIS</b>	<b>Patient History</b> <b>Physical Exam</b>
<b>UNIT I EXAM</b>			
Unit II	20	<b>CLINICAL MEDICINE</b>	<b>Patient History</b> <b>Physical Exam</b> <b>Diagnostic Imaging</b> <b>Casting and Splinting</b>
<b>UNIT II EXAM</b>			
Unit III	20	<b>CLINICAL MEDICINE</b>	<b>Patient History</b> <b>Physical Exam</b> <b>Minor Procedures</b>
<b>UNIT III EXAM</b>			

## REQUIRED TEXTS AND RECOMMENDED STUDY RESOURCES

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**Note: All required texts are provided in Access Medicine unless indicated by a \*\*.**

\*\*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

**\*\*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

**\*\*Current Diagnosis and Treatment in Orthopedics, 5e**  
Harry B. Skinner, Patrick J. McMahon  
2014, McGraw-Hill Education  
ISBN-13: 978-0-07-159075-4  
ISSN: 1081-0056

**\*\*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

**\*\*Practical Office Orthopedics**  
Edward Parks  
(2018) McGraw-Hill Education  
ISBN-13: 978-1-259-64286-9

**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**

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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**

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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:
  1. PE and clinical skills labs appropriately dressed and with all necessary equipment
  2. examinations on the date and time for which they are schedule
  3. Community learning group
2. We expect
  4. active participation in all class activities.
  5. completion of all class preparatory assignments prior to commencement of class.
  6. respect for the class, peers and faculty.
  7. 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. 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**

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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>
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**

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