



Physician Assistant Education Department

Master of Science in Medicine

2 units

MSM 6302 FOUNDATIONS IN WOMEN’S HEALTH

FALL 2023

<b>Office location:</b> <b>Office hours:</b> TBA	<b>Instructor title and name:</b> Paul Silva, MD Nicole R Writer, PA-C <b>Guest lecturers:</b>
<b>Final Exam and OSCEs: Monday, 8:00am-5:00pm</b>	<b>Phone:</b>
<b>Meeting location:</b> Balboa Campus, Classroom 153, Clinical Skills Lab 223	<b>Email:</b> <a href="mailto:nwriter@pointloma.edu">nwriter@pointloma.edu</a>
<b>Week 1</b> <b>Meeting days and times:</b> Tuesday: 1:00pm-5:00pm Wednesday: 1:00pm-5:00pm Thursday: 1:00pm-4:00pm Friday: 8:00am-12:00pm and 1:00pm-5:00pm	<b>Week 2</b> <b>Meeting days and times:</b> Monday: 8:00am-10:00am Tuesday: 1:00pm-5:00pm Wednesday: 1:00pm-5:00pm Thursday: 1:00pm-4:00pm (Female GTA) Friday: 1:00pm-2:30pm

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 female diseases and disorders through a

systems-based approach of the female patient. 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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This goal of this course is to provide the appropriate basic science background essential to the understanding of and diagnosis of pregnancy and disease patterns related to women's health and reproduction, and to provide the student with the skills and knowledge necessary for the diagnosis and management of pregnancy and women's health 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 gynecologic and/or obstetric 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 gynecologic and/or obstetric complaint. (PC2, PC4, MK2, MK3, MK4, PB1, IC2, PR8)

3. Recommend common diagnostic and screening tests, pharmacotherapeutics, and management based on their applicability to the differential diagnosis. (PC4, PC5, PC7, PC9, MK1, MK4, PB9, SB3)
4. Document a clinical encounter in the patient record including a complete gynecologic and/or obstetric history and examination. (PC4, PC6, IC1, IC2, IC5, PR4, SB1)
5. Provide an oral presentation of a clinical encounter including justification of the proposed management plan. (PC2; PC6; IC1; IC2; PB1; PR1; PR3)
6. Form clinical questions and retrieve evidence to advance patient care. (PC5, PC7, MK3, MK4, PB1, PB3, PB6, PB7, PB8, PB9)
7. Recognize a patient presenting with gynecologic and/or obstetric symptoms requiring urgent or emergent care, 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. Summarize the anatomy of the female: Knowledge, B2.02a
  - a. Reproductive tract
  - b. Lower urinary tract
  - c. Genitalia
2. Detail normal female reproductive physiology including feedback loops, the normal menstrual cycle, changes, which occur with conception, and changes which occur with aging. Comprehension, B2.02b
3. Outline the physiologic changes that occur during a normal pregnancy in both mother and child, and utilize this knowledge in monitoring progress. Knowledge, B2.02b
4. Discuss hormonal regulation of lactation and common disturbances. Comprehension, B2.02b

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

1. Discuss the etiologies of delayed puberty in females. Comprehension, B2.02c
2. Differentiate menstrual alterations and their etiologies. Comprehension, B2.02c
3. Distinguish the following disorders based upon presentation and etiology: Comprehension, B2.02c
  - a. Abnormal uterine bleeding
  - b. [Polycystic ovary syndrome](#)
  - c. Premenstrual syndrome
  - d. Pelvic organ prolapse
  - e. Benign ovarian cysts
  - f. Endometrial polyps
  - g. Leiomyomas
  - h. Adenomyosis
  - i. [Endometriosis](#)
4. Outline the differences in the following infections: Knowledge, B2.02c
  - a. Pelvic inflammatory disease
  - b. Vaginitis
  - c. Cervicitis

- d. Vulvovestibulitis
- e. Bartholinitis
- 5. Compare and contrast the following malignancies of the female reproductive tract: Analysis, B2.02c
  - a. Cervical cancer
  - b. Vaginal cancer
  - c. Vulvar cancer
  - d. Endometrial cancer
  - e. Ovarian cancer
- 6. Summarize common causes of female sexual dysfunction including: Comprehension, B2.02c
  - a. Vaginismus
  - b. Anorgasmia
  - c. Dyspareunia
- 7. Explain common disorders of the female breast and their etiologies including: Comprehension, B2.02c
  - a. Infections of the breast
  - b. Galactorrhea
  - c. Benign and malignant neoplasms

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

1. Demonstrate a focused medical history in the screening or evaluation of suspected disorders of women's health. Application, B2.07a
2. Perform a complete, but focused physical examination on a woman to include the breast, reproductive tract and genitalia using proper technique. Application, B2.07b
3. Define common signs and symptoms of women's health disorders including diseases of the breast, reproductive tract, genitalia and lower urinary tract. Comprehension, B2.07c
4. Differentiate between normal and abnormal findings on a woman's health examination and identify the most likely etiologies. Analysis, B2.07c

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

1. Identify commonly employed practices aimed at preventing women's health disorders. Knowledge, B2.08b
2. Given a female patient across all age groups, with any of the following uterine disorders: interview and elicit a comprehensive, relevant medical history, B2.07a perform a complete and focused physical examination and identify the physical findings, B2.07b generate a complete list of differential diagnoses prioritizing them appropriately, B2.07c recommend an appropriate work-up, order and interpret diagnostic studies, B2.07d propose patient management including acute and chronic care plans, B2.07e provide patient education and referral. B2.07f, Evaluation
  - a. Dysfunctional uterine bleeding
  - b. Endometrial cancer
  - c. [Endometriosis](#)
  - d. Leiomyoma
  - e. Prolapse
  - f. [Pelvic Inflammatory Disease](#)

3. Given a female patient across all age groups, with any of the following ovarian 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. Cysts
  - b. [Polycystic ovarian syndrome](#)
  - c. Neoplasms
  - d. [Torsion](#)
4. Given a female patient across all age groups, with any of the following cervical 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. Carcinoma
  - b. Cervicitis
  - c. Dysplasia
  - d. Incompetent
5. Given a female patient across all age groups, with any of the following vaginal 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. Cystocele
  - b. Neoplasm
  - c. Prolapse
  - d. Rectocele
  - e. Vaginitis
6. Given a female patient across all age groups, with any of the following menstrual 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. Amenorrhea
  - b. Dysmenorrhea
  - c. Premenstrual syndrome
  - d. Premenstrual dysphoric disorder
  - e. [Menopause](#)
7. Given a female patient across all age groups, with any of the following breast 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. Abscess
  - b. [Carcinoma](#)
  - c. Fibroadenoma
  - d. Fibrocystic disease
  - e. Gynecomastia
  - f. Galactorrhea
  - g. Mastitis
8. Given a female patient across all age groups, presenting with the clinical presentations of abuse and/or sexual assault: 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 and evidence collection, <sup>B2.07d</sup> propose patient management including acute and chronic care plans, <sup>B2.07e</sup> recommend appropriate patient counseling and pregnancy prevention, <sup>B2.08b</sup> provide patient education and referral. <sup>B2.07f, Evaluation, B2.11g</sup>
9. Given a female patient across all age groups, with a history of infertility: 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>
10. Given a pregnant female patient across all age groups: interview and elicit an initial prenatal history, <sup>B2.07a</sup> perform a complete and focused physical examination and identify the physical findings, <sup>B2.07b</sup> calculate the estimated gestational age and due dates, recommend an appropriate work-up, order and interpret appropriate screening studies, <sup>B2.07d</sup> propose patient management including acute and chronic care plans, <sup>B2.07e</sup> provide initial prenatal counseling, <sup>B2.12a, B2.12b</sup> provide patient education and referral. <sup>B2.07f, Application, Evaluation</sup>
11. Given a pregnant female patient across all age groups presenting with any of the following suspected prenatal transmission disorders: interview and elicit an initial prenatal history, <sup>B2.07a</sup> perform a complete and focused physical examination and identify the physical findings, <sup>B2.07b</sup> calculate the estimated gestational age and due dates, recommend an appropriate work-up, order and interpret appropriate screening studies, <sup>B2.07d</sup> propose patient management including acute and chronic care plans, <sup>B2.07e</sup> provide initial prenatal counseling, <sup>B2.12a, B2.12b</sup> provide patient education and referral. <sup>B2.07f, Application, Evaluation</sup>
- a. Congenital varicella
  - b. Herpes simplex virus
  - c. HPV
  - d. Zika virus
  - e. Syphilis

- f. Chlamydia
  - g. Gonorrhea
12. Given a female patient across all age groups, with any of the following issues in pregnancy: 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. Uncomplicated Pregnancy - Normal labor/delivery
    - b. Uncomplicated Pregnancy - Prenatal diagnosis/care
    - c. Complicated Pregnancy - Abortion
    - d. Complicated Pregnancy - [Abruptio placentae](#)
    - e. Complicated Pregnancy – Breech presentation
    - f. Complicated Pregnancy - Cesarean section
    - g. Complicated Pregnancy - [Dystocia](#)
    - h. Complicated Pregnancy – Shoulder dystocia
    - i. Complicated Pregnancy - [Ectopic pregnancy](#)
    - j. Complicated Pregnancy - Fetal distress
    - k. Complicated Pregnancy - [Gestational diabetes](#)
    - l. Complicated Pregnancy - Gestational trophoblastic disease
    - m. Complicated Pregnancy - [Hypertension disorders in pregnancy](#)
    - n. Complicated Pregnancy - Multiple gestation
    - o. Complicated Pregnancy - [Placenta previa](#)
    - p. Complicated Pregnancy – [Preeclampsia/eclampsia](#)
    - q. Complicated Pregnancy - [Postpartum hemorrhage](#)
    - r. Complicated Pregnancy - [Premature rupture of membranes](#)
    - s. Complicated Pregnancy - Preterm labor
    - t. Complicated Pregnancy – [Prolapsed umbilical cord](#)
    - u. Complicated Pregnancy - Rh incompatibility
    - v. Complicated Pregnancy – Trauma in pregnancy
  13. Provide a female patient with appropriate postpartum care, including perineal laceration/episiotomy care, and cesarean wound care. <sup>Application, B2.07e</sup>
  14. Provide a female patient with appropriate postpartum lactation counseling and education. <sup>Application, B2.07f, B2.12a</sup>
  15. Formulate a framework to provide family planning counseling, provide a patient with appropriate education, and informed options regarding contraception methods. <sup>Synthesis, B2.12a</sup>
  16. Identify the patient requiring emergent intervention for an acute gynecologic and/or obstetric disease or disorder. <sup>Evaluation, B2.08b</sup>
  17. Differentiate the evaluation and treatment approach in acute, chronic and emergent conditions affecting women’s health. <sup>Analysis, B2.07e, B2.08b</sup>
  18. Working with the appropriate health care professional, develop an appropriate patient education plan as needed. <sup>Application, B2.07f</sup>
  19. Working with the appropriate health care professional, recommend an appropriate patient referral plan as needed. <sup>Application, B2.07f</sup>

20. Working with the appropriate health care professional recommend a suitable prevention program, including STI prevention and pregnancy prevention. Evaluation, B2.08b
21. Working with the appropriate health care professional recommend a suitable gynecologic and/or obstetric rehabilitation plan as needed. Application, B2.08b
22. Discuss common gynecologic disorders presenting in the elderly female, their varying presentations and propose a management plan including consideration of co-morbidities and polypharmacy. Application, B2.02d, B2.07e, B2.08a
23. Working with the appropriate health care professional, recommend an appropriate palliative care plan for a patient facing end-of-life decisions. Application, B2.08e
24. Demonstrate skills in problem solving and medical decision-making through community learning group case discussions and activities. Application, B2.05
25. 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 a complete and focused gynecologic and/or obstetric physical examination. Application, B2.07b
3. Properly acquiring a specimen for Papanicolaou screening and interpret results using the Bethesda system. Application, B2.09
4. Properly acquiring a vaginal specimen for culture and/or STI screening. Application, B2.09
5. Properly obtaining a specimen for wet-prep analysis and properly interpreting the results. Application, B2.09

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

## UNIT INSTRUCTION BY WEEK

UNIT	HOURS	LECTURES	LABS
Unit I	2	ORIENTATION  ANATOMY AND PHYSIOLOGY	
	3	PATHOPHYSIOLOGY	
	3	PHYSICAL DIAGNOSIS	Patient History Physical Exam
Unit II	22	CLINICAL MEDICINE	Patient History Physical Exam



			<b>PAP</b> <b>Vaginal Specimens</b>
<b>FINAL EXAM</b>			

**REQUIRED TEXTS AND RECOMMENDED STUDY RESOURCES**

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**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

**\*\*Williams Gynecology 4e** by  
 Barbara L. Hoffman, John O. Schorge, Lisa M. Halverson, Cherine A. Hamid, Marlene M. Corton, Joseph I. Schaffer  
 Publisher: McGraw-Hill  
 ISBN: 978-1-260-45686-8

**\*\*CURRENT Diagnosis & Treatment: Obstetrics & Gynecology, 12e**, by Alan H. DeCherney, Lauren Nathan, Neri Laufer, Ashley S. Roman.  
 ISBN 978-0071833905  
 ISSN 0197-582X

**\*\*Tintinalli's Emergency Medicine: A Comprehensive Study Guide, Ninth Edition (Emergency Medicine (Tintinalli)) 9th Edition**  
by Judith Tintinalli (Author), J. Stapczynski (Author), O. John Ma (Author), David Cline (Author), Rita Cydulka (Author), Garth Meckler (Author)  
ISBN-13: 978-1260019933  
ISBN-10: 0071484809

Essential Clinical Procedures: 4th Edition by Richard Dehn & David P. Asprey.  
(2021) Elsevier Health Sciences  
(ISBN-13: 978-0323624671  
ISBN-10: 1455707813

Recommended: (not available in Access Medicine)

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

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

## **LEARNING MODALITIES**

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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:
  - 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**

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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

## REMEDICATION

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(a-f), B2.08(a)(b)(e), B2.09, B2.11(g), B2.12(a)(b)(c), B2.18, B4.03(b)(c)(e)**