SYLLABUS
PATHOPHYSIOLOGY

Revised 12/08/2011

C - L - CR
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COURSE NUMBER: RES 111

PREREQUISITE(S): Successful completion of prior program requirements.

CO-REQUISITE(S): None

COURSE DESCRIPTIONS: This course is a study of the general principles and analyses of normal and disease states.

TEXTBOOK(S): Wilkins, Robert L., James R. Dexter, and Phillip M. Gold. Respiratory Disease: A Case Study Approach to Patient Care. Third Edition.
Philadelphia: F.A. Davis Company, 2007.
ISBN: 13:978-0-8036-1374-4

REFERENCE(S): All other respiratory texts.

OTHER REQUIRED MATERIALS, TOOLS, AND EQUIPMENT: Only the use of basic four function mathematical calculators is allowed during an exam. This would exclude the use of PDA (Personal Digital Assistants), laptop computers, cell phones or any other device that may double in the use as a storage or recording device of any test material. **Sharing of calculators will not be allowed.**

METHOD OF INSTRUCTION: This course will be taught by lecture, discussion, and demonstration.

GRADING SYSTEM:

92	-	100	=	A
84	-	91	=	B
76	-	83	=	C
68	-	75	=	D
Below	-	67	=	F

GRADE CALCULATION METHOD:

Unit tests	=	45%
Written essay/oral report	=	20%
Final Exam (comprehensive)	=	20%
Pop Quizzes / Homework	=	10%
Professionalism	=	5%
	=	100%

A grade of "C" or higher is required to continue in the associates degree program.

The standard mathematical procedure of rounding will be applied to arrive at a whole number percentage in the final grade calculation.

EXAM POLICY:

During an exam the only items that will be allowed on the desk are the exam, up to two pencils and a basic four function calculator. This would exclude the use of PDA (Personal Digital Assistants), Laptop Computers, Cell Phones or any other device that may double in use as a storage or recording device of any test materials. Sharing of calculators will not be allowed. This would also exclude drinks or food. Hats, toboggans, etc., will not be allowed nor will coats or any other article of clothing that have multiple pockets excluding pants. All other items to include glasses, pens and non-standard lead pencils may be examined at the instructor's discretion. Excessive breaks or breaks in excess of five minutes may also be scrutinized.

EXAM POLICY:

All students will be notified in advance of all major exams. If a student is absent due to sickness or emergency on the day of an assigned test, the student must notify the instructor prior to the start of that class period. The student must speak directly with the instructor. If the instructor is not available prior to class, a message may be left on the instructor's voice mail. Providing the previous conditions have been met, the student will be allowed to take the examination on the day that the student returns to campus.

No arrangements will be made for the make-up examination in the event that the student is absent without prior notification or did not attempt to take the exam on the day they returned to campus. A grade of "0" will be recorded for that exam. A maximum of two make-up exams will be allowed per semester. Any student arriving over 10 minutes late for a scheduled test or exam will be considered absent for that test or exam and will not be admitted to class until the exam is over. The student will be required to take the exam in the Testing Center that day on his or her own time. The make-up test or exam cannot be taken during class, lab, or clinical. If a pop quiz has already started when the student arrives, he or she may not take it and may not make it up. A "0" will be recorded for that pop quiz.

Scheduled quizzes are listed in the course schedule in the syllabus addendum. Quizzes will be given during the first 30 minutes of class. Students arriving late will NOT be given additional time to complete the quiz. There will be NO make-up for quizzes missed. Any missed quiz will be given a grade of "0". At the end of the semester, the lowest quiz grades will be dropped and the quiz average calculated from the remaining quiz grades.

Professionalism will be graded according to the rubric included in the syllabus addendum. Ideal behaviors that will make the student successful have been identified. Failure to adhere to these behaviors will affect the professionalism grade.

ATTENDANCE POLICY:

The student is responsible for punctual and regular attendance in all classes, laboratories, clinical, practical internships, field trips, and other required class activities. The College does not grant excused absences; therefore, students are urged to reserve their absences for emergencies. When illness or other emergencies occur, the student is responsible for notifying instructors and completing missed work if approved for late submission by instructors.

A recorded absence will occur at anytime the student misses a class, arrives to class ten minutes after class begins or leaves within the first half of the class period.

The student is tardy if not in class at the time the class is scheduled to begin and is admitted to class at the discretion of the instructor. **Any student who is over 5 minutes tardy will be admitted at the instructor's discretion. Two tardies will result in one absence for the class.**

Instructors maintain attendance records. However, it is the student's responsibility to withdraw from a course. A student enrolling in and attending at least one course session remains enrolled until the student initiates a withdrawal.

WITHDRAWAL POLICY:

During the first 75% of the course, a student may initiate withdrawal and receive a grade of W. A student cannot initiate a withdrawal during the last 25% of the course. Extenuating circumstances require documentation and approval by the appropriate department head and academic dean… (April 2 LAST DAY TO DROP).

ABSENCES FOR RELIGIOUS HOLIDAYS:

Students who are absent from class in order to observe religious holidays are responsible for the content of any activities missed and for the completion of assignments occurring during the period of absence. Students who anticipate their observance of religious holidays will cause them to be absent from class and do not wish such absences to penalize their status in class should adhere to the following guidelines:

1. Observance of religious holidays resulting in three or fewer consecutive absences: Discuss the situation with the instructor and provide written notice at least one week prior to the absence(s). Develop (in writing) and instructor-approved plan which outlines the makeup of activities and assignments.

2. Observances of religious holidays resulting in four or more consecutive absences: Discuss the situation with the instructor and provide the instructor with written notice within the first 10 days of the academic term. Develop an instructor-approved plan with outlines the makeup of activities and assignments.

ACCOMMODATIONS:

Students who need special accommodations in this class because of a documented disability should notify Student Disability Services by calling (864) 592-4818, toll-free 1-800-922-3679; via email through the SCC web site at www.sccsc.edu/resources/disabilities; or by visiting the office located in the East Building Room 30-B on the SCC Central campus. Contacting Student Disability Services early in the semester gives the College an opportunity to provide necessary support services and appropriate accommodations.

COURSE COMPETENCIES & OBJECTIVES:

Upon satisfactory completion of this course, the student will be able to:

Competency:

I. To develop and demonstrate an understanding of the patient assessment process using the medical history, interview process, physical exam, laboratory data, chest radiographs

1. Demonstrate an understanding of the five basic questions to ask your patient
2. Identify and define the physiologic causes of dyspnea
3. Identify and define the various terms used in describing sputum
4. Outline the patient's medical history based on the medical history and interview
5. Identify and define the basic elements involved in a physical examination
6. Demonstrate an understanding of the common causes of abnormal heart rates
7. Identify and define the various components in

inspection of the chest
8. Identify and define the various components of chest auscultation
9. Interpret a white blood cell count differential and how the various components are applied to pathophysiology
10. Identify, define and know the normal for basic laboratory tests
11. Demonstrate a basic understanding of the components of a chest radiograph

Competency:

II. To demonstrate an understanding of the definitions, pathophysiology, clinical features and treatment of respiratory failure

1. Identify the etiology of respiratory failure
2. Describe the pathophysiology of respiratory failure
3. Recognize the clinical features of respiratory failure
4. Identify the proper treatment modalities for respiratory failure

Competency:

III. To demonstrate an understanding of the definitions, pathophysiology, clinical features and treatment of asthma

1. Identify the etiology of asthma
2. Describe the pathophysiology of asthma
3. Recognize the clinical features of asthma
4. Identify the proper treatment modalities for asthma

Competency:

IV. To demonstrate an understanding of the definitions, pathophysiology, clinical features and treatment of chronic obstructive pulmonary disease

1. Identify the etiology of COPD
2. Describe the pathophysiology of COPD
3. Recognize the clinical features of COPD
4. Recognize how to make the diagnosis of COPD
5. Identify the proper treatment modalities for COPD

Competency: **V. To demonstrate an understanding of the definitions, pathophysiology, clinical features and treatment of cystic fibrosis**

1. Identify the etiology of cystic fibrosis
2. Describe the pathophysiology of cystic fibrosis
3. Recognize the clinical features of cystic fibrosis
4. Identify the proper treatment modalities for cystic fibrosis

Competency: **VI. To demonstrate an understanding of the definitions, pathophysiology, clinical features and treatment of pulmonary thromboembolic disease**

1. Identify the etiology of thromboembolic disease
2. Describe the pathophysiology of thromboembolic disease
3. Recognize the clinical features of thromboembolic disease
4. Identify the proper treatment modalities for thromboembolic disease

Competency: **VII. To demonstrate an understanding of the definitions, pathophysiology, clinical features, laboratory findings and treatment of smoke inhalation and burns**

1. Identify the etiology of smoke inhalation and burns
2. Describe the pathophysiology of smoke inhalation and burns
3. Recognize the clinical features of smoke inhalation and burns
4. Identify the proper treatment modalities for smoke inhalation and burns

Competency: **VIII. To demonstrate an understanding of the definitions, pathophysiology, clinical features, laboratory findings and treatment of near drowning**

1. Identify the etiology of near drowning
2. Describe the pathophysiology of near drowning
3. Recognize the clinical features of near drowning
4. Identify the proper treatment modalities for near drowning

Competency: **IX. To demonstrate an understanding of the definitions, pathophysiology, clinical features and treatment of acute respiratory distress syndrome**

1. Identify the etiology of adult respiratory distress syndrome
2. Describe the pathophysiology of adult respiratory distress syndrome
3. Recognize the clinical features of adult respiratory distress syndrome
4. Identify the proper treatment modalities for adult respiratory distress syndrome

Competency: **X. To demonstrate an understanding of the definitions, pathophysiology, clinical features and treatment of chest trauma**

1. Identify the etiology of chest trauma
2. Describe the pathophysiology of chest trauma
3. Recognize the clinical features of chest trauma
4. Identify the proper treatment modalities for chest trauma

Competency: **XI. To demonstrate an understanding of the definitions, pathophysiology, clinical features and treatment of neuromuscular diseases**

1. Identify the etiology of neuromuscular diseases
2. Describe the pathophysiology of neuromuscular diseases
3. Recognize the clinical features of neuromuscular diseases
4. Identify the proper treatment modalities for neuromuscular diseases