

MASTER SYLLABUS

EMS 2414 Maternal/Child Emergencies August, 2017

INSTRUCTOR: DENELY **OFFICE LOCATION: AHB**
OFFICE HOURS: As posted **PHONE: 662.621.4049**
CLASS TIME(S)/SECTIONS: M-R 8A-4P **EMAIL: LDENLEY@COAHOMACC.EDU**

Course Description:

This course will provide a detailed understanding of the anatomic structures, physiology, and pathophysiology encountered when providing care in gynecological and obstetrical emergencies as well as pediatric emergencies. The course was previously divided into Pre-hospital OB/GYN (EMT 2412) and Pre-hospital Pediatrics (EMT 2423). (4 sch: 3-hr lecture, 2-hr lab)

Textbook(s) and Material(s): Brady Paramedic Care: Principles and Practice 5th ed. Volume 5 (2017)

Student Learning Outcomes:

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

1. Explain the anatomy and physiology of the female reproductive system to the assessment and management of a patient experiencing normal or abnormal labor. (EMS2, EMS3, EMS7, EMS8, EMS9, EMS13)
 - a. Review the anatomic structures and physiology of the reproductive system.
 - b. Identify the normal events of pregnancy.
 - c. Describe how to assess an obstetrical patient.
 - d. Identify the stages of labor and the paramedic's role in each stage.
 - e. Differentiate between normal and abnormal delivery.
 - f. Describe complications associated with pregnancy and delivery, including hyperemesis gravidarum.
 - g. Identify predelivery emergencies.
 - h. State indications of an imminent delivery.
 - i. Explain the use of the contents of an obstetrics kit.
 - j. Differentiate the management of a patient with predelivery emergencies from a normal delivery.
 - k. State the steps in the predelivery preparation of the mother.
 - l. Demonstrate body substance isolation as it relates to childbirth.
 - m. State the steps to assist in the delivery of a newborn.
 - n. Describe how to care for the newborn.

- o. Describe how and when to cut the umbilical cord.
- p. Discuss the steps in the delivery of the placenta.
- q. Describe the management of the mother post-delivery, including postpartum depression.
- r. Summarize neonatal resuscitation procedures.
- s. Describe the procedures for handling abnormal deliveries.
- t. Describe the procedures for handling complications of pregnancy.
- u. Describe the procedures for handling maternal complications of labor.
- v. Describe special considerations when meconium is present in amniotic fluid or during delivery.
- w. Describe special considerations of a premature baby.
 - x. Recognize the need for treating two patients (mother and baby).

- y. Recognize the importance of maintaining a patient's modesty and privacy during assessment and management.
- z. Demonstrate serving as a role model for other EMS providers when discussing or performing the steps of childbirth.
- aa. Demonstrate how to assess an obstetric patient.
- bb. Demonstrate how to provide care for a patient with the following:
 - (1) Excessive vaginal bleeding
 - (2) Abdominal pain
 - (3) Hypertensive crisis
- cc. Demonstrate how to prepare the obstetric patient for delivery.
- dd. Demonstrate how to assist in the normal cephalic delivery of the fetus.
- ee. Demonstrate how to deliver the placenta.
- ff. Demonstrate how to provide post-delivery care of the mother.
- gg. Demonstrate how to assist with abnormal deliveries.
- hh. Demonstrate how to care for the mother with delivery complications.
- 2. Discuss the pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for a neonatal patient. (EMS2, EMS3, EMS7, EMS8, EMS9, EMS11, EMS13)
 - a. Define the term newborn.
 - b. Define the term neonate.
 - c. Identify important antepartum factors that can affect childbirth.
 - d. Identify important intrapartum factors that can term the newborn high risk.
 - e. Discuss fetal and neonatal immune function.
 - f. Identify the factors that lead to premature birth and low birth weight newborns.
 - g. Distinguish between primary and secondary apnea.
 - h. Discuss pulmonary perfusion and asphyxia.
 - i. Identify the primary signs utilized for evaluating a newborn during resuscitation.
 - j. Formulate an appropriate treatment plan for providing initial care to a newborn.
 - k. Identify the appropriate use of the APGAR score in caring for a newborn.
 - l. Calculate the APGAR score given various newborn situations.
 - m. Determine when ventilatory assistance is appropriate for a newborn.
 - n. Prepare appropriate ventilation equipment, adjuncts, and technique for a newborn.
 - o. Determine when chest compressions are appropriate for a newborn.
 - p. Discuss appropriate chest compression techniques for a newborn.

- q. Assess patient improvement due to chest compressions and ventilations.
- r. Determine when endotracheal intubation is appropriate for a newborn.
- s. Discuss appropriate endotracheal intubation techniques for a newborn.
- t. Assess patient improvement due to endotracheal intubation.
- u. Identify complications related to endotracheal intubation for a newborn.
- v. Determine when vascular access is indicated for a newborn.
- w. Discuss the routes of medication administration for a newborn.
- x. Determine when blow-by oxygen delivery is appropriate for a newborn.
- y. Discuss appropriate blow-by oxygen delivery devices and technique for a newborn.
- z. Assess patient improvement due to assisted ventilations.
- aa. Determine when an orogastric tube should be inserted during positive-pressure

ventilation.

- bb. Discuss the signs of hypovolemia in a newborn.
- cc. Discuss the initial steps in resuscitation of a newborn.
- dd. Assess patient improvement due to blow-by oxygen delivery.
- ee. Discuss the effects maternal narcotic usage has on the newborn.
- ff. Determine the appropriate treatment for the newborn with narcotic depression.
- gg. Discuss appropriate transport guidelines for a newborn.
- hh. Determine appropriate receiving facilities for low and high risk newborns.
- ii. Describe the epidemiology, including the incidence, morbidity/mortality, risk factors, and prevention strategies for meconium aspiration.
- jj. Discuss the pathophysiology of meconium aspiration.
- k. Discuss the assessment findings associated with meconium aspiration.
- ll. Discuss the management/treatment plan for meconium aspiration.
- mm. Describe the epidemiology, including the incidence, morbidity/mortality, risk factors, and prevention strategies for apnea in the neonate.
- nn. Discuss the pathophysiology of apnea in the neonate.
- oo. Discuss the assessment findings associated with apnea in the neonate.
- pp. Discuss the management/treatment plan for apnea in the neonate.
- qq. Describe the epidemiology, pathophysiology, assessment findings, and management/treatment plan for diaphragmatic hernia.
- rr. Describe the epidemiology, including the incidence, morbidity/mortality, and risk factors for bradycardia in the neonate.
- ss. Discuss the pathophysiology of bradycardia in the neonate.
- tt. Discuss the assessment findings associated with bradycardia in the neonate.
- uu. Discuss the management/treatment plan for bradycardia in the neonate.
- vv. Describe the epidemiology, including the incidence, morbidity/mortality, and risk factors for premature infants.
- ww. Discuss the pathophysiology of premature infants.
- xx. Discuss the assessment findings associated with premature infants.
- yy. Discuss the management/treatment plan for premature infants.
- zz. Describe the epidemiology, including the incidence, morbidity/mortality, and risk factors for respiratory distress/cyanosis in the neonate.
- aaa. Discuss the pathophysiology of respiratory distress/cyanosis in the neonate.

- bbb. Discuss the assessment findings associated with respiratory distress/cyanosis in the neonate.
- ccc. Discuss the management/treatment plan for respiratory distress/cyanosis in the neonate.
- ddd. Describe the epidemiology, including the incidence, morbidity/mortality, and risk factors for seizures in the neonate.
- eee. Discuss the pathophysiology of seizures in the neonate.
- fff. Discuss the assessment findings associated with seizures in the neonate.
- ggg. Discuss the management/treatment plan for seizures in the neonate.
- hhh. Describe the epidemiology, including the incidence, morbidity/mortality, and risk factors for fever in the neonate.
- iii. Discuss the pathophysiology of fever in the neonate.
- jjj. Discuss the assessment findings associated with fever in the neonate.

- kkk. Discuss the management/treatment plan for fever in the neonate.
- lll. Describe the epidemiology, including the incidence, morbidity/mortality, and risk factors for hypothermia in the neonate.
- mmm. Discuss the pathophysiology of hypothermia in the neonate.
- nnn. Discuss the assessment findings associated with hypothermia in the neonate.
- ooo. Discuss the management/treatment plan for hypothermia in the neonate.
- ppp. Describe the epidemiology, including the incidence, morbidity/mortality, and risk factors for hypoglycemia in the neonate.
- qqq. Discuss the pathophysiology of hypoglycemia in the neonate.
- rrr. Discuss the assessment findings associated with hypoglycemia in the neonate.
- sss. Discuss the management/treatment plan for hypoglycemia in the neonate.
- ttt. Describe the epidemiology, including the incidence, morbidity/mortality, and risk factors for vomiting in the neonate.
- uuu. Discuss the pathophysiology of vomiting in the neonate.
- vvv. Discuss the assessment findings associated with vomiting in the neonate.
- www. Discuss the management/treatment plan for vomiting in the neonate.
- xxx. Describe the epidemiology, including the incidence, morbidity/mortality, and risk factors for diarrhea in the neonate.
- yyy. Discuss the pathophysiology of diarrhea in the neonate.
- zzz. Discuss the assessment findings associated with diarrhea in the neonate.
- aaaa. Discuss the management/treatment plan for diarrhea in the neonate.
- bbbb. Describe the epidemiology, including the incidence, morbidity/mortality, and risk factors for common birth injuries in the neonate.
- cccc. Discuss the pathophysiology of common birth injuries in the neonate.
- dddd. Discuss the assessment findings associated with common birth injuries in the neonate.
- eeee. Discuss the management/treatment plan for common birth injuries in the neonate.
- ffff. Describe the epidemiology, including the incidence, morbidity/mortality, and risk factors for cardiac arrest in the neonate.
- gggg. Discuss the pathophysiology of cardiac arrest in the neonate.
- hhhh. Discuss the assessment findings associated with cardiac arrest in the neonate.

- iiii. Discuss the management/treatment plan for cardiac arrest in the neonate.
- jjjj. Discuss the pathophysiology of post arrest management of the neonate.
- kkkk. Discuss the assessment findings associated with post arrest situations in the neonate.
- llll. Discuss the management/treatment plan to stabilize the post arrest neonate.
- mmmm. Demonstrate and advocate appropriate interaction with a newborn/neonate that conveys respect for the position in life.
- nnnn. Recognize the emotional impact of newborn/neonate injuries/illnesses on parents/guardians.
- oooo. Recognize and appreciate the physical and emotional difficulties associated with separation of the parent/guardian and a newborn/neonate.
- pppp. Recognize the concerns expressed by parents/guardians.
- qqqq. Recognize the need for reassurance, empathy, and compassion for the parent/guardian.
- rrrr. Demonstrate preparation of a newborn resuscitation area.

- ssss. Demonstrate appropriate assessment technique for examining a newborn.
- tttt. Demonstrate appropriate assisted ventilations for a newborn.
- uuuu. Demonstrate appropriate endotracheal intubation technique for a newborn.
- vvvv. Demonstrate appropriate meconium aspiration suctioning technique for a newborn.
- wwww. Demonstrate appropriate insertion of an orogastric tube.
- xxxx. Demonstrate needle chest decompression for a newborn or neonate.
- yyyy. Demonstrate appropriate chest compression and ventilation technique for a newborn.
- zzzz. Demonstrate appropriate techniques to improve or eliminate endotracheal intubation complications.
- aaaaa. Demonstrate vascular access cannulation techniques for a newborn.
- bbbbb. Demonstrate the initial steps in resuscitation of a newborn.
- ccccc. Demonstrate blow-by oxygen delivery for a newborn.

3. Explain the pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the pediatric patient. (EMS2, EMS3, EMS5, EMS7, EMS8, EMS9, EMS11, EMS13)

- a. Discuss the paramedic's role in the reduction of infant and childhood morbidity and mortality from acute illness and injury.
- b. Identify methods/mechanisms that prevent injuries to infants and children.
- c. Describe Emergency Medical Services for Children (EMSC).
- d. Discuss how an integrated EMSC system can affect patient outcome.
- e. Identify key growth and developmental characteristics of infants and children and their implications.
- f. Identify key anatomical and physiological characteristics of infants and children and their implications.
- g. Describe techniques for successful assessment of infants and children.
- h. Describe techniques for successful treatment of infants and children.
- i. Identify the common responses of families to acute illness and injury of an infant or child.

- j. Describe techniques for successful interaction with families of acutely ill or injured infants and children.
 - k. Outline differences in adult and childhood anatomy and physiology.
 - l. Identify “normal” age group related vital signs.
 - m. Discuss the appropriate equipment utilized to obtain pediatric vital signs.
 - n. Determine appropriate airway adjuncts for infants and children.
 - o. Discuss complications of improper utilization of airway adjuncts with infants and children.
 - p. Discuss appropriate ventilation devices for infants and children.
 - q. Discuss complications of improper utilization of ventilation devices with infants and children.
 - r. Discuss appropriate endotracheal intubation equipment for infants and children.
 - s. Identify complications of improper endotracheal intubation procedure in infants and children.
 - t. List the indications and methods for gastric decompression for infants and children.
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- u. Define respiratory distress.
 - v. Define respiratory failure.
 - w. Define respiratory arrest.
 - x. Differentiate between upper airway obstruction and lower airway disease.
 - y. Describe the general approach to the treatment of children with respiratory distress, failure, or arrest from upper airway obstruction or lower airway disease.
 - z. Discuss the pathophysiology and epidemiology of the following:
 - Pertussis
 - Bronchopulmonary dysplasia
 - Hydrocephalus and ventricular shunts
 - aa. Discuss the common causes of hypoperfusion in infants and children.
 - bb. Evaluate the severity of hypoperfusion in infants and children.
 - cc. Identify the major classifications of pediatric cardiac rhythms.
 - dd. Discuss the primary etiologies of cardiopulmonary arrest in infants and children.
 - ee. Discuss age appropriate vascular access sites for infants and children.
 - ff. Discuss the appropriate equipment for vascular access in infants and children.
 - gg. Identify complications of vascular access for infants and children.
 - hh. Describe the primary etiologies of altered level of consciousness in infants and children.
 - ii. Identify common lethal mechanisms of injury in infants and children.
 - jj. Discuss anatomical features of children that predispose or protect them from certain injuries.
 - kk. Describe aspects of infant and children airway management that are affected by potential cervical spine injury.
 - ll. Identify infant and child trauma patients who require spinal immobilization.
 - mm. Discuss fluid management and shock treatment for the infant and child trauma patient.
 - nn. Determine when pain management and sedation are appropriate for infants and

children.

oo. Define child abuse.

pp. Define child neglect.

qq. Define sudden infant death syndrome (SIDS).

rr. Discuss the parent/caregiver responses to the death of an infant or child.

ss. Define children with special health-care needs.

tt. Define technology-assisted children.

uu. Discuss basic cardiac life support (CPR) guidelines for infants and children.

vv. Identify appropriate parameters for performing infant and child CPR.

ww. Integrate advanced life support skills with basic cardiac life support for infants and children.

xx. Discuss the indications, dosage, route of administration, and special considerations for medication administration in infants and children.

yy. Discuss appropriate transport guidelines for infants and children.

zz. Discuss appropriate receiving facilities for low and high risk infants and children.

aaa. Describe the epidemiology, including the incidence, morbidity/mortality, risk factors, and prevention strategies for respiratory distress/failure in infants and children.

bbb. Discuss the pathophysiology of respiratory distress/failure in infants and children.

ccc. Discuss the assessment findings associated with respiratory distress/failure in infants and children.

ddd. Discuss the management/treatment plan for respiratory distress/failure in infants and children.

eee. Describe the epidemiology, including the incidence, morbidity/mortality, risk factors, and prevention strategies for hypoperfusion in infants and children.

fff. Discuss the pathophysiology of hypoperfusion in infants and children.

ggg. Discuss the assessment findings associated with hypoperfusion in infants and children.

hhh. Discuss the management/treatment plan for hypoperfusion in infants and children.

iii. Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors, and prevention strategies for cardiac dysrhythmias in infants and children.

jjj. Discuss the pathophysiology of cardiac dysrhythmias in infants and children.

kkk. Discuss the assessment findings associated with cardiac dysrhythmias in infants and children.

lll. Discuss the management/treatment plan for cardiac dysrhythmias in infants and children.

mmm. Describe the epidemiology, including the incidence, morbidity/mortality, risk factors, and prevention strategies for neurological emergencies in infants and children.

nnn. Discuss the pathophysiology of neurological emergencies in infants and children.

ooo. Discuss the assessment findings associated with neurological emergencies in infants and children.

ppp. Discuss the management/treatment plan for neurological emergencies in infants

and children.

qqq. Describe the epidemiology, including the incidence, morbidity/mortality, risk factors, and prevention strategies for trauma in infants and children.

rrr. Discuss the pathophysiology of trauma in infants and children.

sss. Discuss the assessment findings associated with trauma in infants and children.

ttt. Discuss the management/treatment plan for trauma in infants and children.

uuu. Describe the epidemiology, including the incidence, morbidity/mortality, risk factors, and prevention strategies for abuse and neglect in infants and children.

vvv. Discuss the pathophysiology of abuse and neglect in infants and children.

www. Discuss the assessment findings associated with abuse and neglect in infants and children.

xxx. Discuss the management/treatment plan for abuse and neglect in infants and children, including documentation and reporting.

yyy. Describe the epidemiology, including the incidence, morbidity/mortality, risk factors, and prevention strategies for SIDS infants.

zzz. Describe the epidemiology, including the incidence, morbidity/mortality, risk factors, and prevention strategies for children with special health-care needs including technology assisted children.

aaa. Discuss the pathophysiology of children with special health-care needs including technology-assisted children.

bbbb. Discuss the assessment findings associated for children with special health-care needs including technology assisted children.

cccc. Discuss the management/treatment plan for children with special health-care needs including technology-assisted children.

dddd. Describe the epidemiology, including the incidence, morbidity/mortality, risk factors, and prevention strategies for SIDS infants.

eeee. Discuss the pathophysiology of SIDS in infants.

ffff. Discuss the assessment findings associated with SIDS infants.

gggg. Discuss the management/treatment plan for SIDS in infants.

hhhh. Demonstrate and advocate appropriate interactions with the infant/child that convey an understanding of the developmental stage.

iiii. Recognize the emotional dependence of the infant/child to the parent/guardian.

jjjj. Recognize the emotional impact of the infant/child injuries and illnesses on the parent/guardian.

kkkk. Recognize the physical and emotional difficulties associated with separation of the parent/guardian of a special needs child.

llll. Demonstrate the ability to provide reassurance, empathy, and compassion for the parent/guardian.

mmmm. Demonstrate the appropriate approach for treating infants and children.

nnnn. Demonstrate appropriate intervention techniques with families of acutely ill or injured infants and children.

oooo. Demonstrate an appropriate assessment for different developmental age groups.

pppp. Demonstrate an appropriate technique for measuring pediatric vital signs.

qqqq. Demonstrate the use of a length-based resuscitation device for determining

equipment sizes, drug doses, and other pertinent information for a pediatric patient.

rrrr. Demonstrate the appropriate approach for treating infants and children with respiratory distress, failure, and arrest.

ssss. Demonstrate proper technique for administering blow-by oxygen to infants and children.

tttt. Demonstrate the proper utilization of a pediatric non-rebreather oxygen mask.

uuuu. Demonstrate the proper technique for suctioning of infants and children.

vvvv. Demonstrate appropriate use of airway adjuncts with infants and children.

wwww. Demonstrate appropriate use of ventilation devices for infants and children.

xxxx. Demonstrate endotracheal intubation procedures in infants and children.

yyyy. Demonstrate appropriate treatment/management of intubation complications for infants and children.

zzzz. Demonstrate appropriate needle cricothyroidotomy in infants and children.

aaaaa. Demonstrate proper placement of a gastric tube in infants and children.

bbbbb. Demonstrate an appropriate technique for insertion of peripheral intravenous catheters for infants and children.

ccccc. Demonstrate an appropriate technique for administration of intramuscular, inhalation, subcutaneous, rectal, endotracheal, and oral medication for infants and children.

ddddd. Demonstrate an appropriate technique for insertion of an intraosseous line for infants and children.

eeee. Demonstrate appropriate interventions for infants and children with a partially obstructed airway.

ffff. Demonstrate age appropriate basic airway clearing maneuvers for infants and children with a completely obstructed airway.

ggggg. Demonstrate proper technique for direct laryngoscopy and foreign body retrieval in infants and children with a completely obstructed airway.

hhhhh. Demonstrate appropriate airway and breathing control maneuvers for infant and child trauma patients.

iiii. Demonstrate appropriate treatment of infants and children requiring advanced airway and breathing control.

jjjjj. Demonstrate appropriate immobilization techniques for infant and child trauma patients.

kkkkk. Demonstrate appropriate treatment of infants and children with head injuries.

llll. Demonstrate appropriate treatment of infants and children with chest injuries.

mmmmm. Demonstrate appropriate treatment of infants and children with abdominal injuries.

nnnnn. Demonstrate appropriate treatment of infants and children with extremity injuries.

oooo. Demonstrate appropriate treatment of infants and children with burns.

ppppp. Demonstrate appropriate parent/caregiver interviewing techniques for infant and child death situations.

qqqqq. Demonstrate proper infant CPR.

rrrrr. Demonstrate proper child CPR.

sssss. Demonstrate proper techniques for performing infant and child defibrillation and synchronized cardioversion.

Attendance:

Absence from Class for School Sanctioned Activities

The nature of the educational programs at Coahoma Community College is such that it is necessary for every student to attend class regularly. Instructors will keep accurate class attendance records, and those records will become part of the student's official record. Regular class attendance and punctuality are expected. All arrangements for completing missed work are to be made with the instructor. It is the student's responsibility to initiate these arrangements. *Excessive absences may result in loss of credit for the course concerned as well as loss of grant refunds and/or financial aid eligibility.* For more information, see the Attendance Policy section in the College Catalog.

Make-up Policy:

The student will be allowed one (1) makeup exam for any major exam missed in a given semester. No additional makeup exam shall be given beyond this.

Academic Dishonesty:

Cheating and plagiarism (the representation of someone else's work as your own, usually by directly copying or paraphrasing without a reference to the original source) will not be tolerated. The penalty will be receiving a (0) for that assignment, without any possibility of make-up work or alternative assignments. Additionally, according to the Student Handbook, *such acts will be considered a severe infraction and carry a possible sanction of suspension in semester (s) length or expulsion.* For a more in-depth explanation of academic dishonesty, see the Student Handbook.

Electronic Devices in Class

The use of cellular phones, pagers, CD players, radios, and similar devices is prohibited in the classroom and laboratory facilities.

Non-Discrimination/Disability Policy:

Notice of Non-discrimination. Coahoma Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Michael Houston; Coordinator for Section 504/ADA, Title IX; Vivian M. Presley Administration Bldg, 3240 Friars Point Road; Clarksdale, MS 38614; Telephone # (662) 621-4853; Email: mhouston@coahomacc.edu

Accommodations for Students with Disabilities.

Disability Support Services Coordinator has established open hours when students, staff and faculty may drop in without an appointment. Appointments can be made by call (662) 621-4853 or by email to mhouston@coahomacc.edu

Michael Houston

Disability Support Services Coordinator
Vivian M. Presley Administration Building
(662) 621-4853
mhouston@coahomacc.edu

Instructional Techniques:

Instructors may use many different methods of instruction, to include power-point, video presentations, hands-on participation in the skills lab and any other training aid the instructor feels would benefit the student, given the material being presented at that time, provided there is no unnecessary exposure of the student to risk.

Method(s) of Evaluation:

Didactic and psychomotor examinations at regular intervals throughout each semester. Such evaluations will be a direct measurement of the students' level of retention of the material. *(Method(s) of evaluation must measure the student learning outcomes listed above.)*

Grade Scale:

Coahoma Community College changed from the 3.0 system to the 4.0 system effective, September, 1974. College students' academic progress is evaluated according to the following grading system.

| Grading Scale for Paramedic | | |
|------------------------------------|--------------|----------------|
| Grade | Scale | Quality Points |
| A – Excellent | 94-100 | 4.0 |
| B – Good | 87-93 | 3.0 |
| C – Average | 80-86 | 2.0 |
| D – Poor | 70-79 | 1.0 |
| F - Failure | 69 or below | 0.0 |
| I – Incomplete | | 0.0 |
| W – Withdrawal | | 0.0 |
| Z – Unassigned Grade | | 0.0 |

This outline is intended as a guideline for the course. The institution and the instructor reserve the right to make modifications in content, schedule, and requirements as necessary to enhance each student's educational experience and student learning outcomes.