



*Your Pathway to a Brighter Future*

**COLLEGE OF NURSING**

Carlatan, San Fernando City, La Union

**PHILOSOPHY**

We believe in student centered approach to education and management.

We believe in achieving a lot with limited resources by knowing what other institutions are doing, adopting or improving and using that can be applied to the College.

We believe that a strong continuing faculty and staff development program in the college is a vital component of the total effort to attain the main goal of the College.

We believe in the stability and strength as a base for achieving quality education, relevant to national means and development of the total person.

We believe above all that giving honor and glory to God in everything we do, is most important in all official activities of the college.

**VISION**

We envision Lorma Colleges as an educational institution with a global perspective emphasizing quality, Christian values, and leadership skills relevant to national development.

**MISSION**

To empower students for service anywhere in the world through Christian-inspired, quality-driven, and service-oriented education and training.

INSTITUTIONAL OUTCOMES		INSTITUTIONAL GRADUATE ATTRIBUTES
IO1	Internalize the Christian values	GOD FEARING
IO2	Model the Christian values in their personal and professional lives.	
IO3	Generate ideas and insights utilizing appropriate judgment in decision making.	DECISION MAKER, CRITICAL AND CREATIVE THINKER
IO4	Utilize higher order thinking skills in decision making towards innovation and creating new technologies	
IO5	Apply innovative methods and new technologies to solve different problems and making decisions effectively	
IO6	Communicate effectively ideas or knowledge through listening, speaking, reading, writing using culturally appropriate language.	EFFECTIVE COMMUNICATOR
IO7	Imbibe the service-orientedness to oneself, to oneself, to one's profession and towards the community.	SERVICE-DRIVEN CITIZEN
IO8	Commitment to continuously upgrade one's education through readings, seminars and trainings	REFLECTIVE LIFE LONG LEARNER
IO9	Perform exceptional knowledge, skills and right attitude in accomplishing duties and responsibilities beyond acceptable standards.	COMPETENT PROFESSIONAL

NURSING PROGRAM OUTCOMES		INSTITUTIONAL OUTCOMES	VISION	MISSION	PHILOSOPHY
After 3-5 years, the Loroma graduate will:					
1	Execute professional and social competence in the fields of specialization in accordance to national and international standards. More specifically, the Loroma graduate will be able to:				
	1.1 apply knowledge of physical, social, natural and health sciences and humanities in the practice of nursing;	IO1; IO9	✓	✓	✓
	1.2 provide safe, appropriate, and holistic care to individuals, families, population group and community utilizing nursing process;	IO3; IO4; IO7; IO9	✓	✓	✓
	1.3 apply guidelines and principles of evidence-based practice in the delivery of care;	IO5; IO8; IO9	✓	✓	✓
	1.4 communicate effectively in speaking writing and presenting using culturally appropriate language;	IO6	✓	✓	✓
	1.5 document to include reporting up-to-date client care accurately and comprehensively;	IO9	✓	✓	✓
	1.6 work effectively in collaboration with inter, intra, and multi-disciplinary and multi-cultural teams;	IO5; IO9	✓	✓	✓
	1.7 practice beginning management and leadership skills in the delivery of client care using a systems approach;	IO5	✓	✓	✓
	1.8 conduct research with an experienced researcher; and	IO5; IO9	✓	✓	✓
	1.9 apply techno-intelligent care systems and processes in health care delivery.	IO4; IO5; IO9	✓	✓	✓

2	Develop high level of comprehension for decision-making and critical thinking through continuous educational advancement necessary to personal and professional empowerment. In particular, the Lorma graduate will be able to:				
	2.1 engage in lifelong learning with a passion to keep current with national and global developments in general, and nursing and health developments in particular; and	IO3; IO4; IO8	✓	✓	✓
	2.2 apply entrepreneurial skills in the delivery of nursing care.	IO4; IO5	✓	✓	✓
3	Exemplify Cristian values, legal, and ethico-moral principles in serving individual clientele in various cross-cultural settings. Purposely, the Lorma graduate will be able to:				
	3.1 practice nursing in accordance with existing laws, legal, ethical, and moral principles;	IO1; IO2	✓	✓	✓
	3.2 demonstrate responsible citizenship and pride of being a Lorma graduate; and	IO2	✓	✓	✓
	3.3 adopt the nursing core values in the practice of the profession.	IO1; IO2; IO9	✓	✓	✓

### COURSE SYLLABUS

- 1. COURSE CODE** : NCM 113  
**2. COURSE TITLE** : Community Health Nursing 2 (Population Groups and Community as Clients)  
**3. PRE – REQUISITE** : NCM 104  
**4. CO – REQUISITE** : NCM 111, NCM 112, NCM 114  
**5. COURSE CREDIT** : 2 Units Lecture  
**6. CONTACT HOURS/SEMESTER** : 2 Units Lecture Hours (54hours) and 2 Units (102hours) Related Learning Experiences  
**7. COURSE DESCRIPTION** : This course covers the concepts and principles in the provision of basic care in terms of health promotion, health maintenance and disease prevention with population groups and community as clients. Topics include Development Concepts; working with groups toward community development; in public health nursing; and health statistics and epidemiology.
- Community Health and  
community health nursing process; related laws

### 8. LEVEL OUTCOMES AND RELATIONSHIP TO PROGRAM OUTCOMES

LEVEL 3 OUTCOMES		INSTITUTIONAL OUTCOMES	NURSING PROGRAM OUTCOMES		
			VISION	MISSION	PHILOSOPHY
At the end of the 3rd year, given a normal and at risk mother, child, and family in any health setting , as well as the community as client with moderate supervision, the students demonstrate:					
1	exemplify Christian values, legal and ethico-moral principles in serving individual clientele in various cross-cultural settings.	IO1; IO2; IO7	✓	✓	✓
2	execute professional and social competence in the field of specialization in accordance to national and international nursing standards.	IO6; IO9		✓	✓
3	develop a high level of comprehension for decision making and critical thinking through continuous	IO3; IO4;		✓	✓

	educational advancement necessary for personal and professional empowerment.	IO5; IO8			
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LEVEL 3 OUTCOMES		NURSING PROGRAM OUTCOMES		
At the end of third year, given groups of clients – individuals, families, population groups, and communities with health problems and special needs, the learners will demonstrate safe, appropriate and holistic care utilizing the nursing process and can assume first level entry positions in any field of nursing.		1	2	3
1	Apply knowledge of principles and concepts of relevant sciences in medical-surgical nursing.	✓	✓	
2	Utilize the nursing process in providing safe, humane, appropriate and holistic care to clients.		✓	
3	Demonstrate skills in perioperative nursing.		✓	
4	Conduct research with an experienced researcher.		✓	
5	Justify the value of evidence-based practice in nursing.	✓	✓	
6	Apply ethico-legal and moral principles in professional decision making.	✓	✓	
7	Communicate effectively in writing, speaking, and presenting using culturally appropriate language.		✓	
8	Display behaviour of an independent learner who is critical, creative and focused.	✓	✓	
9	Exhibit enhancing qualities as a responsible citizen and as a Filipino.	✓	✓	
10	Exhibit expertise in the chosen field of nursing.	✓	✓	

### 9. COURSE OUTCOMES AND RELATIONSHIP TO LEVEL OUTCOMES

Course Outcomes		Level Outcomes								
The student will be able to:		1	2	3	4	5	6	7	8	9
1.	Define health and illness	P	P	P	P	P	P	P	P	P
2.	List the three levels of prevention and give one example each	D	P	P	P	P	P	P	P	P
3	Explain the differences among community health nursing ,public health nursing and community based nursing.	P	P	P	P	P	P	P	P	P
4.	Cite the distinguishing features of community health nursing	D	D	D	D	D	D	D	D	D
5.	Discuss public health nursing practice in terms of public health's core functions and essential public health functions.	D	D	D	D	D	D	D	D	D
6.	Compare the different fields of community health nursing practice.	D	D	D	D	D	D	D	D	D
7.	Apply the competency standards of the nursing practice in the Philippines in community health nursing practice.	D	D	D	D	D	D	D	D	D
8.	Outline the historical development of public health and public health nursing in the Philippines.	D	D	D	D	D	D	D	D	D

9.	State the Department of Health (DOH) mission, vision and objectives.	D	D	D	D	D	D	D	D	D	
10.	Describe different composition of the health care delivery system and Levels of health care facilities.	D	D	D	D	D	D	D	D	D	
11.	Identify characteristics of the family that have implications for community health nursing practice.	P	P	P	P	P	P	P	P	P	
12	Describe relationship between assessment and formulation of community diagnosis and epidemiology.	P	P	P	P	P	P	P	P	P	
13	Utilize the nursing process in the care of individuals within the family and the care of the family as a whole.	D	D	D	D	D	P	P	P	P	
14	Describe the different types of family -nurse contacts	D	D	D	D	D	D	D	D	D	
15	Depict provision of nursing care during a home visit.	D	D	D	D	D	D	D	D	D	
16	Apply principles of bag technique during a home visit.	D	D	D	D	D	D	D	D	D	
17	Illustrate the principles of community health nursing	D	D	D	D	D	D	D	D	D	
18	Recognize characteristics of a health community	D	D	D	D	D	D	D	D	D	
19	Utilize the nursing process in managing community health concerns.	D	D	D	D	D	D	D	D	D	
20	Describe relationship between the science of public health and community health nursing.	D	D	D	D	D	D	D	D	D	
21	Demonstrate knowledge of the relationship between Primary Health Care (PHC) and public health nursing in the Philippines	D	D	D	D	D	D	D	D	D	
22	Critically analyze the concepts of PHC	D	D	D	D	D	D	D	D	D	
23	Define family	D	D	D	D	D	D	D	D	D	
24	Differentiate the types of families and state its characteristics.	D	D	D	D	D	D	D	D	D	
25	Describe relationship between the family and development.	D	D	D	D	D	D	D	D	D	
26	Describe the different types of community.	D	D	D	D	D	D	D	D	D	
27	Differentiate the types of community.	D	D	D	D	D	D	D	D	D	
28	Discuss the different approaches in community health development.	D	D	D	D	D	D	D	D	D	
29	Describe relationship between assessment and formulation of community diagnosis.	D	D	D	D	D	D	D	D	D	
30	Differentiate types of community diagnosis.	D	D	D	D	D	D	D	D	D	
31	Discuss the steps in conducting community diagnosis.	D	D	D	D	D	D	D	D	D	
32	Identify the different tools used in community diagnosis.										
33	Cite the importance of community diagnosis and its uses.	D	D	D	D	D	D	D	D	D	
34	Develop attitude needed to facilitate community development and self-	D	D	D	D	D	D	D	D	D	

	reliance skills										
35	Discuss relationship of social capital to community development	D	D	D	D	D	D	D	D	D	
36	Relate Community Organizing Participatory Action Research (COPAR) to community development.	D	D	D	D	D	D	D	D	D	
37	Discuss concepts of capacity building partnership and collaboration in relation to community competence and sustainable development.	D	D	D	D	D	D	D	D	D	

Legend: I – Introduced; P – Perform with supervision; D – Demonstrated

## 10. COURSE COVERAGE

Week	Day	CLASSROOM Topics	Learning Resources	Teaching Learning Strategies (TLS)		Assessment Tasks	Course Outcomes
				<b>LECTURE</b> <b>LOLS:</b> Lorma College of Nursing Online Learning System <b>36</b> minutes - synchronous session 1-hour asynchronous session	<b>RLE</b> 3hours first day; <b>3</b> hours 2 <sup>nd</sup> day; <b>2</b> hours 3 <sup>rd</sup> day		
1 2 3	1 & 2  1 & 2	<b>CONCEPTS ORGANIZING TOWARDS COMMUNITY PARTICIPATION IN HEALTH</b> <b>A. Definition of terms</b> 1. Community 2. Organization 3. Health  <b>B. Concepts of community</b> 1. Types of community 2. Characteristics of a healthy community 3. Eight Sub-systems of a community	Famorca, Zenaida U.,Nietes,Mary A.;Mc Ewen,Melanie , (2013) Nursing Care in the Community, Elsevier, Singapore ;p62-75  Estrada-Castro, Cecilia; (2012),”Community Health Nursing and Community Health Development” 1 <sup>st</sup> edit.  Jimenez, Carmen E. (2008); Community	Review of discussions from the CHN1 thru Google Classroom (GCR ) / Zoom Meeting Synchronous class discussion  Man’s Name Acrostics (Man’s	An orientation will be done by the clinical instructors about policies, grading system and explanation of the LP to accomplished by the students.	Graded recitation  Testmoz/ Google quiz	

		<p><b>C. Elements of community</b></p> <p>D. Roles of the Nurse in Community Organizing</p> <p>E. Goals of Community Organizing</p> <p><b>F. Community Organizing</b></p> <p><b>G. Critical Activities in Community Organizing</b></p> <ol style="list-style-type: none"> <li>1. Traditional</li> <li>2. Transformative</li> <li>3. Community Development</li> </ol> <p>H. Human Resource Development Program (HRDP) /Community Organizing Participatory Action Research (COPAR) as tool for community development</p> <p><b>I. Phases and Activities of COPAR</b></p> <ol style="list-style-type: none"> <li>1. Pre-entry Phase</li> <li>2. Entry Phase</li> <li>3. Organization Building</li> <li>4. Sustenance and Strengthening</li> <li>5. Phase Out</li> <li>6. Activities of COPAR in every phase</li> </ol>	<p>Organizing Participatory Action research (COPAR) for Community Development p3-134</p> <p>Bailon-Reyes, Salvacion G. (2006), Community Health Nursing, the basis of Practice 1<sup>st</sup> ed., National Bookstore, Mandaluyong City, p.3-27</p> <p>Untalan, Aaron T. (2005); Concepts and Guidelines in COPAR, 1<sup>st</sup> ed., Educ. Publishing House, Manila, p.23-33</p> <p>Ordonia- De Pona, Marie Curie, Community Organization and Participatory Action Research, a manual of Action for Nursing Experience</p>	<p>Responsibility and Roles)</p> <p>Knowing Your Self – A self-analysis study <b>(POTATO STYLE/ JOHARI WINDOW)</b></p> <p>Creating Something Beautiful</p> <p>Amazing <b>COPAR QUIZ</b></p> <p><b>Virtual Mystery Box (Redesigned) (Community Diagnosis)</b></p>			
<b>4</b>	<b>1 &amp; 2</b>	<p><b>COMMUNITY HEALTH NURSING PROCESS</b></p> <p><b>A. Steps in community nursing process</b></p> <ol style="list-style-type: none"> <li>1. Assessing community health needs</li> <li>2. Types of Community diagnosis</li> <li>3. Participatory action research</li> <li>4. Steps in conducting community diagnosis</li> <li>5. Primary source of data</li> </ol>	<p>Famorca, Zenaida U., Nietes, Mary A.; Mc Ewen, Melanie, (2013) Nursing Care in the Community, Elsevier, Singapore ;p101-123</p>	<p>Case Analysis</p> <p>Lecture Discussions via GCR</p>	<p>Workshop on Family Nursing Care Plan done online</p>	<p>Worksheet / Activity in FNCP through GCR</p> <p>Impromptu graded recitation on</p>	<p>CO29; CO30; CO31; CO32; CO33</p>

		6. Secondary Source of Data Factors affecting community diagnosis	Estrada-Castro, Cecilia; (2012), "Community Health Nursing and Community Health Development" 1 <sup>st</sup> edit.p43-69;120-125	Family Problem Meta Cards Virtual recitation		problems of the families in the community (Premise to the community of students)	
5	1	<b>A. Planning health program for community development</b> 1. Concepts of planning 2. Activities of planning  3. Formulation of Action Plan			Braistorming on the National Health Situation  Formulation of an Action plan for the assessed needs of the community	Formulation of an Action Plan for the assessed problems in the community	
6	<b>PRELIM EXAMINATION</b>						
7	1	<b>B. Implementation of plan of action for community health</b> 1. Importance of collaboration and partnership 2. Activities involved in collaboration and advocacy 3. Roles of the nurse in implementing community programs		Action Planning based on the assessed needs of the community via GCR	Program Planning through GCR		
	2	<b>C. Monitoring and evaluation of community health Programs</b> 1. Designing and implementing evaluation plan 2. Indicators of evaluation 3. Steps in program evaluation tools for documentation		Record Review of the Implemented Plans of CON to the partner barangay (2018- 2019)	Simple Community Organizing Task on the ff activities / Assembly 1. (Purok Class) 2. OSY Class 3. Mothers Class 4. Advocacy /Programs implementation		



8	1 2 9	<b>VII. WORKING WITH GROUPS TOWARDS COMMUNITY DEVELOPMENT</b> A. Stages of group development B. Interventions to facilitate group growth 1. Orientation, structure direction 2. Process, Negotiate and resolving conflicts 3. Awareness of the effect of behaviour 4. Application of New Learning 5. Collaboration and partnership 6. Essential ingredients of partnership 7. Capabilities necessary for partnership	Famorca, Zenaida U.,Nietes,Mary A.;Mc Ewen,Melanie , (2013) Nursing Care in the Community, Elsevier, Singapore ;p34-44 Estrada-Castro, Cecilia; (2012),”Community Health Nursing and Community Health Development” 1st edit.p134-330	Group Dynamics by means of a Game	Core Group Formation in the different classes to act on problems on CHN2 lecture  *Election of Officers  Orientation of their responsibilities as Core Group Members  Planning of the programs set by them		CO34; CO35; CO36; CO37
10	2 1	<b>VIII. RELATED LAWS IN PUBLIC HEALTH NURSING</b> A. Magna Carta for Health Workers B. Sanitation Code C. Clean Air Act D. Generic Act E. National Health Insurance Act F. Laws on Notifiable Diseases G. National Blood Services Act H. Senior Citizen Law I. Revised dangerous Drugs Law Act on Cheaper Medicines.		*Give it as advance Reading (asynchronous )  *Newscasting * Mime Presentation * Semi-Musical Presentation  What	Interactive Sharing on the Laws in Public Health Nursing. Herbal Hunting Through GCR  Herbal Planting  Herbal Lecture  Herbal Preparation after a week of giving it as an assignment.		
	2	<b>IX. HEALTH STATISTICS AND EPIDEMIOLOGY and</b>		<b>Synchronous</b> lecture discussion	A List of the 10 Leading Causes	A graded recitation and discussion	

11	1 & 2	<b>COMMUNITY DIAGNOSIS</b> <b>A. Application of Public Health Tools in Community Health Nursing</b> 1. Demography 2. Sources of demographic data 3. Population size 4. Population Composition 5. Population distribution		on the computations of mortality and morbidity rate via GCR /Zoom (Seminar Type)  Seat Work on the Computation of the health Indicators	of Mortality and Morbidity in the barangays of residence of the students. Case Finding	after the seat work	
12		<b>MIDTERM EXAMINATION</b>					
13	1 & 2	<b>B. Health Indicators</b> 1. Crude Birth Rate (CBR) 2. Specific rates of Mortality 3. Leading Causes of Morbidity 4. Leading Causes of Morbidity 5. Life Expectancy	Schneider, Mary-Jane (2014), Introduction to Pubic Health 4 <sup>th</sup> ed., Jones and Barlett, Burlington MA,p.327-335	<b>Synchronous</b> lecture discussion on the computations of mortality and morbidity rate via GCR /Zoom (Seminar Type)			
14	1 & 2	<b>C. Philippine Health Situation</b> 1. Demographic profile 2. Health Profile	Famorca, Zenaida U., Nietes, Mary A.; Mc Ewen, Melanie , (2013) Nursing Care in the Community, Elsevier, Singapore ;p155-175	Seat Work on the Computation of the health Indicators			
15	1 & 2	<b>D. Epidemiology and the Public Health Nurse</b> 1. Definition 2. Types of Nursing Problem 3. Steps in in conducting Community Diagnosis	Estrada-Castro, Cecilia; (2012),” Community Health Nursing and Community Health Development” 1 <sup>st</sup> edit. p49-51;98-117	Assignment of the 10 Leading Causes of Morbidities and Mortalities			
16	1 & 2	4. Prioritizing Health Problems  5. Aspects of Epidemiology 6. Natural life history		Case Analysis (Cases will be provided based from the common problems of communities)			
17	1 & 2	7. Epidemiological Triangle 8. Epidemiological process and investigation 9. A review of the COVID 19 as a	Jimenez, Carmen E. (2008); Community	Vital Statistics			

		pandemic phenomenon	Organizing Participatory Action research (COPAR) for Community Development p.151-158  Untalan, Aaron T. (2005); Concepts and Guidelines in COPAR, 1 <sup>st</sup> ed., Educ. Publishing House ,Manila,p.13-22	Computation in the GCR  Actual Home Visit and Community Diagnosis			
18	<b>FINAL EXAMINATION</b>						

## 11. TEXTBOOK

**Estrada-Castro, Cecilia; (2012),Community Health Nursing and Community Health Development;1<sup>st</sup> ed.**

## 12. SUGGESTED READINGS AND REFERENCES

Bailon-Reyes,Salvacion G.(2006), Community Health Nursing ,the basis of Practice 1<sup>st</sup> ed.,National Bookstore,Mandaluyong City  
Cuevas, Frances Prescilla L. (2007), Public Health Nursing in the Philippines,NLGN Inc., Manila  
David,E (2007); Community Health Nursing : An approach to families and population groups  
De Belen,et al (2008);A praxis in community Health Nursing ,C & E Pub Inc. Manila  
DOH-Department of health national Health Plan  
Famorca, Zenaída U.,Nietes,Mary A.;Mc Ewen,Melanie , (2013) *Nursing Care in the Community*, Elsevier, Singapore  
IMCI Chart book  
Maglaya, Araceli S. (2005) , Nursing Practice in the Community;4<sup>th</sup> ed., Argonaut Corp.  
Jimenez, Carmen E. (2008); Community Organizing Participatory Action research (COPAR) for Community Development  
Ordonia-de Pona , Marie Curie,Primer on Community Health Nursing  
Ordonia-de Pona , Marie Curie, Community Organization and Participatory Action Research (COPAR), A Manual of Action for Nursing Community Experience.  
Palaganas, Erlinda C, (2003), *Health Care Practice in the Community*, Educ.Publishing House ,Manila  
Schneider, Mary-Jane (2014), *Introduction to Pubic Health 4<sup>th</sup> ed.*,Jones and Barlett, Burlington MA  
Untalan,Aaron T.(2009);Concepts and Guidelines in Com Dev, (CDx,COPAR, and Comdev) 1<sup>st</sup> ed., Educ.Publishing House ,Manila  
Untalan,Aaron T. (2005);*Concepts and Guidelines in COPAR,1<sup>st</sup> ed.*, , Educ.Publishing House ,Manila  
Reyala, Jean P. (2007), Community Health Nursing Service in the Philippines  
Schneider, Mary-Jane (2014), *Introduction to Pubic Health 4<sup>th</sup> ed.*,Jones and Barlett, Burlington MA

### 13. ONLINE REFERENCES

- <http://www.doh.gov.ph/>
- <http://home.doh.gov.ph/intra/index.php>
- <http://www.nurseupdates.com/laws-nursing-practice-philippines/>

### 14. COURSE EVALUATION

COURSE REQUIREMENT (Lecture Component)	Total Weight (%)	COURSE REQUIREMENT (RLE Component)	Total Weight (%)
<b>A. Term Grade</b>		<b>A. Term Grade</b>	
<b>1. Class Standing</b>	46.67%	<b>1. Rotation Grades</b>	80%
<ul style="list-style-type: none"> <li>• <b>Attendance (5%)</b> Note: 1) 6 synchronous classes per term hence a perfect attendance is computed as 6/6 x60%+40% x 5% 2) For every absence, deduct 1 from the 6 total number attendance every term and go on computation using the abovementioned transmutation. 3) Disregarding the minutes, 3 accumulated tardiness is equivalent to 1 day of absence.</li> <li><b>Recitation and Other Assessment Tasks (15%)</b> Note: 1) For recitation,. 5 points minimum, increment of 1 for every correct answer made by the student (10 points maximum). 2) For other assessment tasks, a standard rubric or pointing system will be followed as agreed upon the nursing faculty.</li> <li>• Quizzes (46.67%) Transmutation Formula = <math>\frac{\text{Total Score}}{\text{Total \# of Items}} \times 60\% + 40\%</math></li> </ul>	15%	<p>Rotation grade is computed with the following:</p> <p><b>FOR SKILLS LAB</b></p> <ul style="list-style-type: none"> <li>• Competencies (60%) Note: Competency Grade= (total score) / (total # of items) = _____ X 60 = _____ / 5 = _____ + 40 = _____ %</li> <li>• Requirements (30%)               <ul style="list-style-type: none"> <li>✓ Related Journals and other Assessment Tasks (20%)</li> <li>✓ Quizzes &amp; Case Study (30%)</li> </ul> </li> <li>• Affective (10%)               <ul style="list-style-type: none"> <li>✓ Attendance – 5%</li> </ul> </li> </ul> <p>Note: There are 9 synchronous meetings for every rotation, therefore, a perfect attendance is computed using the 60%-40% transmutation</p> <ul style="list-style-type: none"> <li>✓ Attitude – 5%</li> <li>✓ Uniform – 5%</li> <li>• (If with Major Exam, 20% will be added to the 80% of Competencies and Requirements)</li> </ul> <p>• Average Rotation Grade = <math>\frac{\text{Rotation Grade 1} + \text{Rotation Grade 2} + \text{Rotation Grade 3} \dots \text{Rotation Grade n}}{3}</math> (# of Rotation Grades)</p>	

		<b>FOR LEARNING PACKET</b> <ul style="list-style-type: none"> <li>• Competencies (50%) Note: Competency Grade= (total score) / (total # of items) = _____ X 60 = _____ / 5 = _____ + 40 = _____ %</li> <li>• Requirements (30%) <ul style="list-style-type: none"> <li>✓ Related Journals and other Assessment Tasks (20%)</li> <li>✓ Quizzes &amp; Case Study (30%)</li> </ul> </li> <li>• Affective (10%) <ul style="list-style-type: none"> <li>✓ Attendance – 5%</li> </ul> </li> <li>• There are 9 synchronous meetings for every rotation, therefore, a perfect attendance is computed using the 60%-40% transmutation <ul style="list-style-type: none"> <li>✓ Attitude – 5%</li> </ul> </li> <li>• Completion task – 5%</li> </ul>	
<b>2. Term Examination</b>	33.33% (1/3)	<b>2. Term Examination</b>	20%
<b>TOTAL</b>	<b>100%</b>	<b>TOTAL</b>	<b>100%</b>
<b>B. Final Final Grade</b>		<b>B. Final Final Grade</b>	
1. Preliminary Grade	30%	a. Preliminary Grade	
2. Midterm Grade	30%	b. Midterm Grade	
3. Final Grade	40%	c. Final Grade	<b>100%</b>
<b>TOTAL</b>	<b>100%</b>	<b>TOTAL</b>	<b>100%</b>
<b>C. Semestral Grade</b>	80%		
Final Grade	20%		
Comprehensive Exam			
<b>TOTAL</b>	<b>100%</b>		
<b>NOTE:</b> For professional nursing subjects the final final grade is computed as follows: <ul style="list-style-type: none"> <li>• 80% of the Tentative Final Final Grade (Prelim+Midterm+Final)</li> <li>+ 20% of the Comprehensive Exam</li> </ul>		Transmutation Formula = (total score) / (total # of items) = _____ X 60 = _____ / 5 = _____ + 40 = _____ % (Score of Competencies)  <b>NOTE:</b> Since RLE for this course is only conducted in the latter part of the semester, there will only one (1) rotation which will be the <b>Final Grade</b> .	

## 11. CLASSROOM POLICIES (as per student handbook)

### A. Professional Decorum (pg. 15)

Student of Lorma Colleges' College of Nursing are expected to behave properly at all times especially if in the school premises. The guidelines are as follows:

- 1.2.1.1 Courteously knock on every door before entering any room, wait for acknowledgment then introduce self.
- 1.2.1.2 Maintain a moderate tone voice anywhere especially along the corridors, classrooms and patient's room.
- 1.2.1.3 Greet patients, relatives, teachers, employees and peers as you meet them.
- 1.2.1.4 Friendliness is encouraged but always maintains professionalism since too much familiarity may compromise the respect for each other.
- 1.2.1.5 Confidentiality on patient's information should be observed.
- 1.2.1.6 Practice and maintain good posture at all times.
- 1.2.1.7 Students are not allowed to go out of the hospital compound for their snacks/meals.
- 1.2.1.8 Bringing in prepared foods should only be eaten at the designated places.
- 1.2.1.9 Allowed time for snacks is 15 minutes and 30 minutes for mealtime in any given shift.
- 1.2.1.10 Students must observe humility, tactfulness and respect when dealing with others. Always observe the Code of Ethics for Nurses and practice the Golden Rule in everyday life.
- 1.2.1.11 Students must wear the prescribed uniform at all times with dignity and respect and should be worn only in the school and hospital premises.
- 1.2.1.12 Students are not allowed to entertain visitors while on duty. Should an emergency occur where an immediate member of the family is involved, permission from the clinical instructor must be sought first and accomplish a hospital visitation form.
- 1.2.1.13 Gambling, smoking and drinking of alcoholic beverages and drug use are strictly prohibited.
- 1.2.1.14 In case of emergency, the unit's telephone may be used with permission from the staff and the Clinical Instructor. Otherwise, use of the unit's telephone is not allowed.
- 1.2.1.15 Promptness at all times, in all occasions and in any setting must be observed.
- 1.2.1.16 Students must strictly adhere to the hospital/community school e, rules and regulations.
- 1.2.1.17 Students should not loiter around while in school premises. These preceding guidelines professional decorum are not limited to as written. Other guidelines for social norms and general behavior are written in the Lorma Colleges' Student Handbook and must strictly observe.

### B. Classroom (pg. 16)

1. The students are required to wear the prescribed college uniform in the given day.
  - Monday/Thursday – institutional uniform with blue slacks
  - Tuesday/Friday – clinical uniform (without apron for females) with black shoes
  - Wednesday/Saturday – clinical uniform (without apron for females) with black shoes

2. The students should strictly comply with the policies stated above, in terms of punctuality, attendance, compliance to the requirements, etc.
3. Every semester, there are three major examinations, namely Prelims, Midterms and Final Examinations.
4. Any forms of misconduct like cheating, behaviors, etc. will be subjected to disciplinary action.
5. The use of Cellphones during classes are strictly prohibited.
6. If expecting an important call from parents and significant others, inform the instructor.
7. Turn off or put cell phones on silent mode during classes
8. Three consecutive or cumulative absences means dropping your classcard at the office of the Dean of Student Affairs.
9. Always attend the class with prescribed uniform, grooming and Identification.
10. Admission slip is required when incurring absence in the class and should be presented once you enter the subject.

**NOTE:** Students are advised to read the student handbook from pages 8 – 20. Any amendments to the student handbook and/or new issued policies, rules and regulations the administration and the college deemed necessary, shall be applied automatically to the student/s currently enrolled in the college.

#### CONSULTATION HOURS

Instructor	Consultation Hours
MR. EDWIN N. ALJENTERA, MAN	Wednesday 830-3:30 PM

Course Title	Date Effective	Date Revised	Prepared by	Reviewed by	Noted by	Recommending Approval	Approved by
NCM 113 Community Health Nursing 2 (CHN 2) (Population Groups and Community as Client	First Semester, SY 2021-2022	August 19, 2021	EDWIN N. ALJENTERA, MAN Instructor	EDWIN N. ALJENTERA, MAN Head, Level 3	TERESITA A. FERRER, MAN Assistant Dean for Academics	MARITES C. PAGDILAO, MAN, MPA Dean, College of Nursing	PACITA G. APILADO, MAN, Ed.D. Executive Director for Academics