

### Module Description: Community Nursing Practice

<b>Module name</b>	Course Module
<b>Module level, if applicable</b>	Professional Nurse Degree Program
<b>Code, if applicable</b>	17554R0203
<b>Subtitle, if applicable</b>	-
<b>Course, if applicable</b>	Community Nursing Practice
<b>Semester(s) in which the module is taught</b>	X
<b>Person responsible for the module</b>	Nuurhidayat Jafar, S.Kep. Ns. M.Kep
<b>Lecturer</b>	<ol style="list-style-type: none"> <li>1. Kusrini Kadar, SKp., MN, PhD</li> <li>2. Syahrul Said, S.Kep. Ns. M.Kes. PhD</li> <li>3. Nurhaya Nurdin, S.Kep. Ns. MN. MPH</li> <li>4. Wa Ode Isnah, S.Kep. Ns. M.Kes</li> <li>5. Andi Masyita Irwan, S.Kep.Ns.MAN.Ph.D.</li> <li>6. Silvia Malasari, S.Kep.Ns.,MN.</li> <li>7. Arnis Puspitha, S.Kep.Ns.M.Kes.</li> </ol>
<b>Language</b>	Indonesian Language [Bahasa Indonesia]
<b>Relation to Curriculum</b>	This course is a compulsory course and offered in the 10 <sup>th</sup> semester.
<b>Type of teaching, contact hours</b>	<p>Teaching methods used in this course are:</p> <ul style="list-style-type: none"> <li>- Bed side teaching</li> <li>- Pre-post conference</li> <li>- Reflective study</li> <li>- Nursing Round</li> <li>- One-Minute Preceptors (OMP)</li> <li>- Case Based Discussion</li> </ul> <p>The class size for lecture is approximately 20 students, therefore there are 4-5 students for each lecturer</p> <p>Clinical fieldwork is 140.00 hours.</p>
<b>Workload</b>	For this course, students are required to meet a minimum of 140.00 hours for clinical fieldwork.
<b>Credit points</b>	3 credit points (equivalent with 5.60 ECTS)
<b>Requirements according to the examination regulations</b>	Students' presence must 100% and submitted all class assignments that are scheduled before the OSLEP.

<p><b>Recommended prerequisites</b></p>	<p>Students must have graduated with Bachelor Science in Nursing (BSN) and must have passed the Fundamental of Nursing Practice, Medical Surgical Nursing, Maternity Nursing, Paediatric Nursing, Emergency Nursing Practice, Critical Care Nursing Practice, Psychiatric and Mental Health Nursing Practice, and Nursing Management Practice.</p>
<p><b>Module objectives/intended learning outcomes</b></p>	<p>After completing the Community Nursing Practice:</p> <p><b>Attitude</b></p> <p><b>CLO1:</b> Students will be able to provide community nursing care with cultural sensitivity that respect to ethics, religions or other factors as well as applying ethical and legal aspects in community nursing practice <b>(A1)</b></p> <p><b>Competence</b></p> <p><b>CLO2:</b> Students will be able to apply comprehensive and continuing community nursing care in community setting based on research <b>(C1)</b></p> <p><b>CLO3:</b> Students will be able to communicate effectively in establishing interpersonal relationships to community <b>(C2)</b></p> <p><b>CLO4:</b> Students will be able to apply the results of research in an effort to improve the quality of community nursing care <b>(C4)</b></p>
<p><b>Content</b></p>	<p>Students will learn about:</p> <ul style="list-style-type: none"> <li>- Make effective communication in providing nursing care to communities.</li> <li>- Using effective interpersonal skills in teamwork.</li> <li>- Use health technology and information effectively and responsibly.</li> <li>- Using the nursing process in solving problems related to individuals, families, groups and communities.</li> <li>- Cooperate with related elements in the community</li> <li>- Use ethical and legal decision-making steps.</li> <li>- Providing cultural sensitive care by respecting ethnicity, religion or other factors</li> <li>- Collaborate on various aspects in meeting the health needs of individuals and families in community.</li> <li>- Demonstrate nursing technical skills in accordance with applicable standards or creatively and innovatively so that the services provided are efficient and effective.</li> <li>- Nursing care on aggregate in the Community: school health</li> <li>- Nursing care on aggregates in the Community: Child and Adolescent Health</li> <li>- Nursing care on aggregates in the Community: Women's and Men's Health</li> <li>- Nursing care on aggregate in the Community: elderly health</li> <li>- Nursing care on aggregates in the community: vulnerable populations: Mental Disability, Disability, and abandoned populations</li> <li>- Nursing care in aggregate in the community: with Population Health Problems: Infectious Diseases</li> <li>- Nursing care on aggregate in the community: health problems population: chronic Disease</li> </ul>

	- Nursing care by developing complementary therapies
<b>Forms of Assessment</b>	<p>A. Written test (MCQ)  B. DOPS (Direct Observation of Procedural Skills)  C. SOCA (Student Oral Case Analysis)  D. CIR (Critical Incidence Report)  E. Case Report  F. Portpholio  G. MSF-360 Degree (Multi Source Feedback)</p>
<b>Study and examination requirements and forms of examination</b>	<p><b>Study and examination requirements:</b></p> <ol style="list-style-type: none"> <li>1. Students carry out Community Nursing Practice in accordance with the objectives to be achieved.</li> <li>2. Students must be present 15 minutes before the activity begins, if students are late, they are required to report to the supervisors.</li> <li>3. Students work in the morning shift only according to community health centres working hours however, students are obliged to extend the shift to afternoon if it is needed to do assessment in communities</li> <li>4. Students must wear complete attributes, if the attributes used are incomplete, students are not allowed to take part in practical activities and must replace the shift on other day.</li> <li>5. If students are late to attend at the community health centre (maximum of 15 minutes from the actual schedule), they are required to change their shift for 2 days.</li> <li>6. If students are absent for 3 days without any information, then their community nursing practice is considered fail.</li> <li>7. If during the practice, students are absent without any confirmation, students are required to replace the shift for 2 days, while if students report sick, student only required to replace 1 day.</li> <li>8. The presence of students during this Community Nursing Practice must be 100%</li> <li>9. Students are not allowed to leave practice site except with the permission of the supervisor</li> <li>10. All the assignments and log book must be collected maximum of 1 week after the practice takes place. The score of late assignments will be reduced by 1 point per day.</li> </ol> <p><b>Form of examination:</b>  Written test (MCQ) and DOPS</p>
<b>Media employed</b>	N/A
<b>Reading list</b>	<ol style="list-style-type: none"> <li>1. Anderson &amp; Mc Farlane. 2011. Community as Partner: Theory and Practice in Nursing, 6th edition. USA: Lippincott Williams &amp; Wilkins.</li> <li>2. Ajzen, I. 2011. Behavioral interventions: Design and evaluation guided by the theory of planned behavior. In M. M. Mark, S. I. Donaldson, &amp; B. C. Campbell (Eds.), Social psychology for program and policy evaluation (pp. 74-100). New York: Guilford.</li> </ol>

	<ol style="list-style-type: none"> <li>3. Allender, et al. 2011. Community health nursing: promoting and protecting the public's health, 7th edition. USA: Lippincott Williams &amp; Wilkins.</li> <li>4. Bandura, A. (1989). Social cognitive theory. In R. Vasta (Ed.), Annals of child development. Vol. 6. Six theories of child development (pp. 1-60). Greenwich, CT: JAI Press.</li> <li>5. Departemen Kesehatan RI. 2009. Promosi kesehatan, komitmen global dari Ottawa-Jakarta-Nairobi menuju rakyat sehat. Jakarta: Pusat Promosi Kesehatan, Depkes RI bekerja sama dengan Departemen Pendidikan Kesehatan dan Ilmu Perilaku-FKM UI.</li> <li>6. Ferry &amp; Makhfudli. 2009. Buku Ajar Keperawatan Kesehatan Komunitas. Jakarta : Salemba Medika.</li> <li>7. Leddy, S.K. 2006. Health promotion mobilizing. Philadelphia: Davis Company.</li> <li>8. Lucas dan Lloyd. 2005. Health promotion evidence and experience. London: SAGE Publications.</li> <li>9. Nies, M.A., McEwen M. 2014. Community/Public Health Nursing. 6th edition. Saunders: Elsevier Inc.</li> <li>10. Notoatmojo, S. 2010. Promosi kesehatan: teori dan aplikasi. Jakarta: Rineka Cipta.</li> <li>11. Ridwan, M. 2009. Promosi kesehatan dalam rangka perubahan perilaku. Jurnal Kesehatan Metro Sai Wawai, Volume 2 Nomor 2, hal 71-80.</li> <li>12. Pender, N. 2011. The health promotion model, manual. Retrieved February 4, 2012, from nursing.umich.edu: <a href="http://nursing.umich.edu/faculty-staff/nola-j-pender">http://nursing.umich.edu/faculty-staff/nola-j-pender</a>.</li> <li>13. Yun, et al. 2010. The role of social support and social networks in smoking behavior among middle and older aged people in rural areas of South Korea: A cross-sectional study. BMC Public Health: 10:78.</li> <li>14. Rogers. 2003. Diffusion of Innovations. Fifth Edition. Free Press, New York, p221</li> <li>15. Siagian, S. 2004. Teori motivasi dan aplikasinya. Jakarta: Rineka Cipta.</li> <li>16. Stanhope M. &amp; Lancaster J. 2013. Foundation of Nursing in the Community:Community-Oriented Practice, 4th edition. Mosby:Elsevier Inc.</li> <li>17. Kotler dan Lee. 2007. Social marketing: influencing behavior for good. London: SAGE Publication</li> </ol>
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