

### Module Description: Family Nursing (21R01411002)

<b>Module designation</b>	Course Module
<b>Semester(s) in which the module is taught</b>	IX
<b>Person responsible for the module</b>	Kusrini Kadar S, S.Kep.,Ns.,MN.,Ph.D
<b>Lecturer</b>	<ol style="list-style-type: none"> <li>1. Andi Masyitha Irwan S.Kep.,Ns.,MAN.,Ph.D</li> <li>2. Syahrul Said, S.Kep.,Ns.,M.Kes.,Ph.D</li> <li>3. Kusrini Kadar S, S.Kep.,Ns.,MN.,Ph.D</li> <li>4. Wa Ode Nur Isnah Sabriyati S.Kep.,Ns.,M.Kes</li> <li>5. Arnis Puspitha S.Kep.,Ns.,M.Kes</li> <li>6. Nurhaya Nurdin, S.Kep.,Ns.,MN.,MPH</li> <li>7. Silvia Malasari, S.Kep.,Ns.,MN</li> <li>8. Framita Rahman, S.Kep.,Ns.,MSc</li> </ol>
<b>Language</b>	Indonesian Language [Bahasa Indonesia]
<b>Relation to Curriculum</b>	This course is a compulsory course and offered in the 9 <sup>th</sup> semester.
<b>Teaching Methods</b>	<p>Teaching methods used in this course are:</p> <ul style="list-style-type: none"> <li>- Case Based Discussion</li> <li>- One-Minute Preceptorship (OMP)</li> <li>- Reflective Study</li> <li>- Journal Critical Appraisal</li> <li>- Pre-post Conference</li> <li>- Community side teaching</li> <li>- Clinical field work is proximal 10 students.</li> </ul> <p>Contact hours for lecture is 106.67 hours.</p>
<b>Workload (Incl. study hours, self-study hours)</b>	<p>For this course, students are required to meet a minimum of 106,67 hours in one semester, which consist of:</p> <ul style="list-style-type: none"> <li>- 106,67 hours for clinical skill laboratories and clinical fieldwork.</li> </ul>
<b>Credit points</b>	2 credit points (equivalent with 3,56 ECTS)
<b>Requirements and Recommended prerequisites</b>	<p>Students must visits their family to give nursing care, give interventions and conduct supervision.</p> <p>Students must have taken community nursing practice</p>

<b>Module objectives/intended learning outcomes</b>	<p>After completing the course students will be:</p> <p><b>Attitude:</b>  <b>CLO1:</b> Able to provide family nursing care with cultural sensitivity that respects ethical, religious or other factors and applies ethical and legal aspects in family nursing practice.</p> <p><b>Competence:</b>  <b>CLO2:</b> Applies comprehensive and sustainable family nursing care in the community based on research results.  <b>CLO 3:</b> Able to communicate effectively in building interpersonal relationships with families as clients and all family members (family as context).  <b>CLO 4:</b> Able to collaborate with the health team and related elements in the community in providing family nursing care.  <b>CLO 5:</b>Integrates various aspects in meeting health needs to improve the quality of family nursing care services.  <b>CLO 6:</b> Develops self-potential related to improving professional competence in family nursing.</p>
<b>Content</b>	<p>Students will learn about:</p> <ol style="list-style-type: none"> <li>1. Conducting and analyzing family assessments.</li> <li>2. Establishing actual nursing problems/diagnoses and risks with appropriate supporting data.</li> <li>3. Creating necessary implementation plans.</li> <li>4. Providing rationales for intervention.</li> <li>5. Providing evaluation and modifying the nursing care provided.</li> <li>6. Engaging in therapeutic communication with clients and their families in community setting</li> <li>7. Analyzing nursing care management and ethical-legal issues related to the provision of family nursing care.</li> </ol>
<b>Study and examination requirements and forms of examination</b>	<p><b>Study and examination requirements:</b></p> <ul style="list-style-type: none"> <li>- Student's dress code should conform to the uniform of Nursing Program students at the Faculty of Nursing, Hasanuddin University. For purpose to conduct assessment and intervention in community, students are allowed to wear black and white uniform.</li> <li>- Students use a name tag (ID card) that identifies as a student of the Faculty of Nursing, Hasanuddin University during Clinical Practice</li> <li>- Students carry a Nursing Kit all times during duty.</li> <li>- Student attendance during clinical practice should be 100% with a total of 42-45 hours/week.</li> <li>- Students who are unable to attend clinical practice must report their absence to the profession department, preceptor coordinator, and clinical preceptor.</li> <li>- The maximum allowable absence is 6 days for illness and/or 3 days for leave/unauthorized absence. If a student exceeds the specified limit of absences, they will be considered to have failed the respective practical phase and will need to reschedule this course.</li> <li>- Students are required to make up for the missed clinical practice hours on days of leave, absence, or without notification by competing double hours/day for the missed hours. The change of duty is carried out according to the professional calendar schedule.</li> <li>- Attendance at the clinical practice site is based on the schedule: Morning 08.00 – 14.00 WITA</li> </ul>
<b>Reading list</b>	<ol style="list-style-type: none"> <li>1. Nies, M.A., McEwen M. 2014. Community/Public Health Nursing. 6<sup>th</sup> edition.Saunders: Elsevier Inc.</li> </ol>

2. Standhope, M., & Knollmueller, R. N. (2010). *Praktik Keperawatan Kesehatan Komunitas* (E. Wahyuningsih & K. E. Yudha (eds.); 2nd ed.). EGC.
3. Anderson & Mc Farlane. 2011. *Community as Partner: Theory and Practice in Nursing*, 6<sup>th</sup> edition. USA: Lippincott Williams & Wilkins.
4. Ajzen, I. 2011. Behavioral interventions: Design and evaluation guided by the theory of planned behavior. In M. M. Mark, S. I. Donaldson, & B. C. Campbell (Eds.), *Social psychology for program and policy evaluation* (pp. 74-100). New York: Guilford.
5. 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.
6. 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.
7. Lucas dan Lloyd. 2005. Health promotion evidence and experience. London: SAGE Publications.
8. Notoatmojo, S. 2010. Promosi kesehatan: teori dan aplikasi. Jakarta: Rineka Cipta. Ridwan, M. 2009. Promosi kesehatan dalam rangka perubahan perilaku. *Jurnal Kesehatan Metro Sai Wawai*, Volume 2 Nomor 2, hal 71-80.
9. Pender, N. 2011. *The health promotion model, manual*. Retrieved February 4, 2012, from nursing.umich.edu: <http://nursing.umich.edu/faculty-staff/nola-j-pender>.
10. 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.
11. Rogers. 2003. *Diffusion of Innovations*. Fifth Edition. Free Press, New York, p221 Siagian, S. 2004. Teori motivasi dan aplikasinya. Jakarta: Rineka Cipta.
12. Kotler dan Lee. 2007. *Social marketing: influencing behavior for good*. London: SAGE Publication
13. Allender, J.A., Rector, C., Warner, K.D., (2010), *Community Health Nursing: Promoting & Protecting the Public's Health*, Philadelphia:Lippincott William & Wilkins
14. Luawo, H. P., Sjattar, E. L., Bahar, B., Yusuf, S., & **Irwan, A. M.** (2019). Aplikasi e-diary DM sebagai alat monitoring manajemen selfcare pengelolaan diet pasien DM. *NURSCOPE: Jurnal Penelitian Dan Pemikiran Ilmiah Keperawatan*, 5(1), 32. <https://doi.org/10.30659/nurscope.5.1.32-38>
15. Mardiana, M., **Irwan, A. M.**, & Syam, Y. (2020). Hubungan health literacy dengan perilaku mencari bantuan kesehatan pada lansia dengan prehipertensi. *Jurnal Endurance: Kajian Ilmiah Problema Kesehatan*, 5(2), 313–320.
16. Risal, A., **Irwan, A. M.**, & Sjattar, E. L. (2018). Stigma Towards People Living With Hiv/Aids Among Counseling Officers in South Sulawesi, Indonesia. *Belitung Nursing Journal*, 4(6), 552–558. <https://doi.org/10.33546/bnj.543>

	<p>17. Wirda, W., <b>Irwan, A.</b>, &amp; Saleh, A. (2019). Hubungan Antara Self-Care Dan Kontrol Glikemik (Hba1c) Pada Pasien Dengan Diabetes Melitus Tipe 2. <i>Jurnal Keperawatan Muhammadiyah</i>, 74–80.  <a href="https://scholar.google.co.id/scholar?start=20&amp;q=cerita+dengan+teman+kontrol+perilaku+alkohol+2019&amp;hl=id&amp;as_sdt=0,5">https://scholar.google.co.id/scholar?start=20&amp;q=cerita+dengan+teman+kontrol+perilaku+alkohol+2019&amp;hl=id&amp;as_sdt=0,5</a></p> <p>18. Susanto, T., Rahmawati, I., Wuryaningsih, E. W., Saito, R., <b>Syahrul</b>, Kimura, R., Tsuda, A., Tabuchi, N., &amp; Sugama, J. (2016). Prevalence of factors related to active reproductive health behavior: a cross-sectional study Indonesian adolescent. <i>Epidemiology and Health</i>, 38, e2016041. <a href="https://doi.org/10.4178/epih.e2016041">https://doi.org/10.4178/epih.e2016041</a></p> <p>19. Susanto, T., <b>Syahrul</b>, Sulistyorini, L., Rondhianto, &amp; Yudisianto, A. (2017). Local-food-based complementary feeding for the nutritional status of children ages 6–36 months in rural areas of Indonesia. <i>Korean Journal of Pediatrics</i>, 60(10), 320–326. <a href="https://doi.org/10.3345/kjp.2017.60.10.320">https://doi.org/10.3345/kjp.2017.60.10.320</a></p> <p>20. <b>Syahrul</b>, Kimura, R., Tsuda, A., Susanto, T., Saito, R., &amp; Agrina, A. (2016). Parental Perception of the Children’s Weight Status in Indonesia. <i>Nursing and Midwifery Studies</i>, <i>inpress</i>(<i>inpress</i>). <a href="https://doi.org/10.17795/nmsjournal38139">https://doi.org/10.17795/nmsjournal38139</a></p> <p>21. <b>Kadar, K. S.</b>, Gani, N. F., Erfina, E., &amp; Hariati, S. (2020). Self-care management and health outcomes among Indonesian pregnant women. <i>Enfermeria Clinica</i>, 30, 111–114. <a href="https://doi.org/10.1016/j.enfcli.2019.07.046">https://doi.org/10.1016/j.enfcli.2019.07.046</a></p> <p>22. Kanang, S. W. Y., <b>Kadar, K.</b>, &amp; Arafat, R. (2021). Proses Teach Back Dalam Edukasi Kesehatan. <i>Scientific Journal of Nursing</i>, 7(1), 86–96.</p> <p>23. Nurjannah, E., <b>Nurdin, N.</b>, Andriani, &amp; <b>Kadar, K.</b> (2020). Perception and psychosocial burden of people with epilepsy (PWE): Experience from Indonesia. <i>Enfermeria Clinica</i>, 30, 622–625. <a href="https://doi.org/10.1016/j.enfcli.2019.07.175">https://doi.org/10.1016/j.enfcli.2019.07.175</a></p>
<b>Cluster of Competence</b>	Nursing Clinical Sciences and Skills
<b>Forms of Assessment</b>	Family Side Teaching (FST), Pre-post conference, Reflective study, One-Minute Preceptorship (OMP), Case Based Discussion.
<b>Date of Last Amendment</b>	January 2023

## Course Learning Outcome Assessment of Learning Outcomes for Course Modules

**Course Module Name** : Family Nursing (Professional)  
**Code** : 21R01411002  
**Semester** : IX  
**Person responsible for the module** : Kusrini Kadar S, S.Kep.,Ns.,MN.,Ph.D

**Lecturers** :

1. Andi Masyitha Irwan S.Kep.,Ns.,MAN.,Ph.D
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Intended Learning Outcomes	Course Module Objectives	List of Assessments	List of Rubrics
<p><b>Attitude (A)</b></p> <p>Nursing graduates are individuals who are pious and maritime spirited, exhibit professional behaviors, ethical principles, legal perspective, and embrace culturally sensitive aspects in nursing</p>	<p><b>Attitude:</b></p> <p><b>CLO1:</b> Able to provide family nursing care with cultural sensitivity that respects ethical, religious or other factors and applies ethical and legal aspects in family nursing practice (A)</p>	<p><b>Multi-Source Feedback (MSF)/360 degree assessment:</b> provide a more comprehensive and well-rounded view of an individual's strengths and weaknesses. It helps in identifying areas for improvement and personal development. This type of assessment is commonly used in performance appraisals, leadership development programs, and in organizations that</p>	<p><b>Rubric for Clinical Performance (Attitude &amp; Discipline)</b></p>

Intended Learning Outcomes	Course Module Objectives	List of Assessments	List of Rubrics
		value a 360-degree perspective on clinical student performance.	
<p><b>Competence (C1):</b></p> <p>Able to manage comprehensive and continuous nursing care that ensures research-based patient safety in accordance to nursing care standards in all areas of nursing particularly of diseases that are common in Indonesia as a tropical and maritime country.</p>	<p><b>Competence:</b></p> <p><b>CLO2:</b> Applies comprehensive and sustainable family nursing care in the community based on research results. <b>(C1)</b></p>	<p><b>Assignment:</b></p> <ul style="list-style-type: none"> <li>- Case Study Report: students are asked to compile a nursing care report according to the case obtained, using applicable nursing care standards</li> </ul> <p><b>Subjective Oral Case Analysis (SOCA)</b></p>	<p><b>Rubric for Case study</b></p> <p><b>Rubric for Case discussion</b></p>
<p><b>Competence (C2):</b></p> <p>Able to implement therapeutic communication with clients, and to provide accurate information for clients and/or families/companions/counsellors to obtain consent regarding nursing care for clients being cared.</p>	<p><b>Competence:</b></p> <p><b>CLO3:</b> Able to communicate effectively in building interpersonal relationships with families as clients and all family members (family as context). <b>(C2)</b></p>	<p><b>Multi-Source Feedback (MSF)/360 degree assessment:</b> provide a more comprehensive and well-rounded view of an individual's strengths and weaknesses. It helps in identifying areas for improvement and personal development. This type of assessment is commonly used in performance appraisals, leadership development programs, and in organizations that value a 360-degree perspective on clinical student performance.</p>	<p><b>Rubric for Clinical Performance (Attitude &amp; Discipline)</b></p>
<p><b>Competence (C3):</b></p> <p>Able to manage nursing and health care system based on competence</p>	<p><b>Competence:</b></p> <p><b>CLO4:</b> Able to collaborate with the health team and related</p>	<p><b>Comprehensive Exam:</b></p>	<p><b>Rubric for Comprehensive Exam</b></p>

Intended Learning Outcomes	Course Module Objectives	List of Assessments	List of Rubrics
<p>and responsibility through cooperation with fellow nurses and collaboration with allied healthcare teams and community groups to reduce sickness-rate and to improve quality of live and healthy environment</p>	<p>elements in the community in providing family nursing care <b>(C3)</b></p>	<p>Case study, Nursing care plan and Implementation based on Research and Journals</p> <p><b>Clinical Skill Lab Mastery:</b></p> <p>Objective Structured Clinical Examination (OSCE)</p>	<p><b>Rubric for OSCE</b></p>
<p><b>Competence (C4):</b></p> <p>Able to improve the quality of nursing and health services by implementing research skills and integrating nursing theories into practices</p>	<p><b>Competence:</b></p> <p><b>CLO5:</b> Integrates various aspects in meeting health needs to improve the quality of family nursing care services. <b>(C4)</b></p> <p><b>CLO6:</b> Develops self-potential related to improving professional competence in family nursing. <b>(C4)</b></p>	<p><b>Assignments:</b></p> <ul style="list-style-type: none"> <li>- Journal Article Critical Appraisal</li> <li>- Critical Incident Report (CIR)</li> </ul>	<p><b>Rubric for Journal</b></p> <p><b>Rubric for CIR</b></p>

**Proportion of assessment aspects according to the course learning outcomes.**

No	Code	CLO	Sub CLO	Learning Method	Metode Evaluation					
					Participatory Analysis	Project result	Assignment	Quis	Bobot	Nilai
1	A	CLO 1	Sub CLO 1	Pre-conference, discussions, Multisource feedback (MSF), Post-conference, bed-side teaching	Clinical Performance (4%)	Subjective oral case Analysis (SOCA) (10%)	Case study (15%)		4%	
	C1	CLO2	Sub CLO 2	BST, clinical tutorial/case reflection, Nursing ward rounds	Logbook (10%)					35%
	C2	CLO 3	Sub CLO 3	Multisource feedback (MSF), BSD, Nursing ward rounds	Clinical Performance (3%)					3%
2	C3	CLO4	Sub CLO4	Pre-conference, discussions, Multisource feedback (MSF), Post-conference, bed-side teaching, clinical tutorial/case reflection	Clinical Performance (3%)	- Comprehensive Exam (15%) - OSCE (30%)			48%	
	C4	CLO 5	Sub CLO 5	Presentation, discussions, Multisource feedback (MSF), clinical tutorial/case reflection			- Journal Article Critical Appraisal (10%)		10%	
CLO6										





