
To Whose Heart's Content?

Nancy left the seminar hall, certificate in hand, as proof that she completed the three-day seminar-workshop on outcome-based education (OBE) and syllabus writing, that all faculty members were required to attend in preparation for the implementation of the new OBE-curriculum in 2018. Staring at her certificate, she knew that the more challenging task was yet to come-- actually writing the syllabus for the new course she planned to develop, Nursing Informatics. Since Day 1 of the seminar she had already been thinking, "There's so much I want to share with my students, especially the new topics I've been reading about in the international journals. I really want them to be up to date." An instructor in the Nursing program of the School of Health Sciences (SHS) at the Baler Campus, she had been teaching some of the major courses for several years now, and she wanted to introduce a new course in line with recent developments in the nursing curriculum. For the past weeks, she had been showing a lot of interest in discussions on the use of technology in research and health care delivery systems. She knew that changes, especially in technology and informatics, were inevitable, but she was having second thoughts with the proposed new course that she was working on. It just seemed irrelevant to the kind of environment that her students worked in, in the communities around Aurora. Nancy entered her cubicle in the faculty room, placed her certificate in her folder, opened her desktop computer and thought, "Will this new course be worth including in the curriculum?" She let out a sigh.

Background on the University of the Philippines Manila School of Health Sciences

The University of the Philippines Manila School of Health Sciences (UP SHS) opened in 1976 as an experimental school tagged as the "*Tacloban Experiment*" or "*the barefoot doctors program of the*

*Philippines.*¹ It was around this time that the Philippines was experiencing problems of maldistribution of health manpower and brain drain. Although medicine and other related health fields were a popular career choice, almost 50%² of those graduates left the country for better economic opportunities, and those who stayed went to practice in the urban cities that had more modern hospital facilities. Only a meager 3% were in public service.³ This left a wide gap in the delivery of health service to the rural communities.

The University's mandate was to uphold academic excellence and ensure relevance of its curriculum in answering the needs of the Filipino people. This became a challenge for the College of Medicine: "How can we make our doctors stay?" A big factor that contributed to the problem had been identified to be curricular in nature. The present medical curriculum was based on its Western counterpart, producing doctors who were competent in dealing with health problems that were more suitable for the latest advances in health services *abroad*. They seemed to lack the training in public health issues seen in the rural communities such as malnutrition, infection, sanitation, population explosion, and child and maternal welfare.⁴ To answer this challenge, the Dean established an "Extraordinary Curriculum Committee" whose task was to design a radical medical curriculum that would ensure that graduates were not only scientifically disciplined and medically competent, but more importantly, socially aware, community-oriented, and committed to serving the people.

The SHS' Innovative Curriculum

Even in its conceptual phase, the committee involved in developing the "experimental" curriculum of SHS thought of incorporating many innovative features into it. Their strategy was to do everything that was opposite to the current practice. A more flexible admission policy was set up in which applicants were not from Manila, but instead selected from their own communities. The academic requirements were waived and grades were not considered, only the student's potential. This was later termed the *universal educability* principle of the SHS. The learner characteristics were therefore very different from the typical health professions education institution in the country. The scholars were selected based on the need of the community, the commitment of the scholar to go back to the community to serve after completion of each level, and the willingness and cooperation of the local government units as partners of SHS in supporting the education of these students and providing work for them in the government health unit when they graduated. Recruitment in far flung communities and 3rd-6th classⁱ municipalities was given greater priority. Applicants were given privileges such as housing, tuition, and transportation.

Exhibit 1 Criteria for Admission.

- High school graduate, preferably 16-25 years old upon admission.
- Should not have more than one (1) year of college experience.
- If out of school youth, preferably not more than 3 years
- Comes from a depressed community in dire need of health workers and distant from health facilities.
- Parents and scholar are permanent residents of the community endorsing the scholar
- Scholar must have resided in the sending community for at least one (1) year prior to nomination.
- Scholar must be nominated by the community through a Barangay Resolution signed by at least 75% of household heads.
- Family income must not be more than PHP100,000 per annum.
- Physically and mentally fit.

ⁱ Municipalities are classified according to the average total revenue in Philippine Peso attained per annum: 1st class = ≥1.5M; 2nd class = 1M to <1.5M; 3rd class = 500,000 to <1M; 4th class = 300,000 to <500,000; 5th class = 100,000 to < 300,000; 6th class = <100,000

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- Committed to stay and serve the underserved areas of their municipality/province/region evidenced by his/her willingness to sign a Return Service Agreement of two (2) years service for every year of training.
- Outstanding Barangay Health Workers (BHWs) and or members of the Community Health Team are encouraged to be nominated.

Source: School of Health Sciences, "Community Health Work: Who can be a scholar?" Accessed 25 January 2017 <http://shs.upm.edu.ph/adCHW>

Another innovation was the ladder curriculum. So that there would be no losses and attrition, several exit points were provided for those who could not finish the program. There were three levels, from Midwife to Nurse to Medical Doctor, separated by a period of service to their community, called "service leave," where the student's willingness to serve could be demonstrated. Those who are unable to serve at the community level would not be allowed to return to continue to the next level. (See Exhibit 2)

The grading system was also different from that of the University, using a two-point system of "Pass" and "Needs Tutorial" instead of grades. Those having difficulties in academics were given tutorials to help them pass their subjects.

This community-based and ladderized curriculum sparked a pragmatic form of academic excellence that was new, creative, and service-oriented. Consequently, almost all of its graduates stayed on in their communities and served as midwives, nurses, and doctors in their respective communities. The motivation for establishing the SHS had been the concern for the medically underserved communities in the country. The school's primary mission was the search for relevant education.

Exhibit 2 The SHS Ladderized Curriculum.



Source: University of the Philippines Manila Website. Accessed 25 January 2017 <http://www.upm.edu.ph/node/1266>

On June 28, 1976, the SHS (then known as the Institute of Health Sciences) opened in a hastily constructed school building within the grounds of the Daniel Z. Romualdez Memorial Hospital in Tacloban. More than forty years after, it was now located in three separate campuses in the three main regions of the country. The main campus was in Palo, Leyte in the Visayas region, and the other two campuses in Baler, Aurora Province in the Luzon region, and in Koronadal in Mindanao. SHS's vision was to be a global center of excellence and leader in sustainable transformative health professions education directed at achieving health equity and improving the quality of life of the underserved and marginalized communities in the Philippines and countries similarly situated. SHS committed itself to providing relevant and innovative health professions education, working collaboratively with development partners to produce competent, innovative, and qualified health professionals, pursuing health and health-related research and engaging in community service endeavors.⁵ Curriculum Development was one of the six goals that it strove to achieve by 2018, especially with the implementation of OBE by the Commission on Higher Education (CHED).

Exhibit 3
Prospect Barangays for Scholarship

MUNICIPALITY	BARANGAY	REMARKS
BALER	Brgy. 01	w/ scholar
	Buhangin	w/ scholar
	Calabuanan	qualified
	Obligacion	w/ scholar
	Pingit	w/ scholar
	Reserva	w/ scholar
	Sabang	w/ scholar
	Suklayin	w/ scholar
	Zabali	w/ scholar
CASIGURAN	Barangay 1 (Pob.)	
	Barangay 2 (Pob.)	
	Barangay 3 (Pob.)	w/ scholar
	Barangay 4 (Pob.)	
	Barangay 5 (Pob.)	w/ scholar
	Barangay 6 (Pob.)	
	Barangay 7 (Pob.)	w/ scholar
	Barangay 8 (Pob.)	
	Calabgan	qualified
	Calangcuasan	qualified
	Calantas	qualified
	Culat	qualified
	Dibet	qualified
	Esperanza	w/ scholar
	Lual	qualified
	Marikit	qualified
	Tabas	w/ scholar
	Tinib	qualified
	Bianuan	w/ scholar
	Cozo	qualified
	Dibacong	qualified
	Ditinagyan	qualified
	Esteves	w/ scholar
San Ildefonso	qualified	
DILASAG	Diagyan	w/ scholar

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	Dicabasan	qualified
	Dilaguidi	qualified
	Dimaseset	qualified
	Diniog	w/ scholar
	Lawang	qualified
	Maligaya (Pob.)	w/ scholar
	Manggitahan	w/ scholar
	Masagana (Pob.)	w/ scholar
	Ura	w/ scholar
	Esperanza	w/ scholar
DINALUNGAN	Abuleg	w/ scholar
	Poblacion Zone I	w/ scholar
	Poblacion Zone II	w/ scholar
	Nipoo	qualified
	Dibaraybay	w/ scholar
	Ditawini	qualified
	Mapalad	w/ scholar
	Paleg	w/ scholar
	Simbahan	w/ scholar
DINGALAN	Aplaya	w/ scholar
	Butas na Bato	w/ scholar
	Cabog (Matawe)	w/ scholar
	Caragsacan	
	Davildavilan	w/ scholar
	Dikapanikian	
	Ibona	w/ scholar
	Paltic	w/ scholar
	Tanawan	w/ scholar
	Umiray (Malamig)	w/ scholar
DIPACULAO	Bayabas	w/ scholar
	Buenavista	
	Borlongan	w/ scholar
	Calaocan	qualified
	Dianed	qualified
	Diarabasin	w/ scholar
	Dibutunan	w/ scholar
	Dimabuno	w/ scholar
	Dinadiawan	w/ scholar

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	Ditale	qualified
	Gupa	w/ scholar
	Ipil	qualified
	Laboy	qualified
	Lipit	qualified
	Lobbot	
	Maligaya	qualified
	Mijares	w/ scholar
	Mucdol	qualified
	North Poblacion	
	Puangi	w/ scholar
	South Poblacion	w/ scholar
	Salay	qualified
	Sapangkawayan	qualified
	South Poblacion	
	Toytoyan	w/ scholar
	Diamanen	qualified
MARIA AURORA	Alcala	qualified
	Bagtu	qualified
	Bangco	qualified
	Bannawag	w/ scholar
	Barangay I (Pob)	
	Barangay II (Pob)	w/ scholar
	Barangay III (Pob.)	
	Barangay IV (Pob.)	w/ scholar
	Baubo	qualified
	Bayanihan	qualified
	Bazal	qualified
	Cabituculan East	qualified
	Cabituculan West	qualified
	Debucau	qualified
	Decoliat	qualified
	Detailen	qualified
	Diaat	qualified
	Dialatman	qualified
	Diaman	qualified
	Dianawan	qualified
	Dikildit	qualified
	Dimanpudso	qualified
	Diome	qualified

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	Estonilo	qualified
	Florida	w/ scholar
	Galintuja	qualified
	Cadayacan	qualified
	Malasin	qualified
	Ponglo	qualified
	Quirino	qualified
	Ramada	qualified
	San Joaquin	
	San Jose	
	San Juan	w/ scholar
	San Leonardo	
	Santa Lucia	qualified
	Santo Tomas	qualified
	Suguit	qualified
	Villa Aurora	qualified
	Wenceslao	w/ scholar
	San Luan	qualified
SAN LUIS	Bacong	w/ scholar
	Barangay I (Pob.)	
	Barangay II (Pob.)	
	Barangay III (Pob.)	
	Barangay IV (Pob.)	
	Dibalo	qualified
	Dibayabay	qualified
	Dibut	qualified
	Dikapinisan	qualified
	Dimanayat	qualified
	Diteki	w/ scholar
	Ditumabo	w/ scholar
	L. Pimentel	w/ scholar
	Nonong Senior	w/ scholar
	Real	
	San Isidro	qualified
	San Jose	qualified
	Zarah	qualified

Source: Files from the School of Health Sciences (SHS) Baler campus Student Records Evaluator (SRE) retrieved November 18, 2016.

Nursing Education in the Philippines

In 2017, the Philippines was one of the greatest producers of health professionals and one of the highest supplier of health personnel to other countries. It also had the highest number of health education institutions or schools offering health related courses. In nursing, there were about 118 accredited nursing schools offering the BS Nursing curriculum,⁶ and SHS was the only ladderized and community-based program among these. There were approximately 488,000 nurses in the country.⁷

In 2017, there was a nationwide curricular re-alignment and re-designing that was brought about by the shift of the Philippine Basic Education to the K-12 program and the shift to an outcome-based approach to education. The shift to K-12 from the previous 10-year basic and secondary education scheme on tertiary education required an adjustment in the general education program in which subjects previously taken up in the first and second year of college education were now included in the additional two years of senior high school. In addition, the shift to an outcome-based approach had an even greater impact because a re-evaluation and possible re-design of the curriculum was inevitable. Institutional, program and course outcomes needed to be identified. The CHED's Technical Committee for Nursing Education had developed the professional outcomes for all nursing programs. Guided by these professional outcomes, the SHS now faced the task of formulating its institutional and program outcomes specific to its vision and mission.

Exhibit 4

Key Areas of Responsibility of Nursing Professionals

1. Safe and quality nursing care
2. Management of resources and environment
3. Health education
4. Legal responsibility
5. Ethico-moral responsibility
6. Personal and professional development
7. Quality improvement
8. Research
9. Records management
10. Communication
11. Collaboration and teamwork

Source: CHED Memorandum Order (CMO) No. 14 Series of 2009 Policies and Standards for bachelor of Science in Nursing (BSN) Program

Exhibit 5

Nursing Curriculum based on CMO 14 alongside the SHS Nursing Curriculum

CHED Prototype BSN Curriculum	SHS Ladderized BSN Curriculum
<u>Year 1 Semester 1</u>	<i>Step 1: Community Health Work</i>
Communication Skills 1	<u>Quarter 1</u>
Komunikasyon sa Akademikong Filipino	Foundations of Health Care
General Chemistry (Organic & Inorganic)	Community Hygiene and Sanitation
Theoretical Foundations in Nursing	Introductory Sociology
College Algebra	Basic Nutrition

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CHED Prototype BSN Curriculum	SHS Ladderized BSN Curriculum
General Psychology	Remedial English
Physical Education 1	
National Service Training Program 1	
	<u>Quarter 2</u>
	Foundations of Natural Science
	Fundamentals of Public Health
	Community Organization & Development
	Communication Skills
	Fundamentals of Psychology
	Physical Education 1
<u>Year 1 Semester 2</u>	<u>Quarter 3</u>
Communication Skills 2	Human Anatomy and Physiology 1
Pagbasa at Pagsulat Tungo sa Pananaliksik	Growth & Development 1
Anatomy and Physiology	Health Services Management
Fundamentals of Nursing Practice	Fundamental Concepts & Application of Mathematics
Biochemistry	
Physical Education 2	National Service Training Program 1
National Service Training Program 2	<u>Quarter 4</u>
	Human Anatomy and Physiology 2
	Growth & Development 2
	Fundamentals of Nursing 1
	Principles of Microbiology
	Communication Skills 2
<u>Year 1 Summer</u>	
Physics	
Logic and Clinical Thinking	
Health Assessment	
<u>Year 2 Semester 1</u>	<u>Quarter 5</u>
Care of Mother, Child, and Family	Public Health Parasitology
Community Health Nursing	Public Health Education
Microbiology and Parasitology	Introduction to Biostatistics

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CHED Prototype BSN Curriculum	SHS Ladderized BSN Curriculum
Philosophy of Man	Nursing 21
Bioethics	Speech Communication
Physical Education 3	<u>Quarter 6</u>
	Nursing Women with Reproductive Problems
	Nursing Ill Children
	Ethics for Health Workers
	Logic
	General Chemistry
	Physical Education 2
<u>Year 2 Semester 2</u>	<u>Quarter 7</u>
Care of Mother, Child, and Family and Population Groups At-Risk or With Problems	Literature, Society & Individual
Nutrition and Diet Therapy	Midwifery Jurisprudence
Pharmacology	Kas. Sa Komunikasyon
Sociology with Anthropology	Organic Chemistry
Physical Education 4	National Service Training Program 2
	Service Leave
<u>Year 2 Summer</u>	
Health Education	
Informatics	
Speech Communication	
<u>Year 3 Semester 1</u>	<i>Step 2: Bachelor of Science in Nursing</i>
Care of Clients with Problems in Oxygenation, Fluid & Electrolyte Balance, Metabolism and Endocrine	<u>Quarter 8</u>
Biostatistics	Biochemistry and Human Nutrition
Economics with Taxation & Land Reform	Growth & Development 3
Humanities (World Civilization & Literature)	Pharmacology for Nurses
Life, Works & Writings of Rizal	Nursing Intervention 1
	Physical Education 3
	<u>Quarter 9</u>
	Nursing Intervention 2
	Nursing Perspectives & Jurisprudence

CHED Prototype BSN Curriculum	SHS Ladderized BSN Curriculum
<u>Year 3 Semester 2</u>	Philippine History
Care of Clients with Problems in Inflammatory and Immunologic Response, Perception & Coordination	Introduction to Statistics
Care of Clients with Maladaptive Patterns of Behavior	<u>Quarter 10</u>
Philippine History, Government and Constitution	Nursing Intervention 3
Nursing research 1	Introduction to Nursing Research
Elective Course 1	The Life & Works of Jose Rizal
	Rural Development
	Physical Education 4
	<u>Quarter 11</u>
	Applied Epidemiology
	Nursing Management
	Teaching in Nursing
	Nursing Care of the Elderly
	Undergraduate Thesis
<u>Year 4 Semester 1</u>	<u>Quarter 12</u>
Care of Clients with Problems in Cellular Aberrations, Acute Biologic Crisis including Emergency and Disaster Nursing	Intensive Clinical Nursing Practicum
Competency Appraisal 1	Intensive Community Nursing Practice
Nursing Leadership and Management (Lecture)	Science, Technology & Society
Nursing Research 2	Service Leave
Elective Course 2	
<u>Year 4 Semester 2</u>	
Intensive Nursing Practicum	
Competency Appraisal 2	
Nursing Leadership and Management (RLE)	

Source: Philippine Regulations Committee Website Accessed 25 January 2017 <http://www.prc.gov.ph/prb/default.aspx?id=33&content=281>; and University of the Philippines Manila Catalogue of Information

Nursing Informatics

Nursing Informatics is the integration of nursing, information science, and computer science. It involves the management of information and communication technologies in the practice of nursing with the goal of health promotion for individuals, families, and communities. The course *Nursing Informatics*

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became part of the nursing curriculum in 2008 and has since increased the awareness and interest of nurses and other health professionals in this field. Like any change, there were still issues that needed to be addressed. One major issue about the new course was that the course content was designed using international materials that did not match the local Philippine context. There was also a lack of technological and hardware support from schools. Access to computers, the internet and competent instructors also proved to be a challenge. Nursing informatics groups advocated for increased government support for the use of health information standards in the Philippines and ensure the presence of nursing information specialists in all health care institutions in the country.

Competitors/Peers/Partners

Competitors to SHS included all health education institutions producing midwives, nurses, and doctors, although the niche of SHS was that it produced community-based health professionals who practiced in rural communities and not in hospitals in the urban areas where most health professionals were. The local government units and non-government institutions who nominated scholars to the program were their partners, who worked with them throughout the schooling of the scholars, and who eventually provided employment after graduation.

The Dilemma

Taking all things into consideration, Nancy wondered whether she should pursue the development of the new course on Nursing Informatics as part of the new OBE Nursing curriculum of SHS. Would it be beneficial to the students of the nursing program of SHS? More importantly, would it be consistent with the mission and mandate of the institution?

Endnotes

1 Tayag, J.G. & Clavel, L. "Bringing Health to Rural Communities: Innovations of the UP Manila School of Health Sciences" UPM, 2011

2 Ibid

3 Ibid

4 Ibid

5 School of Health Sciences Website. <http://shs.upm.edu.ph/about>

6 Philippine Regulations Commission Website Accessed 25 January 2017

<http://www.prc.gov.ph/uploaded/documents/List%20of%20FAAP%20Nursing%20Programs.pdf>

7 Learning nurse resources website Accessed 25 January 2017

<https://www.learningnurse.org/index.php/library/nurse-numbers>