



## The Philippine Nursing Curriculum-CMO 15, CMO 14 and CMO 30: A Cross-sectional Study

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### Abstract

This study aims to understand the strengths, weaknesses, and challenges of the Philippine nursing education 3 CMOs. The subjective analysis of these 3 curriculum correlates to the existing implementation of the CMO in the researchers' institution, Wesleyan University- Philippines, College of Nursing and to provide a clearer path of enhancing the core of learning modalities in a more specific context. A comparative and cross-sectional analysis study were applied that provides a more specific difference between the 3 CMOs.

A cross sectional presentation was used in all the articles providing in depth subjective views about the significance, strengths, weaknesses, and challenges of these 3 CMOs. In the aspect of providing quality education for the students and coming from the lens of a WUP College of Nursing faculty, the 3 CMOs are comparable in terms of *design, core objectives and flexibility*. Understanding every component of these articles may contribute to enhance the quality of nursing education in the researchers' institution and can orchestrate the issues and challenges that may arise.

**Keywords:** Competence, Curriculum, Key areas of responsibility, Nursing program.

### I. Introduction

Our Philippine nurses are in high demand globally because of being compassionate, competent, resilient, and due to our standardized and unified BSN curriculum. There were

voluminous nursing graduates from different nursing schools in our country and most of them are competing both in the national and international arena. Why? Some of the educators in the nursing profession have witnessed the success of student nurses taking their licensure examination to their clinical practice as professional nurses. Though there were challenges in providing them a quality education and difficulties in terms of governance, the researchers believe that even how elusive issues may in the aspect of education, administration, organization, and community, we never fail our nursing graduates to provide them experience and appreciate the beautiful flowers in the broken wall. Moreover, in the province of Nueva Ecija, with several state universities and different private institutions offering nursing education, Wesleyan University-Philippines is one the top performing schools in the province producing registered nurses and though nursing is not in demand today affecting enrollees, our department still maintain enough students that provides revenue in the Institution.

The importance of the 3 CMOs in our program is valued. It enables the program to produce more competent nurses who are rendering care in different places from the late 90's to present. The history in terms of students who took nursing also provided big revenue which allowed our institution to progress in terms of physical and social place. In the aspect of revising the existent CMO that our program is implementing and dissecting the 3 CMOs and its articles, there will be



advantages and disadvantages to the culture of the organization and the learners that we have.

Today as we face important issues and arguments in our profession and in the academe, we seek to find a better solution to the challenges that globalization and the need to internationalize the system of learning. Is there a need to change the curriculum in nursing education? What is the concern of the teachers and learners? Hughes (1951) described the learners as “raisins from the sun” because the gap between the educators and them in the several aspects. There were issues that are not clearly defined and disharmony in the process of teaching-learning. More than revising or implementing a good curriculum to solve ambiguity and volatility to the context of education and organization, there should have a vision and understanding to provide clarity and agility to the learners. Wheatly (1992), also emphasized the importance of building relationship to others as it is the building blocks to success and from a deeper lens, the researchers believe that these parameters may contribute to enrich the learners in providing them the sufficient tool to be brilliant in their chosen path and making learning for them as a timeless experience. On the other hand, Sandler

(1900) explained that aligning the 2 important forces that is the internal and external forces are important to progress learning and though there were several research articles and studies about universalizing and changing important modalities to enhance the rudiments of education, scholars have failed to provide a blue print of what is the most essential because of the philosophy is “to the matter of fact” more than the “matter of concern. More than revising the context of parameters to improve education, it should consider the importance of “social and physical space” to be blending as one component even they are fundamentally different. The importance of comparing or revising curriculum to provide a borderless learning can be an advantage or disadvantage to both teachers and learners.

## II. Methodology

A cross-sectional analysis was used to illustrate the difference between the 3 CMOs. The articles were compared as to the advantages and disadvantages then correlate the 3 to the existing CMO that our program is implementing and the college condition.

## III. Results and Analysis

CMO 30	CMO 14	CMO 15	Analysis
<b>Authorization</b> (Found in Article 1) The authorization to open a nursing school is recommended by the BON, PRC, NSAC, DOH and approval by CHED. The rules and regulation are herein prescribed for all nursing schools duly recognized and authorized by the government to operate the program.	<b>Authority to Operate</b> (Found in Article 2) All educational institutions both private and public should adhere to the policies from the Commission. The BSN program shall be offered by HEIs with strong liberal arts education and for colleges and universities, a MOA shall be entered among higher institutions with strong liberal arts education.	<b>Authority to Operate</b> (Found in Article 2) All PHEIs intending to offer BSN program must secure proper authority from the commission in accordance with the PHG and all PHEIs with existing BSN program should shift in outcomes-based approach and must secure approval for such a shift. State University should also adhere to this provision.	A strong policy for both public and private schools is recommended by the commission to operate a nursing program which I believe that is important in order to maintain the standards of quality education in the nursing profession. For the CMO 15, it is mandated to shift the paradigm of learning to outcomes-based approach.
<b>Mission Statement</b> (Found in Article 2) In our context, the national identity, cultural consciousness, moral integrity and spirituality are the vital components in the development of a nurse and aims to develop	<b>Introduction</b> (Found in Article 1) This describes the nurse responsibility in promotion and restoration of health, prevention of diseases and alleviation of suffering. It also illustrates the importance	<b>Introduction</b> (Found in Article 1) This article implements the shift from competency-based standards to outcomes-based education. It specifies the importance of meeting the core-	The 3 CMOs have vital components and characteristics in developing a nurse. CMO 30 speaks about culture, moral integrity and spirituality while CMO 14 illustrates the importance of core



and prepare a critical thinking nurse with professional competencies.	of collaboration and core values as a vital component in developing a professional nurse	competencies to maintain the standards of nursing education in outcomes-based.	values and collaboration as vital components. For the new CMO, the outcomes-based will aid in the development of a professional nurse.
<b>Administration</b> (Found in Article 3) This article is about the qualifications and responsibilities of a full-time dean that will enhance his governance towards achieving the vision-mission of the program. The full-time dean should be: Filipino citizen RN in the Philippines Master's degree in Nursing Has at least 5 years of competent teaching and supervisory experience in college or institutes of Nursing Active member of ADCPN and PNA	<b>Program Administration</b> (Found in section 10 in Article 6) The qualification for the dean are as follows: Filipino citizen RN in the Philippines Master's degree in Nursing either MAN or MSN Has at least 1 year in clinical practice and least 5 years of competent teaching and supervisory experience in college or institutes of Nursing Physically and mentally fit and good moral character Has no other teaching assignments or administrative position in other institution Active member of ADCPN and PNA ( teaching load for the dean is not exceeding to 6 units per semester)	<b>Administration</b> (Found in section 12 of Article 6) The qualification for the dean are as follows: Filipino citizen RN in the Philippines Master's Degree in Nursing Has at least 3 year in clinical practice and least 5 years of competent teaching and supervisory in Nursing education Physically and mentally fit and good moral character Has no other teaching assignments or administrative position in other institution Active member of ADCPN and PNA Member of good standing of accredited professional nursing organization ( teaching load for the dean is not exceeding to 6 units per semester)	This section has similarities and differences in terms of the qualifications. Both the CMOs 14 and 15 are very similar however in terms of experience in the clinical area, the new CMO requires more and I believe that to be able to adapt, discern the differences in clinical culture that is important as he leads the organization and maybe it may bridge or narrow the gap between hospital and nursing education. And because of that, he may be able to transfer the wisdom and skills to his faculty and students learned through his clinical experiences.
<b>Functions and Responsibilities</b> (Found in Article 3, section 2) Assists in attaining institutional goals Initiate curriculum programs Recommend faculty for appointment, promotion, tenure including leave and non-appointment Approve faculty teaching load Oversee faculty's academic advisement of students Collaborate with students	<b>Functions and Responsibilities</b> (Found in Article 6, section 10.2) Prepares short term and long term plans Initiates curriculum development programs Plans a rational faculty academic and non-academic load Leads in the faculty and staff development programs Manages human. financial and physical resources Manages student	<b>Functions and Responsibilities</b> (Found in Article 6, section 12.3) Ensures compliance to CHED policies, guidelines and standards and other relevant regulations Prepares short term and long term plans Manages department/college office operations Obtains recognition/accreditation of the nursing program Evaluates the	The dean has larger responsibilities in governance of his organization. In my own opinion, the 3 CMOs illustrate detailed responsibilities which are similar. Moreover, collaboration and managing are one of the scopes. Faculty development is found in the CMO 14 and 15. This is important because faculty plays a vital role and the core of curriculum and



<p>services , admission policies and referrals based on established criteria</p> <p>Ensure adherence to established standards of instruction</p> <p>Ascertain the requirements for graduation are complied with</p> <p>Represent the schools in professional and community civic affairs</p> <p>Attend to physical and budgetary resources</p> <p>Collaborate with the health service and other academic units in the implementation of instructional programs</p>	<p>development programs</p> <p>Manages department/ college office operations</p> <p>Leads development and utilization of instructional resource materials</p> <p>Pursues personal and professional development</p> <p>Collaborates with the health services, affiliation agencies and other academic units in the implementation of instructional programs</p> <p>Monitors proper implementation of the programs</p> <p>Initiates research and community extension projects/programs</p> <p>Establishes internal and external linkages</p> <p>Obtains recognition/accreditation of the nursing program</p> <p>Evaluates the performance results of the nursing program</p>	<p>performance results of the nursing program</p> <p>Pursues personal and professional development</p>	<p>organization for the purpose of rendering quality education to the students. One of the vital responsibilities in terms of research and extension program which are a big component in accrediting institution is mentioned in CMO 14. This scope is triangularly discussed by Dr. Ballena.</p>
<p><b>Faculty</b> (Found in article 4)</p> <p>Filipino citizen</p> <p>RN in the Philippines</p> <p>Master's degree in their major field and/or allied subjects</p> <p>Have at least 3 years of clinical practice in the field of specialization</p> <p>Member of PNA</p>	<p><b>Faculty</b> (Found in section 11 of article 6)</p> <p>RN in the Philippines</p> <p>Master's degree holder (MAN, MSN)</p> <p>At least 1 year clinical practice</p> <p>Member of PNA with good standing</p>	<p><b>Faculty</b> (Found in section 13 of article 6)</p> <p>Must be physically and mentally fit with good moral character</p> <p>RN in the Philippines</p> <p>Master's degree holder</p> <p>At least 1 year clinical practice</p> <p>Member of PNA and specialty nursing organization with good standing</p>	<p>These CMOs have very similar in faculty qualifications and one qualification that the CMO 30 has is the 3 years of clinical practice. However, this parameter is not followed by nursing schools because of the shortage in terms of nurse educators with master's degree with 3 year clinical experience and nursing boomed for the past years that the quality of faculty members were compromised. In the CMO 15, being physically and mentally fit is essential because we as nurse educators are exposed to different health conditions and most importantly, we are</p>



			mentoring our students.
<b>Faculty Salary and teaching scope</b> (Found in section 2, article 4) The salary of the faculty shall be commensurate with their rank and a full time faculty shall be responsible in both academic and RLE teaching nursing coursing courses.	<b>Faculty Salary and teaching scope</b> (Found in section 11.3 of article 6) The salary of the faculty shall be commensurate with their rank and a full time faculty shall be responsible in both academic and RLE.	<b>Faculty Salary and teaching scope</b> (Found in 13.3 of article 6) The salary of the faculty shall be commensurate with their rank and a full time faculty shall be responsible in both academic and RLE.	In this scope, the 3 CMOs have similar description. It is very important the faculty is the one teaching nursing subjects and also handling students in their RLE to provide continuity and clarity of discussion since this program is both on theory and application.
<b>Faculty Ranking and Faculty Development</b> (Found in section 4,5 of article 4) Ranking is accordance with their academic training and expertise with recognized ranks. The importance of faculty development program is stated providing intellectual, personal, professional, moral and spiritual growth,	<b>Faculty Ranking and Faculty Development</b> (Found in section 11.4, 11.6 of article 6) Upon appointment, the faculty has 1 year renewable contract and ranking is accordance with his academic and clinical expertise. There is also a 5 year faculty development program in order to provide spiritual, professional, moral and personal growth.	<b>Faculty Ranking and Faculty Development</b> (Found in 13.4, 13.6 of article 6) Upon appointment, the faculty has 1 year renewable contract and ranking is accordance with his academic and clinical expertise. There is also a 5 year faculty development program in order to provide spiritual, professional, moral and personal growth.	Faculty ranking and faculty development program in the 3CMOs are similar. However, the CMO 14 and 15 has 5 year FDP and in terms of the program for faculty development, the CMO 15 has more. As I have learned, faculty development is very important because we are front liner of quality education. Thus, we need to enhance our skills and develop ourselves in different aspects.
<b>Faculty Manual</b> (Found in section 7 of article 4) MENTIONED	<b>Faculty Manual</b> (Found in section 11.8 of article 6) MENTIONED	<b>Faculty Manual</b> (Found in Section 13.8 of article 6) MENTIONED	The faculty manual is mentioned in the 3 CMOs that contains information and policies. However, the CMO 15 is more specific mentioning faculty development, program benefits and privileges code of conduct and accountability.
<b>Full Time Faculty Loading and Part Time Faculty</b> (Found in section 6b, 6d of article 4) They may carry a regular teaching load of 15- 24 units per semester. RLE is 1hour= 1unit credit. Government employees should secure permit to their employers and may be given teaching load of	<b>Full Time Faculty Loading and Part Time Faculty</b> (Found in article 11.7a, 11.7b of article 6) They may carry a combined teaching and RLE load of not more than 36 units per semester which includes consultation hours and other RLE instructions, research and extension	<b>Full Time Faculty Loading and Part Time Faculty</b> (Found in section 13.7b of article 6) They may carry a combined classroom and RLE load of not more than 36 hours per week which includes consultation hours and other RLE instructions, research and extension	CMO 30 is different from CMO 14 and 15 in terms of unit distribution of the full time faculty. Both CMO 14 and 15 are with longer hours or units.Consultation hours are important for the faculty dealing academic problems of his students, doing grades. The importance of research is





not more than 9 units	services. Government and Private employees should secure permit to their employers and may be given teaching load of not more than 9 units rendering their service after their work hours and chief nurse and supervisors should not assume position in the program in both administrative and clinical.	services. Government and Private employees should secure permit to their employers and may be given teaching load of not more than 9 units rendering their service after their work hours and chief nurse and supervisors should not assume position in the program in both administrative and clinical	mentioned because it is one strong component to progression in both administrative and academic aspects. Participation of faculty to school and extra-curricular activities provides his development, promotes linkages and establish relationships. CMO 14 and 15 mentioned part time faculty teaching hours should be after work hours in order to avoid conflict in several aspects and double compensation. In terms administrative and clinical position, they are not permitted to assume positions in the program, and I think it is because leaders should be focused with full attention in leading an organization to provide quality service and to avoid conflicts in terms of governance and use of authority because hospital and nursing schools are completely different.
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### Curriculum Content

CMO 30	CMO 14	CMO 15	Analysis
<b>1<sup>st</sup> Year 1<sup>st</sup> Semester</b> English 1 (3u) Filipino (3u) General Chemistry (5u) College algebra (3u) General Psychology (3u) P.E. 1 (2u) CMT/ROTC (1.5) Total Units is 20.5	<b>1<sup>st</sup> Year 1<sup>st</sup> Semester</b> English 1 (3u) Filipino 1 (3u) General Chemistry (5u) Theoretical Foundations in Nursing (3u) College algebra (3u) General Psychology (3u) P.E. 1 (2u) NSTP (3u) Total Units is 23	<b>1<sup>st</sup> Year 1<sup>st</sup> Semester</b> Understanding the self (3u) Readings in Phil. History (3u) Anatomy and Physiology (5u) Theoretical Foundations in Nursing (3u) Math in the World (3u) Biochemistry (5u) Art Appreciation (3u) P.E. 1 (2u)	CMO 30 has no prof. nursing subjects. CMO 14 and 30 started theoretical foundation in nursing but as you can see in the new CMO, it has biochemistry which is also 5 units. Technically speaking, the new CMO has greater units with more major subjects. In terms of the general subjects,



		Total Units is 27	CMO 30 and 14 has similar distribution. General chemistry, anatomy and physiology and biochemistry have 2 units allotted for laboratory.
<b>2<sup>ND</sup> Semester</b> English 2 (3u) Filipino 2 (3u) Sociology and Anthropology (3u) Anatomy and Physiology (5u) Physics (3u) Biology (3u) P.E. 2 (2u) CMT/ROTC (1.5) Total units is 23.5	<b>2<sup>nd</sup> Semester</b> English 2 (3u) Filipino 2 (3u) Anatomy and Physiology (5u) Fundamentals in Nursing Practice (5u) Biochemistry (5u) P.E. 2 (2u)e Total Units is 26 <b>(Summer)</b> Physics (3u) Logic (3u) Health Assessment (9u) Total Units is 15	<b>2<sup>nd</sup> Semester</b> Purposive Communication (3u) Health Assessment (5u) Health Education (3u) Fundamentals in Nursing Practice (5u) Microbiology and Parasitology (4u) Ethics (3u) The entrepreneurial mind (3u) P.E. 2(2u) Total Units is 28	<b>Analysis</b> In the 3 tables, CMO 30 has no prof. nursing subjects but anatomy and physiology and biology is introduced which I think is aligned nature/field of study. CMO 15 has more professional courses and more units and since nursing is evolving because of technology and global industry, the importance of being aware to entrepreneurship is essential because we nurses should seek for alternatives to make a living because technology is competing with individuals. In my own opinion CMO 15 will be more difficult for the students because of more prof. subjects and that is where the mentorship of us educators is needed.
<b>2<sup>nd</sup> year 1<sup>st</sup> Semester</b> Primary Health Care (7u) Information Technology (3u) Health Ethics (3u) Philosophy of Man (3u) Basic Statistics (3u) P.E. 3 (2u) Total Units is 21	<b>2<sup>nd</sup> year 1<sup>st</sup> Semester</b> Community of Mother, Child and Family (8u) Community Health Nursing (5u) Microbiology and Parasitology (4u) Philosophy of man (3u) Bioethics (3u) P.E. 3 (2u) Total Units is 25	<b>2<sup>nd</sup> year 1<sup>st</sup> Semester</b> Community Health Nursing 1 (4u) Nutrition and Diet Therapy (3u) Pharmacology (3u) Care of Mother, Child and Adolescent, well clients (9u) Bioethics (3u) P.E. 3 (2u) NSTP 1 (3u) Total Units 27	<b>Analysis</b> I highlighted the nursing professional subjects for the 3 CMOs in order to appreciate the multitude and description. As I contemplate on how these will be effective to the learners, the qualities of CMO 14 to which the subjects are distributed are balanced in both fundamentals and prof subjects.



			Moreover, the 3 CMOs have their own advantages in learning. NSTP is also introduced.
<b>2<sup>nd</sup> Semester</b> Introduction to Philippine Literature (3u) Primary Health Care 2 (5u) Health Economics with Taxation (3u) Science, Technology and Society (3u) Logic and Critical Thinking (3u) P.E. 4 (2u) Total Units is 19 <b>Summer</b> Microbiology and Parasitology (4u) Foundations in Nursing (3u) Nutrition (3u) Total Units is 10	<b>2<sup>nd</sup> Semester</b> Care of Mother, Child or Population group at Risk or with Problem (11u) Nutrition and Diet Therapy (4u) Pharmacology (3u) Sociology and Anthropology (3u) P.E. 4 (2u) Total Units is 23 <b>Summer</b> Health Education (3u) Nursing Informatics (3u) Understanding Christian Faith (3u) Total Units is 9	<b>2<sup>nd</sup> Semester</b> Informatics (3u) Care of Mother, Child or Population group at Risk or with Problem (12u) Nursing Informatics (3u) Science, Technology and Society (3u) P.E. 4 (2u) NSTP 2(3u) Total Units is 26	<b>Analysis</b> As I analyze this, one of the things that I have noticed is that because the CMO 15 has no summer, the bulk of professional subjects come from the 1 <sup>st</sup> and 2 <sup>nd</sup> term that is why it looks more difficult in the part of the students. CMO 30 has more general subjects and as I reflect in the current situation of our nursing program, I would rather stick to the current curriculum because of the balanced core subjects and inclusion of summer. That will be more applicable to the learners that our program has.
<b>3<sup>rd</sup> Year 1<sup>st</sup> Semester</b> Promotive and Preventive Nursing Care Management (16u) Community Health Development (3u) Strategies of Health Education (3u) Total Units of 22	<b>3<sup>rd</sup> Year 1<sup>st</sup> Semester</b> Care of Clients with Problems of Oxygenation, Fluid and Electrolyte balance Metabolism and Endocrine (14u) Economics with Taxation (3u) Humanities (3u) Life, Works and Writings of Rizal Total Units of 22	<b>3<sup>rd</sup> Year 1<sup>st</sup> Semester</b> Nursing Research 1 (3u) Care of Clients with Problems in Oxygenation and Electrolyte Infectious Inflammatory and Immunologic Response Cellular Aberrations, Acute and Chronic (14u) Community Health Nursing 2 (3u) Care of Older Adult (3u) Total Units of 23	<b>Analysis</b> The core of nursing courses is usually found in the 3 <sup>rd</sup> level. That is why we educators need to be very kin and diligent to our students. Community Health Nursing which is found on the 2 <sup>nd</sup> level of the CMO 14 and 15 is introduced now in CMO 30. However, the importance of community health is more emphasized in the CMO 15 because of specific descriptions. Since nursing is a scientific process, the importance of research will benefit the students more in their clinical practice and though the new CMO cannot be assessed yet, program





			outcomes and performance indicators of the outcomes-based paradigm may provide mastery in the different nursing skills that is anchored on the prof. nursing subjects. Based on my experience, our students are not well oriented in research that is why we need to integrate more discussions-learning in evidence-based practice to widen the scope of learning in terms of the technical skills.
<b>2<sup>nd</sup> Semester</b> Curative and Rehabilitative Nursing Care Management (16u) Introduction to Research (3u) Philippine History (3u) Total Units of 22 <b>Summer</b> NCM 103 Related Learning Experience Total Units of 4 (204hrs)	<b>2<sup>nd</sup> Semester</b> Care of Clients with Problems with Inflammatory and Immunologic Response, Perception and Coordination (9u) Care of Clients with Maladaptive Pattern of Behavior (6u) Philippine History (3u) Nursing Research 1 (3u) Elective Course (2u) Total Units of 23 <b>Summer</b> Clinical duties for cross affiliation purposes	<b>2<sup>nd</sup> Semester</b> Nursing Research 2 (2u) Care of Clients with Problems in Nutrition and Gastro Intestinal Metabolism and Endocrine, Perception and Coordination Acute and Chronic (8u) Care of Clients with Maladaptive Pattern of Behavior Acute and Chronic (9u) Logic and Critical Thinking (3u) Total Units of 22	<b>Analysis</b> My analysis in this particular level is that both CMO 14 and 15 have equal number of prof. nursing subjects. The difference will probably be core competencies to outcomes-based. In CMO 30, description is simpler, promotive, preventive, curative and rehabilitative but why does this old curriculum has produced a lot of nurse professionals? We have to consider several factors in assessing the efficacy of curriculum and not only its contents. From a broader lens, the CMO 14 and 15 is more specific to its description than the old one but it does not conclude that these are is better.
<b>4<sup>th</sup> Year 1<sup>st</sup> Semester</b> Curative and Rehabilitative Nursing Care and Mngt. 2 (16u) English 3(3u) Philippine Govt. and	<b>4<sup>th</sup> Year 1<sup>st</sup> Semester</b> Care of Clients with problems in Cellular Aberrations, Acute Biologic Crisis Including Emergency and Disaster Nursing (11u)	<b>4<sup>th</sup> Year 1<sup>st</sup> Semester</b> Nursing Care with Clients with Life Threatening Conditions, Acutely Ill, Multi-organ Problems Highly Acuity and Emergency Situation	<b>Analysis</b> The nursing professional topics of the CMO 30 are illustrated in one component which is the NCM 104. Moreover,



Constitution (3u) Total Units of 22	Competency Appraisal (3u) Nursing Leadership and Mngt. (4u) Nursing Research (2u) Elective Course 2 (2u) Total Units of 22	Acute and Chronic (9u) Nursing Leadership Management (7u) Descent Work Employment and Transcultural Nursing (3u) Elective 3 (Institutional of Choice) (3u) Life, Works and Writings of Rizal (3u) Total Units of 25	you can see the similarities of CMO 14 and 15 in terms of the core subjects but I think that the new CMO has an advantage in the aspect of rendering care worldwide because we need to understand the differences in terms of culture and others in order to provide quality and competent nursing care. Nurses are also leaders. Students and potential leaders should be able to learn how to manage and adapt in an organization for them to be able to cope with different culture in their work place.
<b>2<sup>nd</sup> Semester</b> Nursing Management and Leadership (16u) Rizal (3u) Asian Civilization (3u) Total Units of 22	<b>2<sup>nd</sup> Semester</b> Intensive Nursing Practicum (8u) Competency Appraisal 2 (3u) Nursing Leadership and Management RLE (3u) Total Units of 14	<b>2<sup>nd</sup> Semester</b> Disaster Nursing (3u) Intensive Nursing Practicum Hospital and Community Settings (8u) The Contemporary World (3u) Total Units of 14	<b>Analysis</b> For the last semester, the CMO 30 has biggest unit in one particular core subject maybe because the pillars of this profession have contemplated in the importance of learning the rudiments of leadership styles because nurses are leaders and advocates. However, I would have appreciated it more if it is well specific. The CMO 14 and 15 have both advantages. Competency appraisal is important to develop the test taking analysis and skills of the students in preparation for the NLE and the importance of staffing for them to be able to experience the mentoring and organizing skills. It is timely that we include care of older clients because there are lot of



			health care facilities worldwide for adults. Hence, students should be able to master the assessment-evaluation for geriatric clients. In terms of the Intensive Nursing Practicum, the new CMO has an advantage because of the clinical and community scope. It is timely because health can be achieved if the family and their community are aware in the prevention of diseases. Moreover, not all nurses will occupy the clinical areas or hospitals. Some of them will be community health nurses.
<b>Ratio of Faculty to Student in RLE CMO 30</b>	<b>Ratio of Faculty to Student in RLE CMO 14</b>	<b>Ratio of Faculty to Student in RLE CMO 15</b>	<b>Analysis</b>
For this CMO, a class is composed of 48- 50 students and the faculty to students' ratio is increased per level because the higher the level of students, the more knowledge and skills they are acquiring and the more independent they will become. The faculty has less close supervision and can mentor more learners. The total number of clinical exposure is 2142 hours.	The description of this CMO is same as of the CMO 30. The contact hours for the students in this curriculum are longer than the CMO 30 which is 2346 hours and distributed in the professional nursing subjects.	This is different because it mentioned clinical and community, the ratio is fixed 1 faculty to 10students. The first year of the 2 <sup>nd</sup> semester has 1 faculty to 8 students. In terms of the total number of contact hours, this CMO has the longest with 2703 and 20-30 percent of this is allotted to independent study that I believe is vital to enhance more of their knowledge and in my own opinion, students best learn and retention is longer when independent study is integrated.	Though there is not much of the difference in terms of faculty-students ratio in their duties, the importance of this section is that there is a strong policy in terms of the distribution of students to maintain the quality of teaching and to avoid errors in their clinical duties. Correct ratio will provide smooth supervision and learning is facilitated well. But that does not apply to all because there are nursing schools with few clinical instructors handling more students than the required distribution rate. The importance is correct distribution will facilitate learning, smooth transferring of skills and lesser error in



			the part of students.
<b>Ratio of Student to Clientele CMO 30</b> The ratio of student to clientele depends upon the capacity of a student and objective but this CMO has illustrated the guide on how many clienteles that the students can handle in the clinical area.	<b>Ratio of Student to Clientele CMO 14</b> For this CMO, the ratio of student to clientele also depends upon the capacity and objective and the illustration of numbers is similar to the old curriculum.	<b>Ratio of Student to Clientele CMO 15</b> The distribution of clientele to student depends on the area in which he is exposed. It is specified in this CMO the distribution per scope. Both clinical and community are also specified and that will be an advantage to this new paradigm if being religiously followed to provide better results since this is an outcomes-based curriculum.	<b>Analysis</b> The 3 CMOs have specified the distribution of clients to the students in order to facilitate learning, provide supervision and avoid clinical errors since nursing deals with lives. Learners are different and nurse educators should be able to assess their students from time to time. Direct supervision is also important because nursing is a technical profession. Majority of clinical errors committed by the students are because of incompetence and negligence so we educators should be kin and providing them the necessary skills for them to able to handle their clients well. In the premise of longer contact hours in both clinical and community settings, I would rather prefer quality than quantity. Meaning to say exposed your students to different clinical areas with different cases for them to be able to experience and perform different techniques in this profession rather than exposing them to few areas with lesser cases on longer period of time.
<b>Core Component of Curriculum CMO 30</b> The core component of this paradigm is anchored in 4 areas and that is promotion, prevention, curative and rehabilitative. This is how	<b>Core Component of Curriculum CMO 14</b> This curriculum is based from the competency standards and key areas of responsibility. The objective is to be able to develop a nurse who has	<b>Core Component of Curriculum CMO 15</b> This is an outcomes-based paradigm that develops and masters the life skills such as problem solving, leadership, communication and critical thinking skills.	<b>Analysis</b> I have learned that the 3 core of these CMOs are different. CMO 30 and 14 have produced competent nurses but because of the evolving



I analyze this curriculum. The professional nursing subjects and the skills are based in these for major compartments to which subjects are integrated	learned these skills in order to provide quality and competent nursing care collaborate with other health care providers and work globally. Nursing graduates can be able to apply analytical and critical skills following these principles.	The specific criteria to which this is anchored are program and specific outcomes, performance indicators, assessment-evaluation, different learning modalities and independent study that will develop the learner's knowledge, skills, attitudes and core values.	trends of education and different challenges because of a diverse culture in the clinical and organization, I believe that this CMO may provide clarity though it must be applied first in order to evaluate its outcomes. Nursing graduates are having difficulties in the clinical area as professional nurses I believe whether he is a CMO 30 or 14 graduate, the hospital that he is working should provide support in every aspect for him to be able to adapt in the fast pace and culture of the hospital environment.
<b>Learning Facilities CMO 30</b>	<b>Learning Facilities CMO 14</b>	<b>Learning Facilities CMO 15</b>	<b>Analysis</b>
This section explains the required library resources, library holdings, and laboratory facilities necessary for general education and nursing. The goal is to imply quality that refers to the coverage of materials in various disciplines and quantity as to how many that meets the needs of both faculty and students. The ratio of librarian to students is also specified including the size and the ambiance of the library to maintain conduciveness. For RLE, the scope of clinical facilities is also illustrated and in terms of work ethics and condition, open communication should exist among the nursing, medical staff and school personnel to avoid conflicts that can retard	The qualification for a librarian is indicated including the number of staff required to operate smoothly. The ratio of the personnel to students is also indicated. Library holding, collection and journals are also tackled including the quality and its quantity to provide the learners materials that they need. The importance of internet access is mentioned since we have voluminous web sites for the medical and nursing scope. The detailed illustration of nursing skills laboratory and clinical facilities are found in pages 25-26 of this CMO but analyzing the contents, if this will be religiously followed by the school, this will give a positive effect on the learning process of this program since nursing is	It similar to the CMO 30 and 14. However I find the CMO 14 more specific in the illustration of this scope. Nevertheless, the importance of having different learning modalities, facilities and materials are important since this is an outcomes-based paradigm with different methods of teaching.	Based on my understanding as I compare the 3 CMOs in this scope, the importance of providing the learners sufficient learning materials, tools, modalities and proper facilities for their classroom and clinical experience is necessary. Different paradigm caters different students that need different learning materials. It is in the context of how the learners will maximize the materials that they have. Why during the 80s, the passing rate for the NLE is high though internet accesses in not available that time? Why do we experience low passing rate even though we have sufficient learning





learning from the part of the students.	both technical and soft skills and knowledge and skills needs to be developed. Virtual laboratory is also mentioned but not in a specific context.		tools? I think that these issues that we nurse educators should contemplate. And basing in our nursing program, these required materials are not being complied properly because of the slow process in terms of budget allocation in I think institutionally, this section are often affected.
<b>Instructional Standards</b> A high standard of instruction with different learning modalities are required to sound nursing education. The ratio of students to faculty in the classroom and laboratory are stated. There is also a system of supervision to evaluate teaching performance. The nursing process should be utilized in the RLE and the importance of congruency of both classroom and RLE topics.	<b>Instructional Standards</b> A high standardized instructional method are emphasized to attain a competent level of the program with the syllabi or curriculum as a blue print to cascade academic mobility taking inconsideration the key areas of responsibility. It has also the importance of the nursing process as the key component for its mission. Aligning prof. subjects to RLE is also important with the proper ratio distribution of students to their RLE.	Instructional Standards are not mentioned in the CMO 15 instead, program specifications that compose of the goals, scope and specific role of the BSN program as it is allied to other health care courses. The set of competencies are expected to master by the student as he take his journey in this profession. There are also outcomes expected to be achieved in every level to develop a level of mastery and general provisions stating minimum standard and other requirement for the implementation of outcomes-based education of the BSN program are required to achieve the desired level of competence.	<b>Analysis</b> The provision of instructional standards will provide quality and competent nursing education who will be future health care providers. Thought different core in the 3 CMOs, I have noticed the utilization of the nursing process as a tool in cascading the different rudiments of learning. The instructional contents of these 3 CMOs are superb but because of the challenges and non-compliance on the part of the school, faculty and learners, the standard is compromised that leads to diminished results. On the other hand, if we will be basing this in terms of the nurses produced in the CMO 30 and 14, I can conclude that these CMOs were effective considering the challenges that we educators have. In assessing the CMO 15, we need to wait for a couple of years to able to validate its effect to the nursing education.
<b>Research</b>	<b>Research Requirements</b>	Though research is not	<b>Analysis</b>



<p>The administration should encourage and support research among students and faculty and promote utilization of research findings of the improvement of nursing care, educational management, and other aspects of the nursing program.</p>	<p>The administration shall encourage and support research among its students and faculty and promote utilization of research findings to guide and improve nursing practice, educational management and other aspects of the nursing program. Students should complete study in the course of their study. Faculty research and publications will be considered for promotion and faculty ranking.</p>	<p>specific in the article on this CMO, as I understand the context of an outcomes-based paradigm, research is always integrated to the faculty and students to provide the mastery of the learning outcomes and since we are in the pace of internationalizing education and competence, this modality is a vital component to evaluate the outcomes in the nursing program.</p>	<p>The 3 CMOs indicated the importance of research to nursing education. Looking from my experience, my Ph.D. journey opened my mind about the importance of research and what it can do to our profession. I have witnessed our faculty and students having difficulties in this area and I have learned that we us educators have no right to stay in the educational institution if we don't involve ourselves in research because that is one of the core components of a more stable and progressive institution.</p>
<p><b>Admission, Retention and Selection</b> Applicants belonging to 40 percent from secondary education and admission quota must consider the capability of the school to provide important components in rendering competent nursing education. ADCPN, BON and PRC will monitor such, Accreditation is every 5 years.</p>	<p><b>Admission, Selection and Retention</b> There should be strict policies in the admission, selection and retention. Entrance examination of incoming students is required with 4 specific areas. Graduating students must be guided by appropriate CHED issuances and students in this program should adhere in the RLE regular rotation.</p>	<p>As I browse the different sections of this CMO, Admission, selection and retention policies for the students were not mentioned.</p>	<p><b>Analysis</b> An admission selection and retention policy is very important to maintain the integrity and standards of the nursing program. During my college years, our college is very strict in compliance of this policies and I believe that for the past years when the nursing course mushroomed, we can select quality students. However, in the situation of the nursing program today, based in our institution though it is indicated in the student manual, the policies are never applied and I believe that looking from the other aspect like generating revenues, these policies are violated. Hence, students below the standard level can</p>



			affect the performance of the program though there are rigorous mentoring and supervision.
<b>Residence and Unit Requirements</b> A candidate for graduation must have taken the last curricular year level in the college. The student shall be evaluated according to the criteria or system of evaluation required by the college to determine proficiency in all professional courses. There is a strict policy regarding pre-requisite subjects and they should be allowed to carry only the regular semester load. However, graduating students must be guided by issuances.	<b>Residency and Requirements</b> As a general rule, a candidate for graduation must have taken the last curricular year level in the college. The student shall be evaluated according to the criteria or system of evaluation required by the college to determine proficiency in all professional courses.	Residency and requirements are not mentioned. However, analyzing the curriculum content of this CMO, pre requisite for the next subjects are clearly illustrated and there is a strict and continuous assessment and evaluation to determine the proficiency of the students in their professional subjects.	<b>Analysis</b> Based in our nursing program, students who failed the prof. nursing subject will never be allowed to enroll the next course but he can re-enroll the subject providing that 1. The total number of students who failed and will re-enroll the subject is 15 and 2. If he can pay the whole amount of the course, it will be considered as tutorial. In our program, I have seen students who are relaxed maybe because they have the resources to re-enroll the subject. I believe that strict adherence to this policy will maintain quality students and loose tardy ones that can affect the NLE of the program.
<b>Sanctions</b> The office shall be constrained to take appropriate action regarding the operation of the school if any of the aforementioned conditions are not met. Further, if the board performance in 3 consecutive board examinations within a period of 5 years is .3 percent and below, CHED should order outright of closure; if 4-5 percent a gradual phase out shall be effected.	<b>Sanctions</b> Non-compliance with the provisions of this CMO shall, after due process, cause the Commission to revoke government permit/recognition or deny issuance of authority to operate the nursing program. The result of the NLE for 3 consecutive years will be the basis to continue of phasing out the nursing program. The average of below 30 percent for the 1st takers will be assessed.	<b>Sanctions for Non Compliance</b> Non-compliance with the provisions of this CMO, after due process, shall cause the Commission to impose sanctions. The sanctions for HEIs offering nursing programs shall be based on the 3-year consolidated institutional performance in the Licensure Examinations for nurses and the outcome of the monitoring visits, and shall adhere to the guidelines illustrated in these article. The passing percentage will determine the HEI performance.	<b>Analysis</b> A sanction for noncompliance of the policies and guidelines mandated by the commission is similar with these 3 CMOs and this is in order to maintain the standard and integrity of the nursing education. In our province, there were nursing schools that were closed because of the very low passing rate and this policy should be strictly apply to avoid fly by night nursing schools, deans and faculty which operates because of monetary concerns



			and because of the sudden drop of nursing enrollees, very limited nursing program in our province with the capacity to operate are retained.
<b>Accreditation</b> Nursing schools are encouraged to undergo accreditation preferably within 5 years after recognition.	<b>Accreditation</b> Accreditation is not specifically illustrated as a whole article but it is found on the article 7 (instructional standards) section 16a and 16b page 33 of the CMO. Nursing schools that are in existence for a period of 5 years are encouraged to undergo program accreditation.	<b>Quality Assurance</b> To ensure continuous quality improvement HEIs are strongly encouraged to undergo quality assurance by an external accreditation body as specified by Institutional Sustainability Assurance mechanism. The PRC will aid nursing programs who cannot qualify for external accreditation. These programs will undergo self-assessment together with their development plans for improvement.	<b>Analysis</b> These CMOs have illustrated the importance of accreditation to evaluate the program. In my own experience, I have assigned to lead section 8 (outreach and extension) and being involved to this process provided me learning experience that encouraged me to be involved and embrace the program. As explained by Dr. Ballena, faculty needs to be involved in this process to be able to learn and it is one of our responsibly as educators. The product of positive result in accreditation is transition of instructional level which will be beneficial to both institution and nursing program.

#### IV. Discussion

Comparing the 3 CMOs in the aspect of its contents, strengths and challenges may be difficult in terms of how effective and efficient it is in the nursing program because of the difference in parameters as to time, culture, and the trends of education system. After analyzing the different contents of these scores, the researchers have learned the importance and the value of providing and empowering students in their journey to become health care providers. Likewise, the CMO 30 and 14 contributed to the profession that has produced a great number of competent nurses working here and abroad. Looking from a broader perspective and a more sensitive lens, it is of great importance to assess and evaluate the process of these curriculum considering differences between

the learners in their age, gender, culture, race and religion in order to understand the complexity and diversity that they have. Moreover, the importance of establishing good relationship can provide clarity to the ambiguous and ambitious journey of learning. It can also narrow the gap between hospital/clinical area and nursing education because it is an important component to resolve differences in the aspect of knowledge, policies, work culture and conflicts. Roosevelt (1900) emphasized that the most important single ingredient in the formula of success is knowing how to get along with others and it is believed that from all the best modalities of teaching and its best practices that provided optimum results, there is always a component of building relationships. One of the important components that the researchers



have seen in the outcomes-based learning is the integration of the core values to the knowledge, skills and attitude that will enable effectively, achieve desirable outcomes, and adapt to the different situations of work culture. And since nursing is both technical and soft skills, we need to provide a holistic approach on how we can develop our students to become better persons that can transcend the quality of care and even influence others; those attributes can be developed overtime. In terms of which is better to the 3 CMOs, "it is like comparing the apples from oranges". Moreover, to provide better paradigm that will orchestrate the critical components of borderless education, this component should be a learner-centered and always aligned to the vision-mission of the institution.

The CMO 15 is a more complex and defined curriculum that is created to integrate nursing in the trends of universalizing education and for the newly employed graduates come to clinical setting academically equipped and with ability to apply their knowledge to the different situations and working condition. In the mastery of skills that have been learned, it seeks to the integration and linking of learned knowledge, skills, attitudes and core values. With this process, students becoming successful nurses can adapt to the fast pace of globalization and most importantly can be competent, compassionate future citizens who can contribute to the realization of a transformed society. Looking from a Ph.D. level, with a superb description, quality and content from the curriculum, library, laboratories to the learning and evaluation modalities, this CMO may solve issues and challenges that our nursing education is facing today. However, learning from the previous discussion in advance curriculum about the dynamics and its critical components, we as educators should be more sensitive and more committed. We should be involved in the never-ending journey of education since learning is a life-long process.

#### *A Need to Change the Existing Curriculum*

Is there a need to change the existing curriculum? We look back on how our institution and the college of nursing took the spot in the aspect of rendering quality education that produced successful nursing graduates for a very long time, the researchers commend how the existing curriculum affected the learning process of these students. And of course, with the help of the faculty and the support of our leaders, it helped us achieved our goal. Learning is a dynamic process,

and it should adapt to the ever-changing trends that the world has. Understanding the components of the existing and the new CMO shed light because there have been turbulences that we as educators are facing in our institution. The quantity and quality of our students now have decreased. There are several factors that may affect this scenario and as an educator these factors should be considered. The CMO 30, 14 and 15 is dynamic and from its content, the researcher believe that it is a learner-centered curriculum. Moreover, in order to harmonize everything that is needed to come up with better results, we should have one purpose in setting our goal and it is to touch our students' lives and make them feel that in the process of their struggles in this endeavor, they are not hopeless. We as mentors are given a freedom to revise our existing curriculum, but we should remember to modify this based on the institutional vision, objectives, goals and outcomes.

In the context of aspiring global competence and congruency to other countries which are more progressive, the researchers would say yes to exercise a broad spectrum of learning modalities thus giving more opportunity to collaborate, teach and learn. But the commission should be thorough in providing the parameters to which outcomes-based and other methods that will be used. Strengthening research can augment to the gap that we as educators are experiencing. Moreover, the implementation process of the new CMO should be supported by everyone to maximize its effect. In the case of our institution, the researchers have experienced more dependent students, "spoon fed learners" and that is a predominant culture, outcomes-based can be difficult to implement but given more time, it may produce better results.

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