Lead in the environment, MSN module

Dawn Blue
dblue@csusb.edu

Follow this and additional works at: https://scholarworks.lib.csusb.edu/q2sep

Part of the Geology Commons, and the Public Health and Community Nursing Commons

Recommended Citation
https://scholarworks.lib.csusb.edu/q2sep/8
My class has been assessed by an RTOP visitor. I am waiting for her feedback report.

The class was NURS 542 Advanced Pathophysiology. There are 7 students in a hybrid course at the graduate level. They are all currently bachelor prepared Registered Nurses. Several are supervisors in LA county Department of Public Health.

The course level outcomes that were addressed are:

1. Interpret observable or available data in order to explicate pathophysiological processes.
2. Analyze the relationships among pathology, normal physiology, positive health practices, and health care.
3. Evaluate current research findings as they relate to selected pathophysiological principles.

For this face to face meeting, the unit-level outcome during study of the neurological system was to explain the lead poisoning threat in your population of interest. Describe ways to reduce the risk. We used think, pair, share, tables, and scenarios implementing the ‘Lead in the Environment’ module.

Pre-class they were to read lead in the environment and impact on health, modern day issues in Nigeria, and review of detrimental effects of lead on the body systems.

In class I walked them briefly through some short power points from the materials. After individual review, I used think, pair, and share. We made observations on table 1.1 historical timeline data to answer the question how do current lead levels compare to other times in earth history? We watched the BBC news story reporting about the Nigeria problem. A government official spoke of the awareness of the problem but blamed it on the people disobeying laws. The lead was a byproduct of gold mining. These people were just trying to feed their families because of lack of government support.

We also had discussion about rural verses industrial and affluent verses underserved. The PH nurses had some professional experience in this area in LA County. They shared the difference in action response time in different economic communities.

Then we looked at state maps and excel spread sheets to see how does California compare with other states? And the difference between industrial or rural based on county data?

Last we did an exercise to predict lead levels in a visual home survey and then reveal actual charts in small groups. There was discussion about accuracy verses cost to analyze lead risk in private homes.

We ended with a group discussion of how to ameliorate the problem in your community. What can you do in the Public Health arena? At first they were overwhelmed with the magnitude of the problem, the expense of correcting it, and the lack of resources in underserved areas. The conclusion was that money was the answer. Grant writing was suggested. As our MSN program has a public health track, it was thought that learning grant writing would be very helpful for future success. This has since been brought to the attention of the program coordinators as an area for the program to address.