

AMERICAN UNIVERSITY OF BEIRUT

TRAINING OF PRIMARY HEALTH CARE NURSES ON
BREAST CANCER SCREENING AWARENESS

by
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A project
submitted in partial fulfillment of the requirements
for the degree of Master of Science in Nursing - Community and Adult Track
to the Hariri School of Nursing
of the Faculty of Medicine
at the American University of Beirut

Beirut, Lebanon
April 2016

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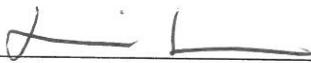
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Date of project presentation: April 27th, 2016.

ACKNOWLEDGMENTS

I could not have finished this project without the guidance and help of Professor Marry Arevian and Dr. Lina Abi Fakher. I learned a lot from both of them throughout the Master's Program. Thank you both for all your efforts, guidance, and support.

AN ABSTRACT OF THE PROJECT OF

Mariam Khaled Shatila for Master of Science
Major: Nursing

Title: Training of Primary Health Care Nurses on Breast Cancer Screening Awareness.

Breast cancer is the number one cancer in women worldwide. Early detection of breast cancer is associated with higher survival rates. The Lebanese Ministry of Public Health plans and implements a breast cancer awareness campaign on annual basis from the beginning of the month of October until the end of December, yet mammography utilization rates are low. Thus, there is a need to empower primary health care nurses and motivate them to spread breast cancer screening awareness. This education program will equip primary health care nurses with the knowledge, skills, and attitudes that are necessary to spread breast cancer awareness among Lebanese women. The program is complementary to the breast cancer awareness campaign and should be implemented three months before the campaign in different regions in Lebanon starting with the region of the lowest mammography utilization rate. The education program is guided by the Health Belief Model, and is composed of two parts: educating primary health care nurses about breast cancer screening and early detection, and on how to effectively communicate their message using culture-based strategies. This program is a step towards increasing mammography utilization rates in Lebanon.

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*To My
Beloved Family*

CHAPTER I

INTRODUCTION

Breast Cancer Statistics Worldwide

According to the World Cancer Research Fund International (WCRFI) (2016), breast cancer is the most common cancer in women with 1.7 million newly diagnosed cases in 2012, making a total of 12% of all new cancer cases worldwide, and 25% of new cancer cases in women. Belgium has the highest rate of breast cancer (111.9 per 100,000), followed by Denmark (105 per 100,000), and France (104.5 per 100,000). These countries also have the highest number of breast cancer survivals, five years after breast cancer diagnosis (Belgium 41,418 per 100,000, Denmark 20,714 per 100,000, and France 230,385 per 100,000). In developed countries, there are 3.2 million women who survive breast cancer for five years as opposed to 3 million in developing countries (WCRFI, 2016).

According to the Center for Disease Control and prevention (CDC), a total of 224,147 women and 2,125 men in the United States were diagnosed with breast cancer. In 2012 a total of 41,150 women and 405 men in the United States died from breast cancer (2012). Breast cancer is the most common type of cancer among women regardless of race or ethnicity; it is the most common cause of death among Hispanic women, and the second among white, black, Asian/Pacific Islander, and American Indian/Alaskan Native women (CDC, 2012).

In Lebanon there is an annual increase of 5.4% in breast cancer incidence rate making it one of the top five types of cancers prevalent among Lebanese women (Shamseddine, Saleh, Charafeddine, Seoud, Mukherji, Temraz & Sibai, 2014) and

constitutes more than one third of Lebanese female cancers (Lakkis, Adib, Osman, Musharafieh & Hamadeh, 2010). In 2013 breast cancer crude incidence rate was estimated at 86.9 per 100,000 -female population, and the overall age-standardized rate (the total world population was used as reference) was 78.8 per 100,000-female populations (MOPH, 2013). The mean age of breast cancer diagnosis in Lebanon ranges between 49.8 years and 50.8 years which is younger than that of the west (El Saghir, Khalil, El Kinge, Charaffeddine, Geara, Seoud & Shamseddine, 2007).

Screening and Early Detection by the American Cancer Society

The American Cancer Society (ACS) updated their screening guidelines in 2015, and defined women with average risk as those with no history of breast cancer, no suspected or known genetic mutation that puts them at increased risk of having breast cancer, and no history of radiotherapy to the chest at young age as average risk for breast cancer. The critical outcomes behind updating the guidelines are to prevent cancer deaths by early detection, maintain high quality of life, increasing life expectancy, decrease the rate of false positive findings, avoid over diagnosis, and overtreatment. ACS (2015) developed a set of recommendations for women at average risk for breast cancer, categorized into two levels:

- **Strong recommendations:** most individuals should receive the recommended course of action. Adherence to this recommendation according to the guideline could be used as a quality criterion or performance indicator.
- **Qualified recommendations:** Clinicians should acknowledge that different choices will be appropriate for different patients and clinicians should help each patient arrive at a management decision consistent with her or his values and preferences. Clinicians should expect to spend more time with patients when working toward a

decision (Oeffinger *et al.*, 2015).

Recommendations by the ACS

According to Oeffinger *et al.* (2015), the ACS's latest recommendations for breast cancer screening and early detection include:

- Women with an average risk of breast cancer should undergo regular screening mammography starting at age 45 years. (Strong Recommendation)

- Women aged 45 to 54 years should be screened annually. (Qualified Recommendation)

- Women 55 years and older should transition to biennial screening or have the opportunity to continue screening annually. (Qualified Recommendation)

- Women should have the opportunity to begin annual screening between the ages of 40 and 44 years. (Qualified Recommendation)

- Women should continue screening mammography as long as their overall health is good and they have a life expectancy of 10 years or longer. (Qualified Recommendation)

- The ACS does not recommend clinical breast examination for breast cancer screening among average-risk women at any age. (Qualified Recommendation)

The ACS stresses on educating women about the benefits, limitations, and risks of breast cancer screening. The benefit behind the above recommendation guidelines leans on the direct association between mammography utilization and the decrease in breast cancer mortality rate worldwide. However, some of the harms associated with these guidelines are over diagnoses, overtreatment, and false positive results (Oeffinger *et al.*, 2015).

Breast Cancer Awareness Campaigns in Lebanon: History and Results

Early detection of breast cancer can lead to high survival rates (ACS, 2011-2012). Today the number one breast cancer screening tool is the mammogram (Adib, Saghir & Ammar, 2009). In 2002, the Lebanese Ministry of Public Health (MOPH) took the initiative to launch an annual national campaign during the international month of breast cancer awareness (October of each year) to increase awareness about breast cancer screening and its importance to promote early detection. Back then, mammography intake was not part of the campaign.

In 2004, the screening component was added to support the development of quality through organized screening programs, with an emphasis on consensus building around national breast cancer screening issues, such as the target age and the required elements of a screening program. Screening targeted both the private and public hospitals, to offer 70% discount on mammography.

Between 2007 and 2009, the campaign was extended for 3 months (October till end of December). Since then, the campaign includes offering a free mammography in all public hospitals, having more outreach activities, and conducting workshops for radiology technicians to enhance the quality and reduce the errors.

Between 2010 and 2013, the launch was under the auspices and presence of the First Lady of the country. Nurses' training program was initiated as well with the development of visual tools for the breast self-examination. The MoPH started quality control activity on the mammogram machines. Touring public lectures with a unified presentation were done covering almost all regions in Lebanon. A call center was initiated to guide the public. In 2015, around 138 hospitals (private and public) and radiology centers have participated in the campaign (Shatila & Hamra, personal communication, October 1, 2015).

The rate of mammography utilization in Lebanon, as part of the breast cancer awareness campaign was 27% in 2008, 35% in 2011 and 44.5% in 2013 (Hamra, personal communication, October 1, 2015). Upon investigating the means that women used to know about the campaign, statistics by the MOPH in 2013 revealed that 32.7% of women heard about the campaign from the television, 19.6% from a friend, 15.4% from a physician, 13.8% from a poster, 7.9% as a routine, 4.4% from the radio, 4.1% from the SMS, and 2.1% from a brochure (Hamra, personal communication, October 1, 2015).

Developing an Educational Program

Early detection is associated with early treatment and better health outcomes (O'Mahony, McCarthy, Corcoran & Hegarty, 2013). Registered nurses have a vital role in early detection because their services are catered to provide health promotion, counseling, and health education (American Nurses Association, 2016).

Through a cross sectional study, Yousuf, Al Amoudi, Nicolas, Banjar & Salem (2012) investigated the level of knowledge of 250 nurses working in primary health care centers in Jeddah about breast cancer screening, believing that nurses play a key role in promoting awareness about breast cancer among women. The questionnaire that was developed for the study included questions about demographic data, screening for breast cancer, and signs and symptoms of breast cancer. The mean age of participants was 36.9 years; 92% of them didn't receive any kind of breast cancer training, 91% knew that breast cancer is the number one cancer among women worldwide, 52% knew that breast cancer is diagnosed in Saudi Arabia in an advanced stage, 86% of them never had a mammography, 40% of them believed that women don't need a mammography as long as they practice breast self-examination, and 77.6% believed that women after the age

of 50 years should have a mammography annually. The authors concluded that nurses' knowledge about breast cancer is essential in promoting awareness among women (Yousuf *et al.*, 2012). Therefore, nurses should get sufficient training and education about breast cancer.

Nurses working in primary health care settings are ultimate providers of breast-related health information. To have more confidence and motivation in spreading awareness about screening and early detection, nurses should receive appropriate training about breast cancer (Ceber, Turk & Ciceklioglu, 2010). A nursing educational program with cultural considerations would increase breast health knowledge, improve access to health care centers, and remove barriers. This program should overcome myths or underlying misconceptions about the topic and promote mammography intake (Lee-Lin, Menon, Leo & Pedhiwala, 2013).

The paucity, and nearly the absence of research in Lebanon regarding the role of nurses in promoting awareness and women adherence to the screening program devised by the MoPH, has generated the basis for developing this program. It is believed that through this program, nurses in the primary health care centers in Lebanon will acquire the skills and knowledge needed to spread the breast awareness message, to increase mammography utilization rates in the Lebanese community. It is hoped that this educational program will increase mammography utilization rate in Lebanon. The importance of having such a program in the country is deemed paramount given the promising impact it will have on the health of women in Lebanon.

CHAPTER II

LITERATURE REVIEW

Prior to the development of an educational program, it is worth weighing the impact of the program on the health of the public. Knowing that nurses play a key role in promoting awareness about breast cancer in any society (Yousuf *et al.*, 2012), this section will discuss the role of registered nurses in early detection and screening. This program should be culturally sensitive, thus it is important that these nurses be aware of the cultural beliefs about breast cancer in their community. In Lebanon there is lack of literature to explain the low mammography utilization rates, although it is offered free of charge. Comparing utilization with other countries is difficult due to the variations in the health care systems, including access and availability of screening tools. This chapter will shed light on prior work in the domain of breast cancer nurse training programs to help build a program that can be used in Lebanon.

Role of Registered Nurses in Early detection and Screening Measures

A cross sectional study assessed the relationship between women's adherence to mammography utilization, environmental conditions, and the role of nurses in increasing mammography utilization rates (Freitas, Tura, Costa & Duarte, 2012). The study was conducted among 805 Portuguese women aged 45-69 years old. Data collection took place in two settings: homes for 449 women who didn't adhere to mammography intake, and health care centers for 356 women who presented for the mammography. Results showed that only 41.4 % of women did their annual mammography. The highest adherence rates were found among younger and older

women, women with higher education, and the inner city residents. Nurses and other health care providers were vehicles in disseminating knowledge about the importance of adherence. The study's findings revealed that environmental factors affect mammography utilization rates, and recommendations focused on the role of nurses to motivate women to do their mammography as per the guidelines. Nurses should have more visibility in health centers because they are in contact with the patient for long time and can liaise with other health care professionals (Freitas *et al.*, 2012).

Another descriptive cross sectional study was conducted in five rural and three urban local governmental areas in Nigeria (Oluwatosin, 2012). The purpose of the study was to evaluate the level of knowledge of primary health care (PHC) nurses and whether this level of knowledge contribute to women's education regarding early breast cancer screening and detection. Out of the 120 nurses in the study, only 3.5% knew that breast cancer is the leading cause of cancer death among women, 69.6% acknowledged a breast lump as a warning sign for breast cancer, 80.9% knew that breast self-examination is an early detection measure for breast cancer, 47% performed breast self-examination on monthly basis, and 83.5 % expressed that they don't have a breast cancer early detection program in their area. Although some of these nurses showed high level of knowledge about the topic, 40% of the nurses in the study considered pain as an early sign for breast cancer. The findings emphasized the role of nurses in disseminating breast cancer awareness information to increase screening behaviors among the public, and that they should be trained to become competent to ensure effective client teaching. It is very important to educate nurses and enable them to utilize culture-based strategies in breast cancer screening (Oluwatosin, 2012).

Nursing Training Programs: Implications and Challenges

A breast cancer awareness training program is believed to provide nurses with the skills and knowledge needed to spread the breast awareness message and increase mammography utilization rate in Lebanon. The implications of such programs were assessed in a cross sectional study conducted in Taiwan. The study targeted 535 women who were diagnosed with breast cancer to investigate the impact of breast cancer awareness on increasing adherence to screening measures (Shieh, Chen, Tsai, Kuo, Tsai & Lu 2012). Findings showed that spreading awareness about breast cancer screening will lead to early detection and higher survival rates. Registered nurses, according to the study, play an important role in spreading this awareness among the public (Shieh *et al.*, 2012). Therefore, it is important to improvise nurses with adequate knowledge and skills to fulfill their role as client educators.

The literature emphasizes the role of nurses in spreading breast cancer awareness among the public. A pretest and posttest study design was conducted to evaluate the effectiveness of a Breast Cancer and Breast Self-Examination Education Program (BCB-SEEP) for primary health nurses at a health district (HD) on knowledge about breast cancer, screening measures, and early detection (Soyer, Ciceklioglu & Ceber, 2007). At the beginning of the study, 215 nurses were asked to fill a questionnaire to assess their knowledge about breast cancer and breast self-examination, and their willingness to participate in an in-service-training and to become trainers in the program. Twelve nurses volunteered and underwent two days trainer's training program. The trained nurses spread the BCB-SEEP knowledge to 192 out of the 215 participating nurses. A Post-test was applied 3 to 6 months after the program. Prior to the nursing training program, the mean for total knowledge score about breast cancer was 58.51; this score increased to 75.96, thus pointing to a statistically significant

increase ($t = 12.94$, $p < 0.001$) (Soyer *et al.*, 2007). The results converged on the fact that nursing in-service programs lead to increased awareness about breast cancer, screening, and early detection (Soyer *et al.*, 2007).

It is believed that developing training programs will lead to more awareness about breast cancer in communities. The effectiveness of training programs was supported by a review of three randomized control trials (RCTs), that investigated whether training health care providers working with cancer patients will help improve communication skills and enhance interaction with patients (Brick, 2012). The reviewed studies assessed the communication skills and behaviors of these participants before and after the training programs using validated scales. The control group of the three studies received training using one of the three instructional formats: through an intensive three-day course, a modular course in which the impact of role play was assessed, or a module with outcomes assessed through clinical interviews and patient questionnaires. The three studies recommended that training of health care providers will improve communication skills while caring for cancer patients (Brick, 2012). Although this study does not focus on breast cancer awareness, the findings could be considered when planning a training program for health care providers. A huge part of the program should be geared to improving the communication skills of registered nurses so that they can increase breast cancer awareness.

Educational programs developed to increase women's awareness regarding breast cancer are vital. A pretest posttest prospective design was conducted to evaluate the impact of self-efficacy based educational interventions on breast and cervical cancer screening behaviors among 56 women in Northern Indiana (Kessler, 2012). Results showed that, 15 months post the program, knowledge of breast cancer risks and screening guidelines in 47 participants did not decrease, whereas familiarity with breast

cancer screening guidelines increased from 50% before the program to 100% (Kessler, 2012).

Findings from the above reviewed literature stress the role of nurses in educating the public about breast cancer screening and early detection. The reviewed studies highlight the importance of training nurses to enable them to fulfill this role. Therefore, developing a training program for nurses will foster better achievement of health-related outcomes, such as increasing mammography utilization rates.

Instruction and Nurse Training Programs

Conducting a training program for nurses to emphasize the importance of breast cancer screening and early detection is feasible. The literature includes a number of nurse training activities with similar focus. A train the trainer program was developed, and used different teaching methods including lectures, discussion, hands-on skills, and return demonstration. The major concepts that were discussed in the program included cultural sensitivity, and adult teaching/learning strategies (Meneses & Yarbrow, 2008). This program used an innovative approach to engage nurses in a productive learning experience and spread awareness about breast cancer.

To train nurses effectively different teaching strategies should be considered (Callen, Smith, Joyce, Lutz, Brown-Schott & Block, 2013). Audiovisual material, group discussion, relating learned information to real life experiences, and involving learners in learning activities will help nurses meet the program goals and objectives (Qandile & Al-Qasim, 2014; Bastable, 2003). This proposed program will train nurses about breast cancer awareness and help them encourage women in Lebanon to seek breast cancer screening as per the previously mentioned guidelines.

Culture-Related Strategies and Nurse Training Programs

Health care providers should consider culturally sensitive interventions to increase mammography utilization rate (Conway-Phillips & Millon-Underwood, 2009; Moorley, Corcoran & Sanya, 2014). A number of studies have been traced to reflect the impact of culture on the health belief of the people. In this regard, a descriptive cross sectional study was implemented to investigate the beliefs of Lebanese-Armenian women related to breast cancer and breast cancer screening. The low level of susceptibility might be, according to the researchers, the main reason for low levels of mammography in this community (Arevian, Nouredine & Abboud, 2011).

Several studies have noted fear as a primary barrier to keeping women from seeking breast cancer screening. Additional barriers were isolated in different work, to include: cultural beliefs and attitudes; access to health care facilities; socioeconomic status; prior negative experiences; physician's failure to engage women in screening activities; misconceptions that screening is harmful, not necessary, would make women worry about breast cancer, and take too much time; and the perceptions of good health (Conway-Phillips & Millon-Underwood, 2009; Hatefnia, Niknami, Bazargan, Mahmoodi, Lamyianm & Alavi, 2010; Salman, 2012; Moorley *et al.*, 2014).

In light of the above, it is important to use culture-based strategies when planning professional development initiatives that focus on breast cancer awareness.

CHAPTER III

THE PROGRAM

Program Overview

In Lebanon, the MoPH organizes a breast cancer awareness campaign on yearly basis, yet the annual results show that the mammography utilization rate is low (2016). It is strongly believed that nurses working in primary health care centers can educate and encourage women about breast cancer screening and early detection (Oeffinger *et al.*, 2015). This program will train nurses by improvising the knowledge and skills needed to accomplish this role. It will be conducted in collaboration with the Primary Health Care department at the MoPH, and the Lebanese order of nurses to facilitate accessibility to nurses all over Lebanon. The program will be initiated in the area with the lowest mammography utilization rate, then in the area with the second lowest rate, and so on. Data will be provided by the director of public relations and health education departments at the Ministry. In each of the identified areas, training will be conducted in the form of a workshop.

Program Title

Training of Primary Health Care Nurses on Breast Cancer Screening Awareness.

Program Description

It is believed that screening for breast cancer leads to early detection and lower mortality rates (Soyer *et al.*, 2007). This program is designed to equip nurses working in

primary health care (PHC) centers with knowledge and skills deemed necessary to spread awareness among women and motivate them to undertake the mammography screening test during the breast cancer awareness campaigns, planned and implemented by the MoPH. With the Health Belief Model as the foundation, the program will aid PHC nurses to effectively communicate with women and disseminate information related to breast health.

Program Setting

The program will be implemented in different primary health care centers in Lebanon. Appendix I includes the names of all the primary health care centers present in different districts in Lebanon. The program will be conducted in phases based on both the geographical allocation of the PHC centers and the previous year's mammography utilization rates in each center.

Target Audience

The program will target registered nurses working in primary health care centers in Lebanon.

Program Goal

Equip primary health care nurses with knowledge, skills, and attitudes to influence mammography screening.

Program Objectives

After completing the program, nurses will be able to:

- Utilize the Health Belief Model when addressing women regarding breast

cancer awareness.

- Evaluate the role of the primary health care nurses in increasing mammography screening rates in the PHC centers in Lebanon.
- Value the importance of cultural sensitivity when communicating information about breast cancer screening and detection measures.

Instructional Approach

Different teaching methods will be used including slide presentation, case discussion, role play, and group discussion.

Assessment Approaches

- Contribution to discussions: asking questions during instruction, sharing experiences, and active interaction.
- Performance assessment: pre- and post-test (see Appendix II)

Pretest

Upon commencing the program, a pretest will be distributed to the participants. The purpose is to assess prior knowledge on topics that are integrated in the program. Apart from providing information about the nurses' prior knowledge and competency, the pre-test may be used to design future PHC induction programs, and the scores may be used to determine program effectiveness.

Posttest

The nurses will repeat the test they took at the beginning after a week of participating in the program, and a comparison will be made between the results of the two tests.

Program Outline

- Session 1: Breast Cancer Screening and Early Detection
- Session 2: Preparing Nurses to Spread breast cancer Awareness

Table 1

Teaching Plan for the First Session

Session 1	Breast Cancer Screening and Early Detection
Outline	<ul style="list-style-type: none"> • Introduction • Breast Cancer Statistics: national and international • Risk factors for breast cancer • Screening Guidelines • Cost of Screening and treatment • Role play and case studies
Duration	60 minutes
Teaching Method	<ul style="list-style-type: none"> • Class discussion • Case studies (Appendix III) • Role play (Appendix III)
Learning Outcomes	<ul style="list-style-type: none"> • Assess the importance of breast cancer screening and early detection in saving lives and increasing cure • Describe the resources available in Lebanon for disseminating the breast health message
Assessment of Learning	<ul style="list-style-type: none"> • Pre- and Post-Test
Content of Session	Appendix III

Session Description

This part of the program will empower the nurses by gaining the knowledge about breast cancer screening and early detection in a language that can be comprehended by women from different backgrounds, and different socioeconomic status in the community. This session is guided by the Health Belief Model.

According to Taylor, Lillis, Lemone & Lynn (2011), this health belief model

helps nurses to predict health behaviors, and understand failure of people to follow disease prevention strategies or screening tests for the early detection of diseases.

According to the model, the individual beliefs regarding the seriousness of an illness and the effectiveness of the proposed behavior will directly determine whether this person will adapt a certain health behavior or not. The model's six elements include (Taylor *et al.*, 2011):

1. *Perceived susceptibility*: Personal perception of the risk of developing the illness or the disease.

2. *Perceived severity*: Personal feelings on the seriousness of the illness or the disease.

3. *Perceived benefits*: Personal perception of the effectiveness of different actions available to condense the threat of the illness or the disease.

4. *Perceived barriers*: Personal feelings on the obstacles of following a recommended health action.

5. *Cue to action*: The stimulus needed to make the person accept a recommended health action.

6. *Self-efficacy*: Level of confidence in the individual's ability to successfully perform a behavior.

This model will help nurses identify how the beliefs and attitudes of women in Lebanon affect breast cancer screening outcomes. As nurses use the model in approaching women in the community, women's fear may convert to an understanding of the importance of early detection (Soyer *et al.*, 2007). Eventually, nurses will actively partake in the awareness campaigns, and the mammography utilization rates will increase.

Table 2

Teaching Plan for the Second Session

Session 2	Preparing Nurses to Spread Awareness
Duration	120 minutes
Outline	<ul style="list-style-type: none"> • Introduction • Role of PHC nurses in breast cancer awareness initiatives • Communicating breast awareness guidelines: <ol style="list-style-type: none"> i. What and how to communicate ii. Tips for effective communication: (cultural considerations, learning, communication process)
Teaching Methods	<ul style="list-style-type: none"> • Class discussion • Case studies focusing on means of conducting breast cancer awareness among women in the community (Appendix IV)
Learning Outcomes	<ul style="list-style-type: none"> • Evaluate the role of the PHC nurses in breast cancer awareness initiatives, with consideration given to learning, cultural sensitivity, & communication process.
Assessment of Learning	<ul style="list-style-type: none"> • Interaction over case studies • Pre- and Post-test
Content of the Session	Appendix IV

Session Description

In this part of the program, the nurses will be prepared to initiate and conduct breast cancer awareness initiatives. Different aspects will be briefly explored in the session and key points will be addressed, shortly:

The Role of Primary Health Care Nurses in Breast Cancer Awareness Initiatives

The main goal of primary health care is to provide health for all, and the key for this is to organize health services based on people's needs (Oelke, Besner & Carter, 2014). Breast cancer is one of the top five cancers in Lebanon (Shamseddine *et al.*, 2014), yet the country has low mammography rates. Registered nurses have a vital role in early detection because their services are catered to provide health promotion, counseling, and health education (American Nurses Association, 2016). Nurses working

in primary health care settings contribute to disseminating and initiating breast cancer awareness information to increase screening behaviors among the people (Oluwatosin, 2012). In light of the above, the emphasis of this session will be effective communication, learning process, and cultural implications.

Communicate the Breast Cancer Awareness Message Effectively

Communication is vital in educating clients, families, and communities (Callen *et al.*, 2013). Having good communication skills will allow nurses to cooperate with other health care providers to spread awareness among the people. This section of the program will capitalize on the role of nurses in identifying the client's strengths and needs, and appropriately communicate to deliver proper care (Callen *et al.* 2013).

Learning Process

According to the World Health Organization, "Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes" (2016, p.1). This education program will motivate nurses to teach women about breast cancer screening mammography. However for nurses to influence mammography utilization rates they should recognize that people learn in different ways (Waltz, Jenkins & Han, 2014), and this part will prepare nurses to effectively educate women with different backgrounds, different levels of education, and different learning styles.

Cultural Implications

Cultural beliefs can affect women's health, for example believing that screening mammography is harmful will prevent the women from undertaking this screening measure (Conway-Phillips & Millon-Underwood, 2009). Thus, this part of the program will provide the nurses with knowledge and skills needed to convey the breast cancer awareness message while taking into account the cultural differences in the

community. Nurses will be given directions of how to familiarize themselves with core cultural variations of Lebanese women (physical variations, patterns and styles of communication, gender role, and social expectations, etc.)

Handouts

All information present in the slide show presentations will be given to the nurses attending the program. Presentations will be available in English. At a later stage, an Arabic version will be developed by the Ministry of Public Health-Primary Health Care Department. According to R. Hamra, the ministry will ask a translator to do the translation which will then be reviewed and sent for experts for feedback (personal communication, April 15, 2016).

Program Evaluation Questionnaire

At the end of the program, the participating nurses will be asked to fill a questionnaire to assess the extent to which the program has helped to prepare them to participate in the breast cancer awareness campaign that is conducted on yearly basis by the MoPH. The questionnaire will include Likert scale questions and open ended questions (Appendix V).

Certification

Participating primary health care nurses will be given a participation certificate issued from the MoPH.

Contact Hours

Participating primary health care nurses will be guaranteed four contact hours

for continuing education as per the Lebanese order of nurses.

Pamphlets and Posters

On yearly basis, the MoPH chooses a theme for the breast cancer awareness campaign. Accordingly, educational pamphlets and posters intended for the public will be developed in Arabic. The chief purpose behind this audiovisual material is spreading awareness and encouraging eligible women to take part in the campaign. For the sake of avoiding duplication of efforts, pamphlets and posters are not developed for this program.

CHAPTER IV

IMPLEMENTATION, EVALUATION AND LIMITATIONS

Program Implementation

A proposal explaining the program's significance, components, delivery plan, and evaluation will be sent to the head of the Primary Health Care Department at the Ministry of Public Health for review and approval. The proposal will include a literature review that highlights how education programs previously implemented in other countries lead to the increase in mammography utilization rates. Once approved, the program will be implemented in the different provinces starting with the province with the lowest mammography utilization rate, then with the second lowest rate, and so on. Knowing that each province is divided into districts, one workshop will be done in each district. The data in the following table illustrate the total number of PHC centers per province per district with the percentage of mammography utilization rates as advised by Hamra (Personal communication, October 1, 2015).

Table 3

Distribution of Primary Health Care Centers over Provinces

Province	Number of Districts	Total Number of Primary Health Care Centers	The Percentage of Mammography Utilization Rates 2012
Bekaa	5	32	11.2%
South and Nabatieh	7	30	16.9%
Mount Lebanon	6	49	17.7%
Beirut	1	15	19.8%
North	7	39	26.3%

A pilot test of the program will be done in the first 4 districts of program offerings. Modifications will be made based on the feedback given by participating nurses. Then the full program will be implemented three months before launching the breast cancer awareness campaign. This means that the Program will be implemented as of July each year.

Evaluation

The program will be evaluated to check if the set program goals and outcomes are met. Based on the overall program evaluation, it will be decided if the program will be carried annually prior to the launching of breast cancer awareness campaign. Different criteria will be considered for evaluating the program including the results of the pre-posttest, the questionnaire filled by participants, Evaluation after the completion of the Breast Cancer Awareness Campaign, and the Results of the Breast Cancer Awareness Campaign.

The Pretest-Posttest Results

The test is composed of 15 multiple choice questions that cover the learning outcomes of the program topics. The test items are based on scenarios and reflect the cognitive domain of learning. For each question, the nurses will choose one best answer. This assessment format will determine knowledge acquisition of the nurses, thus evaluate if the learning outcomes of the program have been met.

Questionnaire Filled by Nurses at the End of the Program

A questionnaire is developed to be completed by the nurses at the end of program (see Appendix V). The program evaluation tool is composed of both Likert

scale and open ended questions, thus nurses will give their feedback and suggestions regarding the content of the sessions, the teaching methods, and the presentation style.

Evaluation after the completion of the Breast Cancer Awareness Campaign

During the awareness campaign, the mammography technicians at all participating hospitals and centers are required to fill a form for each woman who presents to the department for mammography screening. The purpose of the tool is to assist the MOPH in evaluating the campaign on yearly basis (Appendix VI). One of the questions in this questionnaire indicates the source that informs women about the campaign (primary health care nurse, physician, television, radio etc.). This part of evaluation will determine if nurses are spreading breast cancer screening awareness after participating in the program by guiding women to the breast cancer awareness campaign.

Results of the Breast Cancer Awareness Campaign

At the end of the campaign, the results of mammography utilization rates are analyzed and compared to the results of previous years by the MOPH. Monitoring these rates will evaluate the impact of the program on mammography utilization rates.

Limitations

The program might face the following limitations that restrict reaching its goals and objectives:

- Evaluation after the end of the breast cancer awareness campaign is limited because not all participating hospitals and centers are sending back questionnaires at the end of the campaign to the ministry for analysis. The evaluation is currently limited to

analyzing the available reported number of women and the means by which they heard about the campaign on yearly basis (MoPH, 2016).

- Nurses working at the primary health care centers in Lebanon come from different backgrounds where some have bachelor degrees in nursing while others have a technical degree. Thus, there is a difference in the level of knowledge and skills between nurses. To accommodate this limitation, the material will be available in two languages: Arabic and English.

- External factors: even if the mammography rates increase, there is no control over other external factors to conclude if the increase is due to these factors or due to the program itself.

CHAPTER V

CONCLUSION

Breast cancer is a life threatening disease that is prevalent in Lebanon. Despite having a national breast cancer awareness campaign screening mammography utilization rates are low. Nurses should be trained to gain the adequate skills, knowledge, and attitudes to educate Lebanese women about the importance of breast cancer early detection. This program will guide primary health care nurses in Lebanon and enable them to spread breast cancer screening awareness.

APPENDIX I

PHC LIST

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وزارة الصحة العامة
مراكز شبكة الرعاية الصحية الأولية

العدد: 192 (9 مراكز قيد استفتاء الشروط)

المحافظة: بيروت العدد: 15

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القضاء : بجدا الحد: 17

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someone said

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المحافظة: الشمال العدد : 39

القضاء طرابلس العدد: 9

اسم المركز/المستوصف	المؤسسة /الإدارة	العنوان	اسم المسؤول	هاتف	فاكس	خليوي	بريد الكتروني
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الإيمان - الميناء	الجمعية الطبية الإسلامية	الميناء	مصطفى سلحدار	06-211770	06-434934	71-680646	basima_asmar@hotmail.com
الثقة الإسلامي	جمعية التوحيد الإسلامية	الثقة - طرابلس	د. معاذ جراد	06-385685	06-441753	70-838657	mostawsef@hotmail.com
ابن سينا الصحي الاجتماعي	هيئة الاسعاف الشعبي	الشيخ - طرابلس	جيهن بلجحة	06-431120	06-445335	71-346696	ibnsina76@hotmail.com
مستوصف الكرامة الخيري	الكرامة الخيري	ساحة النور - طرابلس	د. مهي القرني	06-434700	06-430089	03-658086	el-karameh@hotmail.com
مديرية الصحة - طرابلس - مؤسسة رفيق الحريري	مؤسسة رفيق الحريري	نوار ابو علي - طرابلس	دارين المغربي	06-392020	06-392021	70-293715	dareen.moghrabi@haririmed.org
مستوصف العزم والسعادة	جمعية العزم والسعادة	الحدادين	د. صلاح غنور نائب منسج	06-432100	06-425400	70-105145 03-879143	sghandour@azmsaade.org
مركز الرحمة الطبي	وقف احباء الرحمة/ بلدية طرابلس	الثباتة	سوقي منسج	06-380283		03-225590	center_rahme@live.com

القضاء: المنية - الضنية العدد: 5

اسم المركز/المستوصف	المؤسسة /الإدارة	العنوان	اسم المسؤول	هاتف	فاكس	خليوي	بريد الكتروني
المنية الصحي الحكومي	وزارة الصحة العامة	المنية	د. كلثم سكاف	06-461981	06-461942	03-872242	
مستوصف بلدية دير عمار	بلدية دير عمار	دير عمار - الضنية	د. نزيه دهبني	06-461411	06-463464	03-945410	deir-ammar@hotmail.com
بيت النقس الصحي الحكومي	جمعية النهضة الخيرية الاجتماعية بيت النقس	بيت النقس - الضنية	محمد عثمان	06-260096		70-509392	awada_yousef@hotmail.com
الخدمات الإنمائية - بعون	وزارة الشؤون الاجتماعية / بلدية بعون	بعون - الضنية	حسنه رومائوس	06-242012		70-174573	mosa-bakhoun@hotmail.com
الإيمان الطبي - بطرماز	الجمعية الطبية الإسلامية	بطرماز - الضنية	د. غوه فريق	06-494149	06-434934		imatri@inco.com.lb

القضاء : زغرنا الحد: 3

اسم المركز/المستوصف	المؤسسة / الإدارة	العنوان	اسم المسؤول	هاتف	فاكس	خليوي	بريد الكتروني
جيهان فرنجية للخدمات الإنمائية	وزارة الشؤون الاجتماعية	زغرة	زينة فرنجية	06-660454		03-320631	georginafrangieh-b@hotmail.com
الطبي الاجتماعي - الخالدية	منظمة فرسان مالطا	الخالدية	الأخت سيلين نهرا	06-662040	06-669626		osmkhalديه@gmail.com
مستوصف مزيارة الخيري	نادي تسيبة مزيارة / البنية	مزيارة	جورج عبدالله	06-570541		03-422765	georgem.abdallah@hotmail.com

someone said

القضاء: عكار الحد: 16

اسم المركز/المستوصف	المؤسسة / الإدارة	العنوان	اسم المسؤول	هاتف	فاكس	خليوي	بريد الكتروني
الطبي الاجتماعي - القبيك	منظمة فرسان مالطا	القبيك	الأخت مي خوري	06-350214	06-350027	70-556089	soeurmaykhoury@hotmail.com pascal-tannous@hotmail.com rose-fares@hotmail.com
القيس بولس للخدمات الشاملة	مطرائية الروم الأرتونوكس	التيه طليا	د. جوزيف رشكيدي	06-691507	06-693194	03-772373	medicalcenter.saintpaul1994@gmail.com
مشحا الصحي الخيري	جمعية التأهيل والعناية الاجتماعية	مشحا	يحيى الراعي	06-690676	06-825896	03-439610	moustawsaf.machha@hotmail.com
الصحي المقاصدي - وادي خالد	جمعية المقاصد	الهيئة - وادي خالد	عبدالمصطفى	06-870197	06-870197		wadikhaled.center2003@hotmail.com
مستوصف الكرم الخيري - المسعودية	جمعية الكرم الخيرية	المسعودية	د. احمد كرم	06-810130	06-690014	03-674245	
مديرية الصحة - عكار - مؤسسة رفيق الحريري	مؤسسة رفيق الحريري	عكار العينة	روينا حنينا	06-885210	06-392021		dr.m.khodor@hotmail.com dr-Ahmadkaram@hotmail.com
المركز البلدي لرعاية صحة الأم والطفل - مشمش	بلدية مشمش	عكار	د. خالد طالب	06-896155	06-895595	03-403092	center.meshmesh@hotmail.com
مركز الإيمان الطبي - بينين	الجمعية الطبية الاسلامية / بلدية بينين	عكار	علي أويضة	06-471303	06-471709	70-189871	imc_b07@hotmail.com
مستوصف قبيق الحكومي	بلدية قبيق	عكار	فاطمة	06-896311			
مركز النجدة الشعبية - حلما	جمعية النجدة الشعبية / بلدية حلما	حلما - عكار	كامل منصور	06-691600	06-691250	70-312414	splakkar@hotmail.com
*مستوصف تلماجان الحكومي	وزارة الصحة العامة / البلدية	تلماجان - عكار	محمد خالد المصري	06-810688	03-323788		
مستوصف بينين الحكومي	وزارة الصحة العامة / البلدية، جمعية انماء الشمال	عكار - بينين	د. عبد الوهاب المرعي	06-470992	03-228767		dr.wahab.morabi@hawamail.com
مستوصف العبودية الحكومي	وزارة الصحة العامة / البلدية	عكار	محمد الصومعي	06-212974	03-624356		
مركز الإرشاد الطبي - برقليل	جمعية الإرشاد والاصلاح الخيرية الاسلامية / بلدية برقليل	عكار	د. علي خالد	06-370047			taalouf@hotmail.com
مركز العناية الخيري	جمعية العناية الخيري / بلدية وادي خالد	عكار	عبدالله المحمد	06-870110		03-494635	olweik2012@hotmail.com
مديرية الصحة - البيرة - مؤسسة رفيق الحريري	مؤسسة رفيق الحريري / بلدية البيرة	عكار	عصام عرفجي	06-830664			

12/02/2014

*المراكز التي لا تتوفر كامل شروط الرعاية الصحية الأولية وتخضع لفترة تجريبية لتحسين أوضاعها.
**مراكز قيد التحضير.

someone said

التضاء : البترون العدد: 2

اسم المركز/المستوصف	المؤسسة /الادارة	العنوان	اسم المسؤول	هاتف	فاكس	خليوي	بريد الكتروني
مركز قسم الصحة - البترون	وزارة الصحة العامة البلدية	البترون	د. يوسف درغام	06-740150		03-854926	bassil-rita@hotmail.com
مستوصف تنكا الخيري	مؤسسة اهلية	البترون	د. اميل منصور	06-545490		03-749745	ccd-chehka@hotmail.com

التضاء : الكورة العدد: 3

اسم المركز/المستوصف	المؤسسة /الادارة	العنوان	اسم المسؤول	هاتف	فاكس	خليوي	بريد الكتروني
كوسيا الصحي الحكومي	وزارة الصحة العامة / بلدية كوسيا	كوسيا الكورة	د. ميشال جوي	06-511900	06-510016	03-408208	kousbamedicalcenter@hotmail.com
الصحي الاجتماعي - بحيوت	جمعية لعاش القرى الخمس	بحيوت	ندى الماعيل	06-950344		03-707335 76-161201	markaztobi_bhabouch@hotmail.com
النجدة الشعبية - كفر صارون	جمعية النجدة الشعبية / بلدية كفر صارون	كفر صارون الكورة	د. نجاح تمانس	06-651088		03-128103	najde_alkoura@hotmail.com sayde.mrad@hotmail.com

التضاء : بتري العدد: 1

اسم المركز/المستوصف	المؤسسة /الادارة	العنوان	اسم المسؤول	هاتف	فاكس	خليوي	بريد الكتروني
مستوصف حصرون الخيري	وزارة الصحة العامة/ البلدية	حصرون	بديعة تلجطا	06-590032	06-591270	71-820936	hasroundisp@gmail.com

12/02/2014

*المراكز التي لا تستوفي كامل شروط الرعية الصحية الأولية وتخضع لفترة تجريبية لتحسين أوضاعها.
**مراكز قيد التحيز.

المحافظة : البقاع العدد: 32

القضاء : زحلة العدد : 7

اسم المركز/المستوصف	المؤسسة / الإدارة	العنوان	اسم المسؤول	هاتف	فاكس	خليوي	بريد الكتروني
*زحلة الصحي المركزي	وزارة الصحة العامة	المعلقة	د. بشرى خوري	08-822266		03-601263	najwa_el_khoury@live.com
الإمام الحسين - جلا	جمعية البيرات الخيرية	جلا	د.كمال ديراني	08-508484		03-094308	kamal.dirani@hotmail.com bayano.net@hotmail.com
عين كرزيد الصحي الاجتماعي	جمعية الشعة	عين كرزيد	مي حداد	08-925790		03-433965	mayhaddad99@yahoo.com
الفروق الصحي - سعدليل	دار الفتوى	سعدليل ميني الجامع	د. رضوان سنجي	08-505322			fmcs1998@gmail.com
مركز قب الياض	الجمعية الخيرية الإسلامية	قب الياض	د. درويش خان	08-500688	08-501865	71-330793	iws.phcc@hotmail.com
تربل الصحي الحكومي	وزارة الصحة العامة / البلدية	تربل	م.جورج عاصي	08-955688	08-955881	03-693456	terbol@hotmail.com
بر الياض الصحي الحكومي	وزارة الصحة العامة البلدية	بر الياض	د.حسين حمد	08-510018		70-841031	barellas-health-center@hotmail.com ahmato97@hotmail.com

القضاء : راتبا العدد : 4

اسم المركز/المستوصف	المؤسسة / الإدارة	العنوان	اسم المسؤول	هاتف	فاكس	خليوي	بريد الكتروني
الصليب الأحمر اللبناني - راتبا	الصليب الأحمر اللبناني	راتبا	فغلا الصبيحي	08-591101	08-590540	03-852296	
رعاية الطفل - ضمير الأحمر	جمعية رعاية الطفل في راتبا	ضمير الأحمر	سوفي محمد	08-561159		03-170926	cwar_rachaya@hotmail.com iman-5-8@hotmail.com
الإبرار الطبي	جمعية الأورل الخيرية الإسلامية	عزة	الشيخ محمد فرج	08-563207		03-120784	alabrar.center@hotmail.com
مستوصف راتبا الوادي	جمعية سيدات راتبا والبقاع العربي	راتبا الوادي	يعني البيطار	08-591177		03-453675	saydatrasha@live.com

القضاء : الهرمل العدد : 3

اسم المركز/المستوصف	المؤسسة / الإدارة	العنوان	اسم المسؤول	هاتف	فاكس	خليوي	بريد الكتروني
*الهرمل الصحي الحكومي	وزارة الصحة العامة	الهرمل	د. أحمد فخر النين	08-201599	08-201340	03-432681	dahmd2223@hotmail.com
الصليب الأحمر اللبناني - الهرمل	الصليب الأحمر اللبناني	الهرمل	فاطمة الرستيني	08-200089		03-805746	fatima.rachini@hotmail.com crl.hermel@hotmail.com
البول الصحي	الهيئة الصحية الإسلامية	المعالي - الهرمل	ربيعة شمص	08-201151	08-200118	03-157971	batoulhospital@hotmail.com nadar123@hotmail.com

12/02/2014

*المراكز التي لا تستوفي كامل شروط الرعاية الصحية الأولية وتخضع لفترة تجريبية لتحسين أوضاعها.
**مركز قب التحيز.

القضاء : بعلبك العدد: 15

اسم المركز/المستوصف	المؤسسة/الإدارة	العنوان	اسم المسؤول	هاتف	فاكس	خليوي	بريد الكتروني
إبعات الصحي الحكومي	وزارة الصحة العامة / البلدية	إبعات	د. هاني عبد الساتر	08-379701	08-379122	03-857718	elaat@ldm.net.lb
الطبي الاجتماعي - برفا	الجمعية اللبنانية لفرسان مابلما	برفا	الأخت نهاد نصار	08-320590		03-706115	nouhad.nassar@usj.edu.lb
الشهيد فرج بلوق	الهيئة الصحية الإسلامية	ساحة ناصر - بعلبك	جمال طليس	08-373513	08-373512	03-044320	ihs-bikaa@hayaa.org nadar123@hotmail.com
التي تبيت الصحي	الهيئة الصحية الإسلامية	التي تبيت	إيمان جمعة	08-335720		03-580967	nadar123@hotmail.com
مديرية الصحة - عرسال - مؤسسة رفيق الحريري	مؤسسة رفيق الحريري	عرسال	د. مسعود الحجري	08-241231		03-535679	robakronbi@hotmail.com
مستوصف دير الأحمر	مطرائية بعلبك ودير الأحمر المارونية	دير الأحمر	الأخت سامية شاهين	08-320373		71-024002	maroon_84@hotmail.com cmdeir@gmail.com
مستطال الصحي	الهيئة الصحية الإسلامية	مستطال	علي غصن	08-330024		03-201664	mariamozeir998@hotmail.com nadar123@hotmail.com
بوداي الصحي الحكومي	وزارة الصحة العامة / البلدية / الهيئة الصحية الإسلامية	منطقة بلدية بوداي	عبد الله السبباني	08-300885		70-801383	
مركز بلدية اللبوة	وزارة الصحة العامة / البلدية	اللبوة - بعلبك	ديما رباح	08-233323	08-233655	71-738938	dimarabah@hotmail.com
مستوصف مطرائية الروم الكاثوليك - القاع	مطرائية الروم الكاثوليك	القاع	الانثى بيان نصر الله	08-225210		03-703193	bernard.nasrallah@hotmail.com
مركز الاتمالي الاجتماعي قسرينا	جمعية قرى الاطفال SOS	قسرينا	تسلما بيزاني	08-912117		70-414071 03-150994	samarb@sos.org.lb
مستوصف بلدية سرعين الفوقا	بلدية سرعين الفوقا	سرعين الفوقا	د. محمد شوهس	08-335472		03-477344 76-791660	doctorshuman@hotmail.com
مستوصف الجمعية اللبنانية للرعاية الصحية الاجتماعية - قسرينا	الجمعية اللبنانية للرعاية الصحية والاجتماعية	قسرينا	عبد خير الدين	08-912983		70-450010	
مستوصف الجمعية اللبنانية للرعاية الصحية الاجتماعية - حنت بعلبك	الجمعية اللبنانية للرعاية الصحية والاجتماعية	حنت بعلبك	عبد خير الدين	08-331586	08-912983	70-450010	
مديرية الصحة - بعلبك - مؤسسة رفيق الحريري	مؤسسة رفيق الحريري / بلدية بعلبك	بعلبك	عصام عرفجي	08-371010			

القضاء : البقاع الغربي العدد : 3

اسم المركز/المستوصف	المؤسسة/الإدارة	العنوان	اسم المسؤول	هاتف	فاكس	خليوي	بريد الكتروني
مركز مشغرة للرعاية الصحية الأولية	جمعية الامام الخميني	مشغرة	وائل المقداد	08-651125		03-525987	machgharcenter@hotmail.com
الجمعية اللبنانية للرعاية الصحية الاجتماعية - سمحر	الجمعية اللبنانية للرعاية الصحية الاجتماعية	سمحر	احمد كريم	08-635656		03-635078	sohmor_health_center@hotmail.com
مركز غزة الصحي	جمعية التعاون الاجتماعية الخيرية	غزة	منصور منصور	08-640638		70-136182	satmansour@hotmail.com

12/02/2014

*المراكز التي لا تستوفي كامل شروط الرعاية الصحية الأولية وتخضع لفترة تجريبية لتحسين أوضاعها.
**مراكز قيد التجهيز.

المحافظة : الجنوب العدد : 30

القضاء : صيدا العدد: 16

اسم المركز/المستوصف	المؤسسة /الادارة	العنوان	اسم المسؤول	هاتف	فاكس	خليوي	بريد الكتروني
الخدمات الإيمائية - حارة صيدا	وزارة الشؤون الاجتماعية / بلدية حارة صيدا	حارة صيدا	محمد سعد	07-751398	07-733148	71-182186	msaad1@hotmail.com
مستوصف بلدية الغسائية	بلدية الغسائية	الغسائية	د. محمد كجك	07-420639		03-882154	ghassaniyah_clinic@hotmail.com
مجمع نبيه بري لتأهيل المعوقين	الجمعية اللبنانية لرعاية المعوقين	الصرغند	د. مها تومان جباعي	07-441010 07-441020	07-441030	03-684243	samerzbeeb@hotmail.com lwah@lwah.org.lb
مركز كفرحى	مؤسست الامام الصدر	كفرحى	امينة درويش	07-215660		71-520089	kfarhatta@imamsadrfoundation.org.lb
مديرية الصحة - عين الحلوة - مؤسسة رفيق الحريري	مؤسسة رفيق الحريري	عين الحلوة - صيدا	هاله حلي	07-753502		03-779933	halahabil@hotmail.com
* مستوصف بلدية طنبريت	بلدية طنبريت	طنبريت	نبلى سعد	07-205722 07-205952	07-205558	71-781491	baladiyati2012@hotmail.com
مستوصف الدكتور نزيه الزري	جمعية المواساة	القياحة - صيدا	مي حشيشو	07-727512	07-729512	03-842662	hc@almoasat.org
الغازية الصحي - جمعية البر والإحسان	جمعية البر والإحسان	الغازية	رضوان خليفة	07-223600		03-309156	radwan_khalifeh@hotmail.com
مركز كاريتاس - صيدا	مؤسسة كاريتاس	تسارح مار نقولا - صيدا	شربل ديت	07-732268 Ext: 101		03-182583	cms_saida@caritas.org.lb medical@caritas.org.lb charbeldib3@hotmail.com
الامام المهدي - الغازية	الهيئة الصحية الاسلامية	الغازية	حسن مطولوم	07-220140		70-782044	nadar123@hotmail.com
مستوصف الشهيد معروف سعد	مؤسسة الشهيد معروف سعد	مدينة العمال	احمد فاسم	07-722393	07-723323	03-252391	msscf.ngo@gmail.com
الصلب الاحمر اللبناني - الزرارية	الصلب الاحمر اللبناني	الزرارية	د. زاهي ياسين	07-305610	07-224140		ph.sarah.abady@gmail.com
الرعاية الصحية الأولية - مستشفى صيدا الحكومي	وزارة الصحة العامة / ادارة عامة	عين الحلوة	د. علي عبد الجواد	07-739610 07-739405	07-751336	03-234588	saida.gov.hospital@hotmail.com
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12/02/2014

*المراكز التي لا تستوفي كامل شروط الرعاية الصحية الأولية وتضع لفترة تجربة لتحسين أوضاعها
**مركز قيد التحضير.

القضاء - صور العدد: 12 someone said

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**مراكز قيد التحضير.

المحافظة : النبطية العدد : 27
someone said

القضاء : النبطية العدد: 9

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**مراكز قيد التحضير.

someone said

القضاء : حاصبيا العدد: 2

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APPENDIX II

PRETEST

(Breast Cancer Awareness Nursing Training Program)

Name:

Max. Mark =

Date:

Time:

Multiple-Choice Questions ()

(1 point & 90s each)

Circle The Best Answer

- 1- When teaching women about breast cancer, the nurse should:
 - a. Focus on PHC policies and procedures
 - b. Consider learning needs and culture**
 - c. Approach women using fear and vulnerability
 - d. Display recent national and international statistics

- 2- The nurse wants to teach women with different levels of education about breast cancer screening and early detection. To ensure a **high compliance** with instructions, the nurse would tell these women to:
 - a. Follow dietary guidelines
 - b. Be aware of breast cancer
 - c. Undertake a mammography**
 - d. Learn about breast cancer

- 3- Which of the following examples informs the nurse of clarity when addressing clients? If the client
 - a. Avoids direct eye contact
 - b. Does not ask questions
 - c. Asks for clarification**
 - d. Looks surprised

- 4- Which of the following reflects a characteristic feature of a nurse with good listening skills?
 - a. Allows clients to finish their sentences
 - b. Interrupts clients for immediate feedback
 - c. Responds when clients are speaking

- d. Analyzes and summarizes the ideas
- 5- The mean age of breast cancer diagnosis in Lebanon ranges between:
- 29 and 31 years
 - 39 and 41 years
 - 49 and 51 years
 - 59 and 61 years
- 6- Which of the following is a breast cancer none preventable risk factor:
- Family history
 - Obesity
 - Smoking
 - Alcohol abuse
- 7- At what age women with average risk of breast cancer should start having annual mammography
- 20
 - 30
 - 40
 - 50
- 8- Which of the following has been reported as a main barrier that might keep women from having annual mammograms?
- Believing that breast feeding is protective
 - Lacking direction by healthcare provider
 - Having no family history of breast cancer
 - Relating protection to number of children
- 9- Of the following clients, which one is most likely to have annual breast examinations and mammograms?
- Nancy, who is educated about breast cancer screening
 - Sarah, who lives in a low income family
 - Jane, who has a family history of breast cancer
 - Tricia, a working mother of two female teenagers
- 10- Which of the following statements is correct regarding breast cancer screening?
Women
- should seek screening mammography biannually as of the age of 25.
 - don't need screening mammography if they practice breast self-examination.
 - should seek screening mammography annually effective the age of 40.
 - don't need screening mammography in the absence of a family history.
- 11- The Lebanese Breast Cancer Awareness Campaign is implemented during the following period of each year:
- January till March
 - April till June
 - July till September
 - October till December

- 12- During the Breast Cancer Awareness Campaign in Lebanon, mammograms are free of charge in all
- Hospitals
 - Public hospitals
 - Private hospitals
 - Radiology centers
- 13- Choose one of the following interventions that will help you encourage women to undertake screening mammography: Telling women that screening mammography can:
- prevent breast cancer
 - never cause pain
 - enlarge breast size
 - save their lives
- 14- Which of the following statements is correct regarding screening mammography?
- can detect a tumor before it is detected clinically
 - detected tumors are considered malignant
 - has no harm on women undertaking the screening
 - Both a & c
- 15- The nurse stimulates women to accept the concept of screening mammography. The role of the nurse will be to:
- Frighten women about their risk of having breast cancer
 - Encourage adherence of women to the ACS guidelines
 - Help women believe that breast cancer is life threatening
 - Make women seek screening to prevent breast cancer

APPENDIX III

BREAST CANCER SCREENING AND EARLY DETECTION

Breast Cancer Screening & Early Detection



Outline

- Introduction
- Breast Cancer Statistics
- The susceptibility of women to breast cancer
- Managing fear
- Screening Guidelines
- Cost of Screening and treatment
- Role playing and case studies

Objectives

At the end of the session the primary health care nurses will be able to:

- Describe the resources available in Lebanon for disseminating the breast health message
- Evaluate the means already used to spread the breast cancer awareness in Lebanon

Introduction

- This session will be a valuable tool that primary health care nurses can use to:
- Educate women in the Lebanese community about breast cancer
- Encourage them to seek screening and early detection without scaring them.

What is Breast Cancer

- Cancer occurs as a result of abnormal changes in the genes responsible for regulating the growth of cells and keeping them healthy.
- That changed cell gains the ability to keep dividing without control or order, producing more cells just like it and forming a tumor.
- A tumor can be benign (not dangerous to health) or malignant (has the potential to be dangerous).
- The term "breast cancer" refers to a malignant tumor that has developed from cells in the breast.

Women Are Susceptible to Breast Cancer

- The number one cancer in women
- One in every eight women is at risk of developing breast cancer in her lifetime
- Breast cancer is the most common cancer in women with 1.7 million newly diagnosed cases in 2012, making a total of 12% of all new cancer cases worldwide.
- Belgium has the highest rate of breast cancer (111.9 per 100,000).
- In developed countries, there are 3.2 million women who survive breast cancer for five years as opposed to 3 million in developing countries.

Lebanese Women Are Susceptible to Breast Cancer

- In Lebanon, there is an annual increase (5.4%) in cancer incidence rate, with breast cancer as one of the top five types of cancers prevalent among Lebanese women
- Breast Cancer constitutes more than one third of Lebanese female cancers
- The mean age of breast cancer diagnosis in Lebanon ranges between 49.8 years and 50.8 years

Breast Cancer Facts

- Early detection of breast cancer can lead to high survival rates
- Today the number one breast cancer screening tool is the mammogram



Breast Cancer Risk Factors

I am a women, I am at risk of having breast cancer
BUT

I am more susceptible to breast cancer if:

- I am above the age of 40 years
- I had breast cancer previously in my life
- I have BRCA1 and BRCA2 gene changes
- I have family history of breast cancer
- I am Obese
- I had my period before the age of 12
- I had my menopause at an older age
- I had my first child after being 35 years old
- I have never been pregnant
- I am receiving post menopausal hormone therapy such as progesterone tablets
- I drink alcohol

If I have هيديك المرض Would I loose my Breast?

First let us agree on the term, it is called breast cancer, avoiding the name will not protect you.

BUT

Having your self checked to EARLY detect if you have breast cancer will save your breast

HOW?

Because the tumor size would be small and there would be no need to remove all the breast, your doctor will only remove the tumor. You will have a high chance for surviving and living a long healthy life.

Is it Serious?

- Yes it is serious and yes it can be life threatening

BUT

- Once again if you get yourself checked early, you will have a high rate of surviving.

How Do I Get Myself Checked?

- When you are above the age of 40 have a mammograms every year.
- This can save your life.
- This can save your breast.

Why Should I have a Mammogram?

- Because the mammogram will detect the breast cancer even if it is clinically undetectable (mammography may detect cancer one and a half to four years before a cancer becomes evident to your nurse or physician).

Mammogram Image



Does the Mammography Only Detect Malignant Tumors

- No
- If abnormalities are detected by the mammogram further investigations are done before confirming if it a malignant tumor or something else such as an infection or a cyst

What if It is a Malignant Tumor

- God gave us brains.
- These human brains helped medicine to develop and improve so now breast cancer is **CURABLE**



Breast Cancer Treatment

- The sooner we discover the more we can preserve the breast
- The longer we postpone the more difficult is the treatment.
- Treatment: surgery, radiotherapy, chemotherapy.

I Should NOT Feel Embarrassed

- Breast Cancer is a disease
- There is nothing to be embarrassed of.

I should NOT be afraid of Knowing

- The sooner I know the better

SO

- I should be afraid of not knowing, because I will not be treated.

Can I afford This?

- The Lebanese Ministry of Public Health organizes a breast cancer awareness campaign between October, November, and December on annual bases.
- The mammogram during the campaign is for free in public hospitals and for 40 000 L.L. instead of 100000 L.L. at participating private hospitals and radiology centers.
- If a woman found out to have breast cancer and she does NOT have any formal coverage (from NSSF, COOP, army, etc.) then she is eligible to get her medications for free from the Ministry.
- For the cost of hospitalization she will be requested to pay 15% of the bill if she gets the treatment at a private hospital, and pay only 5% of the bill if she gets her treatment at a governmental/public hospital.

Case Study

- A 50 year old female was diagnosed with early stage breast cancer at the age of 45 years. She is a mother of two. She visited the primary health care center you work at, and when you asked her about her experience with breast cancer she told you that she wants to live and enjoy time with her grandchildren, so she gets annual mammograms for early detection.
- Another 50 year old female, previously healthy, a mother of two, but over the years she refused to do any mammography because she is afraid of breast cancer. Now she has a palpable mass over her left breast and she came for clinical examination.
- What are some of the factors that might contribute to behavior differences between the two females, how could we have prevented the second lady from avoiding screening and early detection?

Role Play

- One of the participants will be performing the role of a primary health nurse.
- Three other participants will be performing the role of 60 year old Lebanese females who never went to secondary school, and don't even want to hear the term cancer.
- The nurse should find ways based on the previously discussed topics to engage the women in the discussion, influence their behavior, and motivate them to participate in the breast cancer awareness campaign.
- The rest of the participants will give feedback and evaluation regarding the scenario.
- Nurses participating in the scenario will give their reflection.

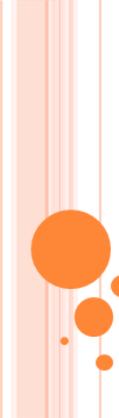


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APPENDIX IV

PREPARING NURSES

 <p>LET US GET READY TO SPREAD BREAST CANCER AWARENESS</p>	<p>OUTLINE</p> <ul style="list-style-type: none"> ○ Introduction ○ Role of PHC nurses in spreading breast cancer awareness ○ Communicating health awareness: <ol style="list-style-type: none"> i. What to communicate? ii. Tips to communicate: cultural considerations, learning environment, communication process. ○ Conclusion ○ Case Study
<p>OBJECTIVES</p> <p>At the end of the session the primary health care nurses will be able to:</p> <ul style="list-style-type: none"> ○ Critique the role of registered nurses in breast cancer awareness ○ Evaluate the role of effective communication when addressing clients about breast cancer awareness, with consideration given to cultural sensitivity & communication process. 	<p>INTRODUCTION</p> <ul style="list-style-type: none"> ○ Before starting with the topic on breast cancer screening and early detection it is important first to understand: <ol style="list-style-type: none"> I. The role of primary health care nurses in spreading breast cancer awareness II. How to spread this awareness
<p>ROLE OF PRIMARY HEALTH CARE NURSES</p> <p>Primary health nurses :</p> <ul style="list-style-type: none"> ○ Care for entire populations ○ Educate people about, health issue including breast cancer awareness ○ Improve community health and safety by encouraging women to seek breast cancer screening ○ Increase access to care by guiding Lebanese women to the breast cancer awareness campaign ○ Provide the greatest benefit to most people 	<p>IN OTHER WORDS PRIMARY HEALTH CARE NURSES HAVE A MAJOR ROLE IN:</p> <ul style="list-style-type: none"> ○ Screening services such as mammogram for breast cancer screening. ○ Health education such as teaching women about breast cancer screening guidelines.

I AM ENCOURAGING WOMEN TO SCREEN THEMSELVES FOR BREAST CANCER

- Is it an easy job?
- What should I consider and keep in mind while encouraging women to screen for breast cancer?

I SHOULD CONSIDER THE CULTURE



EXAMPLES ON CULTURAL CONSIDERATIONS:

- Cultural beliefs and attitudes can affect the health of women worldwide (Conway-Phillips & Millon-Underwood, 2009)
- Some women prefer to be examined by a female rather than a male (Meneses & Yarbro, 2007).
- Some Indian women diagnosed with breast cancer would avoid treatment due to fear of stigma concerning their daughters (Meneses & Yarbro, 2007)
- In so many Arab countries there are people who refer to cancer as "that disease" (Salman 2012)

EXAMPLES ON CULTURAL CONSIDERATIONS (CONT.)

What about Lebanese women and breast cancer?



AS A HEALTH CARE PROVIDER

- Familiarize yourself with core cultural elements of the communities you serve, including: physical and biological variations, concepts of time, space and physical contact, styles and patters of communication, physical and social expectations, social structures and gender roles
- Learn how different cultures define, name and understand disease and treatment. Engage your clients to share with you how they define, name and understand their ailments

AS A HEALTH CARE PROVIDER (CONT.)

- Learn: read literature and learn about other cultures
- Inquire: Dig deeper to understand reasons behind your client's health behaviors and attitudes
- Speak clearly
- Show empathy: listen to the feelings behind words, and acknowledge feelings when expressed.

I SHOULD CONSIDER THE LEARNING ENVIRONMENT



NURSE'S ROLE

- Clients should have sufficient knowledge to make an informed decision.
- Present information in a clear and concise manner.
- Anticipate the client's needs for information based on physical condition and treatment
- Clarify information
- Carry out the nursing process i.e. assessment, nursing diagnosis, planning, implementation and evaluation

WHILE TEACHING CONSIDER THE ENVIRONMENT

- Well set alight
- Comfortable temperature
- Quiet setting
- Minimal distractions
- Private

CONSIDER YOUR CLIENT'S LEARNING STYLE

- People process information differently
 - Visual learners
 - Hands-on learners
 - Note takers
 - Listeners
 - Reflective learners (think through information first before acting on it)
 - Etc.

ALWAYS MOTIVATE YOUR CLIENTS TO LEARN

- Relate the information to their real life experiences
- Focus your attention on the group's special characteristics.
- Don't ignore adults' needs, insights and skills when planning an educational experience.
- Consider the intrinsic motivation

I SHOULD COMMUNICATE MY MESSAGE EFFECTIVELY



COMMUNICATING HEALTH AWARENESS

- Effective communication is important, Why?
- To help clients cope and make better decisions for their treatment and care
- We are helping women get over any obstacles and seek breast cancer screening.

EFFECTIVE COMMUNICATION SKILLS

- Listen to the client
- Give clear and simple information

YOU ARE SPEAKING CLEARLY IF YOUR LISTENERS:

- Respond warmly and attentively throughout the conversation or presentation: (their eyebrows are raised, their eyes are rounded, and they lean forward while you are talking)
- Give you more eye contact.
- Follow your directions more accurately.
- Ask you questions for clarification.
- Appear more relaxed (i.e. smiling, shoulders down, hands relaxed.)

BE AWARE IF THE CLIENT IS CONFUSED

Your client is confused or feels uncomfortable if he/she:

- Avoids eye contact
- Squints his/her eyes
- Closes his/ her mouth
- Asks too many questions or too little
- Turns away from you

REMOVE ALL BARRIERS TO EFFECTIVE COMMUNICATION

- Environment – noise, lack of privacy, no control over who is present or not present (staff or relatives).
- Fear and anxiety
- Other barriers – difficulty explaining feelings (no emotional language to explain feelings), being strong for someone else, or communication cues (anything you see or hear when you are interacting with others) being blocked by healthcare professionals.

SKILLS THAT ASSIST IN KEEPING THE FOCUS ON THE PATIENT AND/OR CARER

- Looking and listening for cues.
- Asking open questions. For example: 'How are you?'
- Asking open directive questions. For example: 'How are you since I last saw you?'
- Asking open questions about feelings.
- Exploring cues. For example: 'You said you are not with it, can you tell me more about that?'
- Using pauses and silence.
- Using minimal prompts.
- Screening. For example: asking the question 'Is there something else?' before continuing with the discussion.
- Clarifying. For example: asking the question 'You said you are not with it, from what you say, it sounds like it is hard to concentrate?'

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- Using minimal prompts.
- Screening. For example: asking the question 'Is there something else?' before continuing with the discussion.
- Clarifying. For example: asking the question 'You said you are not with it, from what you say, it sounds like it is hard to concentrate?'

TIPS TO REMEMBER

- Good speakers not only inform their audience, they also listen to them!
- Listening can be one of our most powerful communication tools! Be sure to use it!
- Do not finish the sentence of others.
- Provide feedback but do not interrupt incessantly
- Plan responses after others have finished speaking
- Walk the person through analysis and summarize the ideas.

QUIZ YOURSELF ON LISTENING SKILLS

- Are you easily distracted from conversation by nearby noise?
- Do you constantly keep asserting your point of view during the conversation?
- Do you ask questions to clarify unclear information?
- Do you judge a message as unworthy because of the speaker's appearance?
- Do you pretend to listen when you are not?
- Do you act impatient during a conversation?
- Do you listen to the conversation selectively?
- Do you spend time forming your answers while the other person is still sharing his argument?

CONCLUSION

- The primary health care nurse plays an important role in encouraging women to seek breast cancer screening and early detection.
- Primary health care nurses should communicate their message in an effective way, in an environment that enhances learning, while considering women's background and culture.

CASE STUDY

- During a crowded party with loud music, a healthy 30 year old female who is engaged told you that her grandmother passed away when she was 60 years old after one year of being diagnosed with breast cancer. You asked your friend if she is doing a mammogram annually. Her response was "no way! I am too afraid to do a mammogram, no way no way!!". What are the different ways to convince her of doing the mammogram?

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APPENDIX V

END OF THE PROGRAM EVALUATION

Dear nurses,

Thank you for participating in our program. Filling the following questionnaire is highly appreciated. Your comments and suggestions will help us improve in the future.

Do you agree or not agree with the following statements. Please tick \surd your answer of choice:

1. I understood all the material presented to me:
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree

2. In the future I will use the handouts given to me during the program:
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree

3. The program helped me understand my role in spreading breast cancer awareness among women:
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree

4. The information presented is very useful:
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree

5. I believe that the timing of the program is suitable
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree

- 6. I had enough time to ask all my questions and discuss my concerns:
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree

- 7. I feel able of spreading breast cancer awareness in the community:
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree

- 8. The case studies presented helped me understand my role in spreading breast cancer awareness:
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree

Please answer the following questions:

Which part of the program you believe is the most helpful? Why?

Which part of the program you believe is the least helpful? Why?

What aspects of the program do you recommend to be changed? Please comment.

- Timing _____
- Location _____
- Topics _____
- Instructors _____
- Number of sessions _____
- Sequence of sessions _____
- Teaching methods _____
- Others, specify _____

Further recommendations:

Thank you

APPENDIX VI

END OF CAMPAIGN EVALUATION FORM

الجمهورية اللبنانية - وزارة الصحة العامة

حملة التوعية لسرطان الثدي

إستمارة المعلومات

.....	إسم المؤسسة:
.....	الرقم التسلسلي:
..... / /	تاريخ الفحص:
(اليوم)	(الشهر)
(السنة)	

معلومات عامة	
.....	(١) إسم السيدة:
.....	(٢) تاريخ الولادة: / /
.....	(٣) مكان الولادة:
.....	(٤) رقم الهاتف:
.....	(٥) إسم الطبيب المعالج:
.....	(٦) رقم الهاتف:
.....	(٧) الوضع الإجتماعي: <input type="checkbox"/> عزباء <input type="checkbox"/> زوجة <input type="checkbox"/> مطلقة <input type="checkbox"/> مخطوبة <input type="checkbox"/> أرملة
.....	(٨) المستوى العلمي: <input type="checkbox"/> أمية <input type="checkbox"/> مدرسة ابتدائية <input type="checkbox"/> مدرسة متوسطة <input type="checkbox"/> مدرسة ثانوية <input type="checkbox"/> إمتياز فني TS/BT
.....	<input type="checkbox"/> جامعة - غير متخرجة <input type="checkbox"/> جامعة - دراسات عليا
.....	(٩) الطول: سنتم
.....	(١٠) الوزن: كلغ

التدخين			
<input type="checkbox"/> أبداً	<input type="checkbox"/> كلا سابقاً	<input type="checkbox"/> نعم حالياً	(١١) هل تدخنين السجارة؟
	-العمر عند بدء التدخين: / / /	-العمر عند بدء التدخين: / / /	
	- كم سجارة باليوم: / / / /	- كم سجارة باليوم: / / / /	
<input type="checkbox"/> أبداً	<input type="checkbox"/> كلا سابقاً	<input type="checkbox"/> نعم حالياً	هل تدخنين الأريغيلة؟
	-العمر عند بدء التدخين: / / /	-العمر عند بدء التدخين: / / /	
	- كم رأس بالأسبوع: / / / /	- كم رأس بالأسبوع: / / / /	

معلومات متعلقة بالصحة الإنجابية

- ١٢) السن عند بدء الإحاضة: (١٣) السن عند إنقطاع الطمث:
(في حال انقطاع الطمث) (في حال وجود أولاد)
- ١٤) السن عند الزواج الأول: (١٥) السن عند الحمل الأول:
(في حال كنت متزوجة الآن أو سابقاً) (في حال حصوله)
- ١٦) عدد حالات الحمل: (١٧) هل تُرضعين حالياً أو سبق لك أن رضعت؟
(في حال حصولها) (في حال وجود أولاد)
- ١٨) هل تتناولين حبوب منع الحمل؟ نعم حالياً نعم سابقاً أبداً
- ١٩) هل تخضعين لمعالجة إستبدال هرمونية؟ نعم حالياً نعم سابقاً أبداً
- ٢٠) هل سبق لك أن خضعت الى خزعة؟ نعم كلا انتقل الى سؤال رقم ٢٢
- ٢١) ما كانت نتيجة الخزعة؟ حميدة خبيثة
- ٢٢) هل سبق لك أن تعرضت الى سرطان الثدي؟ نعم كلا انتقل الى سؤال رقم ٢٥
- ٢٤) نوع العلاج الذي تم إعطاؤه لك؟
ضع (ي) إشارة * في الخانة أو الخانات المناسبة جراحة أشعة كيميائي
- ٢٣) منذ كم سنة سبق لك أن تعرضت الى سرطان الثدي؟ سنة

التاريخ الصحي للعائلة

- ٢٥) الإصابة بسرطان الثدي: الوالدة الشقيقة البنات الأب
- ٢٦) الإصابة بسرطان الثدي لدى عائلة الوالدة: الجدة الخالة (الخالات)
- ٢٧) الإصابة بسرطان الثدي لدى عائلة الوالد: الجدة العمّة (عمّات)
- ضع (ي) إشارة * في الخانة أو الخانات المناسبة

معلومات متعلقة بالحملة

- ٢٨) كيف عرفت بأمر هذه الحمل؟ الراديو التلفزيون الرسائل القصيرة
ضع (ي) إشارة * في الخانة أو الخانات المناسبة
- ٢٩) هل هذه هي مشاركتك الأولى في حملات التوعية لسرطان الثدي؟ نعم كلا
- ٣٠) هل سبق لك واشتركت في هذه الحملة سابقاً؟ نعم كلا
- كم مرة: _____
أي سنة: _____
- ٣١) هل تفكرين في الخضوع للتصوير الشعاعي للثدي مجدداً في السنة المقبلة - من خلال هذه الحملة؟ نعم كلا
- ٣٢) هل تعتبرين السعر المخفّض مقبولاً؟ نعم كلا
- ٣٣) هل تقومين بفحص ذاتي للثدي شهرياً؟ نعم كلا

التشخيص الطبي و التصوير الشعاعي للثدي (حقل مخصص لطبيب الأشعة)	
٣٤) إسم طبيب الأشعة القارىء الأول:	٣٤) إسم طبيب الأشعة القارىء الثاني (إذا توفر):
٣٥) نتيجة الفحص السريري: <input type="checkbox"/> شيء يذكر <input type="checkbox"/> تورم: <input type="checkbox"/> آخر: <input type="checkbox"/>	
٣٦) هل تصوير الثدي الشعاعي هذا، هو الأول لك؟ <input type="checkbox"/> نعم <input type="checkbox"/> انتقل مباشرة الى الرقم ٣٩ <input type="checkbox"/> كلا <input type="checkbox"/> تاريخ آخر صورة:/...../.....	
٣٧) هل بحدوثك نسخة عن الصور القديمة؟ <u>(فقط اذا سوال رقم ٣٥ كان كلا)</u> <input type="checkbox"/> نعم <input type="checkbox"/> كلا <input type="checkbox"/>	
٣٨) هل هناك من حاجة للصور القديمة؟ <u>(فقط اذا سوال رقم ٣٦ كان كلا)</u> <input type="checkbox"/> نعم <input type="checkbox"/> كلا <input type="checkbox"/>	
٣٩) هل أحضرت السيدة صور الأشعة القديمة لاحقاً؟ <input type="checkbox"/> نعم <input type="checkbox"/> كلا <input type="checkbox"/>	
٤٠) هل هناك من حاجة إلى صور شعاعية إضافية (Compression/Zooming...)? <input type="checkbox"/> نعم <input type="checkbox"/> انتقل مباشرة الى رقم ٤١ <input type="checkbox"/> كلا <input type="checkbox"/> انتقل مباشرة الى رقم ٤٢	
٤١) هل تم إجراء الصور الشعاعية الإضافية (Compression/Zooming...)? <input type="checkbox"/> نعم <input type="checkbox"/> كلا <input type="checkbox"/>	
٤٢) هل هناك من حاجة لإجراء صورة صوتية؟ <input type="checkbox"/> نعم <input type="checkbox"/> انتقل مباشرة الى رقم ٤٣ <input type="checkbox"/> كلا <input type="checkbox"/> انتقل مباشرة الى رقم ٤٤	
٤٣) هل تم إجراء الصورة الصوتية؟ <input type="checkbox"/> نعم <input type="checkbox"/> كلا <input type="checkbox"/>	
٤٤) هل هناك من حاجة إلى صورة مغناطيسية (MRI): <input type="checkbox"/> نعم <input type="checkbox"/> انتقل مباشرة الى رقم ٤٥ <input type="checkbox"/> كلا <input type="checkbox"/> انتقل مباشرة الى رقم ٤٦	
٤٥) هل تم إجراء الصورة المغناطيسية (MRI): <input type="checkbox"/> نعم <input type="checkbox"/> كلا <input type="checkbox"/>	
٤٦) تصنيف نتيجة الفحص: الرجاء، مراجعة Tableau 1 المرفق <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
٤٧) تصنيف كثافة الثدي: الرجاء، مراجعة Tableau 2 المرفق <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

CLASSIFICATION ACR / BI-RADS CODES (Tableau 1)	
ACR 0	Des investigations complémentaires sont nécessaires : clichés complémentaires, échographie... Further information is needed to make a final assessment: complementary views, ultrasound... ACR 0
ACR 1	Mammographie normale. Mammogram is normal. ACR 1
ACR 2	Présence d'une anomalie bénigne. Mammogram is negative with benign findings. ACR 2
ACR 3	Anomalie probablement bénigne nécessitant une surveillance à 6 mois (probabilité de malignité < à 2%). Probably normal but a repeat examination should be performed in 6 months (< 2% chance of breast K). ACR 3
ACR 4	Anomalie suspecte nécessitant une vérification histologique (probabilité de malignité : 2% à 94%). Findings are suspicious (2%-94% chance of breast K). ACR 4
ACR 5	Anomalie très évocatrice d'un cancer (probabilité de malignité ≥ 95%). Highly suspicious (≥ 95% chance of breast K). ACR 5
ACR 6	Cancer du sein déjà prouvé. Already diagnosed with breast K. ACR 6
DENSITE DES SEINS / DENSITY OF BREASTS (Tableau 2)	
Type 1	Seins grassex (< 25% de tissu fibroglandulaire). Entirely fat (< 25% of fibroglandular tissue). Type 1
Type 2	Seins grassex hétérogènes (25-50% de tissu fibroglandulaire). Scattered fibroglandular densities (25-50% of fibroglandular tissue). Type 2

Type 3	Seins glandulaires hétérogènes (51-75% de tissu fibroglandulaire).	Heterogeneously dense (51-75% of fibroglandular tissue).	Type 3
Type 4	Seins glandulaires homogènes (>75% de tissu fibroglandulaire).	Extremely dense (>75% of fibroglandular tissue).	Type 4

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