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CASE REPORT ARTICLE

REPORT ON THE CONSTRUCTION OF AN INSTRUMENT OF CONSULTATION TO WOMAN

RELATO SOBRE A CONSTRUÇÃO DE INSTRUMENTO DE CONSULTA À MULHER RELATO SOBRE LA CONSTRUCCIÓN DE INSTRUMENTO DE CONSULTA A LA MUJER

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ABSTRACT

Objective: to report our experience during undergraduate nursing education activity, creation and implementation of comprehensive query tool for women. **Method:** A descriptive study, type of reporting experience, developed during the traineeship in Primary Care and Family Health, in the city of Tangará, the state of Rio Grande do Norte. **Results:** it was found that the information given to women about the health-disease process stimulated their participation in search of prevention of diseases and health promotion, early detection of the signs and symptoms of cancer and the inclusion of the instrument case was a facilitator in the teaching-learning process, guiding students to provide a comprehensive care to the women. **Conclusion:** women showed interest in participating in discussions, expressing their doubts, fears and feelings. The consultation tool was applicable and was introduced in a Higher Education Institution. **Descriptors:** Nursing; Neoplasms of the Cervix; Health Education; Women's Health.

RESUMO

Objetivo: relatar a experiência durante a graduação em enfermagem em atividade educativa, criação e aplicação de instrumento de consulta integral à mulher. **Método:** estudo descritivo, do tipo relato de experiência, desenvolvido durante o estágio curricular em Atenção Básica e Saúde da Família, no município de Tangará do estado do Rio Grande do Norte. **Resultados:** verificou-se que as informações prestadas às mulheres sobre o processo saúde-doença estimulou a participação delas no processo de busca das ações de prevenção de agravos e promoção da saúde, para a detecção precoce dos sinais e sintomas do câncer e a inclusão do instrumento foi um facilitador no processo ensino-aprendizagem, norteando o aluno a prestar uma assistência integral à mulher. **Conclusão:** as mulheres se mostraram interessadas em participar das discussões, expressando suas dúvidas, medos e sentimentos. O instrumento de consulta tornou-se aplicável e foi introduzido em uma Instituição de Ensino Superior. **Descritores:** Enfermagem; Neoplasias do Colo do Útero; Educação em Saúde; Saúde da Mulher.

RESUMEN

Objetivo: relatar la experiencia durante la graduación en enfermería en actividad educativa, creación y aplicación de instrumento de consulta integral a la mujer. **Método:** estudio descriptivo, del tipo relato de experiencia, desarrollado durante la práctica curricular en Atención Básica y Salud de la Familia, en el municipio de Tangará del estado de Rio Grande do Norte. **Resultados:** se verifico que las informaciones prestadas a las mujeres sobre el proceso salud-enfermedad estimuló la participación de ellas en el proceso de búsqueda de las acciones de prevención de agravios y promoción de la salud, para la detección precoz de los señales y síntomas del cáncer y la inclusión del instrumento fue un facilitador en el proceso enseñanza-aprendizaje, guiando al alumno a prestar una asistencia integral a la mujer. **Conclusión:** las mujeres se mostraron interesadas en participar de las discusiones, expresando sus dudas, miedos y sentimientos. El instrumento de consulta se tornó aplicable y fue introducido en una Institución de Enseñanza Superior. **Descriptores:** Enfermería; Neoplasias del Colon del Útero; Educación en Salud; Salud de la Mujer.

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INTRODUCTION

Cancer of the cervix is considered a public health problem.¹ In 2000, there were an estimated of 468,000 cases with 233,000 deaths from this type of cancer worldwide. For 2014, there are an estimated of 527,000 new cancer cases.² This led to 265,000 women died in 2012, in which 87% occurred in developing countries, where the incidence is higher. Currently this type of cancer is configured as the second cause of death by disease in most countries, surpassed only by cardiovascular disease. It is the fourth most common type of cancer in women in developing countries, including Brazil. Moreover, in developed countries like the United States, the incidence rate and mortality, on occasion, resemble those of a developing country.^{2,3}

Estimated for 2014, researches have found that the impact would be 1,890 cases in the Northern Region, 5,370 cases in the Northeast, 4,370 cases in the Southeast Region, 2,320 cases in the Southern Region and 1,640 cases in the Midwest Region, with a total number of 15,590 cases of the disease in Brazil. In the state of Rio Grande do Norte, this reality is not different. The estimated number of new cases of cervical cancer for the year 2014 in the state is 260 cases and gross rate incidence per 100 thousand inhabitants is 15,80.³

The scientific knowledge available today is able to contribute to reducing the high incidence of cervical cancer. Among all types of cancer, uterine cervix is one of the highest potential for prevention and healing, coming close to 100% when diagnosed early. Early diagnosis can be done through the Preventive, a simple, painless and quick exam, relatively inexpensive and effective for early detection examination.⁴ The treatment of cervical cancer is most effective when the disease is caught in the early clinical manifestations.⁵

Nurses should develop, at the nursing consultation time, education and health surveillance activities involving the prevention, control risks and harms to women's health, including: to inform important aspects of Preventive exam.

Given the above, this study aims to report the experience of a nursing student in the final stage of undergraduate course in Nursing, developing practice in Primary Care and Family Health in the creation and implementation of a clinical record and education activities health during preventive examinations.

LITERATURE REVIEW

Cancer of the cervix is a disease with a slow evolution. According to the World Health Organization, the emergence of uterine cancer is associated with social, environmental and lifestyle factors, as well as advanced age, with prevalence over 35 years old.⁶

It is also known that the main risk factor for cervical cancer is infection with the Human Papilloma Virus (HPV), whose transmission occurs preferentially through sexual contact and is present in all cases of cervical cancer of the uterus. When the disease is in an advanced stage, i.e. the virus is found in invasive stage process that is associated with certain factors such as the case of low socioeconomic status which are related to nutritional status and poor conditions of hygiene; early onset of sexual activity; multiparity, mainly initiated before twenty years old; multiple partners; smoking; and women who use for long periods oral contraceptives.⁷⁻⁹

The disease progresses slowly, the signs and symptoms appear around ten to twenty years, when the virus reaches the invader stage. When reaching this stage, the cure becomes harder. However at this stage is that women seek medical help for the treatment and cure of cancer.¹⁰

In Brazil, screening for early detection continues for Preventive or Pap smear, which is simple, inexpensive and provided free of charge by public health, preferably in primary care. The exam is a very effective approach to control the disease.⁸

Primary Care Services are focused on prevention and health promotion, in particular the needs of the population (Child, Adult, Women, Seniors). In primary care, we work through programs and among them we highlight the Program for Integral Care to Women's Health (PICWH), which aims to assist women in their totality and completeness, ensuring human rights and decreasing rates morbidity and mortality. The services provided in primary care are fundamental to women in health care, in relation to pre-natal family planning and prevention of cervical cancer.¹⁰

Nursing professionals should advise women regarding the realization of preventive for early diagnosis of the disease, because when late, it decreases the chances of treatment and cure of the disease, and moreover it causes physical, emotional and psychosocial damage. Therefore, the faster the disease is

detected, the greater the chance of cure and treatment, reducing morbidity and mortality rate for cervical cancer.⁷⁻⁸

Based on the theoretical framework that assumes the relationship between socioeconomic, physical and emotional conditions, it appears the idea of developing a tool for clinical consultation to the woman, which would take into account all these aspects.

The instrument was based on the Nursing Process, which identifies the status of health and illness, prescribes and implements Nursing measures to contribute to the promotion, protection, prevention, recovery and rehabilitation of the patient, family and community, founded on a scientific method. This whole process is based on steps, which are divided into the History of Nursing (which is the interview), Physical Examination, Diagnosis of Nursing, and the procedures to be performed.¹¹

The instrument of women full consultation the breast examination was introduced, taking into account that the disease is among the leading causes of cancer deaths in women in Brazil and often overlooked is the examination by a health professional. Risk factors for breast cancer are female sex, advanced age, early menarche, late menopause, family history of ovarian and breast cancer, genetic mutations, exposure to ionizing radiation, among others.^{10,12,13}

METHOD

Descriptive study, type of experience reporting on the creation and application of instrument full consultation to women and health education activities carried out in the consultations of Preventive exams or Pap smears for nursing students in the final stage of the course, in the Basic Health Unit (BHU) Nossa Senhora de Fatima (PSF III), in the city

of Tangará-RN. The BHU gets its name because it is located in the neighborhood of the same name.

For the creation of the issues embedded in the instrument, we needed a theoretical foundation focused on thorough history and physical examination, which contained a large amount of information possible about the features to be observed in a comprehensive care to women.

The instrument had a revised and updated theoretical basis for the year in which it was developed (2011), taking into account the steps of the nursing process, such as data collection, diagnosis, intervention, implementation and evolution.

After several moments of planning for the development of the instrument, the file was sent to the nurse PSF III and the teacher in the area of women's health, Health Sciences Faculty, Trairi, of the Federal University of Rio Grande do Norte (FACISA/UFRN), to undergo corrections and evaluation and subsequently be tested on the day of Preventive care.

According to the schedule of BHU, women attended on Thursdays for the exam. The beginning of health education and the application of the instrument activities were in the academic probationary period: April to June 2011.

The development of the instrument consisted of the following steps: the literature review on the subject; Construction of topics; pre-test and perform of the analysis of the results of this validation. This profile was evaluated empirically by four teachers of the Health Science Faculty of Trairi of the Federal University of Rio Grande do Norte, experienced in the theme and thereafter applied to six (6) women who attended on the day of examination performed in the nurse PSF III.

FEDERAL UNIVERSITY OF RIO GRANDE DO NORTE

HEALTH SCIENCE FACULTY OF TRAIRI

NURSING GRADUATION COURSE

WOMAN’S CLINIC RECORD

Data Collection: ____/____/____

NAMEE: _____ AGE: _____ SEX: FEMALE

MARITAL STATUS: _____ EDUCATION: _____ PROFESSION: _____

QUEIXA PRINCIPAL: _____

Female discharge: () Yes () No. . Characteristic: _____

Itch: () Sim () Não

Urinary discomfort: () Yes () No Period: _____

Bladder eliminations: _____

Sleep Quality: _____

G: ____ P: ____ A: ____ Age at menarche: _____ DUM: ____/____/____

First Preventive exam: () Yes () No Last Preventive exam: _____ Active sex life: () Yes () No Fixed partner: () Yes () No Use of condom: () Yes () No.

Use of Oral Contraceptive or Injection: () Yes () No. Which one: _____

Smoker: () Yes () No. Ex-smoker () Yes () No Period: _____

Elitism: () Yes () No. Ex-Elitist () Yes () No Period: _____

Surgical history: _____

Personal history: _____

Family history: _____

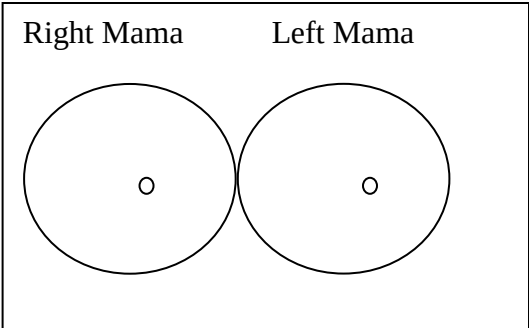
Physical examination:

Tonsils: () Normal () Altered.

Thyroid: () Normal () Altered.

Lymphnodes: () Normal () Altered: Location: _____

Consistency: _____ Mobility: _____ Skin Changes: _____



Mamas evaluation. () Symmetric () Assymetric () reconstituted () Altered.

Characteristics: _____

Nipples: () Protuding () Inverted () Plane

Nipple secretions: () Milky () Bloody
() Serous () Absence

Presence of nodules: () . Scars: () . Tatoos: () . Inflammatory process: () .

Abdominal evaluation: _____

Evaluation of the genitals – Vulva: () Integrate () Altered. Characteristics: _____

Big Lips: () Integrate () Altered. Characteristics: _____

Small Lips: () Integrate () Altered. Characteristics: _____

Urethral meatus: () Integrate () Altered. Characteristics: _____

Perineum: () Integrate () Altered. Characteristics: _____

Cervix: () Integrated () Altered. Characteristics: _____

Nursing

Diagnoses: _____

Behaviors: _____

Figure 1: Woman´s Clinica Record

At the end of the internship, the instrument of women full consultation, in addition to being applied to the Basic Health Unit Nossa Senhora de Fátima, in the city of Tangará/RN, began to be introduced in practical classes of Primary Care and Family Health FACISA/UFRN, through the teacher healthcare of women who participated in the construction of it.

RESULTS AND DISCUSSION

Before the implementation of the instrument during the Preventive exam, care occurred individually on PSF III. In the days determined by the schedule of the unit were met about eight to ten women previously scheduled.

It is known that besides many days of waiting for the consultation, some social and demographic factors are responsible for the low coverage of cytology tests, as well as the delayed diagnosis of cervical cancer. Some studies point to factors associated with lack of Preventive examination the advanced age, low socioeconomic status, belonging to certain ethnic groups, have no spouse, among others.¹⁴

Regarding the problem of lack of knowledge about the exam, a dialogue and reflection with the women in the waiting room of the unit was developed. Through this dialogue, we intended to share and build collectively experience and security to deal with daily in the health-care disease process.

In this dialogue, women received information about how the examination was performed reducing their anxieties before a male student, taking into account women who would do it for the first time; procedures and materials adopted in sample collection; care should be taken by women prior to the collection of material in order not to produce an unsatisfactory blade and schedule for performing cervical collection; control of sexually transmitted diseases (STDs); encouraging women to adopt healthy lifestyle habits. After all this information, we initiated the care attention.

The high incidence and mortality from cervical cancer in Brazil is increasing.³ It is therefore fundamental to designing and implementing public policy in primary care that emphasizes a comprehensive health care of women, with actions ensuring health promotion, prevention and early detection of cervical cancer, as well as ensuring treatment and control.

However, for this to occur it is also vital to have a new attitude of health professionals on

the comprehensiveness of care with a focused awareness of professionals and users' information, under the guidance of the Program for Integral Care to Women's Health (PICWH), which started in the 80's and aimed to basic health care and emphasized the educational practices in care for women.¹⁵⁻⁶

After the round of conversation, the women were referred to the individual room to start the examination and complete the instrument accordingly. At that moment, the implementation of the instrument started.

For a more thorough examination, socioeconomic factors were added to the instrument, since low socioeconomic conditions contribute to the increased incidence of cervical cancer. Thus, the instrument current issues about health status, surgical history, personal and family were inserted.

Although the focus is on the examination of the Preventive exam, development of the record review of the breasts was added, keeping in mind that sometimes professionals neglect this feature. Furthermore, inspection of the genitals is also described, possible nursing diagnoses and the procedures to be taken. After physical examination, the meeting was continued with the record of the observed features of the breasts and genitals.

It was found that knowledge of the health-disease process in women has become an incentive for their participation in the development of prevention of diseases and health promotion, early detection of signs and symptoms, risk factors, cancer breast, pathological bodily changes, among others.

The inclusion of the instrument of integrate consultation with the woman during the individual sessions contributed to the academic to do a comprehensive examination covering all relevant information to the examination of the breasts and Preventive exam. Moreover, it enabled the construction of dialogues in the waiting room with women who had the opportunity to express their opinions and thoughts about the topic. The dialogue was an important tool used between the academic and the group of women promoting an exchange of experiences and knowledge.

FINAL REMARKS

The creation of the instrument of women integrate consultation, applied during the examination of Preventive exam was effective, since it served as an important tool for reflection and discussion, expanding the

field of knowledge of the academic and the population attended.

The use of the waiting room to do meetings call the attention of the women who were waiting to be attended and showed interest in participating in discussions, expressing their doubts, fears and feelings.

With all this information, assisting women had integrated assistance, human and social character. Women felt more at ease after the explanations, and their fears and anxieties were alleviated.

The construction of the instrument had real importance in assisting women during the Preventive examination, which became effective in lectures Internship in Primary Care and Family Health FACISA/UFRN.

We stress the importance of using medical records of women in other basic health units, since it addresses the extended examination aspects, besides bringing issues for human and holistic way to attend.

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