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Bridging the gaps in cancer care: Nursing leadership and health promotion for LGBTQ populations across the lifespan

Lorraine C Igo

Widener University, USA

Bridging the gaps in cancer care is a daunting task that requires self-awareness, education, and advocacy founded in the Code of Ethics for Nurses and aligned with our Nursing's Social Policy Statement (ANA, 2010). Though ethical underpinnings of both the code and social contract with individuals, families, and communities remain constant, healthcare is constantly evolving. One of the most important roles of nurses as leaders in healthcare is to give voice to the under-served and ensure fairness and equity to all people regardless of race, creed, gender, or economic status (ANA, 2010). Now, with growing visibility of marginalized US populations, the healthcare industry and its providers are challenged to meet the needs of the LGBTQ populations in an equitable and just way. For several decades, grassroots efforts, championed by the Fenway Institute (Boston, MA) and many of our national medical and nursing organizations (IOM, ANA, etc.), have called for adjustments to the binary healthcare structure that has yet to address the new norms of an expanding diversity of culture. Inherent in the lack of readiness to support the LGBTQ community are deficits in provider information, ineffective communication, confusion surrounding gender and sexuality differences and conscious and unconscious biases that interfere with the ability to recognize and to deliver appropriate healthcare. Despite this trending need, pre-professional education has dedicated limited amount of time in preparing nurses, nurse practitioners and medical staff in the standards of care for LGBTQ people. For the purpose of this presentation, cancer risk assessment, screenings, healthcare practices, and health promotion for LGBTQ people, from the very young to the elderly, will be explored. Strategies to provide a compassionate, and welcoming environments to gender, non-conforming individuals will be discussed. Recommendations for nursing education and preparedness using evidence-based applications in clinical practice will be offered.

lcigo@widener.edu

Be alert: Can be cancer! The telehealth as early suspicion tool to the pediatric cancer

Mariana Boulitreau Siqueira Campos Barros, Kayse Mariano Santos Barros, Jocastra Bispo de Santana, Magaly Bushatsky, Vera Lúcia Lins de Moraes, Raul Antônio Moraes Melo and Paula Rejane Diniz e Magdala de Araújo Novaes

Federal University of Pernambuco, Brazil

The pediatric cancer, although rare, is the leading cause of death by disease in the age group of 1-19 years. The difficulty in early detection is due to unspecific signs and symptoms resembling common childhood diseases. Thus, telehealth can contribute significantly in the training of primary care professionals to the suspicions of these neoplasms. The objective was to evaluate the course "Be alert: Can be cancer! The telehealth as early suspicion tool to the pediatric cancer" for professionals in the primary health care in the city of Recife, Brazil. This was a community intervention and quantitative approach, performed from the analysis of the results of before and post-test which was conducted in 2015 and transmitted by web conference. The participants were 309 professionals, averaging work in this area of 11.3 years, standard deviation of 1 to 4.8 years. Of these, 79.6% (246) had no training in this subject. It was found that the course "Be alert: Can be cancer" had positive impact on knowledge of primary health care professionals about pediatrics cancer. After the course was possible to identify that the professionals were able to correctly answer questions about incidence ($p < 0.001$); types, signs and symptoms; factors that influence ($p < 0.001$) and network of reference and counter-reference of neoplasms in children and young ($p < 0.001$). The telehealth has shown the driving force in the training of professionals, thus, contributing to the qualification from the perspective of early diagnostics, better outcomes and, consequently, the chances of cure and survival of children and adolescents.

maripernambucana@yahoo.com.br