

Developing the Pelvic Examination and Anxiety Coping Skills For Empowerment (P.E.A.C.E.) Intervention

Michelle Huang¹, Shernice Martin¹, Sophie Smith¹, Jessica Coleman, MA², Sarah Arthur, MA², Rebecca Shelby, PhD³
 Duke University, Durham, NC: ¹Trinity College of Arts and Sciences, ²Graduate School of Arts and Sciences, ³School of Medicine

BACKGROUND :

- Available evidence on gynecologic cancer suggests:
- Survivorship is high in the United States of America
 - Surveillance pelvic examinations are critical in the first two years when cancer is most likely to recur
 - Challenges with pelvic examinations include anxiety, pain with insertion, and fear of recurrence, especially in populations who have experienced changes in sexual function, pelvic pain from treatment, and survivors of violence

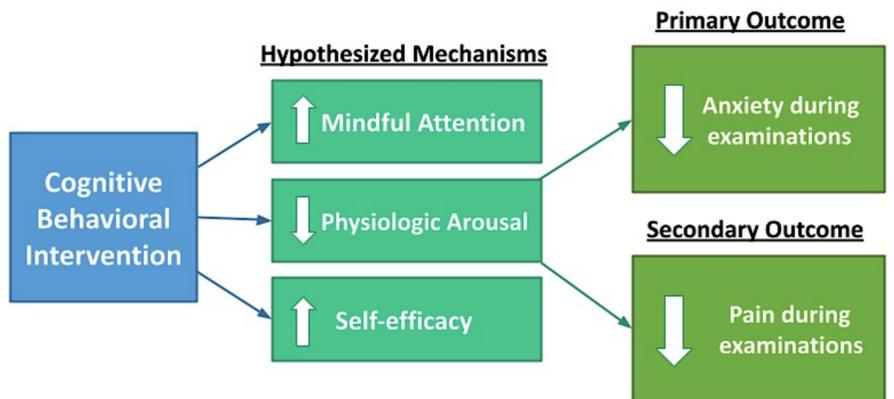
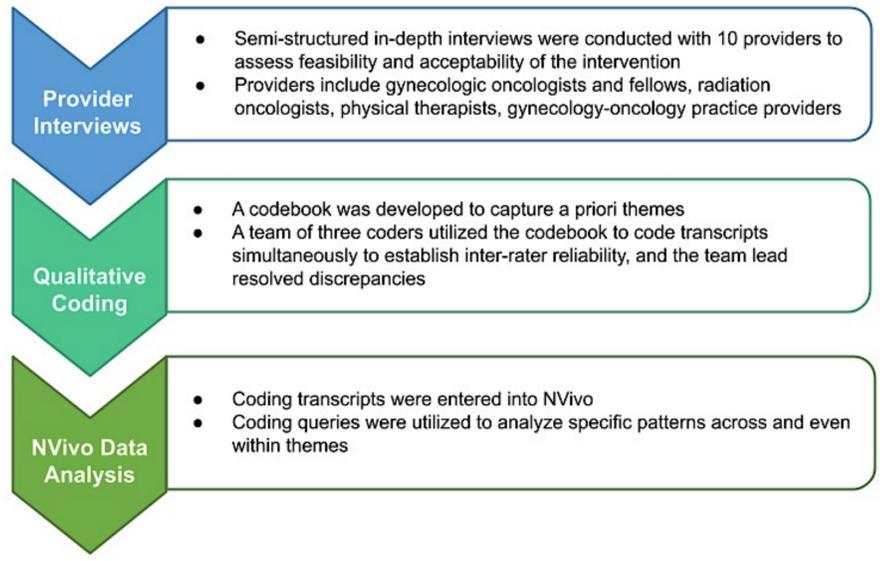


Figure 1 presents the hypothesized mechanisms of the P.E.A.C.E. intervention.

OBJECTIVE:

- The current study engaged providers in qualitative interviews in order to:
- Refine a cognitive-behavioral intervention to reduce anxiety and pain during pelvic examinations via hypothesized mechanisms of change (Figure 1)
 - Promote feasibility and acceptability of the intervention

METHODS:



RESULTS:

- On **Educational Components**, providers recommended:
- Informing patients of the changes and side effects from treatment and the importance of surveillance pelvic examinations
 - Providing patients with options that they could request to make their pelvic examinations more comfortable
- On **Focused Attention Skills**, providers reported:
- Varying preferences among patients for the type and amount of engagement with providers during pelvic examinations
 - Finding cognitive-behavioral skills to be acceptable and feasible
- On **Tension Release Skills**, providers reported:
- Employing techniques to have patients release tension in their pelvic floor and body
 - Using an adapted progressive muscle relaxation exercise would be acceptable and feasible

RESULTS (CONT'D):

- On **Communication Skills**, providers recommended:
- Including communication and self-advocacy skills training in the intervention
 - Equipping patients with communication skills, which allow providers to identify and facilitate patients' needs for support

CONCLUSIONS:

- Overall, providers found the intervention protocol feasible and acceptable and suggested feedback for refinement.
- Using this information, the study team:

