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## Using Shared-Decision Making to Promote Patient-centered Family Planning for Maya Women in Rural Guatemala: Project Summary

From June 2019 - May 2020, with the support of the American Women's Hospital Services (AWHS) Overseas Travel Assistance Grant from the American Medical Women's Association (AMWA), I have worked on developing and implementing a shared-decision making (SDM) curriculum for family planning counseling at the non-governmental organization, Wuqu' Kawoq | Maya Health Alliance (MHA).

MHA serves indigenous, rural communities in Guatemala that face limited access to healthcare services due to socioeconomic barriers and ethnic discrimination. MHA aims to address this gap by providing culturally and linguistically appropriate healthcare services conducted in local, Mayan languages primarily by indigenous Maya healthcare workers. One of the many services they focus on are preventive sexual and reproductive health services, including family planning. Our hope was that incorporating shared-decision making skills into family planning counseling could improve the quality of services and further reduce barriers to care by promoting patient autonomy, addressing specific concerns patients have, and tailoring services to patients' individual circumstances.

Over the course of the year, I worked closely with my mentor Dr. Kirsten Austad, Director of MHA's Women's Health program and Assistant Professor of Family Medicine at Boston University School of Medicine, and with Guatemalan doctors and nurses at MHA to realize project goals. I supported the development of various training components and materials, including a complete facilitator's manual, interactive exercises to confront provider biases, exercises to improve communication skills necessary for shared decision making, and live action videos illustrating different counseling styles. I also co-facilitated four shared-decision making training workshops for MHA nursing staff. Furthermore, I supported implementation of the techniques during actual patient visits by accompanying MHA nurses during community clinics and home visits to provide real-time feedback on shared-decision making techniques and by creating contraceptive method visual aids to use during patient visits. Finally, I co-authored a publication about the insights this work has provided around confronting provider bias in family planning services, globally (also shared with the AMWA).

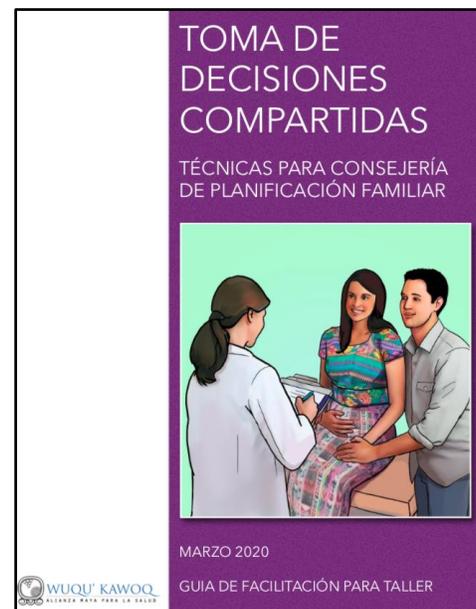


Figure 1. Cover page of Shared-decision Making in Family Planning Counseling training manual

On a personal level, I had the privilege of living in a homestay with a local, indigenous Guatemalan family who made me feel completely at home and taught me so much about local cultural traditions. I now have long-lasting friendships in Tecpán that will continue to be a part of my life even as my fellowship comes to an end.

Although my time on the ground in Guatemala was cut short by the COVID-19 crisis, I have remained involved with MHA's reproductive health program by co-facilitating virtual workshops on family planning-related content and finalizing curricular materials. Through this project, I learned about working with individuals across different cultural settings and adapting clinical approaches and training interventions in a way that values and respects local cultural contexts. I also significantly improved my communication skills in Spanish. Finally, developing training materials to confront provider biases helped me further reflect on my own biases and practice the sustained self-evaluation process I must engage in as a clinician. I am confident these skills and perspectives will enhance my ability as a primary care physician to care for and form collaborative working relationships with patients and communities of diverse backgrounds. I am very grateful to the AWHs Overseas Travel Assistance Grant from AMWA for helping me pursue this transformative opportunity.



*Figure 2. My host mom and I visiting the Iximche Ruins in Tecpán, Guatemala*