### Draft Curricular Organization using Health Justice Pillars & KSoM Domains

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<table>
<thead>
<tr>
<th>DISTRIBUTIVE HEALTH JUSTICE</th>
<th>PROCEDURAL HEALTH JUSTICE</th>
<th>RETRIBUTIVE &amp; RESTORATIVE HEALTH JUSTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>All members get their ‘fair share’ of health - i.e. equal opportunity to be healthy and equal access to health care. This includes equal opportunities to live healthy lifestyles and to access health and wellness care.</td>
<td>Fairness in the rules, decisions, and implementation of health, health care, and health policy. This can relate to everything from clinical decision guidelines, health care delivery, how patients are treated in the health system, decisions on what insurance will cover.</td>
<td>Taking action to right the wrongs of health inequities and past injustices. Retributive = punishing the offenders; Restorative = repairing the damage caused by health inequities and injustice</td>
</tr>
</tbody>
</table>

### KSoM Domain: Foundations in Health Justice

- Recognize historical context of racism and economic inequality on health disparities
- Principles of cultural humility & implicit bias
- Develop skills required to have culturally sensitive discussions with colleagues, patients, and caregivers
- Models of mitigating or rectifying the health inequities that currently exist
- Other health systems that have more equitable outcomes
- Applying Critical Race Theory in health care

### KSoM Domain: Social Determinants of Health

- Understanding health disparities in the context of historical structural inequity
- Understanding current health disparities and barriers to achieving health equity
- Incorporating the understanding of a patient’s SDoH in providing equitable, patient-centered care
- Biopsychosocial model of patient care
- Developing solutions to mitigate and decrease SDoH

### KSoM Domain: Health Systems and Structures

- PT in the continuum of care
- PT role in wellness/prevention
- Direct access in PT
- Multi-payer model of health care payment & its effect on accessing healthcare
- Referral systems to/from PT
- Billing/reimbursement
- Overutilization/underutilization of services
- Medical vs PT diagnosis
- PT as a primary care provider
- Imaging in PT
- Novel/innovative healthcare delivery models (restorative justice)
- Building leadership skills in order to advocate for health justice at the professional, systemic level.
- PT malpractice and consequences of malpractice (retributive justice)
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### KSoM Domain: Advocacy

- Increasing awareness of the value of PT
- Increasing access to PT, including specialty PT
- Professional advocacy for increasing use of PT in primary care roles
- Professional advocacy for increasing awareness of PT specialties by other health care providers
- Building advocacy and leadership skills beyond the PT profession & into societal, political, and community level.
- Allow for service learning experiences beyond healthcare/wellness and into social and environmental justice

### KSoM Domain: High Value Care, Patient Safety, and Quality Improvement

- Cultural humility
- Implicit bias in clinical decision making
- Ableism in PT
- Health behavior change
- Ethics/professionalism
- Interprofessional collaboration
- Clinical care/patient management
  - Recognizing cognitive biases to decrease errors in clinical reasoning
  - Systems screening
  - Differential diagnosis
  - Utilization of clinical prediction rules
  - Utilization of clinical practice guidelines
  - Utilization of clinical outcome measures
  - Application of the ICF in for patient-centered care
  - Evidence-informed practice
- Cultural humility
- Trauma-informed care
- Integration of traditional healing and non-Western healthcare practices
- Using the quality improvement cycle (Plan-Do-Study-Act) to enhance clinical outcomes at the individual provider and system level
- Community empowerment programs versus charitable services

### KSoM Domain: Clinical Informatics and Health Information Technology

- EMR equitable practices (ex. Non-binary and self-reported gender identities; pt has direct access to their medical record)
- Utilization of standardized clinical outcome measures
- Standardized care delivery models
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<table>
<thead>
<tr>
<th>Clinical documentation standards (e.g. using inclusive language)</th>
<th>Inclusive language standards</th>
<th>EMR - information sharing &amp; utilization across care settings</th>
</tr>
</thead>
</table>
