

An RJ physician curriculum should include:

Introduction to Reproductive Justice

1. Definition of reproductive justice and the RJ framework, including the distinction between: reproductive health, reproductive rights and reproductive justice.
2. The history of the reproductive justice movement.
3. Application of a human rights framework within reproductive justice.
4. Explanation of transformative justice models in relation to intersectionality: recognizing power and privilege, and civil rights history, how it incorporates into practice.

Historical Injustices

5. The history of reproductive injustices in medicine.
6. A definition and examples of stratified reproduction.
7. Discussion of how historical injustices have led to mistrust of physicians and the healthcare system
8. Skills to identify current injustices in the community or in healthcare.
9. Recommendations for discussing injustices in the patient encounter.
10. Examples of dynamics that have led to fear of the healthcare system and impact access to care.

Oppression, Power, Privilege

11. Education about systemic oppression using an anti-oppression framework.
12. Providing awareness of power differentials in the healthcare system.
13. Teaching methods to shift power dynamics.
14. Educating physicians on the covert and overt implications of racism and bias within healthcare and how this can affect the patient experience.
15. Training to understand and mitigate unconscious attitudes and judgements about different groups of people.

Advocacy Training

16. Training physicians to advocate for policy change at the community, health system, state and federal levels.
17. Modelling the approach, behavior and delivery of healthcare using reproductive justice values.
18. Identifying ways to partner with the community to strategize ways to advocate for reproductive health needs and provide quality care.
19. Educating physicians to advocate with RJ values at the forefront.

Health Disparities

20. A foundation in the social determinants of health.
21. An overview of reproductive health disparities in the United States.
22. A discussion of contraception in the context of disparities to understand whether differences in use are due to access and counseling issues or due to autonomy and choice.

Healthcare Access

23. Explanation of how cultural, economic, social and political factors negatively impact access to healthcare.

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| 24. Understanding that overall well-being relies on income, housing, childcare, safety, and adequate food resources. |
| 25. Skills to engage with communities in order to navigate healthcare systems. |
| 26. Training to work with social workers to support a patient's comprehensive needs. |
| Legal Issues |
| 27. A review of major federal and state legal infringements on reproductive rights. |
| 28. Educating about and encouraging outreach to the incarceration facilities to address the inequity of healthcare for those incarcerated. |
| 29. Examples of criminalization of populations, which impacts the legal and medical system and negatively affects access to healthcare. |
| 30. An analysis and understanding of disability justice including the importance to be able to allow patients with both visible and invisible disability agency over their health decisions. |
| Reproductive Health Topics |
| 31. A review of abortion rights, federal and state laws, demographics of abortion and access issues. |
| 32. A review of health inequities, access issues, legal concerns, counseling techniques and ways to support agency in the adolescent population. |
| 33. An overview of contraceptive access issues, discussion of contraceptive coercion, and use of patient-centered contraceptive counseling. |
| 34. Fertility Services: Discussion of counseling, referral, access issues in regards to assisted reproductive healthcare. |
| 35. Educating physicians on warning signs, screening techniques and how to provide comprehensive care for those that may be affected by IPV using a trauma-informed approach. |
| 36. An understanding of the midwifery model, medicalization of childbirth and home-birthing options. |
| 37. Pregnancy: Demonstrating care of the pregnant patient using a reproductive justice approach. |
| 38. Skills in discussing sexually transmitted infection (STI) screening, disclosing results, and understanding the impact of STIs on communities color. |
| 39. Environmental health: Discuss environmental justice issues and impact on reproductive health. |
| 40. Skills to openly communicate about sexuality and sexual health. |
| LGBTQI Health |
| 41. An overview of gender and sexuality and how to incorporate that knowledge into patient counseling. |
| 42. A review of discrimination, criminalization, access, and stigma issues for the LGBTQI community in seeking healthcare. |
| 43. Inclusion of all identities within the LGBTQI community. |
| 44. Overview of comprehensive healthcare for transgender patients. |
| Cultural Safety |
| 45. How people of diverse cultural and belief systems perceive health and illness. |

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| 46. Providing strategies to address the needs of a culturally diverse population during a healthcare visit, including: interpreter services, language appropriate written information, and social work services. |
| 47. Strategies to improve diversity of the workforce in the healthcare system. |
| Communication with Patients |
| 48. Improving both verbal and non-verbal communication skills. |
| 49. Communication skills that are important during a pelvic exam. |
| 50. Techniques to provide comprehensive counseling including: providing all treatment options, discussion of risks and benefits and reviewing patient questions. |
| 51. Methods to improve the informed consent process to allow for transparency and open communication in the discussion of risks and benefits. |
| 52. Tools to incorporate patient preferences, beliefs, needs and values into clinical decision making.cc |
| 53. Maintaining confidentiality at all times and ensuring patients know of their confidentiality rights. |
| 54. Being aware of language used to discuss weight, body size and limiting discrimination of obese patients. |
| 55. Skills to embrace the patient's experience with no shame or judgment; recognizing their needs without being stigmatized. |
| 56. Skills to create a safe space to allow a patient to discuss any and all health concerns. |
| 57. Holistic approach to understanding a patient's needs, treatment preferences, and how that fits into their social and cultural context. |
| 58. Referring patients to community resources. |