

Appendix A: Detailed Course Descriptions, with Selected Readings and Assignments

Health Communication Ph.D. Proposal

*existing course

Core Courses

***C500 Advanced Communication Theory (3 credit hours)**

Students explore how scholars from various traditions have described and explained the universal human experience of communication. Students develop an understanding of a variety of communication theories to more completely interpret events in more flexible, useful and discriminating ways.

In particular, this course will focus on communication theories as they have been engaged in health communication research and practice. Included will be an examination of the ontological and epistemological assumptions along with research related to the theory of reasoned action, narrative theory, EPPM (fear appeals), diffusion of innovations and CMM (coordinated management of meaning) amongst others. Students should be able to demonstrate an overall understanding of the various theoretical approaches to health communication and show depth of at least one theory that might guide research.

Selected Readings

Hecht, M.L. and Miller-Day, M. (2009). Drug resistance strategies project: Using narrative theory to enhance adolescents' communication competence. In K. Cissna & L. Frey, Ed. *Handbook of applied communication research*. New York: Routledge. p. 535-557.

Kreps, G. L. and Maibach, E.W. (2008). Transdisciplinary Science: The Nexus Between Communication and Public Health. *Journal of Communication*. p. 732-748.

Silk, K. J., Weiner, J., and Parrott, R. L. (2005). Gene cuisine or frankenfood?: The theory of reasoned action as an audience segmentation strategy for messages about genetically modified foods. *Journal of Health Communication* 10, (8, December), 751-767.

Witte, K. and Roberto, A.J. (2009). Fear appeals and public health: Managing fear and creating hope. . In K. Cissna & L. Frey, Ed. *Handbook of applied communication research*. New York: Routledge. p. 584-610.

Thompson, T.L.; Dorsey, A.M.; Miller, K.I. and Parrot. R. (2003). *Handbook of health communication*. Mahwah NJ: LEA. (this handbook is being updated and will be released soon.

***C592 Advanced Health Communication (3 credit hours)**

A course designed to teach communication theory, skills and practices related to health care, by examining health care communication processes associated with health in consumer-provider, family, interpersonal, organizational, and health communication

campaign contexts. Attention to cultural differences in communication about health issues.

C6xx Doctoral Qualitative/Rhetorical Methods (3 credit hours)

Drawing on the intertwined histories of the rhetoric and social sciences areas of the Communication discipline, C6xx Doctoral Qualitative/Rhetorical Methods will be a broadly-based course, yet afford doctoral students the opportunity to focus on health-related issues and topics. Although the social sciences area of the discipline developed centuries after the rhetoric area of the discipline, qualitative (as compared to quantitative) social science-based approaches to research share numerous assumptions in common with rhetoric. These include, but are not limited to the following: Research is based on inductive reasoning, i.e., theory *emerges* from research rather than the other way around; methods cannot be detached from the objects of the research; researchers cannot separate themselves from the research; research is at least as much an art as it is a science.

Potential Readings: Rhetoric

- Ding, H. (2007). Confucius's virtue-centered rhetoric: A case study of mixed research methods in comparative rhetoric. *Rhetoric Review*, 26, 142-159.
- Keranen, L. (2010). Scientific characters: Rhetoric, trust, and character in breast cancer research. Tuscaloosa, AL: University of Alabama Press.
- Kuypers, J. A. (Ed.). (2005). *The art of rhetorical criticism*. Boston, MA: Pearson.
- Middleton, M. K., Senda-Cook, S., & Endres, D. (2011). Articulating rhetorical field methods: Challenges and tensions. *Western Journal of Communication*, 75, 386-406.
- Segal, J. Z. (2005). *Health and the Rhetoric of Medicine*. Carbondale: Southern Illinois Press.
- Stroud, S. R. (2009). Pragmatism and the methodology of comparative rhetoric. *RSQ: Rhetoric Society Quarterly*, 39, 353-379.
- Social Sciences
- Becker, H. S. (2009). How to find out how to do qualitative research. *International Journal of Communication*, 3, 545-553.
- Cissna, K. N. (2010). Qualitative research in communication. *Southern Communication Journal*, 75, 299-305.
- Flick, U. (2004). *A companion to qualitative research*. Berlin: Sage Ltd.
- Kreps, G. C. (2008). Qualitative inquiry and the future of health communication research. *Qualitative Research Reports in Communication*, 9, 2-12.
- Lindlof, T. R., & Taylor, B. C. *Qualitative communication research methods*. Thousand Oaks, CA: Sage.
- Mathie, A. and Carnozzi, A. (2005). Qualitative research for tobacco control: A how-to introductory manual for researchers and development practitioners. Ottawa, Canada: IDRC Books.
- Zuber-Skerritt, O. (2002). Action learning, action research and process management. Bradford, Great Britain: Emerald Publishing group.

Major Assignment

Each student will develop a formal proposal for research for a dissertation or, upon agreement of the instructor, a proposal for a major grant to support dissertation research. The proposal must be qualitative in nature, and it may be based in rhetorical research, social sciences research methods, or a combination of the two (e.g., narrative research). Format of proposals for rhetorical research may vary, but typically includes an introduction and rationale, literature review making the argument for the current analysis, and a discussion of scope, text(s), and theoretical framework driving analysis.

Format of proposals for qualitative social sciences research vary, but typical components include: rationale and guiding question, discussion of the conceptual logic for the study, the research method(s) that will be used, where the data will be collected, plans for data conversion and analysis, a detailed plan for time and resources, a draft of the human subjects consent form, a draft of the research tools (e.g., a semi-structured interview guide in a social sciences-based study), and preliminary bibliography. Proposals for qualitative research sometimes contain the findings from preliminary research, such as pilot interviews and/or a feasibility study, especially if ethnographic or other field methods are being proposed.

C6xx Doctoral Quantitative Methods (3 credit hours)

Course description: This course is designed for advanced study of quantitative research methods. Students will conduct data analysis using univariate and multivariate methods. Emphasis will be placed on understanding the theory behind the statistical techniques, as well as on interpretation. Students will also be expected to critically evaluate published research from a methodological standpoint. Students will use SPSS and other tools such as EQS to conduct analyses of their own data or data supplied to them by the instructor. Students will conduct the analysis and write up and interpret data using ANOVA, MANOVA, ANCOVA, as well as multiple regression, confirmatory and exploratory factor analysis, and structural equation modeling.

Requirements: Students will write and present a brief paper reporting findings for each of the statistical techniques. Students will also prepare at least 3 critical reviews of a published article. Assessments will include assignments in which students are given a new data set and will demonstrate competency in data analysis by preparing a brief report of the findings.

C6xx Seminar in Communication and Health (3 credit hours)

This course offers the unique opportunity to gain insights and better understand the challenges of healthcare communication from those actively administering care and conducting medical research. The experts, who have agreed to lecturing in this proseminar include faculty and investigators in the IU School of Nursing, IU School of Medicine, the Charles Warren Fairbanks Center for Medical Ethics, Regenstrief Institute, the IU School of Dentistry, IU School of Social Work, The Center for Medical Humanities, the Center for Hispanic Health, Riley Child Development Center, researchers in women's health, mental health policies, surrogate decision-making,

cellular and integrative physiology, adolescent health, intercultural communication, and drug prevention and experts in clinical care.

Communication is fundamental to providing good healthcare. However, effective communication is not an easy task to accomplish. There are hosts of communication issues embedded in serving as a healthcare provider, investigating healthcare issues, and being a consumer of healthcare systems. The ability of both patients and providers to interact with and within the healthcare system has many challenges many of which stem from needed better and more sophisticated understanding of the imperative role communication plays. To provide high-quality care, medical professional teams must be able to effectively talk with each other, the patients, and patient's family. There also needs to be suitable patient-providers communication, better ways need to be discerned to help families make decisions for their loved ones. Skills are needed to convey complex treatments, options of clinical trials, reasons for treatments choices, and decision-making for surrogates. Ethical dilemmas need to be discussed to reach a solution, privacy, confidentiality, and disclosure need to be better understood to help both patients and providers. In addition the ability to productively communicate across the spectrum from young children to the elderly is essential.

Seminar in Communication and Health

Learning from Healthcare Professional: Experts' Views of Health Communication

Professor of Record: Sandra Petronio

Email: petronio@iupui.edu

IU School of Liberal Arts

Department of Communication Studies

Campus of IUPUI

Course Structure:

This class meets one night a week for three hours during the semester. Every week we will discuss readings and have assignments. The class combines both lectures from the instructor and lectures from the experts. Every other week, one of the experts will give an hour discussion about issues of health communication and his or her area of expertise followed by question and answers. There are book and article readings required for each class. To get the most out of this course, it is useful to read the materials prior to attending the class. The course is structure as an interactive seminar with discussion and debate about the lecture and reading materials.

Sample Readings:

Geist-Martin, P., Ray, E. B., Sharf, B. (2003). Communicating health: Personal, cultural, and political complexities. Belmont, CA: Wadsworth.

Harris, L. Health and the new media: Technologies transforming personal and public health. Mahwah, NJ: Lawrence Erlbaum Associates.

Whaley, B. B. (2000). Explaining illness: Research, theory, and strategies. Mahwah, NJ: Lawrence Erlbaum Associates.

Beck, C. (1997). Partnership for health: Building relationships between women and health caregivers. Mahwah, NJ: Lawrence Erlbaum Associates.

- Harris, L. M. (1995). Health and the New Media: Technologies Transforming Personal and Public Health. Mahwah, NJ: LEA Publishers.
- Rosenthal, M.M. & Sutcliffe, K. M. (2002). Medical Error: What Do We Know? What Do We Do? NY: Jossey-Bass.
- Veatch, R. M. & Flack, H.E. (1997). Case Studies in Allied Health Ethics. NJ: Prentice-Hall.
- Gawande, A. (2002). Complications: A Surgeon's Notes on an Imperfect Science. NY: Metropolitan Books, Henry Holt & Company.

Sample Curriculum:

- Expert Lecture on the Communicative Challenges of Distance Learning in Nursing Education
- Expert Lecture on Women's Health and Communication Challenges
- Expert Lecture on Health Risk Communication
- Expert Lecture on Health Communication Campaigns
- Expert Lecture on Communication Challenges in Dentistry
- Expert Lecture on Mediated Communication in Healthcare
- Expert Lecture in Surrogate Decision Making
- Expert Lecture in Communication Issues in Clinical Medicine
- Expert Lecture in Physician-Patient Communication

Sample Assignments:

Course Evaluation:

Your grade is determined by performance in the following areas:

1. Each student is given a brief description of a medical case outlining a patient or a provider. This is your patient or provider for the semester. For this assignment, the student should write a paper that develops and identifies of either the patient's or provider's life style, medical history, personal issues that might impact health, develop the medical problems this patient faces, and medical history. The student should also develop a profile of the members in the provider or patient's immediate family giving pertinent medical information to understand a family medical history. (A detailed template is included in this packet). The paper should be 10-12 pages long, double-spaced, using 12-point font with margins determined by APA. The student should follow all APA format guidelines for paper submissions.
2. For this next assignment, the student should used the case study that he or she developed for assignment one and discuss how your provider or patient and his or her family is effected by personal, cultural, and political issues as the provider helps patients or the patient navigates the health system. This paper should be 12-15 pages long. The student must follow APA format guidelines for paper submissions.
3. The final paper should analyze one critical health theme that intersects life span and health systems that is raised by any of the experts and develop an argument for how this critical issue might be addressed. You may select any issue or problem you think is currently significant in medical/healthcare. You should illustrate how that problem

can best be addressed through an understanding of health communication. This final paper should be 20-25 pages long and use APA format.

Seminars in Content Areas (15 credit hours)

***C510 Health Provider-Consumer Communication (3 credit hours)**

This course is designed to teach communication skills and practices related to health care talk by examining transactional communication within health care contexts. Topics covered in this course focus directly upon interpersonal dialogue between health care providers and patients.

***C521 Family Communication in Health Contexts (3 credit hours)**

This is an interdisciplinary seminar focusing on communication involving families in health care settings. It addresses significant issues for graduate and professional students who will work with families, including students in Communication Studies, Nursing, Psychology, Social Work, Counseling, and Medicine. The approach is systemic and contextual. Some background in family systems (family communication, family psychology or family therapy) is helpful. Topics include working with families around health concerns, communication with families in health care settings, and family-patient-health provider systems. Specific topics are decided with the class on the basis of students' disciplines and interests. Class work includes interviews of families in their homes.

COURSE OBJECTIVES

- To develop a clearer awareness of systemic and contextual theory with regard to family and individual process.
- To enhance awareness of cultural contexts as they impact on the family system.
- To develop a deeper understanding of the family dynamics associated with health and illness.
- To develop specific skills in assessing family-patient-health provider systems.
- To gain specific knowledge and skills related to communicating with families successfully in a variety of health care contexts.
- To gain practical skills that can be of use to the specific professional goals of each student.

REQUIRED TEXTS

D. Russell Crane & Elaine S. Marshall (Eds.). Handbook of Families and Health: Interdisciplinary Perspectives. Sage, 2005.

Susan H. McDaniel, Jeri Hepworth and William J. Doherty (Eds.). The Shared Experience of Illness: Stories of Patients, Families and Their Therapists. Basic Books, 1997.

RECOMMENDED TEXTS

Betty Carter and Monica McGoldrick. The Expanded Family Life Cycle: Individual, Family and Social Perspectives. Allyn and Bacon, 1998 (3rd Edition).

Monica McGoldrick, Joe Giordano, & Nydia Garcia-Preto. Ethnicity in Family Therapy. Guilford, 2005 (3rd Edition).

***C526 Effective Media Strategies (3 credit hours)**

Contemporary communicators in need of mediums of communication in addition to face-to-face interaction require an expanded knowledge of rhetorical strategies. This course will have a special focus on the effective use of media as a means of persuasion with an emphasis on health communication campaign development.

***C528 Group Communication and Organizations (3 credit hours)**

This seminar-format course examines the ways in which informal groups and communication networks facilitate a variety of organizational processes (i.e., socialization, diffusion of innovation). Emphasis is placed on developing theoretical understanding of informal groups in organizations as well as on methodological issues involved in studying communication networks in organizations.

***C544 Relational Communication (3 credit hours)**

This course focuses on applications of communication theory/research in such areas as relational culture and relationship development. Coursework includes a scholarly project on a real relationship, and applications of research to areas such as pedagogy and couple/family therapy.

***C582 Intercultural Communication (3 credit hours)**

An in-depth analysis of how variables such as values, beliefs, traditions, language, background and experiences are manifested in the verbal and nonverbal meaning of messages communicated by cultures and sub-cultures throughout our global society.

***C593 Advanced Family Communication (3 credit hours)**

This course covers applications of theory and research on the role of communication in creating and maintaining marriages/committed couples and families. Coursework includes a scholarly term paper on a real couple or family's communication.

C6xx Health Communication Campaigns (3 credit hours)

Course Description: This course explores the role of communication campaigns to promote health and reduce health risks. We will examine the ways health communication campaigns are designed, implemented, and evaluated, describing the critical role of communication research throughout the campaign process. The role of theory in the construction of health communication campaigns is emphasized throughout the course. The course addresses the use of different communication channels and the use of diverse communication media and technologies.

Requirements: Course readings will address the selected topics, and students will write weekly reaction papers covering the readings. Students will present one topic paper, which will be a brief (2 page) magazine-style article discussing a particular health risk, or controversy, or solution to a health problem that is related to health communication campaigns. Papers will be presented in class. Students will also write a term paper

summarizing the literature on a particular health issue, and will design a campaign to address that health issue. Papers will be presented in class.

C6xx eHealth Communication (3 credit hours)

Course description: This course is designed for advanced study of research and issues surrounding eHealth communication. This course examines research on the use of computer-mediated communication technologies in health care and health promotion, including examination of technology in health information dissemination, health education, health communication interventions, and the management of health care delivery.

Requirements: Students will demonstrate their knowledge and understanding of the research in eHealth communication by preparing weekly summary and reaction papers covering the readings. They will present a published research study to the class two times during the semester. Students will prepare a research proposal to study an aspect of eHealth communication in either a lab or applied setting. Students will present their research proposals to the class.

C6xx Discourses, Organizing, and Health (3 credit hours)

This course focuses on organizational aspects of health communication and discourses of health-related institutions and practices. Course readings and class discussions will examine contemporary research agendas on current issues and challenges facing health care industries and community-based organizing. Topics will include the discursive framing of healthcare priorities, managed care and other care environments, socialization of health professionals, teamwork in healthcare organizations, technologies of healthcare, identity construction of health care providers, stress and burnout in health professions, and communicative organizing for health activism. As we examine these topics, we'll discuss theoretical, methodological, and practical considerations for scholars of health communication. Finally, we will contemplate the role of health communication in the communication discipline as it intersects with traditional research areas (e.g., interpersonal communication, organizational communication, mass communication).

By the end of the term, you will be able to:

- Articulate a discursive orientation to understanding the organizing of health and health care resources
- Evaluate theoretical, methodological, and practical implications of scholarly work in health communication
- Trace connections between course materials and your own scholarly interests
- Assess the potential for communication practices to shape and guide health-related outcomes

Sample Readings

Discursive framing of healthcare priorities:

Conrad, C., & McIntosh, H.G. (2003). Organizational rhetoric and healthcare policymaking. In T. Thompson, A. Dorsey, K. Miller, & R. Parrot (Eds.), *The*

Handbook of Health Communication (pp. 403-422.). Mahwah, New Jersey: Lawrence Erlbaum Associates.

King, S. (2008). *Pink ribbons, Inc. Breast cancer and the politics of philanthropy*. Minneapolis: University of Minnesota Press.

Zoller, H.M. (2005). Women caught in a multi-causal web: A gendered analysis of *Healthy People 2000*. *Communication Studies*, 56, 175-192.

Managed care and other care environments:

Anderson, C. M. (2004). The delivery of health care in faith-based organizations: Parish nurses as promoters of health. *Health Communication*, 16, 117-128.

Harter, L.M., Deardorff, K., Kenniston, P.J., Carmack, H., & Rattine-Flaherty, E. (2008). Changing lanes and changing lives: The shifting scenes and continuity of care in a mobile health clinic. In H. Zoller & M. Dutta-Bergman (Eds.), *Emerging issues and perspectives in health communication: Interpretive, critical, and cultural approaches to engaged research* (pp. 313-334). Mahwah, NJ: Lawrence Erlbaum Associates.

Ho, E. Y., & Bylund, C. L. (2008). Models of health and models of interaction in the practitioner-client relationship in acupuncture. *Health Communication*, 23, 506-515.

Lammers, J. C., & Geist, P. (1997). The transformation of caring in the light and shadow of Managed care. *Health Communication*, 9, 45-60.

Socialization of health professionals:

Harter, L. M., & Kirby, E. L. (2004). Socializing medical students in an era of managed care: The ideological significance of standardized and virtual patients. *Communication Studies*, 55, 48-67.

Makoul, G. (2001). The SEGUE framework for teaching and assessing communication skills. *Patient Education and Counseling*, 45, 23-34.

Stevens, A., Hernandez, J., Johnsen, K., Dickerson, R., Raji, A., Harrison, C., et al. (2006). The use of virtual patients to teach medical students history taking and communication skills. *The American Journal of Surgery*, 191, 806-811.

Teamwork in healthcare organizations:

Apker, J., Propp, K., & Ford, W. (2005). Negotiating status and identity tensions in health care team interactions: An exploration of nurse role dialectics. *Journal of Applied Communication Research*, 33, p. 9-115.

Ellingson, L. (2004). *Communicating in the clinic: Negotiating Frontstage and Backstage Teamwork*. Hampton Press.

Technologies of healthcare:

Guzley, R.M., Dunbar, N.E., & Hamel, S.A. (2002). Telehealth, managed care, and patient-physician communication: Twenty-first century interface. In W.B. Gudykunst (Ed.), *Communication Yearbook* (pp. 26-364). Mahwah, NJ: Lawrence Erlbaum.

Harter, L.M., & Japp, P.M. (2001). Technology as the representative anecdote in discourses of health and healing. *Health Communication*, 13(4), 409-426.

Steinbrook, R. (2008). Personally controlled online health data—The next big thing in medical care? *New England Journal of Medicine*, 358, 1653-1658.

Shim, M. (2008). Connecting internet use with gaps in cancer knowledge. *Health Communication*, 23, 448-461.

Identity construction of health care providers:

Hsieh, E. (2007). Interpreters as co-diagnosticians: Overlapping roles and services between providers and interpreters. *Social Science & Medicine*, 64, 924-937.

Miller, K. (1998). The evolution of professional identity: The case of osteopathic medicine. *Social Science and Medicine*, 47, 1739-1748.

Morgan, J., & Krone, K.J. (2001). Bending the rules of professional display: Emotional improvisation in caregiver performances. *Journal of Applied Communication Research*, 29, 317-340.

Stress and burnout in health professions:

Apker, J. (2002). Front-line nurse manager roles, job stressors, and coping strategies in a managed care hospital. *Qualitative Research Reports*, 3, 75-81.

Egbert, N., & Parrott, R. (2003). Empathy and social support for the terminally ill: Implications for recruiting and training hospice and hospital volunteers. *Communication Studies*, 54, 18-34.

Tracy, S.J., Meyer, K., Scott, C. (2006). Cracking jokes and crafting selves: Sensemaking and identity management among human service workers. *Communication Monographs*, 73, 28-08.

Communicative organizing for health activism:

Ford, L.A., & Yep, G.A. (2003). Working along the margins: Developing community-based strategies for communicating about health with marginalized groups. In T. Thompson, A. Dorsey, K. Miller, & R. Parrot (Eds.), *The Handbook of Health Communication* (pp. 241-263). Mahwah, NJ: Lawrence Erlbaum.

Hester, D.M. (1998). The place of community in medical encounters. *Journal of Medicine and Philosophy*, 23, 369-383.

Zoller, H.M. (2005). Health activism: Communication theory and action for social change. *Communication Theory*, 15, 41-364.

Sample Assignments

Subject Matter Expert: Reaction Paper and Teaching/Training Activity Assignment (60 points)—One time during the quarter, you will serve as the expert for that day's topic by (a) writing a reaction paper and (b) creating a teaching activity suitable for an undergraduate course.

Part A: (30 points) For your assigned class session, you will write a reaction paper (1-2 pages, singled spaced) over the assigned readings for that class period and pose a set of four or five discussion questions that I will use to guide our class conversation about that day's topic. Reaction papers and discussion questions should address **the entire set of readings assigned for that particular day**. For instance, you might addresses common theoretical assumptions across the readings, raise questions about methodological

approaches, or engage other points of comparison that emerge as you engage in the readings.

Part B: (30 points) You will also select a key concept, topic, or theoretical assumption from the day's readings and develop a strategy for teaching that topic to either (a) undergraduate students or (b) a community audience . You should prepare a summary (2-3 pages) of a proposed teaching activity that is modeled like a submission to *Communication Teacher* and includes the following clearly labeled sections: (a) a brief title; (b) the course(s) for which the activity is intended; (c) the learning objective(s) for the activity; (d) a brief theoretical rationale for conducting the activity; (e) a description/explanation of the activity, including any preparation/preliminary steps and materials needed; (f) a debriefing paragraph, including typical or anticipated results; (g) an appraisal of the activity, including any limitations or variations; (f) references and suggested readings (a minimum of three readings NOT listed on our course syllabus). You should prepare a **20-30 minute presentation** in which you present a portion of your activity to your colleagues in this seminar. Our class will then ask you questions about your activity and provide you with ideas and feedback.

The reaction paper and teaching assignment is designed to allow you to crystallize your thoughts and ideas about the day's course topic and develop your skills as a scholar-teacher as you translate graduate-level concepts and readings to teaching in the undergraduate classroom or training community audiences. I will evaluate your reaction paper and activity based on the following criteria: (a) the extent to which you demonstrate thoughtful engagement with the assigned readings, (b) the relevance of your proposed activity to the assigned readings (e.g., have you gleaned a topic or concept from the readings and developed a lesson plan accordingly?), and (c) the appropriateness of your proposed activity for the undergraduate level or a community audience.

Participation—Your active participation is absolutely essential to the success of this course, and I look forward to your constructive participation in class sessions. I will expect each of you to complete all readings and come to class prepared with questions, concerns, points of contention, and so on based on the day's readings. Prior to each class session, you should spend a few minutes reading the reaction paper posted for that day and jot down a few thoughts and questions of your own that will help to guide our discussion.

Final Paper—Your final paper for this course can come in a variety of forms: a research prospectus, a book review suitable for publication, an extensive literature review, or a paper suitable for submission to a conference or publication outlet. I will evaluate your final paper based on the following criteria: (a) scope and focus of the paper, including relevance to course material (e.g., is the topic related to our class? Is the selected topic appropriate for a single manuscript?), (b) conciseness and clarity of the arguments made, (c) organization, (d) potential contributions of the project (e.g., does the paper extend theory and research?), (e) writing style, including grammar and spelling, (f) use of references (e.g., are sources cited appropriately and correctly?). All work should adhere to APA guidelines.

C6xx Rhetorical Understanding of Health Narratives (3 credit hours)

Rhetorical Understanding of Health Narratives will explore multiple dimensions of the stories that influence how we as individuals and society make sense of personal health, health care, disease, death, and more. The stories people tell reveal a more complete understanding of our beliefs and attitudes toward health. The metaphors people use to describe disease or illness construct meaning. The ways disease is personified or the ways medicine becomes a character in our stories of healing shape our knowledge. This course will explore the style, form, and content of individual and interpersonal health narratives.

The course will also study the field of Narrative Health, which recognizes that the stories we tell to make sense of health present a whole picture of a patient's state. Narrative medicine seeks to equip medical professionals with the skills and desires to listen and to receive fully what patients say. The field recognizes medicine as an art that relies on telling and interpreting stories of illness, symptoms, family histories, and more. Narrative Health honors patients' stories so as to make richer, fuller contact with patients as humans. It also encourages health care providers to tell and explore the stories of their own life experiences in order to understand how those stories might affect the care they provide.

Finally, the course will consider the larger cultural health narratives that circulate in public discourse. Media narratives from news and advertising, stories in popular culture, and the stories told by government agencies such as the FDA construct beliefs and knowledge that influence meaning for both patients and health care providers. A rhetorical understanding of phenomenon such as cultural myth and biopolitics provides a critical heuristic with which to examine the role of these public health narratives.

Potential Readings

- Bauchamp, T. (1988). *The health of the republic: Epidemics, medicine, and moralism as challenges to democracy*. Philadelphia, PA: Temple University Press.
- Charon, R. (2001). Narrative medicine: Form, functions, and ethics. *Annals of Internal Medicine*, 134, 1079–1085.
- Charon, R. (2005). Narrative medicine: Attention, representation, affiliation. *Narrative*, 13, 261–270.
- Charon, R. (2006). *Narrative medicine: Honoring the stories of illness*. New York: Oxford University Press.
- Charon, R. & Montelo, M. (ed.). (2002). *Stories matter: The role of narrative in medical ethics*. New York: Taylor & Francis.
- Dutta, M. J., & Basu, A. (2008). Meanings of health: Interrogating structure and culture. *Health Communication*, 23, 560–572.
- Eggy, S. (1999). Physician–patient co-construction of illness narratives in the medical interview. *Health Communication*, 14(3), 339–360.
- Frank, A. W. (1995). *The wounded storyteller: Body, illness, and ethics*. Chicago: The University of Chicago Press.

- Gibbs, Jr., R. W., & Franks, H. (1999). Embodied metaphor in women's narratives about their experiences with cancer. *Health Communication*, 14.2, 139–165
- Harter, L. M., Japp, Phyllis M., Beck, Christina S. (2005). *Narratives, health, and healing: Communication theory, research, and practice*. Mahwah, NJ: Erlbaum.
- Hunter, K. M. (1991). *Doctors' stories: The narrative structure of medical knowledge*. Princeton, NJ: Princeton University Press
- Hyde, M. J. (1993). Medicine, rhetoric, and euthanasia: A case study in the workings of a postmodern discourse. *Quarterly Journal of Speech*, 79, 201–224.
- Kenny, R. W. (2000b). The rhetoric of Kevorkian's battle. *Quarterly Journal of Speech*, 86, 386–401.
- Kleinman, A. (1988). *The illness narratives: Suffering, healing, and the human condition*. New York: Basic Books.
- Leeman, M. A. (2011). Balancing the benefits and burdens of storytelling among vulnerable people. *Health Communication*, 26. 1, 107-109.
- Mattingly, C., & Garro, L. C. (Eds.). (2000). *Narrative and the cultural construction of illness and healing*. Berkeley: University of California Press.
- Montgomery, K. (2006). *How doctors think: Clinical judgment and the practice of medicine*. Oxford: Oxford University Press.
- Pezzullo, P. C. (2003). Touring "Cancer Alley," Louisiana: Performances of community and memory for environmental justice. *Text and Performance Quarterly*, 23.3, 226–252.
- Sharf, B., & Vanderford, M. (2003). Illness narratives and the social construction of health. In T. Thompson, A. Dorsey, K. Miller, & R. Parrott (Eds.), *Handbook of health communication* (pp. 9–34). Mahwah, NJ: Lawrence Erlbaum Associates.
- Shugart, Helene A. (2011). Shifting the balance: The contemporary narrative of obesity. *Health Communication*, 26.1, 37-47.
- Titus, Barb, & de Souza, Rebecca. (2011). Finding meaning in the loss of a child: "Journeys of chaos and quest." *Health Communication*, 26.5, 450–460.
- Weiss, M. (1997). Signifying the pandemics: Metaphors of AIDS, cancer, and heart disease. *Medical Anthropology Quarterly*, 11, 456–476.

C6xx Ethical Issues in Health Communication (3 credit hours)

Ethical considerations pervade all facets of health communication from patient-provider interactions to public health media campaigns. On an interpersonal level, ethics considerations influence the interactions between health care professionals and patients. For example, health care providers and patients must manage and coordinate not only legal restrictions on health information but also interpersonal boundaries and cultural

beliefs and values that complicate the ethics of privacy and confidentiality. In mediated mass mediated communication, new technologies and e-health initiatives impact ethical situations in health communication. Public health campaigns must consider cultural values, marginalized communities' access to messages, and more in the design and circulation of media messages. And communicating about ethical issues such as end-of-life decisions become complicated as health care providers and patients navigate different cultural beliefs or religious values. This graduate seminar will consider health communication ethics across contexts, cultures, and media.

Potential Readings

- Addington, T. & Wegescheide-Harris, J. (1995). Ethics and communication with the terminally ill. *Health Communication*, 7.3, 267–282.
- Basil, M. D. (1997). The danger of cigarette 'special placements' in film and television. *Health Communication*, 9.2, 191–198.
- Brann, M., & Mattson, M. (2004). Toward a typology of confidentiality breaches in health care communication: An ethic of care analysis of provider practices and patient perceptions. *Health Communication*, 16.2, 229-251.
- Carmack, H. J. (2010). Bearing witness to the ethics of practice: Storying physicians' medical mistake narratives. *Health Communication*, 25.5, 449-458.
- Denvir, P., & Pomerantz, A. (2009). A qualitative analysis of a significant barrier to organ and tissue donation: Receiving less-than-optimal medical care. *Health Communication*, 24.7, 597-607.
- Dutta-Bergman, M. (2004b). The unheard voices of Santalis: Communicating about health from the margins of India. *Communication Theory*, 14, 237–263.
- Farmer, P. (2003). *Pathologies of power: Health, human rights and the new war on the poor*. Berkeley: University of California Press.
- Guttman, N. (1997). Ethical dilemmas in health campaigns. *Health Communication*, 9.2, 155–190.
- Guttman, N. (2000). *Public Health Communication Interventions: Values and Ethical Dilemmas*. Thousand Oaks, CA: Sage Publications.
- Guttman, N. and Ressler, W. H. (2001). On being responsible: Appeals to personal responsibility in health communication campaigns. *Journal of Health Communication*, 6, 117-136.
- Guttman, N. and Salmon, C.T. (2004). Guilt, fear, stigma and knowledge gaps: Ethical issues in public health communication interventions. *Bioethics*, 18 (6), 1457-8519.
- Guttman, N. and Thompson, T. (2001). Ethics in health communication. In G. Cheney, S. May, and D. Munshi. (Eds.), *Handbook of Communication Ethics*, (pp. 293-308). Lawrence Erlbaum.

- Kenny, R. W. (2003). Thinking about rethinking life and death: The character and function of dramatic irony in a life ethics discourse. *Rhetoric and Public Affairs*, 6, 657–686.
- Kline, K. N. (2007). Cultural sensitivity and health promotion: Assessing breast cancer education pamphlets designed for African American women. *Health Communication*, 1, 85–96.
- Kreps, G. (2006). Communication and racial inequalities in health care. *American Behavioral Scientist*, 49, 760–774.
- Lewis, C. C., Matheson, D. H., & Brimacombe, C. A. E. (2011). Factors influencing patient disclosure to physicians in birth control clinics: An application of the communication privacy management theory. *Health Communication*, 26, 6, 502-511.
- Petronio, S. (2002). *Boundaries of privacy: Dialectics of disclosure*. Albany: State University of New York Press
- Petronio, S. (2006). Impact of medical mistakes: Navigating work-family boundaries for physicians and their families. *Communication Monographs*, 73, 462–467
- Petronio, S., & Sargent, J. (2011). Disclosure predicaments arising during the course of patient care: Nurses' privacy management. *Health Communication*, 26, 3, 255-266.
- Wilson, J., & McCaffrey, R. (2005). Disclosure of medical errors to patients. *Medsurg Nursing*, 14, 319–323.
- Zoller, H. (2005). Health activism: Communication theory and action for social change. *Communication Theory*, 15, 341–364.