COM 2403 Health Communication ID

Hours and Credits: 3 hours, 3 credits
Course Pre-requisite: ENG 1101 or COM 1330 or higher
ID Course

Previous Course Description:
The study and practice of communication as it relates to health professionals and patient outcomes.
Topics include provider-patient interaction, team communication, and the diffusion of health information through public health campaigns.

ID Course Description:
The interdisciplinary study and practice of communication in healthcare and public health. Topics include provider-patient interaction, team communication, and the diffusion of health information through public health campaigns. Students practice clear, purposeful and compassionate communication across multiple channels, to reduce errors and provide better health care delivery. Health communication is considered from the perspective of Psychology, African American and Critical Race Studies, Women's and Gender Studies, Anthropology, Media Studies, Public Health, Dentistry, Nursing and Communication Studies.

Rationale for Interdisciplinary (ID) Course Designation
The big questions we are asking in the course include:
- What are the most effective ways of promoting health and wellness?
- How should messages be adapted to different audiences?
- How can healthcare communication be improved to reduce errors?
- What are the institutional, economic, cultural, and other factors that help or inhibit communication?

These questions are best tackled by combining insights from a number of different medical and academic disciplines. This interdisciplinary course will include insights from subject matter experts in Psychology, Communication Studies, African American Studies, Critical Race Studies, Women's and Gender Studies, Anthropology, Media Studies, Dental Hygiene, Public Health, and Nursing.

Introducing Health Communication:
Health communication refers to human interactions that influence health and wellness outcomes, and is at the center of concepts of “patient-centered care.” Medical schools often have a communication component for training physicians, and job descriptions in healthcare usually require strong communication skills. The extent to which expectancies can shape outcomes requires healing professionals to express empathy, using all available communication modalities to create a continuum of care for patients as they move between providers and specialties. Communication is often limited by the demands of managed care and hasty “hand-off” between providers. This class co-creates a definition for health communication, drawing on social scientific and medical disciplines. From patient-provider communication, to creating health campaigns, and to communication with emergency responders—‘health communication’ emerges as an umbrella term that incorporates cognitive, behavioral, cultural, and population health concerns. The class conducts participant-observation, narrative inquiry, and media analysis which help us understanding the meaning of health and wellness, sometimes beyond biomedical perspectives.
Topics we cover:

- Communication across healthcare specialties and hierarchies
- Health marketing, crisis communication, and other applied careers
- Differences in medical and narrative rationalities
- Plain language initiatives and problems with jargon
- Disease surveillance in epidemiology & communication
- Survey of healthcare information and communication technologies (CPOE, EHR, etc.)
- The determining role of structural factors on communication and health
- Opportunities for multilingual speakers in health care professions

Course Objectives:

- To communicate across multiple communication modalities (face-to-face, electronic, etc.)
- To identify structural factors that foster and inhibit communication in health care contexts
- To consider cultural, racial and gender politics of health media
- To practice communicating through campaigns to promote public health
- To use participation-observation and media analysis to become keen observers and listeners
- To employ narrative and writing in the “first person” to welcome our own experiences
- To address the needs of patients from varying levels of ability and literacy
- To co-create a role for health communication that addresses an on-going national healthcare crisis

Textbook:


Other required reading materials, podcasts and videos posted on the course Blackboard site (Bb) by the Instructor and students of this course. These online resources are also helpful:

Communication Strategies is a primer for participating in an online Discussion Board.
Netiquette is a great resource about being polite online and in emails.
Pub Med is a database of medical articles available to the public.
Pew Research Center does public opinion research.

Technology Support:

Course materials are available on Blackboard, and the courses requires the use of Blackboard, City Tech email, and Microsoft Word and PowerPoint software. iTec is the name of the Office at City Tech that supports students with their technology needs. Here are some important contact details for iTec:

Office Location: Room G601
General Phone: (718)-254-8565
Email: itec@citytech.cuny.edu
Monday – Thursday 8:30am - 9:00pm
Friday 9:00am - 7:00pm
CLOSED Saturday & Sunday
Website: http://websupport1.citytech.cuny.edu/index.html

iTec also offers student workshops on Email, Blackboard, Portfolios and other topics. Please see http://websupport1.citytech.cuny.edu/studentworkshops.html

Description of Assignments

Weekly Reading Responses: Every week, students complete a speaking outline based on weekly readings (three pages, max), summarizing and offering a critical opinion. Try to make connections across the readings and feel free to pose questions that the readings raise as well. You hand in these in each week for evaluation, so proofread and revise accordingly. Follow sample Speaking Outline format provided. Each week, three students are chosen to present extemporaneous speeches based on their response.

In-class personal narrative: In addition to being (aspiring) health and communication professionals, we are also clients and consumers of healthcare products and procedures. During some class meetings, a writing prompt is displayed and then we take ten minutes or so to write an answer. These writings are not graded, but hold onto them all because you must include at least one of them (revised) in your Portfolio. The in-class personal narrative is “stream of consciousness”—meaning, spontaneous and impressionistic. You are encouraged to share personal experiences, but remember your right to privacy as well. If you don’t feel comfortable sharing personal details, there are other forms of writing the instructor can suggest. Story-telling and connecting to feelings (as well as intellect) is encouraged. After, volunteers read their narrative out loud or summarize it extemporaneously. Others are encouraged to relate their own experiences to what was shared.

Blackboard Discussion Board: Blackboard and Open Lab are used to retrieve assignments, view templates, upload files and post on the Discussion Board. Each week you post, at minimum, one Discussion Thread (and three responses to other’s threads) on the Blackboard Discussion Board (in reply to the instructor’s prompt) Users can post links to news stories, videos and other sites on the web. The Discussion Board is “asynchronous” meaning, you can log in, post and reply at any time of the day or night.

Final Assignments
Final assignments begin mid-term and are presented at the end of the course. Choose a health-related topic that you already are interested in, or a new research topic that fascinates you. All final assignments require research and 3 to 5 citations. Each choice requires a typed presentation outline (to be uploaded on Blackboard) as well as an in-class presentation with suitable visual aids. You have a choice for your final assignment. Please choose only one of the three choices below:

1. Analysis of news story: Find a recent news article relevant to the subject matter of Health Communication. After reading it, conduct more research on the topic and prepare a presentation that clearly summarizes the issue and presents your critical assessment. Presentation should include a succinct summary of article, an explanation of how article connects to course material, and a critique
or evaluative response to the article. I also encourage you to pose a few discussion questions to the class. (3 to 6 typed page outline & 8 to 10 minute in-class presentation.)

2. **Observation Report of a Healthcare Setting**: Involves an (at-least) one-hour observation, note-taking and write-up of a healthcare setting. Using a participant-observation approach requires immersing yourself in a setting, paying close attention to what is happening, taking notes and asking questions. Descriptions should be naturalistic, i.e. they describe what you see and hear, using rich descriptions that “paint a mental picture” for the audience. Your presentation should include vivid details of your observation and interaction and an explanation of how you connect the observation report to the course material. I also encourage you to pose a few discussion questions to the class. (3 to 6 typed page outline & 8 to 10 minute in-class presentation.)

3. **Design a Health Campaign**: This assignment gives you the chance to design a strategic intervention for some kind of health issue. For COMD and PTW students, this is an opportunity to use your design and writing skills to make a print ad, fact sheet, press release, audio or video spot, or social media campaign. Your media work (PowerPoint, audio-visual recording, poster, etc.) must be accompanied by a rationale where you explain your methodology and how the evidence base (i.e. what we know about what works) supports your approach. During your presentation, you should try to persuade us to modify our behavior in some way according to the campaign. (A multi-media work with a 2-5 typed rationale & 6 to 8 minute in-class presentation.)

NOTE: a one-page description of your final project due mid-term.

**Portfolios:**
At the end of the semester, submit 5 to 10 pages of your revised course work. Include Weekly Responses, In-class Personal Narratives, and the Final Assignment. Don’t throw anything away or lose your work. For in-class personal narratives, please scan the original, hand-written document to include along with the revised, typed copy to show your progress over the semester.

**Grading**
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<th>Component</th>
<th>Percentage</th>
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<tr>
<td>Weekly Reading Responses</td>
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<td>Final Assignment, your choice of</td>
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<tr>
<td>• Analysis of a news story</td>
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<td>• Observation of a health care setting</td>
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<td>• Design a health campaign</td>
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<td>Portfolio (compilation /revisions of coursework)</td>
<td>25%</td>
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<td>Online Participation (Discussion Board)</td>
<td>15%</td>
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<td>Class Participation</td>
<td>10%</td>
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<td>Total</td>
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**COURSE INTENDED LEARNING OUTCOMES/ASSESSMENT METHODS**

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<th>LEARNING OUTCOMES:</th>
<th>ASSESSMENT METHODS:</th>
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<tr>
<td>Gather, interpret, and assess information from a variety of sources and points of view.</td>
<td>Discussion board requires linking to editorials expressing different viewpoints; final assignments require library research</td>
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<td>Evaluate evidence and arguments critically or analytically.</td>
<td>Content analysis assignment and ethnography assignment require critical analysis of evidence and identification of frames and biases using frame analysis techniques</td>
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<td>Produce well-reasoned written or oral arguments using evidence to support conclusions.</td>
<td>Final paper and oral presentation require arguments supported with evidence from observational details (ethnography), specific textual examples (content analysis) and scholarly literature of behavior change (health campaign)</td>
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<td>Identify and apply the fundamental concepts and methods of a discipline or interdisciplinary field exploring the relationship between the individual and society, including, but not limited to, anthropology, communications, cultural studies, history, journalism, philosophy, political science, psychology, public affairs, religion, and sociology.</td>
<td>Through introduction of qualitative research methods and selection of final assignment options, students recognize Health Communication as an interdisciplinary practice grounded in Communication Studies and incorporating case studies from behavioral psychology and public health.</td>
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<td>Examine how an individual's place in society affects experiences, values, or choices.</td>
<td>Lectures identify social, behavioral, cultural and socioeconomic predictors of health outcomes, while writing prompts in the first person (and resulting discussions) enlist students to identify communication problems in health care based on their own encounters as providers or with providers.</td>
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<td>Articulate and assess ethical views and their underlying premises.</td>
<td>Clinical scenarios provided during week 3 simulation exercise provokes discussion of structural limitations of communication resulting from managed care practices. In Week 9 lecture complex interest groups underwriting health policy are presented and student discussion question considers conflict of interest in journals, government agencies and medical industries.</td>
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<td>Articulate ethical uses of data and other information resources to respond to problems and questions.</td>
<td>In week five students evaluate EHR and CPOE regarding privacy protection. Week six lecture focuses on information access and raises ethical questions about proprietary data hidden from scientific scrutiny per intellectual property statutes.</td>
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<td>Identify and engage with local, national, or global trends or ideologies, and analyze their impact on individual or collective decision-making.</td>
<td>Beginning in week two health care ideologies are identified, contrasting individualistic/collectivistic approaches, as well as personal agency vs. determinism.</td>
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**ID LEARNING OUTCOMES/ASSESSMENT METHODS**

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<tr>
<td>Purposefully connect and integrate across-discipline knowledge and skills to solve problems</td>
<td>Students prompted to incorporate key terms and insights from psychology, public health, communication studies and other disciplines into weekly reading response and final assignments.</td>
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Synthesize and transfer knowledge across disciplinary boundaries

Responses consider (for example) psychological reactance to controlling language (from psychology); diffusion theory (from sociology) and surveillance (from public health).

Comprehend factors inherent in complex problems

Considerations for communication include cognitive (attitudes and beliefs), behavioral (health risk inferences) and sociological (income, education, reading ability). For example, guest lectures focus on how race and gender factor into media representations of health and illness, and how racism is a determinant of health outcomes.

Recognize varied perspectives

Readings and discussions compare biomedical rationality with ‘every day’ rationality. These are contrasted as different perspectives and meaning-making strategies. Culturally specific attitudes about health and medicine are contrasted, with attention to different conceptions of disease, child development and aging. These are examples of various perspectives under consideration.

Gain comfort with complexity and uncertainty

Case examples and readings show there is no ‘one size fits all’ formula for communication. Student writings are assessed on understanding of communication as context-dependent with predictable outcomes not usually known in advance.

Think critically, communicate effectively, and work collaboratively

Critical thinking skills encouraged as reading responses require evaluative response to readings. Students collaborate and interact in class and in online forum. Participation rubric include assessment of effective communication.

Provisional Schedule

The following is a description of all of our face-to-face, in-classroom meetings for the semester.

NOTE: This schedule is subject to change

Week 1: “What is Health Communication?” Roll call, syllabus overview and introduction to communication studies. Health Communication as metaphor, social science and practice. The bio-psycho-social model of health care delivery. The role of social and interpersonal support in health outcomes. In the first week of classes the Blackboard Discussion Board is introduced with instructions for posting threads and replying to others. Readings for following week: Chapters 1 & 2

Week 2: “Structure and Agency.” GUEST LECTURE. Role of attitude and belief, and how expectancies shape health outcomes. Medicine reframes patients as consumers of health services and products, but choices are delimited by cost—as well as ideology of managed care that involves a cost-benefits analysis. Contrasting individual agency with health determinants, such as food insecurity, occupational safety, pollution, poverty, inequality, sexism, racism. Reading for following week: Chapter 3

Week 3: “Introducing Clinical Simulation.” GUEST LECTURE. Issues of performance and affect in clinical encounters. Students provided with clinical scenarios and play the role of patient, provider and
observer. Each student has the opportunity to be provider, patient, and observer. Scenarios involving multiple providers on a multidisciplinary team also used. Readings for following week: Chapters 6 & 7

**Week 4:** “Participant Observation and the Health Encounter.” Focus on participant-observation as method for paying close attention to ways that people communicate about health. Ethnographic considerations help sharpen our listening and observational skills, and ‘ethnographic sketch’ writing exercise requires us to stick close to the ‘data’ that our five senses provide us during a health encounter. Requirements for the Participant-observation option of our final assignments are presented. Reading for following week: Chapter 9

**Week 5:** “Health Technologies as Communication.” Electronic Health Records (EHR) and HIPPA concerns? Computerized Provider Order Entry (CPOE) and remaining present with the patient while staring into a computer screen. How these and other communication technologies both enable and inhibit the delivery of patient-centered care. Quality Assurance (QA) of an electronic health communication platform is conducted, evaluating for ease of use, navigation and other measures. Reading for following week: Chapter 10

**Week 6:** “Health Communication and Health Literacy.” Defining health literacy in a diverse, multicultural society. Cultural construction of health concepts. Specialist terminology and ‘adherence.’ Miscommunication in healthcare and preventable illnesses, injuries and death caused by medical practices. Distinguishing evidence-based medicine from lesser forms of health information and misinformation. English ability considered as determinant of morbidity and mortality. Opportunities for multi-lingual speakers in healthcare professions. Reading for following week: Chapter 14

**Week 7:** “Health Marketing and Promotion.” Comparing Public Service Announcements (PSAs), and commercial advertisements. How fear-appeals sometimes backfire. Design of social media campaign based on best practices in Health Marketing. Media Effects research that provides empirical measurement for the success and failure of public health campaigns. Interactive communication technologies (ICTs) as a game-changer for unidirectional health messaging as traditionally conceived. Readings for following week: Chapters 4 & 5

**Week 8:** “Final Project Workshop.” Discuss expectations for the final projects. Peer reviews take place in small groups. A one-page summary describing your final project due.

**Week 9:** “Narrative Medicine.” Narrative, or story-telling, as an important meaning-making technique of health, illness and wellness experiences. Biomedical rationalities contrasted with non-medical sense-making about health and illness. Listening and rapport building as route to more comprehensive care. This week we begin talking about the final assignments and portfolios. Reading for following week: Chapter 11

**Week 10:** “The Race, Gender and Cultural Politics of Representing Health in the Media.” GUEST LECTURE. Consider breaking news stories about health that are contradictory. Techniques to identify bias. Direct to consumer advertising, and marketing videos designed to look like TV news. Summary and
critical analysis of news stories. Techniques in media analysis introduced. Presenting specialist research to a generalist audience. Reading over break: Chapter 12

Week 11: “Communication and (Dis)ability.” GUEST LECTURE. Considering developmental disabilities. Office accommodations. Issues of informed consent and effective communication. Verbal and non-verbal, communication through caregiver and interpreters. Working with communication impairments (hearing, sight, speech, etc.)

Week 12: “Portfolios.” At this point students have a body of work consisting of in-class writing prompts and weekly reading summaries. Focus on the process of revision. Peer reviews take place in small groups.


Week 14: Final Presentations.

Week 15: Final Presentations. Final Projects and Portfolios due

Humanities Department Policy on Absences/Lateness
It is the conviction of the Humanities department that a student who is not in a class for any reason is not receiving the benefit of the education being provided. Missed class time includes not just absences but also latenesses, early departures, and time outside the classroom taken by students during class meeting periods. Missed time impacts any portion of the final grade overtly allocated to participation and/or any grades awarded for activities that relate to presence in class. Note: Each professor will keep accurate, detailed records of students’ attendance.

The professor keeps accurate, detailed records of all absences from class, and may assign a WU grade (withdrew unofficially) to any student who exceeds that limit. A student is required to take the responsibility of keeping track of his/her own absence from class. When it exceeds four hours, he or she should make an appointment to discuss the problem with the professor.

Academic Integrity at City Tech
“Students and all others who work with information, ideas, texts, images, music, inventions, and other intellectual property owe their audience and sources accuracy and honesty in using, crediting, and citing sources. As a community of intellectual and professional workers, the College recognizes its responsibility for providing instruction in information literacy and academic integrity, offering models of good practice, and responding vigilantly and appropriately to infractions of academic integrity. Accordingly, academic dishonesty is prohibited in The City University of New York and at New York City College of Technology and is punishable by penalties, including failing grades, suspension, and expulsion.”

Plagiarism is not tolerated. Any information you find on the web, at the library or in books must be cited in 3 places: In a Works Cited section, in-text and out loud while you are giving your presentation. If you don’t cite your sources correctly you are given one warning. Further offenses result in a grade of F in the course.
Religious Holidays and Observances:
In accordance with University policies, students should notify the instructor before missing class due to a religious observance or holiday.

Make-Up Policies:
Because of scheduling difficulties for in-class assignments, presentations, and papers, make-up work is only possible in the case of documented medical emergencies. If you contact me after you have missed the class, you can’t make-up the assignment.

Disability/Medical Accommodations Statement:
City Tech is committed to supporting the educational goals of enrolled students with disabilities in the areas of enrollment, academic advisement, tutoring, assistive technologies and testing accommodations. If you have or think you may have a disability, you may be eligible for reasonable accommodations or academic adjustments as provided under applicable federal, state and city laws. You may also request services for temporary conditions or medical issues under certain circumstances. If you have questions about your eligibility or would like to seek accommodation services or academic adjustments, please contact the Center for Student Accessibility at 300 Jay Street room L-237, 718 260 5143, or http://www.citytech.cuny.edu/accessibility/ N.B., Students who miss a scheduled presentation or exam due to illness or medically-related emergencies will be referred to the Center for Student Accessibility. The CSA will review any documentation requested and give the student a letter to share with the relevant instructor if accommodations need to be made.

Humanities Department Commitment to Student Diversity
The Humanities Department complies with the college wide nondiscrimination policy and seeks to foster a safe and inclusive learning environment that celebrates diversity in its many forms and enhances our students’ ability to be informed, global citizens. Through our example, we demonstrate an appreciation of the rich diversity of world cultures and the unique forms of expression that make us human.