



Health Communication

Spring 2016

Prof. Timothy Halkowski
Comm. 382/582, s.1.
M & W 9:35-10:50am
CAC 236

Office Hours: T 11-noon, TH 10-11am, & by appt.
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Course Description, Overview And Objectives

This course is an overview of central topics and analytic domains in health communication. Therefore we will read and discuss research covering the interpersonal, organizational, and mass communication levels of analysis.

Within the *interpersonal* realm of health communication, we will give special attention to the ‘experiential’ aspects of illness and disease, and the ways in which these are affected (as well as constituted) by features of communication.

Within the *organizational* realm we will focus on several areas, including the communicative and interactional work of medical interpreters.

Within the *mass communication* domain, we will consider the theoretical underpinnings and methods of several examples of health campaigns. We will also look at ways that Web 2.0 is changing health campaigns & health care interventions.

At the conclusion of the course you will be able to:

- Enumerate and describe some of the central research topics and methods at each of the three aforementioned levels of analysis;
- Analyze some basic features of health communication at the interpersonal, organizational & institutional levels.

Program Competencies for the Division of Communication

By the time they graduate, students should be able to:

1. communicate effectively using appropriate technologies for diverse audiences;
2. plan, evaluate and conduct basic (quantitative and qualitative) communication research;
3. use communication theories to understand and solve communication problems;
4. apply historical communication perspectives to contemporary issues and practices; and
5. apply principles of ethical decision making in communication contexts.

In this course we will address *aspects* of all of the above competencies.

COURSE REQUIREMENTS

You will demonstrate your understanding of the core topics of the course via:

- discussion of assigned readings, as well as occasional news articles;
- short in-class & take home assignments;
- a midterm exam; and,
- a final exam.

In class & take home assignments:	30%
Midterm exam:	35%
Final exam:	35%
Course grade:	100%

Graduate Student course requirements:

In addition to some of the above course requirements, you will be writing a course paper on a health communication topic (to be negotiated with me).

A standard grading scale will be used to assign final course letter grades.

94 - 100 = A	74 - 76 = C
90 - 93 = A-	70 - 73 = C-
87 - 89 = B+	67 - 69 = D+
84 - 86 = B	60 - 66 = D
80 - 83 = B-	< 60 = F
77 - 79 = C+	

REQUIRED TEXTS:

1. *A Leg To Stand On.* Oliver Sacks.
2. The remainder of the **REQUIRED READINGS** will be available on the University library’s **E-Reserve system** for this course (see schedule below).

HIGHLY RECOMMENDED RESOURCE:

New York Times – Health Section – <http://www.nytimes.com/pages/health/index.html>

COURSE POLICIES

Because they may interfere with the navigational systems of your professor, all cell phones need to be turned off & securely stowed.

Late assignments will generally not be accepted, unless you can document the reason in an acceptable manner.

The University has strict policies regarding Academic Integrity. It is your responsibility to read, understand, and abide by those policies (on the University web site).

I will not take attendance in this course. But of course those who attend class tend to do better on assignments, exams, & course papers. Borderline grades at the end of the semester will be affected by your participation in the class discussions.

Office Hours: Please make use of office hours. Students who use office hours to discuss difficult aspects of classes tend to manage those problems and succeed. Students who wait until a problem has snowballed usually have too big a mountain to climb at the end of the semester, and sometimes end up having to dropping a class.

Disability services:

If you have a documented disability and verification from the **Disability and Assistive Technology Center** and wish to discuss academic accommodations, please contact your instructor as soon as possible.

It is the student’s responsibility to provide documentation of disability to Disability Services and meet with a Disability Services counselor to request special accommodation *before* classes start.

The Disability and Assistive Technology Center is located in 609 Learning Resource Center and can be contacted by phone: (715) 346-3365 (Voice), (715) 346-3362 (TDD only), or email: datctr@uwsp.edu

<u>Date</u>	<u>Topic</u>	<u>Readings</u>
Jan 25, 27	Intro to the course	
Feb 1, 3	Analyzing health care communication	Maynard & Heritage - CA, Dr-Pt interaction & medical communication
Feb 8, 10	Becoming a patient	Sacks, Chapt. 1-2
Feb 15, 17	Making sense of pain	Sacks, Chapt. 3 & Hilbert, 'A cultural dimensions of chronic pain'
Feb 22, 24	Accomplishing a request	Gill <i>et al.</i> , 'Accomplishing a request' Sacks, Chapt. 4-5
Feb 29, Mar 2	Patients' epistemics	Sacks, Chapt. 6 Pillet-Shore - 'Weighing patients'
Mar 7, 9	Patients & power	Stivers - 'Patient pressure for antibiotics'
Mar 14, 16	Midterm Exam Review Midterm Exam	
Mar 21, 23	Spring Break	
Mar 28, 30	Medical Interpreters	Dysert-Gale 'Comm models & medical interpreters'; Bolden 'Interpreters & Hx taking'
Apr 4, 6	Clinics & Communication	Roberts - Clinical Trial recruitment Pomerantz - Precepting interactions
Apr 11, 13	Institutions & Bad News	Maynard - Socio-political implications of bad news.
Apr 18, 20	Public Health campaigns	Speaking of Health, Chapt. 3
Apr 25, 27	Web 2.0 & Health	Thackeray on Social media, web 2.0, and health. Bender - Supporting Cancer pts with social networks.
May 2, 4	Web 2.0 & Health	Hardey - Public health & web 2.0 Barsky - health & social bookmarking
May 9, 11	Course Summary Final Exam Review	
Thursday, May 19th 10:15am - 12:15pm	Take home FINAL EXAM due	

Bibliography

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- Bender, J.L., et al., 2008. Supporting cancer patients through the continuum of care: a view from the age of social networks and computer-mediated communication. *Current Oncology*, vol. 15, supplement 2, pp. s42-s47.
- Bolden, G. 2000. Toward understanding practices of medical interpreting: interpreters' involvement in history taking. *Discourse Studies*, 2000, vol. 2; Part 4, pages 387-419.
- Dysert-Gale, G. 2005. Communication Models, Professionalization, and the Work of Medical Interpreters. *Health Communication*, 2005, vol. 17, no.1, pgs. 91-103.
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- Hardey, M. 2008. Public health & web 2.0. *Perspectives in Public Health*, July 2008 vol. 128 no. 4 pp. 181-189.
- Hilbert, R. 1984. The Acultural Dimensions of Chronic Pain: Flawed Reality Construction and the Problem of Meaning. *Social Problems*, Vol. 31, No. 4 (Apr., 1984), pp. 365-378.
- Maynard, D. 2003. Socio-political implications: Everyday Rationality in Public Decision Making. Pgs. 226-246, in *Bad News, Good News: Conversational order in everyday talk and clinical settings*. University Of Chicago Press.
- Maynard, D. & J. Heritage 2005. Conversation analysis, doctor-patient interaction, and medical communication. *Medical Education*, 2005; 39: 428-435.
- Pillet-Shore, D. 2006. Weighing in primary-care nurse-patient interactions. *Social Science & Medicine* 62 (2006) 407-421.
- Pomerantz, A., et al. 1995. Precepting in a general medicine clinic: How preceptors correct. In *The Talk of the Clinic: Explorations in the analysis of medical and therapeutic discourse*. (Eds. R. Chenail & G. Morris), Lawrence Erlbaum Associates: Hillsdale, NJ.
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- Stivers, T. 2002. Participating in decisions about treatment: overt parent pressure for antibiotic medication in pediatric encounters. *Social Science & Medicine* 54 (2002) 1111-1130.
- Speaking of Health: Assessing Health Communication Strategies for Diverse Populations. Institute of Medicine. The National Academies Press, Washington, D.C.
- Thackeray, R. et al. 2008. Enhancing Promotional Strategies Within Social Marketing Programs: Use of Web 2.0 Social Media. *Health Promot Pract* October 2008 vol. 9 no. 4 338-343.

