Communication and Professional Civility as a Basic Service Course: Dialogic Praxis Between Department and Situated in an Academic House

Ronald C. Arnett
Duquesne University

Janie M. Harden Fritz
Duquesne University

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INTRODUCTION

Dialogic praxis involves knowing one's own position, listening to the position of the Other, recognizing the social and historical situation within which the parties meet, and collaborative application. Dialogic praxis is given life in our personal and professional actions with others. This essay examines the construction of a service course as an act of dialogic praxis. The aim of this essay is two-fold: (a) to frame service within a dialogic communication action vocabulary; and (b) to remind ourselves of the dialogic opportunities that a service course offers. Service courses require sensitivity to the Other, recognizing that each participant brings a different vocabulary to the conversation. Service courses require us to listen and respond to an audience unfamiliar with our communicative vocabulary and ideas. We must attend to the Other, making sure that what we have taken for granted connects theoretically and practically with the life experience of a non-major.

If service courses are so pragmatically central to our departmental health, how can we frame what we are

doing within a meaningful linguistic or theoretical framework? As Robert Bellah and associates penned, our "habits of the heart" are shaped by our vocabularies about our actions. This essay offers a communicative, dialogic vocabulary for understanding and engaging a basic part of our campus life — the service course.

Teaching service courses invites conversation about resource use. Often, faculty lines are supported by student numbers in service courses. However, *new* faculty lines are most frequently tied to the count of majors. Service courses are both necessary to keep faculty lines and limiting as time and energy are deflected from majors, our surest connection to a larger share of university resources. Granted, some of our service work provides an opportunity to convert majors. But how are we to understand service courses that have no chance of bringing us majors? Are such service courses a burden or an asset?

This article examines how one service course that has no "major" return was turned into a dialogic opportunity for the Physician Assistant Department, the university, and the Communication Department itself. The key to this constructive understanding of this service course obligation is tied to creative connection of the mission of the two departments and the university through a unique and historically needed communication course. Dialogic praxis, in this case, involved two departments knowing their own positions (which were both connected to the background mission of the university), listening to one another, and finally constructing a course together, Communication and Professional Civility.

FINDING DIALOGIC OPPORTUNITIES IN PRAGMATIC NECESSITY

Service to the polis

Service courses are a pragmatic necessity for the health of communication departments as national demand for communication competencies increases (Sawyer & Behnke, 1997). We finance our graduate programs and many of our faculty lines with our service course commitments. The quality of our service courses is often one of the political keys to perceived worth of a department in the eyes of university colleagues seeking to meet accreditation or university requirements for communication courses or communication across the curriculum programs (Morreale, Shockley-Zalabak, & Whitney, 1993; Sawyer & Behnke, 1997). Colleagues, not abstract rules, decide the pecking order of departmental importance on a college or university campus. Being a good campus citizen is one way to assist a department's political currency in a university community or *polis* (e.g., Morreale, Shockley-Zalabak, & Whitney, 1993; Cronin & Grice, 1993).

Working within a department alone is no longer sufficient in a time of limited campus resources. As the environment of higher education grows more complex and dynamic (Bridges & Husbands, 1996; Katz, 1999), with greater institutional competition from the normative sector, consisting of other institutions offering the same product or service (Grunig & Hunt, 1984), each institution must distinguish itself in order to secure recognition from potential employers of its graduates and to

attract students. We must work together as a campus community in order to be perceived as an excellent institution.

A service course grounded in the mission of the college or university offers distinctiveness in at least two ways: it strengthens and contributes to institutionalization of the mission for the internal audience (students and faculty), and it creates value for the institution and for its graduates through distinctiveness for external audiences, such as accrediting bodies and employers. The field of communication, with its roots deep in the bedrock of rhetoric, identifies audiences, addresses the needs of the historical moment, and understands persuasion. In this historical moment, we need to be of service to the university community, offering visible, persuasive evidence of our constructive citizenship in the university *polis* while we contribute to the ongoing story or mission of the campus. Communication departments willing to offer service courses that are situated within the university's distinct mission serve the university, the other department or campus partner, and themselves. The following section frames the pragmatic necessity of offering service courses within a dialogic praxis vocabulary, offering meaning beyond pragmatic necessity for our service commitments.

Service as dialogic praxis

One Hasidic tale suggests that the table of the world is held up by three legs: prayer, study, and service. In addition to the resource implications of service, it is important to remember that all communities, indeed the world, need acts of service. It is not only permissible,

but actually a good idea to be of service to others on a campus.

Service itself can be a dialogic act. We must know our skills, listen to the needs of the Other, and then offer our knowledge to the Other while simultaneously learning from the Other. Service is a communicative act involving a giver, a recipient, and something worth giving. Dialogically, service includes openness to learn from the Other. Service is a communicative act of assisting the Other as we shape ourselves in our action together. Service courses require us to engage in dialogue together about a common mission that can guide us. Dialogue requires first knowing and standing one's own ground, sharing one's position, and listening to and learning from the other as such action is reciprocated (Arnett, 1986). Dialogue suggests that one know one's own position and share that information while listening to the position of the Other. The answer emerges between partners as each shares a position, listens, and learns. The next sections walk the reader through a description of dialogic praxis that resulted in the construction of a course entitled "Communication and Professional Civility."

Position: The Communication Department

The Department of Communication had to acknowledge its own position framed by two brandings: "The Ethical Difference" and "Walking the Humanities into the Marketplace." In conversation, we outlined the importance of ethics and walking our ideas into the marketplace. The Department co-sponsors a national conference on communication ethics, and we have a special

relationship with area businesses. We have one CEO and two vice-presidents co-teaching courses with our faculty. In essence, this particular communication department has a position committed to ethics and interested in contact with the professional marketplace.

Position: The Physician Assistant Department

The Physician Assistant Department has two major elements in its unique position. First, the department has a community focus. The majors meet as a group with the chair weekly, just for conversation and discussion about the program and the profession. Second, the department prides itself in exceeding its accreditation requirements in quality and/or quantity. One of the accreditation requirements is a communication course.

The chair of the Department of Physician Assistants stated that communication is central to students' future professional work, essential for activities in the classroom, important for conducting the weekly student meetings, and an advantage in securing internship opportunities. However, what he discovered was that the conversation of the physician assistant students was often uncivil and their behavior uncooperative. These students, who had very high G.P.A.s and SAT scores, had poor people skills. The position of the department was that their students needed genuine help in communication.

Between positions

As we listened to one another, we asked the question, "What construct emerges between our two positions?" Listening to each other and discussing our posi-

tions and concerns revealed the direction, structure, and
general content of the course entitled "Communication
and Professional Civility." The following description
outlines the issues we discussed that contributed to the
emergence of the course.

Because each of the two departments was interested
in professional issues and communicative application,
the words "communication" and "professional" were the
first we agreed on. Then we began conversation about
the Department of Communication's interest in ethics in
light of the larger University mission. The university's
mission of Education for the Heart, Mind, and Soul, the
university's commitment to ethics manifested by the
campus Beard Center for Ethics, the university presi-
dent's consistent call for inquiry into ethical questions,
and the thoughtful missionary commitments of the Holy
Ghost Fathers who own the school seemed consistent
with the private interest of many health profession fac-
ulty and students who come to Duquesne to teach and
study in a value-added environment. Finally, when we
asked the health professionals about framing a course
around communication ethics, we received unanimous
support. We employed the word "civility" instead of
"ethics" to connect more clearly with the professional
world. Furthermore, "civility" has a traditional public
discourse set of assumptions (Arnett & Arneson, 1999)
that ground the Communication Department's under-
standing of communication in public life. Together, we
moved from the general view of communication and
ethics to the specific course: Communication and Profes-
sional Civility. Professional Civility connected to the
mission of the university, the Communication Depart-

ment, and the professional requirements of the Physician Assistant graduates of this particular university.

We noted that professional schools must offer courses that contribute to a distinct identity. The mission or market question that must be asked of professional programs is not, "Why should I study [nursing, physical therapy]?", but "Why should I study [nursing, physical therapy] at X institution?" This question is a marketing extension of the postmodern awareness of difference and particularity. There are many academic choices. Why choose this one? Our institutional mission must answer this question for prospective students and parents. Few students and parents know the philosophical language, but they understand the market difference.

Increased complexity and competition in the health care environment (Bellack, Graber, O'Neil, Musham, & Lancaster, 1999; Schwartz, 1996) make market distinctiveness critical. For instance, health care institutions with a religious focus may articulate different values to clients and communities than those with a research focus. Catholic health care institutions, especially, are concerned with retaining their value-driven missions in a competitive, market-driven environment (McCormick, 1998; Moeller, 1995). Institutions seeking employees sensitive to a particular mission may use the type of educational institution from which a prospective employee has graduated as one of the criteria for assessing individual-institution fit, an increasingly critical concern for hiring (Kristof, 1996). Students graduating from programs with a clear and public identity are recognized by institutions seeking to hire according to the institution's identity. Employers expect students gradu-

ating from an institution with a clear mission to view the profession, indeed the world, from a distinct vantage point, or standpoint (Wood, 1997). That is, the narrative of the institution positions or locates its identity and the professional identity of its graduates within a particular story. The institution's narrative serves as part of the student's frame of reference. In this manner, institutional affiliation becomes part of students' initial professional standpoint.

The title "Communication and Professional Civility" addresses a health care context where questions about patient compliance with medical directives, institutional protection from lawsuit, patient satisfaction with medical care, and the demands of team-based health care put considerable strain on communication among professionals and between professionals and patients (e.g., Cline, 1990; Dolan, 1987; Frankel, 1995; Grossman & Silverstein, 1993; Swanson, Taylor, Valentine, & McCarthy, 1998; Thompson, 1990 ; Zimmerman, 1994). These varied demands generate communicative quandaries that can decrease interpersonal civility (Arnett & Arneson, 1999) as people struggle to communicate and figure out what to do as professional space becomes contested terrain (Edwards, 1979). Professionals with varied roles working together in a stressful environment among co-workers and patients from multiple co-cultures and value orientations put considerable strain on health care employees' communicative lives (e.g., Eubanks, 1990; Geist, 2000; Hirsch, 1996; Nordhaus-Bike,1995; Padilla & Salzman, 1997). Additionally, when diversity and difference are normative, we should expect communication to be more demanding (Lustig & Koester, 1999). We must learn about people different

from ourselves and ideas different from our own. In a previous time of metanarrative agreement, unreflective communicative practices were sufficient to guide actions (Arnett & Arneson, 1999). In an era of difference, virtue dispute, and metanarrative disagreement, we must work hard to communicate. Communication in an environment of diversity requires listening, understanding, patiently stating our position, and negotiation. The guidance must now come from working together, not from a uniform background metanarrative set of agreements. Communication becomes a learning task for communication partners, not just a task of telling. Communication as technique, as unreflective practice, no longer works in such an environment. Now, we must embrace a communication style that keeps the conversation going in an era of difference. Working together is now good politics and practical philosophy in a postmodern age of narrative confusion (Arnett & Arneson, 1999). Communication and Professional Civility announced what the conversation pointed to — a course focused on public professional communication ethics.

Professional civility is a metaphor reminding us that the practice of ethics is situated in the story of an organization's mission (Arnett, 1992; Nicotera & Cushman, 1992), not in the personal preferences of the individual, or emotivism (MacIntyre, 1984). Persons enact the ethics of an organizational story. Individuals can assist in reshaping the story. But the publicly stated mission needs collective attention; it sets the guidelines for judgment and action. This focus on ethics and values is sensitive to Duquesne's mission and offers a distinctive focus for the course offered to Physician Assistants.

Mid- and upper-level managerial enactment of, support for, and discourse about an organization's value system is associated with organizational members' commitment to the institution (Fritz, Arnett, & Conkel, 1999). This course functioned as a practical symbol for this Department, announcing an emphasis on professional civility anchored in the mission of the Department and University. Offering the course also provided an opportunity to articulate the concept of professional civility both theoretically and practically.

It was the role of the Communication Department to provide the theoretical grounding for the concept of professional civility. Both departments agreed that throughout the course, we should to bring to consciousness an everyday understanding of what it means to behave like a professional. This common sense understanding was connected to pragmatic notions of what it means to behave in a manner that supports the face of the Other as that Other claims a particular role identity within a profession (e.g., Penman, 1991). We added to that perspective the understanding that a particular profession's standards of conduct must be shaped by the local institutional home in which one finds oneself (Arnett, 1992), in which one instantiates that professional identity. In this way, professional civility was conceptualized as spanning two cultures: that of the larger professional community (Bruffee, 1986) and that of the host organization. It was within this framework that we constructed a working definition of professional civility appropriate to organizational life: To behave with professional civility is to communicate with an Other in ways that recognize and give honor to the professional role inhabited by that Other in a fashion consistent with the

public narrative or mission articulated by the institution that constitutes the local home of self and Other.

Summary

The dialogic praxis that emerged between these two positions, then, involved identifying the most important commitments of each department and situating a course within the framework of the University mission. The previous discussion centers most importantly on these large issues. More specific details were addressed as well: The structure and time of the course (twice a week in the afternoon) was suggested by the Physician Assistant Department and accomodated by the Communication Department. The textbook was recommended by the Communication Department and approved by the Physician Assistant Department. Since the course was to have a writing component, both departments agreed that papers would be an appropriate method of evaluation.

THE DIALOGIC UNIVERSITY IN ACTION:
THE COURSE

General structure

Communication and Professional Civility was offered in a 15-week semester format, meeting twice a week (see Appendix for weekly plan of syllabus). The course was team-taught by the co-authors of this paper: a faculty member with expertise in communication ethics and interpersonal communication and a faculty

member with expertise in interpersonal and organizational communication (see Appendix for syllabus).

Texts

We used two texts, one specific to the health care context (Northouse & Northouse, 1998, *Health Communication: Strategies for Health Professionals)* and one addressing issues of a local home (Arnett, 1992, *Dialogic Education: Conversation About Ideas and Between Persons).* Use of these texts allowed a dual focus on specific communication skills necessary in the health care setting and the need to enact a professional identity within a local context.

Classroom praxis

Themes. Each section of the 15-week course was guided by a major question and two or three significant concepts. Both the question and the concepts were linked back to our own common professional identity shaped by this university *polis* and how such ideas must be carefully and appropriately enacted in another organizational home. Each week brought a focus on a portion of a theme, accompanied by exercises and discussion. The following section identifies the themes guiding the course.

1. Communicative crisis: The unrestrained self. The public and private spheres require different types of discourse. Professional civility, in practice, is one's way of interacting in a public arena with colleagues. Public discourse attends to work

rather than to complaint, focusing upon common goals and tasks rather than the self.

2. The problematic other. Problematic others raise distractions in order to mask lack of productivity, putting attention on others' inadequacies to mask their own. A Physician Assistant's "product" is human life, an important focus. One avoids being a problematic other by locating significance, ground, and reason for what one is doing. Ways to deal with a problematic other include increasing attention to one's work, limiting social conversation with problematic others, and avoiding being a problematic other oneself.

3. Organizational atrophy. Organizational atrophy happens when an organization loses its focus or common center. Symptoms of atrophy include complaints by employees, loss of a perceived common goal, and a need for managers to watch employees because there is no narrative to guide employees' behavior. One reclaims a common center by discovering constructive practices centered on the mission, locating people to help further those practices, and avoiding destructive practices.

4. Professional and local narrative. A mission statement provides argumentative limits of what the company permits. Missions are more important than ever because of a diverse work force, mergers, and increasing competitiveness. Professions have missions as well. A professional recognizes the parameters of one's profession and of one's local organizational home (Arnett, 1992).

These themes, situated primarily within the Arnett (1992) text, provided a framework or background for the health communication material. For example, the section on conflict was framed by asking students to consider how a particular institution's mission might expect employees to engage in conflict — directly or indirectly, through persuasive argument, by reference to particular rules and roles, or in some other fashion. We hoped that this framework would allow a consistent story of professional civility to emerge throughout the semester, with each section of the health communication text offering application in the health care environment. Other topics from Northouse and Northouse (1998) that were integrated included communication factors of trust, empathy, and self-disclosure; communication in a variety of health care role relationships; nonverbal communication; interviewing; small group communication; and intercultural communication.

Class procedure. Class time (75 minutes) was divided among lecture, group learning, and student performance. For example, on the first day, we lectured for about half the class period on the definition of a professional and the need for professional civility. During the second half of class, we asked students to work in groups to prepare a professional introduction of one of their classmates. Our goal was to establish a focus on public discourse and role performance, moving away from a private or personal orientation. About three quarters of the class did not understand what a "professional introduction" might be, so our first task was to clarify and give examples to students as they worked together to craft these introductions. We judged the introductions to be qualitatively different from typical

class introductions. Students' introductions focused on professional activities, memberships, and goals and were, in our judgment, markedly more formal than those in other classes we had experienced, though we did not explicitly indicate formality as a component of a professional introduction. Two class periods were spent on this activity, followed by a discussion of the elements of these professional introductions to orient students further in the framework of the course.

To provide connection to the future contexts that these physician assistant students would encounter, we required several out-of-class assignments. For example, one of the first of these assignments was to locate a definition of the Physician Assistant profession. Another assignment asked students to locate the mission statement of a health care organization. These materials were analyzed by groups of students in class and tied to lecture topics.

About two-thirds of the way through the course, we asked students, in groups of three or four, to write scripts and enact an episode illustrating appropriate professionally civil demeanor discourse with a patient and an attending physician, and then to assess the concepts illustrated in the performance. Students also enacted an episode demonstrating inappropriate, unprofessional and uncivil discourse followed by an analysis. These performances allowed practice of communication skills and concepts of professional civility, focused on verbal and nonverbal messages, contrasted with unprofessional behavior.

Near the end of the course, the Physician Assistant Department chair brought in a panel of health care

practitioners for one class period to discuss professional life in a health care organization.

Out-of-class assignments and in-class activities served as objective indicators of participation, which accounted for a portion of the final grade.

Formal evaluation of student wtwo papers of about seven pages in length, one serving as the midterm evaluation and the other as the final examination. For the midterm paper, students analyzed a case study we had addressed in class, using concepts covered during the first half of the semester. The final paper asked students to discuss the significance of communication and professional civility to the profession of a physician assistant, drawing from the entire range of course material. We required students to use a minimum of 15 concepts each from the Northouse and Northouse (1998) text and from the lectures on professional civility derived from the Arnett (1992) text.

REVIEW

Course evaluation procedure

Two indicators (other than the standard university course evaluation forms) were used to evaluate the class. In order to assess the outcomes we had aimed for in constructing the course, we designed a 6-item, open-ended questionnaire addressing the reason for the course, its significance, and what could be changed (see section on course evaluation results for questions) and administered it to 12 students, about 1/3 of the class, on the last day of class. These students were ones who, in

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our professional judgment, had appeared most to understand and engage the material. We made this judgment based on these students' in-class comments and questions, our observations of group discussions, and our evaluations of students' midterm papers. We asked students to answer the questions independently and then to move into three groups of four students each, discuss their answers, and generate collaborative answers to the questions, a procedure that mirrored the method we used during class to do group work.

The reason we chose students who had embraced the system for this method of evaluation was to provide insight from those who appeared to have understood it the most, who had learned the language and, more importantly, the values underlying the principles. The "evaluation" we were seeking here was analogous to Geertz's (1973) notion of "concepts near," available only to members of a particular culture. Students who embraced the course story clearly had an insight different from those who did not; these "partakers," with their grasp of our project, were in a position to make suggestions from as close to the inside as an "outsider" could be. For instance, one would not ask a person with no knowledge of the game of soccer to evaluate how well a soccer team has played. Feedback from this select group of students represents a type of qualitative internal validity that resonates with Walter Fisher's (1987) method of judging a narrative: coherence. These students would be able to suggest methods for improvement in line with the sense of the values of the course, providing a type of "narrative validity."

For a second method of evaluation, we examined the students' final papers explaining the significance of

communication within the Physician Assistant profession. These papers gave us an indication of how well students understood the concepts and also served as a method of external assessment following Arneson and Arnett's (1998) recommendations for narrative assessment. Narrative assessment requires that a student understand not only concepts and terms, but demonstrate a *praxis* (theory-informed action) means of applying concepts appropriate to a particular historical moment in specific situations.

After the class was completed, we submitted a selection of student papers that we considered representative to the chair of the Physician Assistant department. The chair provided us with a response of approval of the course learning as reflected in these final student papers.

The following section offers representative summary comments from the three student groups' collaborative efforts and from student papers.

Course evaluation results

Responses to open-ended questions

Question 1: Describe the reason for this course.

> Student groups suggested that the course was meant to prepare them for miscommunication problems in jobs and life and to teach them how to behave in professional relationships, communicate with patients, and deal with conflict. They also mentioned that the course focused on the more abstract elements of their profession as opposed to the concrete material they'd had in other courses.

Question 2: What is the educational significance of this course for your future profession?

Groups indicated that it would help them to think of the concepts and possible consequences before taking action, which would be vital to their employment and their organizations' success. They expected that they would be able to deal with difference, conflict, and hierarchical roles, to avoid insensitivity, and to understand the importance of mission statements.

Question 3: How does this course offer a way to frame your degree in a unique fashion?

Groups indicated that the uniqueness of this course to Duquesne University would give them an "edge" and enable them to command more respect than those who would not have taken this course. Understanding how to communicate effectively with physicians and patients and how to be a professional would make them better qualified for jobs. They would be able to recognize, avoid, and ameliorate problems; recognize an organizational mission; and conduct an interview.

Question 4: What communication practices have you learned that you will carry with you from this course?

Groups indicated that they had learned how to be tolerant and to deal with all types of people, how to deal with conflict, how not to act as a problematic other, how to assess own and others' communication skills, and to consider the organization's mission before engaging in any action in an organization. They learned the importance of keeping personal issues

out of the workplace and of recognizing and managing communicatively role accountability, role ambiguity, role clarity, and problematic others.

Question 5: What two elements of the course were the most important for you?

Groups indicated that all the concepts were important, but that that dealing with conflict and problematic others, understanding the concept of a mission, interviewing, and understanding communication and interaction in general were important. They indicated that working in groups was helpful for added insight.

Question 6: What element of the course might you suggest be reconsidered?

Groups suggested that even more focus on the health care elements of the course would be helpful. They considered some of the concepts from the course potentially "too idealistic." One procedural suggestion was to change the group membership regularly during the semester.

In our judgment, it was clear from the final student papers that a majority of students had a clear understanding of what professional civility, as we had articulated it, entailed and appeared to be able to explain the usefulness of the concepts to the Physician Assistant profession. For instance, one student wrote, "Establishing an organizational home is the first step in creating an environment in which skillful communication flourishes. In this type of environment, people feel as though they belong, and are needed in order to help ac-

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commodate the goals of productivity . . . Organizational communication, as it relates to the Mission Statement of the institution, is necessary in achieving the ethical and fundamental goals of the health care establishment. . . . Professional Civility is an aspect . . . which involves respecting one's self and others in a way that permits diversity to coexist, mutually supporting the organization." Another wrote, "The goals of a group may be disrupted if the members engage in too much private discourse . . . At the organizational level, the mission is the most important aspect. Before receiving a job with a specific company, the people should look at the mission. The mission will explain the values and goals of the organization. . . . Sometimes people engage in ineffective practice instead of praxis. For example, physicians assistants may observe others engaging in private discourse. Therefore, he/she may think this is all right. The practice becomes routine and thoughtless. However, this practice needs to change to praxis . . . The physician assistant needs to realize that the practice is harmful to the organization and develop a way to change this behavior which would be more helpful to the organization." Finally, a third student wrote, "The professional/professional aspect of interpersonal communication involves two professional interacting with each other within the institution. On this level there must be a presence of interprofessional understanding. Interprofessional understanding involves being aware that in a setting such as that of a healthcare environment, each professional has an assigned role which guides their action."

We also reviewed the qualitative comments from the standard university course evaluations. These com-

ments revealed that not all students appreciated another required course in the liberal arts. This course falls into their junior year sequence of courses. By this time in their degree program, they have become accustomed to a scientific orientation to knowledge and learning, where expectations for learning are concrete, specific, and definable. Our liberal arts orientation stresses understanding more than measurement, being flexible rather than implementing pre-formed plans, accepting the ambiguity of life rather than complaining about uncertainty. Some student evaluations revealed frustration with a course situated in philosophy, theory, and story. Some wanted a "cookbook" set of skills. The student comments expressed what we interpreted as resentment at having to take a course outside their area of expertise.

Looking back over the semester, we recalled at various points throughout the course students' reluctance to learn a different vocabulary, to operate within a new "universe of discourse" (Barnlund, 1997) represented by a liberal arts communication course. The framework of professional civility and discourse presented students with the challenge of listening to a sometimes unwelcome Other offering a new way of seeing the world and relating to others. This approach offered a "background narrative" approach to communication rather than a technique orientation, an approach, in their eyes, foreign to the scientific paradigm in which they were being trained. Their ability to apply the concepts did not imply an embracing of the story we attempted to tell.

We recognize that degree programs and departments have cultures, as do organizations and professions, which carry with them core values and assump-

tions (Schein, 1985). The process of organizational change is marked by stages representing various reactions to that change, ranging from resistance to eventual acceptance (Clampitt, 1991). The students in the Physician Assistant degree program faced an invitation to change during this course. What we need to do next time to help that change take place with less resistance is to work harder at framing the need for a background story context for the practice of professional civility. We must connect the story we are telling, with its values and assumptions, to the story the students are living within their own degree program and profession, which has values and assumptions quite different from those of the humanities and the liberal arts.

Our major change is to begin the class with professional health care colleagues from a number of settings who will outline what they consider the biggest communication problem they confront. We have been told over and over again that a lack of civility in the workplace is the most draining part of their daily work. Their story will begin our story. We also will invite these same professionals back two more times to address specific issues related to loss of civility in the health care workplace. We must remind the Physican Assistant students that in a rapidly changing and diverse world, an approach to communication that provides a background understanding of why one should communicate in a civil manner, in addition to providing skills, will be of greater value than a set of formulas or techniques for communication alone. Finally, we expect that as the course becomes an accepted tradition within the Physician Assistant program, it will be received with growing appreciation by students.

SUMMARY AND CONCLUSION

This article has offered a dialogic approach to crafting a service course. Even though communication skills are of significant value to employers (Wolvin, 1998), communication departments must still prove their worth on a campus. If a university is viewed as a political *polis*, then worth to the university is partially tied to responsible service to the university. Service courses have political significance for a communication department. If communication departments can craft a service course that adds distinctiveness to another program or school, responsibility to the *polis* is enacted, and, if done correctly, this service can invite professional friends on the campus.

Building a departmental mission upon a university mission permits construction of service courses that assist both communication departments and university communities. As Ken Andersen has suggested, we must build communication programs upon the soil our university naturally provides (Andersen, personal communication, September, 1993). Following this principle, the Communication Department and the Department of Physician Assistants at Duquesne University crafted, through dialogic *praxis*, a service course in Communication and Professional Civility to Physician Assistant students as their required communication course. Each department offered its commitments and perspectives at a particular historical moment, keeping the mission of the University as a background that guided both parties' positions. Between the positions of each depart-

ment, participants in the dialogue constructed a course appropriate to the resources and needs of both departments and the current historical moment. Multiple methods of assessment, including focus groups, narrative assessment (Arneson & Arnett, 1998), and standard course evaluations offered ways to improve the course and invite fuller participation in the story of professional civility. Through this dialogic activity, pragmatic necessity attained larger significance within the mission of the Communication Department, the Physician Assistant Department, and the University. This service course became an asset articulating the distinct story of the University to students in the Physician Assistant Department and, potentially, to the larger community.

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APPENDIX

Syllabus

Week 1: August 26 & 28

    Introduce professors, course philosophy, syllabus. Form project teams (teams will rotate throughout the semester).

    Professional Introductions: Students.

Week 2: September 2 & 4

    Communicative crisis: The unrestrained self.

    (Begin reading *Dialogic Education.*)

Week 3: September 9 & 11

    The problematic other.

    (Begin reading *Health Communication.*)

Week 4: Sept. 16 & 18

    Activities; discussion of *Dialogic Education*, parts I-III (chapters 1-7).

Week 5: Sept. 23 & 25

    Activities; discuss *Health Communication*, chapters 1-4.

Week 6: Sept. 30 & Oct. 2

    Organizational atrophy.

Week 7: Oct. 7 & 9

    Principles of civil, productive group problem solving.

    Thursday, Oct. 9: 1st paper due.

Week 8: Oct. 14 & 16

    Narrative: Professional narrative.

Week 9: Oct. 21 & 23

> Guest panel
> Discussion of *Health Communication*, chapters 5-7

Week 10: Oct. 28 & 30

> Civility as dialogic professionalism.

Week 11: Nov. 4 & 6

> Discussion: *Dialogic Education*, parts IV & V (chapters 8-11); final chapters of *Health Communication*.
> Application of *Dialogic Education* principles to health care profession.

Week 12: Nov. 11 & 13

> Praxis of organizational civility: Politeness, prickliness. Introduction to Capstone assignment.

Week 13: Nov. 18

> Organizational citizenship; special reading and discussion assignment: intercultural civility and the health care professional.

November 24-28: Thanksgiving holiday

Week 14: Dec. 2 & 4

> Capstone assignment: Professional civility and the health care professional. Discussion/presentation.

Final paper due: December 12, 1:15 - 3:15 p.m.