# University of Montana ScholarWorks at University of Montana

#### Syllabi

Course Syllabi

Spring 2-1-2019

# COMX 425.01M: Communication in Health Organizations

Joel O. Iverson University of Montana - Missoula, joel.iverson@umontana.edu

# Let us know how access to this document benefits you.

Follow this and additional works at: https://scholarworks.umt.edu/syllabi

#### **Recommended** Citation

Iverson, Joel O., "COMX 425.01M: Communication in Health Organizations" (2019). *Syllabi*. 9421. https://scholarworks.umt.edu/syllabi/9421

This Syllabus is brought to you for free and open access by the Course Syllabi at ScholarWorks at University of Montana. It has been accepted for inclusion in Syllabi by an authorized administrator of ScholarWorks at University of Montana. For more information, please contact scholarworks@mso.umt.edu.

#### COMX 425 Communication in Health Organizations Spring 2019 Meet in LA 305 10:00-10:50

#### Instructor: Dr. Joel Iverson

**Office:** L.A. 359

#### E-mail: joel.iverson@umontana.edu

**Office Hours:** Monday 8:30-9:30 AM Wednesday 2-3 PM as well as a moderately open schedule to meet by appt. Another note on communication – I do not perpetually check email, but do so most work days. I also consider answering an email question in class as a sufficient answer.

### **Course Description and Objectives**

This course will provide students with an overview of key issues at the intersection of health communication and organizational communication by considering communication processes that occur in a number of distinct contexts including health care organizations and occupational safety. This course is designed to introduce students to theory, research, and contemporary concerns in the area of health communication. As a survey course, it will explore a wide range of topics – the emphasis will be on introducing students to the breadth of issues in health communication rather than delving into any particular issue in great depth. Thus, we will consider issues including patient-provider interaction, social support, construction of illness meanings, media representations of health, health care organizations, health campaigns, risk and crisis communication, technology, and health care policy. Students should consider the course requirements, subject matter, paper deadlines, etc., before making a decision to take the course this semester. It is especially important to consider the assignments described below.

#### Learning Outcomes

Upon completion of this course students will be able to:

- 1. Understand and apply concepts of health communication to a variety of health organizations.
- 2. Comprehend and appreciate divergent cultural approaches to health care.
- 3. Understand the role of communication in enacting health care at personal narrative, organizational, and institutional levels.
- 4. Be empowered to exert control over their health care decisions to ensure a voice in their health care decisions.
- 5. Analyze, create, and evaluate health campaigns.
- 6. Apply organizational communication theories to the multiplex of health care organizational settings from patient-provider interactions to health care teams to institutional policy to public health campaigns.

#### **Only the Highest of Expectations**

In this class we strive for educational excellence through an environment that is participative, informative, collaborative, and other important "ative" words that are consistent with pedagogical superiority. As a result we will all strive to achieve excellence, because the alternative is poor form.

#### **Required Texts**

Apker, J. (2012). *Communication in Health Organizations*. Polity Press. A small book at a reasonable price.

Additionally, we will have some PDF readings that will be available on the Moodle system for this class such as:

- Cegala, D.J., Street, R.L., Jr., & Clinch, C.R. (2007). The impact of patient participation on physicians' information provision during a primary care medical interview. *Health Communication*, 21, 177-185.
- Eggly, S. (2002). Physician-patient co-construction of illness narratives in the medical interview. *Health Communication*, *14*, 339-360.
- Ho, E. Y., & Bylund, C. L. (2008). Models of health and models of interaction in the practitionerclient relationship in acupuncture. *Health Communication*, 23, 506-515.
- Hsieh, E. (2006). Understanding medical interpreters: Reconceptualizing bilingual health communication. *Health Communication*, 20, 177-186.
- Miller, K., Shoemaker, M. M., Willyard, J., & Addison, P. A. (2008). Providing care for elderly parents: A structurational approach to family caregiver identity. *Journal of Family Communication*, 8, 19-43.
- Ragan, S. L., Wittenberg, E., & Hall, H. T. (2003). The communication of palliative care for the elderly cancer patient. *Health Communication*, *15*, 219-226.
- Freimuth, V. S. (2006). Order out of chaos: The self-organization of communication following the anthrax attacks. *Health Communication*, 20, 141-148.
- Rimal, R. N., & Morrison, D. (2006). A uniqueness to personal threat (UPT) hypothesis: How similarity affects perceptions of susceptibility and severity in risk assessment. *Health Communication*, *20*, 209-219.
- Campo, S., & Mastin, T. (2007). Placing the burden on the individual: Overweight and obesity in African American and mainstream women's magazines. *Health Communication*, 22, 229-240.
- Gill, A., & Babrow, A. S. (2007). To hope or to know: Coping with uncertainty and ambivalence in women's magazine breast cancer articles. *Journal of Applied Communication Research*, 35, 133-155.
- Cho, H., & Salmon, C. T. (2006). Fear appeals for individuals in different stages of change: Intended and unintended effects and implications on public health campaigns. *Health Communication, 20,* 91-99.
- Stephenson, M. T., Quick, B. L., Atkinson, J., & Tschida, D. A. (2005). Authoritative parenting and drug-prevention practices: Implications for antidrug ads for parents. *Health Communication*, 17, 301-321.
- Dutta, M. J., & Feng, M. J. (2005). Health orientation and disease state as predictors of online health support group use. *Health Communication*, 22, 181-189.
- Rotter, D. L., Larson, S., Sands, D. Z., Ford, D. E., & Houston, T. (2008). Can e-mail messages between patients and physicians be patient-centered? *Health Communication*, 23, 80-86.
- The politics of breathing: Asthmatic Medicaid patients under managed care. *Journal of Applied Communication Research*, 29, 97-116.

#### **Other Minor Things (Like Grades)**

#### **Assignments:**

**Health in the News:** These are short, one page analysis of a health issue in the news. You are required to provide a copy of the news item and a one page (full) analysis of the health issue. More details to follow.

**Health Narrative:** This is a short paper that where you analyze a health issue through the brief telling and reflection upon a story. This story can be personal, one you interact with or one you find through other means. More details to follow.

**Major Project**: You will construct a major project in this class. You are asked (in a group) to choose a specific health-related topic, and develop health campaign some

aspect of that topic educates a specific audience about a specific health issue. The first step of this journey will be selecting a topic and reviewing the formative research about the topic that helps you map out issues that you believe are particularly important. This will involve an attempt to narrow down your topic into a more specific topic that could lead you to specific recommendations. Then, you should use this more narrowly defined topic to construct a campaign portfolio that consists of:

A review of health facts regarding this issue; Strategic messages delivered through various media; An analysis of the choices made; Goals of project; Presentation of campaign to class

**Celebrations of Knowledge**: We will have two celebrations of knowledge that will reflect what you have learned and what you think. It will be a great combination of question styles including short answer and essay that will give you the opportunity to make an argument based on the materials.

**Graduate Component**: If you are taking this course for graduate credit we will be meeting independently at the beginning of the semester to discuss your additional requirements including 1. an outside literature review project <u>or</u> health promotion campaign complete with presentation to the rest of the class; 2. A set of additional readings related to your individual interests.

**Points**: Yes, I hope to make them and I know you do also:

Celebration #1		1,000 points	
Celebration #2		1,000 points	
Narrative		750 points	
Campaign proposal		250 points	
Final Project		1,000 points	
Daily/Online		up to 600 points	
Health in the news –		4 @ 100 points	
Total		up to 5,000 points	
А	92.5% or higher		
A-	90% to 92.4999999999%		
B+	87.5% to 89.999999999%		
В	82.5% to 87.499999999%		
B-	80% to 82.4999999999%		
C+	77.5% to 79.999999999%		
C	72 5% to 77 400000000%		

- C 72.5% to 77.4999999999%
- C- 70% to 72.499999999%
- D 60% to 69.99999999%
- F 59.99999999% or below

# **Other Other Stuff (Like Policies)**

Attendance, Participation, and Preparation. It is expected that you will attend class every day and be an active participant in class discussion. It is also expected that you will complete the readings for the class <u>before</u> the class period. Because this is an honors class, I do not anticipate any problems with issues of attendance, participation, and preparation and have not assigned "points" to any of these behaviors. However, I would anticipate that performance in other aspects of the course will be correlated with issues of attendance, participation, and preparation.

**MOODLE:** I will post rough outlines of ideas on Moodle, however it is your responsibility to attend class to take notes from lecture and class discussion. If you miss class and want notes, you will have to rely on the kindness of a classmate. Moodle will only be used to post readings, grades, and for some basic notes.

**PLAGIARISM/CHEATING:** Plagiarism and any other unethical behavior will not be tolerated. You are expected to hold to the Code of Conduct.

**LATE WORK:** Exams can only be made up due to university activities or illness serious enough to warrant a medical appointment. A makeup exam can be arranged with me within one week of the exam date. One make up time will be scheduled for all who need to make up the exam. This exam may differ in format to preserve examination integrity.

**PRIVACY:** An individual student's grade is a private matter. When papers or other materials are returned to the students, other students do not have the right to ask, "What did you get?" An individual may offer personal information, but that is the individual's choice. Please note as well that instructors are not able to discuss one person's grade with another student, email grades, or give grades over the phone pursuant to the Buckley Amendment.

## **POLICIES:**

1. Academic misconduct is subject to an academic penalty by the course instructor and/or a disciplinary sanction by the University.

2. All students must be familiar with the Student Conduct Code. The Code is available for review online at <u>www.umt.edu/SA/VPSA/index.cfm/page/1321</u>.

3. All celebrations of knowledge will be taken on the assigned date

4. Electronics: When you come into class, please, be sure your cell phone, fax, or any other electronic device is turned off as it may interfere with the navigation of this classroom. If your phone, etc. rings do not answer, just turn it off. If you are anticipating an emergency call, let me know prior to class and we will work that out.

**SPECIAL NEEDS/SERVICES:** The University provides academic resources to those who have specific needs. I am more than willing to assist with those programs. If you have questions or concerns, please see me.

Jan 10	Introduction Sullabus and other fun	I will give notice of changes.	
Jan 10 14	Introduction, Syllabus and other fun Overview of Health Comm	Deading and video	
		Reading and video	
16,18	Into to organizational communication Videos and reading		
21	Dr. Martin Luther King, Jr. Day No meeting		
23	Into to systems theory	pp. 1-13	
25	Models and Contexts	rest of chapter 1	
28	Professions and Assimilation	Ch 2 to p. 62	
30	Best Practices in Role Performance	Rest of Ch. 2 & reading	
Feb 1	Online - Health in the News #1 Due Onlin		
4,6	Identity and Power	Chapter 3	
8	Patient/Provider relationships	Street et al reading and video	
11	Finishing Patient-Provider/Narrative	Reading and video	
13	Narratives	Reading and podcast	
15	Stress and Burnout	Chapter 4	
18	President's Day		
20	Caregiving	Reading and Video	
22	Caregiving/Advocacy and organizations		
25	Narratives Due/Review		
27	Celebration #1		
March 1	Online Campaigns	Readings and activity	
4	Campaigns	Reading	
6	Group development		
8,11,13 Online	Assignments Chapaters 5 & 6		
	Health in the News #2		
15	Leadership	Chapter 5	
18	Healthcare Teams	Chapter 6	
20,22	Online and teamwork		
	Health in the News #3		
25-29	Spring Break		
April 1	Health Organizations Quality	Chapter 7	
3	Culture and healthcare	Reading	
5	Technology	Chapter 8	
8	More Technology	Readings	
10	Research, Theories and Proof of Concept -	Groups	
12	Online Health in the News #4		
15	Healthcare organizations		
17	Group Work & Review		
19	Celebration #2		
22	Portfolios Due		
24,26	Presentations		
	v. May 1 10:10-12:10 Last Presentations		

Very tentative schedule since this is a retooling of the course. I will give notice of changes.

Final Wednesday, May 1 10:10-12:10 Last Presentations