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RHM Author Interview: Liz Angeli, Ph.D. and Christina Norwood, M.S., authors of Persuasion Brief: The Internal Rhetorical Work of a Public Health Crisis Response

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Full Transcript of RHM Author Interview: Liz Angeli, Ph.D. and Christina Norwood, M.S., authors of Persuasion Brief: *The Internal Rhetorical Work of a Public Health Crisis Response*

Interview by RHM Assistant Editor Cathryn Molloy, Ph.D. Editing by RHM Assistant Editor Erin Trauth, Ph.D.

- C. Molloy: [00:00](#) Hi everyone. Today, in my capacity as one of the assistant editors for the Rhetoric of Health and Medicine journal, I have the pleasure of talking with authors Liz Angeli and Christina Norwood about their piece that was published in the very first public health special issue of the journal. And their piece was a persuasion brief titled *The Internal Rhetorical Work of a Public Health Crisis Response*. So welcome Liz and Christina.
- L. Angeli: [00:25](#) Great, thank you.
- C. Molloy: [00:28](#) Of course. I just wondered if you both could just introduce yourselves to the audience if you don't mind.
- L. Angeli: [00:36](#) Sure. Hi, I'm Liz Angeli. I'm an assistant professor at Marquette University where I teach and study technical communication and the rhetoric of health and medicine.
- C. Molloy: [00:46](#) Excellent.
- C. Norwood: [00:48](#) And I am Christina Norwood. I was an understudy of Liz at Towson University. Now I am a technical writer and editor at the National Cancer Institute where I do a lot of work with patient content related to cancer and cancer treatment.
- C. Molloy: [01:05](#) Excellent. Well, thank you both again for taking the time to do this interview. Your piece, your persuasion brief, is great. And so I'm really interested to learn more about your process and for you to tease out some of these concepts that you, these rich concepts that you worked at from your data. So the first question I have for you: is your persuasion brief shows how a rhetorical concept, specifically *techne*, allows you to name and parse and thus illuminate a set of complex communicative processes in public health that are under-described or under-theorized. Could you say a bit more about how the specific theories of *techne* you were drawing on in your analysis allow you to theorize what you called "gut feeling?"
- L. Angeli: [01:48](#) Yeah, so looking at *techne*, I'm not going to lie, it was a little intimidating because there are so many different theories out there and we really went back and forth of is this *techne* or is this *phronesis* and what's, what's the, the dividing line between

the two. And you know, I mean, I'm going to kind of go out on a limb here and be a little bit vulnerable. It can be really intimidating writing about theory; when Christina and I really, this is one reason why we work so well together: we really live in that theory-practice balance. And so, you know, when we're like, okay, well there's something going on here with you know, rhetorical concepts, you know, what are we gonna...what are we going to take up? And techne seemed to be the best fit because it was capacious yet it was structured enough to let us, you know, talk about what we saw happening in our in our data with our transcripts in the written information that we're collecting from the Johns Hopkins Medicine Ebola Crisis Communications Team.

- L. Angeli: [02:51](#) It's such a long name so I think we might be referring to it as the ECCT when we, when we go forward because it's helpful. So we were able to look at these these particular aspects of techne, focusing on the idea of habituated expertise and experience because that's what we really saw the team referring to when they were trying to revise these protective or personal protective equipment guidelines. You know, the two people we sat down with, they kept saying, you know, we have a lot of expertise in the field, the people on our team have a lot of expertise in the field, and the user experience, we used gut feelings, and they really focused a lot on limitations. And so, you know, those are all aspects of techne. We really relied mostly on a Janice Lauer's work with techne and a Janet Atwell's stuff too, just because it seemed to align well. It aligns the most with this, this public health crisis communication that we really yeah, that we're working with this.
- C. Norwood: [03:55](#) Yeah. And just after that, you know, just talking about medicine or the practice of medicine sort of lends itself nicely to fit a sort of theory because it sort of also meets all of the different qualifications. So it seemed like techne was a natural fit to discuss, you know, something like a practice communication especially in the, the healthcare and medical center.
- C. Molloy: [04:18](#) I completely agree with that. Christina. And I had for, just for both of you, I think techne was absolutely the right choice. And, I agree, Liz and I think that's great that you said that because for people who are maybe thinking about writing from a theoretical perspective, maybe they would feel more invited in to do it by having great models like your work, but also learning like, oh, even these scholars and practitioners, writers who are incredibly smart, they too feel like it can be intimidating. But I think the fact that you're trying to describe an under-described, under theorized, I think that it's too easy to say that person,

that particular team, they just did a good job-- who knows why. And you're trying to extract some kind of technique so that other people could. And you did this beautiful heuristic. And so I think techne was absolutely a great choice. And I think that you articulated that well.

L. Angeli: [05:07](#) And to add onto that too. This is another reason I always, I love working with Christina and just we'll provide some background later. But like Christina mentioned, when I was a Towson University from 2012 to 2016 she was in our master's of professional writing program. And that's how we started working together. And you know, it was so nice as we were going through this. It was knowing that we were writing a persuasion brief that is intended to be written by practitioners. You know, you want to use theory that can be easily explained and easily understood by people who are doing this every single day. And really, I mean, this is not an overstatement, trying to save people's lives. I mean, when it came to the Ebola crisis well all remember how scary that was. And the level of lethality of Ebola is pretty intense. And so it was, yeah, it was just important to us to make sure that we weren't trying to grapple with something that we could not explain in a persuasion brief.

C. Molloy: [06:07](#) Absolutely. And I think that is really important. That's the purpose of this genre. And if you, if you're doing it well, you want to be it to be something you can hand to practitioners and it will, I think it will not feel like it's esoteric or academic nonsense. And so, but I, that's what is so beautiful about what you do. The way that you used it in your piece is that you are using a dense, complex rhetorical concept and yet making it like a totally logical thing in the way that it's used and also offering very clear takeaway from it too. So, I think that's really great. Cool. So, the next question I have for you two is I really appreciated your emphasis, especially on the complexity of the rhetorical situation and the communicative tasks at hand during the early days of the Ebola crisis. You really recreate that well in the text; you successfully emphasize the need for timely, effective communications with multiple stakeholders and with a variety of purposes. What is striking about this case is that it resists over-simplified approaches to invention. So, I love the idea of offering this heuristic that I mentioned already that takes, that you, you developed and takes stock of how and why the case you examined was successful such that future health communicators might benefit. How might this piece also be useful in classrooms, do you think?

C. Norwood: [07:28](#) Well, I mean I think, I think what's special about this piece is that we were, you know, we initially had met, it sort of started

in the classroom as a real world example, something that was unfolding in real time and at the time, you know, in 2014, there were some unknowns, and so it was just, it was just a very interesting way to sort of discuss failure in the classroom and sort of theories around that. And so it's very helpful. I think that just having a case study where you can sort of follow it in modern time from start to finish, is very helpful and relevant, for someone who is, who has a role, you know, has a role and actually and, you know, similar topics as a professional. So, you know, I just thought there was tremendous value in it.

- C. Norwood: [08:22](#) It was , it was an awesome learning experience. Like Liz mentioned earlier as well, we were both able to lend our experience, you know, as rhetoricians and then coming from a healthcare background. And so that really was helpful. We were, we were looking at these things that I had experienced, for example, with the um, PE documenting. I, you know, as an undergrad and I was working in the hospital as an IB pharmacy technician. I prepared chemotherapy, things like that. So I routinely had to put these things on, you know, and so just having that perspective on it, it got, you know, explaining a little bit about, is this if this right? Does this makes sense? You know, what, and then we started looking into, you know, what was their rationale for choosing this PPE versus another one.
- C. Molloy: [09:18](#) Huh. Interesting.
- C. Norwood: [09:20](#) So, yeah, so I mean, whenever there's something that's real-world happening, I think it's the right time to, you know, try to capture that in the classroom.
- C. Molloy: [09:29](#) Right. That's great. So then it's almost like kairos-driven. It's this, this thing is actually happening. There's this really well-rounded case study. It has some links to what students know about and do outside the classroom. That's brilliant. That's really good.
- L. Angeli: [09:44](#) To kind of go back to the oversimplification, the one thing and the beauty of Towson's -- I'm going to do a kind of a plug -- the beauty of Towson's master's program is that most of the students, I mean I don't think it's changed that much since I've been there in a few years, but they're just like Christina, they are working during the day, usually for some type of government agency and then they come to class at night and you know, we would, I would bring in, you know, the PPE. It's, it's super easy to be critical -- a Monday morning quarterback -- of, you know, I believe the CDC should have done this and blah, blah, blah. We pushed back against that and drawing on all of the, like Christina said, the knowledge that we had in the, in the

classroom, you know, Christina's knowledge in healthcare. My knowledge of, you know, being a healthcare provider.

- L. Angeli: [10:31](#) We thought, okay, there's something going on here. It's not that easy. And so, and because we were, when Christina were preparing for this interview, you know, we were probably, oh yeah, I think I had heard on the local NPR station or something that Hopkins was being and was involved in the revision of the CDC's PPE and brought it to class that night and speaking to kairos. And remember we're in the same city as Hopkins. I had a former student who now works at Hopkins, so why don't we do something about it? And Christina was super. I can still remember the energy in the room that night when we talked about this. And you know, this is going on five years ago now. This sort of, you know, let's look into this. Let's not just sit in the classroom and talk about and criticize, let's get to the bottom, investigate what's going on behind the scenes because it's never as easy as it looks.
- C. Molloy: [11:32](#) I think you're completely, I mean, I think that that is a real challenge. And that's what I like about RHM and being at the intersection of the, of the sort of the hard sciences, the social sciences, the humanities, because certainly from some like real high up in the humanities spaces ideologically, it seems like all you really do if you're looking at something from the outside is say, well this is everything they did wrong and not really having any empathy for working professionals and that this is their day to day life and this is them doing their best and they're not like setting out to do harm or anything. And so I think that is, that is definitely the viewpoint that you all sort of espouse in your piece and that's made it really good.
- C. Norwood: [12:18](#) I was just going to say to that point, and you probably might be about to say something similar, is that there's also something to be learned from failure, you know you know, and the CDC and the, you know, rest of the infectious disease community as well as everyone who was, you know, involved in any, you know, any sort of kind of general way, also learned a lot from this experience. So, you know, that's also the interesting thing about this is that we're sort of documenting failure and then correct. You know, and part of that what was happening in the classroom is that sort of gut feeling thing, you know, like there seems like there's more to this, you know, from my experience you've got to think, my reaction was for my experience in preparing, you know, IB, I wouldn't feel comfortable. Like I know like all the areas that are, I wouldn't feel comfortable with that. So it was like, why, why did they see that? And you know,

we'll probably get into why they chose that later, you know, and I was stressing, but it's just, just a fascinating topic for me.

- C. Molloy: [13:29](#) Yeah. I love how you said that. I mean that's great Christina. Absolutely. All the things that can be learned from failure and the, and the course correction that follows. That's great.
- L. Angeli: [13:39](#) The only part I was going to add onto that and just, you know, Christina bringing up the gut feeling part, this, this isn't something that we really wrote about, but you know, just the, the classroom experience of faculty, you know, master's, grad student co-authoring. Cause I think so often we, and this might be an, this might be an oversimplification, but you know, it's usually the doctoral students co-authoring with, with faculty and you know, Towson's master's programs. It's, it's a terminal program. There is no PhD at Towson. And so it was such a great experience, you know, and I might just make it for myself. I don't want to put words in your mouth.
- L. Angeli: [14:24](#) It's been, it's been so fun. I mean I've learned so much from Christina, you know, she's, she'll push back and go, you know what, when we're analyzing that data, I'm not seeing this the same way as you are saying. Okay, you're the one who's going to the NIH every day. Let's figure out what's going on. You know, drawing on your, your expertise as a tech writer. Um, you know, just to, I don't know, just get to get those different perspectives. And I think, you know, Christina was saying we sort of were enacting what the, the Ebola Crisis Communications Team was doing, too, you know, trusting each other, letting each other take the lead in certain cases. You know, when we, we presented at two or three conferences. At least. I can't remember, I think it was two or three. We've got two publications out of it now. Um, and now that, you know, we're in two different cities, this still connects us, you know, I mean it's just great.
- C. Molloy: [15:23](#) No, it's, it's really great, I mean, it's great and I do think that it's, it's so different than you, if you were to collaborate with a doctoral student who's also going the academic route versus someone who has a clear practitioner role and lots of expertise that academics don't. And so I bet Christina was the ideal collaborator and like you said, a chance to extend that relationship beyond the classroom.
- L. Angeli: [15:49](#) Yeah.
- C. Norwood: [15:50](#) Yeah. I mean, I, yeah, I don't want to linger too much on this question, but I have to say that I agree with Liz about the

experience. It was, it was very neat. You know, I came in as a, as a tech writer already into the master's program, fairly far into my career, but I had been, too, behind the scenes. So to do things like that, conferences and you know, sit on panels, was very new and kind of scary to me. And it was like having lived that before you know, just sort of gives me the confidence to do that. And so once you do that, then you're like, oh well I can do this and you know, and that sort of advises you and gives you confidence to do other things. So I think that just having that experience they were willing to sort of go out of comfort zone knowing, you know, this is something that they're terrified of but you're going to do in anyway.

C. Norwood: [16:46](#)

That in and of itself, is there something that I, you know, probably that I didn't want to say coming out of it. And so that's, that's also wonderful, um, [inaudible] in the paper. Um, and so I, I just really appreciate that part of it. And prior to that we needed to you know, partner with her and do all the things. I learned so much and I think that, you know, at this point, I feel like I'm more senior level in my career. But the thing is I wanted to always have a mentor and to be a mentor to those things. At the same time, you know, I always I to, you know, always tried to do that as a professional. And you just learn so much. You learn so much from teaching and you learn so much from someone who's willing to share, you know, so, you know, there's so much like outside of the, the things that we produce, you know, there were so many other things that changed from this, but I'm really grateful. Yeah.

C. Molloy: [17:50](#)

That is great. I'm glad actually that you added this to the conversation because some people might be thinking, okay, if Christina is not going the academic route, then beyond maybe the feather in your cap of publication, what it is that are you getting? And you articulated that really, really nicely that actually these experiences have built your confidence and, and that's going to manifest itself in a whole variety of ways as you continue to build your already pretty-established career. So that's really great. So, okay, so the next question that I have for you is your candor, I thought, on the process of data collection was very refreshing. You know, that your calls and emails went unanswered. I feel like these are the kinds of research stories we don't hear enough. So when you were attempting to include leading patients, even safety experts in your study, they just weren't getting back to you. So I just wondered, since you were brave to share this, and I thought refreshingly so, what advice do you have for other researchers who are hitting roadblocks in data collection? And I'm thinking in particular of early-stage research researchers that are like, well, they didn't get back to

me. So the project's over, right, like you come across this. So I thought maybe it would be great for people to hear more from the two of you about how you kind of stayed the course, right, beyond these roadblocks.

- L. Angeli: [19:06](#) It happens all the time, you know, I mean it does, it's not even just to think in, in, you know, academic research. But I mean sometimes people aren't going to get back to you for whatever reason. And it's easy to take it personally, but it's not personal, you know? I mean, or I'm sure most of the time it isn't. I mean, the person who we were trying to contact is a very prominent figure. And you know, I, you know, and the people, people in RHM and people who work in the medical field know that physicians are very busy people and wear a lot of hats. And you know, we were grateful that Dr. Maragakis even got back to us. I was like, Oh, okay, great. You know, this is, this is good. And then you know, Mr. Butanis, then got back to us too. But you know, we tried I think three times.
- L. Angeli: [20:01](#) That's usually what I do is if I'm not hearing back after about three attempts and waiting about five to seven business days. And you know, Christina was obviously in on the decision making with this too, cause it wasn't just, you know, I wasn't just gonna make the decision myself to just let it go. You know, we were like, okay, this door might be closing for a reason. Let's not try to pry it open. You know, it's, let's see what else we can do. And the beautiful thing about this particular project is that there was a ton written out there about what Hopkins was doing with CDC and PPE. And so, you know, we combed the internet and just, we're looking for press releases and news releases and searching in common through social media. And Ben Butanis helped us with that to try to out, you know, where to go and how to tell the, the chronology of everything, which was...
- C. Molloy: [20:53](#) Uh, huh...
- L. Angeli: [20:53](#) ...Pretty Difficult. I mean, that was the one thing, Christina she, she pays so such attention to detail. There'd be, sometimes it'd be writing drafts and she'd say this happened before this happened. Alright. Change it, change it. You know, cause it just, cause we just had so much information we were getting and you know, there came a point where I think a lot of times...
- L. Angeli: [21:14](#) ...You Never think you're going to have enough data and two interviews can get you enough data. And if you've got, you know, a bunch of textual stuff to, you know, talk about, I mean yeah, we have gotten, I was just remembering we have gotten

three conference presentations out of this and the two and the two publications and they're different enough to be two different things. So it was a, I dunno, but it's I would encourage people to, to be vulnerable and write about these roadblocks. Obviously, as you can tell, Christina and I are pretty candid. I mean, right.

C. Molloy: [21:50](#)

In a way that's going to help other people, and I know Lisa and Blake are working on these ethical exposures essays that were due I think at the end of August. So hopefully there will be, I know that one of their agendas is to have more content in the journal that speaks explicitly to problems and issues and methodologies as well as like tactics for overcoming. But I did notice, I thought, wow, this is great. Because I think a lot of times when in the write up people want to like tell the story about just the blow by blow of this is were, these were my methods. And maybe in a footnote you might see here's something that didn't go well. But I loved that, that right in the body of the essay it says these, these calls and emails went unanswered and, and on we went. So this is this is, I think, great advice for other researchers that there is other data out there and there are a lot of riches in even two interviews. So I think that's great.

C. Norwood: [22:40](#)

Yeah, it is. It seemed appropriate for the topic, you know, just saying, you know, in the context that we'll be writing about and the only information that was available, it just seemed appropriate to, you know, openly acknowledge, you know, that we encountered that. And I also just wanted to mention like, you know, the people that we were able to interview were very, very qualified. So Dr. Maragakis, for example, he was the senior director for healthcare epidemiology and infection for Hopkins. And she works for that, um, the public health arm of, you know, of Hopkins. So, you know, she was, she was very it was very nice to have her ear and she was very open with information and giving background and contacts and things like that. And she had a direct role in this process. So, you know we didn't get everyone that we wanted, but you know, I think we had certainly ended up knowing that we felt like we had something that has worked well here. Ben Butanis, um I think he was like the communication lead for marketing. So he also had his role in this process. So, um, we definitely still considered the glass half full, um, with who we were able to get.

C. Molloy: [24:02](#)

I think that's really important to point out that these were pretty heavy hitters that you were able to speak with. So it's not like you took like Team B or something like that.

- L. Angeli: [24:12](#) And just to add, and I realized that I've pronounced Dr. Maragakis' name wrong. I remembered the Mara part. Um, but uh, what she, because as Christina said, she is so prominent, she had publications out about this by the time we were getting ready to write and because you know, medicine and science just goes, goes, goes. And so she had publicly available slide decks that we were pulling from. And so I think that's another piece of advice that I share with people is if you're interviewing these big heavy hitters like Dr. Maragakis. Um, you go, you know, look at, look them up in databases, Google Scholar them. Um, you'll, you'll find stuff and kind of, you know, speaking to Lisa and Blake, because I know they've got, and this is going to be a shameless plug, I wasn't sure if I was going to do this, but I'm doing it. In Lisa and Blake's Methodologies for the Rhetoric of Health and Medicine. My chapter in there is all about overcoming roadblocks in research projects. And I drew on a lot of that trying to figure out, um, okay, so if this interview is not going to come through, what are the other venues and avenues that we can get to kind of triangulate some of this stuff? Or if an email isn't working, maybe we should try a phone call or maybe there's a different admin assistant who we can contact or maybe, you know, Mr. Butanis, Ben could try to get us in with someone.
- C. Molloy: [25:38](#) Okay, that's great. So if for people who are looking for real, tangible strategies, that chapter is a good resource also. Yeah, I want to read it. So I'm making my way through that collection. It's like a little dessert to other readings, you know, when you're doing lots of other, oh, I'm going to read one of these chapters. So it'll be next on my list. Okay. So the next question I have for the two of you is: an intriguing part of your heuristic and your analysis leads up to, is the emphasis on "considering failure points and limitations as an important step" to "finding avenues around them" What other applications might, might such an approach have in related health and medical situations? Giant question. So even if you just take a little slice of it, that's great.
- C. Norwood: [26:23](#) Sure. So I guess we're asking, I mean it has pretty much all of health and medicine for the most part. I mean any, I mean, and it doesn't necessarily even have to be a crisis per se, but if we say all the area of practice, I'm thinking, you know, a natural disaster, you know, sort of, you know, anything bio-terrorism, you know, out of the health sector a little bit, cause it's like a marketing crisis that's happening quite frequently. Some sort of, you know, financial crisis. So yeah, there are so many applications where, you know, the steps they took to sort of mitigate it would still be relevant. If there's something for technical communicators to learn from. So, you know, I guess if

we're thinking about, you know, where it can apply, I mean, I use, you know, some of the heuristics that we worked on and refined in the paper and, it works, you know, and I, you know, it's not necessarily that I'm always writing about a crisis, but I do write and edit content about cancer and cancer treatment. And then they're like, you know, difficult things to talk about, like prognosis you know, when treatment isn't available and you know, those kinds of things. So whenever you're writing with the intent or something like that, it depends on what you're writing upon. I think that this happens.

C. Molloy: [27:56](#) Well, that's great. Christina, you're, you're pointing out that this has lots of applications even in your position. And, and that it doesn't always need to be something that's a crisis situation for that, that focus on failure points and limitations and with avenues around that. That's great. That's really good.

L. Angeli: [28:12](#) That something, because when Christina and I were preparing for this, you know, we talked about how a lot of the sciences and all the medicine's all about data, and as we know, you know, data is more than numbers. I mean, your body gives you data when you're in meetings and you know, if you're going like this about something that's going on, it's just, okay, what is, what's your body telling you? Are you anxious about something? Are you feeling insecure and threatened? Why might you be feeling like that? Is there a failure that you're coming up against and there's fear that's underneath that and just, you know, having the kind of the confidence to break those open a little bit. And one of the things that we were hoping with the heuristics that, you know, people use it, okay, this isn't a published peer reviewed journal article.

L. Angeli: [29:01](#) It's got some, you know, ethos behind it. Just to kind of pull that out. And, you know, in a lot of the stuff that we're talking about, you know, as I was just thinking about the heuristics and everything's really grounded in, you know, slowing down, not reacting, not reacting. I mean, sometimes you have to, but you know, that was really what the ECCT did at Hopkins, was they, they were quick, quick reaction. It was, okay, let's, let's take our time a little bit. I mean, they didn't have a lot of time, but you know, sometimes just pausing for 30 seconds just to do a check-in about, you know, okay, so so-and-so's got expertise in this field maybe I don't have as much in that field. So now it's my turn to just listen and let someone else step up. And if I have issues with that, I gotta deal with it, you know, I mean, so it's just, I don't know.

- L. Angeli: [29:52](#) I do think there's a lot of value in just the whole concept of throwing, not throwing down, and slowing down. That's a whole different thing. But just yeah, and I, that's another reason why, you know, collaborating with Christina was so great is because we were, we were teasing these heuristics out. She would say, you know, I feel like I could do this in a meeting or I actually did this yesterday, you know, here's another question we might want to add then, you know. So that was, I mean, even in faculty positions, I think we can, we definitely can use these heuristics too cause they apply to much more than just you know, the practice of medicine and healthcare.
- C. Molloy: [30:37](#) Absolutely.
- C. Norwood: [30:41](#) It was very interesting to hear Dr. Maragakis go through this whole part, you know, about the considering failures and limitations. I mean, this was one of the impetus to why often sort of step out on a limb and did some things, something different from what she was recommending. That was pretty controversial at the time. And it was that whole thing of you have to do what you're asking your reader or your, you know, your audience to do. And so she actually, she and her team of nurses, you know, physicians all the, you know, the personnel, they went through the process of doing what the CDC said and they came to the conclusion that this doesn't feel right. You know, like, you know, this is, I don't feel safe. I don't feel comfortable asking my colleagues who are my friends, you know, to use it.
- C. Norwood: [31:37](#) So they decided that, you know, that's [inaudible] great in this context, you know, if it didn't work it was fatal. Um, and so that was the way that you talk. And we did go through, and I made one sort of, um, recap for our thought process behind that and how they arrived at something that was sort of in a lot of ways, counseling and stating recommendations at the time. And so it, it's very, it's very interesting when you, when you do that. I think when you, when you do the access, you reflect with other students and you do come to other conclusions and you can sort of find those gaps and limitations. And I think that the benefit of having diversity on our team, gets at that at least, you know, interdisciplinary and the different things. This scenario, the diverse group with different backgrounds working throughout a topic, you know, entered it where it was sort of secondary in the report, but I think it's very important.
- C. Norwood: [32:43](#) It gets the different perspective and very early, you know, the people who are asking to do this thing as well as sort of the thought we need all the ones who are giving the guidelines and

you know, that was also the thread of why they would even see what they will be able to see it because they did a lot of people from a lot of different backgrounds. You know, they brought in writers, they had talks with that. You know, they had CDC and they all worked together to modify this and it was a very time-sensitive thing.

C. Norwood: [33:24](#) And you know, something that they probably would have taken many, many months to do. They cranked out this revision videos and training, things like that. I think, um definitely I could say in two weeks, which is, yeah, that was definitely some urgency. And you know, I guess that also goes back not to go too long, but I'll go back to the whole thing about, you know, not always having all the data. Sometimes you flesh it out as well. And that's like that you have, you know, we never really have the luxury of having all the answers and there's also that thing called, you know, paralysis by analysis.

C. Norwood: [34:06](#) And they didn't have that, you know, they didn't have that luxury. They relied very heavily on gut feeling. So for this team, the data were just one component of their decision making, and I think that's very important that [inaudible] medical, you know, uncommon time.

C. Molloy: [34:31](#) Absolutely. I love that. That the, the strength of the interdisciplinary perspectives coming together, that working with what they had and this very time sensitive sort of way and that in those contexts, relying on something like gut feeling becomes really, really important and effective. That's great. The last question I have for the two of you is if you could just take it individually: what's next for you? What are you up to you? What's on the horizon that you're excited about that you want listeners to also know about.

L. Angeli: [35:02](#) You want to know? My first word is after that question in our notes?

L. Angeli: [35:06](#) Awesomeness.

L. Angeli: [35:09](#) We are what you could expect to see as awesomeness, but probably not what you're expecting. I don't know. Christina, do you want to go first?

C. Norwood: [35:16](#) Oh, well sure. So, you know, I sort of alluded a little bit, you know, for the last five or six years may have sort of almost feel like looking back, a lot is happening very quickly. Oh, I've had a lot of great things happen in my career. And I, you know, I've

done a lot of things while working full time. I have two children, you know, I'm married. And so for me, and I was talking to Liz about this, I think for me, like what I'm looking forward to is just like patting myself on the back a little.

C. Molloy: [35:52](#)

Yeah!

C. Norwood: [35:53](#)

And just appreciative of where I am and you know, kind of soaking that in. And you know, maybe sometime later there'll be another project, you know, or something like that. But I, I feel like right now I'm in a very good place professionally and it's because of all the work that happened before this. So I just want to take some time to appreciate that.

C. Molloy: [36:19](#)

I love that. I love that "pat yourself on the back." Just rest on your laurels. Just for a minute. I love that. That's great.

L. Angeli: [36:27](#)

Cause yeah, we've been doing this, like you said, since 2014, it's five years now. And so, you know, and there does come a point I think with projects like this where, how much longer can you write about it? And you know, before it's sort of, okay, we're getting on 10 years now, 15 years. And it's not just that there's not value, but if we really wanted to push it or not push it but extend it we'd need to start doing more, more case studies. And you know, we're, we're in different time zones now or different, you know, parts of the country. And that was actually, it was great when Christina and I first started talking about this, that was one of the first things she said, she's like, let's talk about that last question. And I said, okay, I said and when she said, you know, I'm, I'm cool with where we're at.

L. Angeli: [37:10](#)

I said, you know what, yes. And I don't think that's something that is shared enough, just satisfied with the work that you've done. And just knowing that some research projects have, have sort of this, this lifespan. But it was sort of on, on my end in terms of, you know, the research that I'm doing. I have, I guess three big things. I have two, I think most people know that I work with emergency medical services and I'm starting to expand to EMS services that also were fire side, or fire services. And so I'm learning a lot about fire report writing. And I have two pretty big research projects going on with two different agencies right now with that. And so, it's, it's, it's my happy place. I always say any day I get to spend at a firehouse is an excellent day for me.

C. Molloy: [37:59](#)

So, so cool. Have you met Tim Amidon: yeah, you know him, so Tim is so, so amazing. I mean you know, I love your work. I mean, I always say, and since I saw you present at CCCCs the

first time it remains the best conference presentation like just in terms of polish and take away like, you know, you go to some that are great and you go to some that are better serviceable and that one I was like, that's the best.

L. Angeli: [38:25](#)

Oh, thank you. That means a lot. Wow.

C. Molloy: [38:30](#)

I'm a big fan. It was just very polished. I mean there were, everything was crystal clear there. If it was probably, it makes a lot of sense. And from reading some of your other work and talking with you just as a thinker that it was not overly academic, it was very like practical but not less rigorous or interesting for that. So, yeah, I think that you have a way of making the complexity really palatable and, and something that lots of different people could benefit from, including in this persuasion brief. The two of you did a really nice job. So super excited to be doing this and to have done this interview with the two of you. So hopefully, you know, keep pushing out and getting, making people aware of it and even having it be a really great companion piece for people that want to assign it in their classes to then be able to hear Christina telling the story, the backstory, to hear the explanations of some of these moves that you made in your collaboration. Thank you very much.