Course Proposal:

Health Communication

COM 2403

Submitted by: Dr. David Lee – Humanities Department

New York City College of Technology, CUNY

**CURRICULUM MODIFICATION PROPOSAL FORM** (Version 2013-10-09)

This form is used for all curriculum modification proposals. See the [Proposal Classification Chart](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/2013-10-09-Proposal_Classification_Chart.pdf) for information about what types of modifications are major or minor. Completed proposals should be emailed to the Curriculum Committee chair.

|  |  |
| --- | --- |
| **Title of Proposal** | **Health Communication** |
| **Date** | **December 6, 2015** |
| **Major or Minor** | **Major Modification** |
| **Proposer’s Name** | **David Lee** |
| **Department** | **Humanities** |
| **Date of Departmental Meeting in which proposal was approved** | **February 11, 2016** |
| **Department Chair Name** | **Dr. Ann Delilkan** |
| **Department Chair Signature and Date** | **Macintosh HD:Users:anndelilkan:Desktop:Signature.JPGFeb 26th, 2016** |
| **Academic Dean Name** | **Dr. Justin Vazquez-Poritz** |
| **Academic Dean Signature and Date** | **February 26, 2016** |
| **Brief Description of Proposal**  (Describe the modifications contained within this proposal in a succinct summary. More detailed content provided in the proposal body. | Employers in health care consistently rank communication skills as desirable for new hires. This class covers topics such as communication between provider and patient, between patient and caregivers, and between interdisciplinary teams. Students learn the basics of clear, purposeful and caring communication in health contexts. Students practice ethnographic description, media monitoring, and both analysis and design of health campaigns to address a diverse, aging population and an ongoing health-care crisis. |
| **Brief Rationale for Proposal**  (Provide a concise summary of why this proposed change is important to the department. More detailed content will be provided in the proposal body). | This course will serve as a foundation for a Health Communication BS degree to be proposed by the Department of Humanities. This course to communication in health care will also appeal to ‘Undeclared Health Intent’ majors while they are completing specific prerequisite courses required to apply for programs in Nursing, Dental Hygiene, Radiologic Technology, etc. This course is being developed with the input of clinical faculty in the School of Professional Studies on the Interprofessional Task Force to meet the anticipated needs for the AS in Allied Health. At present there is no health communication course offered outside of individual professional programs.\* |
| **Proposal History**  (Please provide history of this proposal: is this a resubmission? An updated version? This may most easily be expressed as a list). | New course proposal |

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**NEW COURSE PROPOSAL FORM**

This form is used for all new course proposals. Attach this to the [Curriculum Modification Proposal Form](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/2013-10-10-Curriculum_Modification_Proposal_Form.docx) and submit as one package as per instructions. Use one New Course Proposal Form for each new course.

|  |  |
| --- | --- |
| Course Title | Health Communication |
| **Proposal Date** | January 24, 2015 |
| **Proposer’s Name** | Dr. David Lee |
| **Course Number** | COM 2403 |
| **Course Credits, Hours** | 3 hours 3 credits |
| **Course Pre-Requisites** | COM 1330 Public Speaking |
| **Catalog Course Description** | The study and practice of communication as it relates to health professionals and patient outcomes. Topics include provider-patient interaction, team communication, and the diffusion of health information through public health campaigns. Students learn the basics of clear, purposeful and compassionate communication across multiple channels, to reduce errors and provide better health care delivery. |
| Brief Rationale Provide a concise summary of why this course is important to the department, school or college. | Miscommunication among providers is one of the largest causes of medical errors. Communication skills are most sought after by employers, but at present NYCCT does not offer a 2000 level course in Health Communication.\* This course is designed to provide communication skills for health professionals. It serves the needs of professional programs in health, including the proposed AS in Allied Health. It also provides the foundation for a BS in Health Communication in the works in the Humanities Dept. With a grounding in Liberal Arts and Sciences, this course fills gaps in the current course offerings at NYCCT. |
| **Intent to Submit as Common Core**  If this course is intended to fulfill one of the requirements in the common core, then indicate which area. | Yes—Individual and Society |
| **Intent to Submit as An Interdisciplinary Course** | NO |
| **Intent to Submit as a Writing Intensive Course** | YES |

\* HUS/NUR 3100 Interprofessional Communication, Collaboration, and Quality Care in Health and Human Services is cross-listed in Nursing and Health and Human Services, but this course is not available to Undeclared Health Majors who are not admitted to one of these baccalaureate health programs. Another communications focused course is NUR 4080 Communication and Behavior in Nursing but this course is intended for Nursing majors, rather than broadly geared towards all health-related majors.

Please include all appropriate documentation as indicated in the NEW COURSE PROPOSAL Combine all information into a single document that is included in the Curriculum Modification Form.

**NEW COURSE PROPOSAL CHECK LIST**

Use this checklist to ensure that all required documentation has been included. You may wish to use this checklist as a table of contents within the new course proposal.

|  |  |
| --- | --- |
| **Completed NEW COURSE PROPOSAL FORM** |  |
| * Title, Number, Credits, Hours, Catalog course description | X |
| * Brief Rationale | X |
| Completed [Library Resources and Information Literacy Form](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/curriculum_modification_library_form.doc) | X |
| **Course Outline**  Include within the outline the following. |  |
| Hours and Credits for Lecture and Labs  If hours exceed mandated Carnegie Hours, then rationale for this | X |
| Prerequisites/Co- requisites | X |
| Detailed Course Description | X |
| Course Specific Learning Outcome and Assessment Tables   * Discipline Specific * General Education Specific Learning Outcome and Assessment Tables | X |
| Example Weekly Course outline | X |
| Grade Policy and Procedure | X |
| Recommended Instructional Materials (Textbooks, lab supplies, etc.) | X |
| Library resources and bibliography | X |
| **Course Need Assessment.**  Describe the need for this course. Include in your statement the following information. |  |
| Target Students who will take this course. Which programs or departments, and how many anticipated?  Documentation of student views (if applicable, e.g. non-required elective). | X |
| Projected headcounts (fall/spring and day/evening) for each new or modified course. | X |
| If additional physical resources are required (new space, modifications, equipment), description of these requirements. If applicable, Memo or email from the VP for Finance and Administration with written comments regarding additional and/or new facilities, renovations or construction. | n/a |
| Where does this course overlap with other courses, both within and outside of the department? | X |
| Does the Department currently have full time faculty qualified to teach this course? If not, then what plans are there to cover this? | X |
| If needs assessment states that this course is required by an accrediting body, then provide documentation indicating that need. |  |
| **Course Design**  Describe how this course is designed. |  |
| Course Context (e.g. required, elective, capstone) | X |
| Course Structure: how the course will be offered (e.g. lecture, seminar, tutorial, fieldtrip)? | X |
| Anticipated pedagogical strategies and instructional design (e.g. Group Work, Case Study, Team Project, Lecture) | X |
| How does this course support Programmatic Learning Outcomes? | X |
| Is this course designed to be partially or fully online? If so, describe how this benefits students and/or program. | X |
| **Additional Forms for Specific Course Categories** |  |
| [Interdisciplinary Form](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/Application-for-Interdisciplinary-Course-Designation.docx) (if applicable) | n/a |
| [Common Core (Liberal Arts) Intent to Submit](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/CommonCoreCourseSubmissionForm_4.2.12.doc) (if applicable) | X |
| Writing Intensive Form if course is intended to be a WIC (under development) | n/a |
| If course originated as an experimental course, then results of evaluation plan as developed with director of assessment. | n/a |

# Library Resource and Information Literacy Form

|  |  |
| --- | --- |
| **Title of proposal**  Health Communication | **Department/Program**  Humanities |
| **Proposed by** Dr. David Lee (dlee@citytech.cuny.edu)  718-­‐260-­‐5018 | **Expected date course(s) offered**  Spring 2017  **# of students** 24 |

**Are City Tech library resources sufficient for course assignments? Please elaborate.**

The library has outstanding resources for the most part. I am requesting that the library acquire two books to improve their resources in this area. Here are two books that do not appear to be in the catalogue, but should:

Harrington, Nancy G. (Editor) (2014). *Health Communication: Theory, Method, and Application*. Routledge. ISBN-13: 978-0415824545 (not in catalog)

Zoller, Heather and Dutta, Mohan (2008). *Emerging Perspectives in Health Communication: Meaning, Culture, and Power* (Lea's Communication). Routledge. $59.95. (Not in catalog)

The textbook for the class (Du Pre, 2013, 4th edition) is available on reserve and the 3rd Edition is available online. (Hicks, et al, 2016) is also available on reserve:

Du Pre, Athena (2013). *Communicating About Health: Current Issues and Perspectives 4th Edition.* Oxford University Press. Book. $82.15

Hicks, Nancy J. & Nicols, Christina M. (2016). *Health Industry Communication: New Media, New Methods, New Message 2nd Edition*. Jones & Bartlett Learning. Book. $85.95 (1st ed. is available in NYCCT catalog)

I believe these four books above are standard, widely adopted texts for Health Communication.

**3 Are additional resources needed for course assignments? Please provide details about format of resources (e.g., eBooks, journals, DVDs, etc.), author, title, publisher, edition, date, and price.**

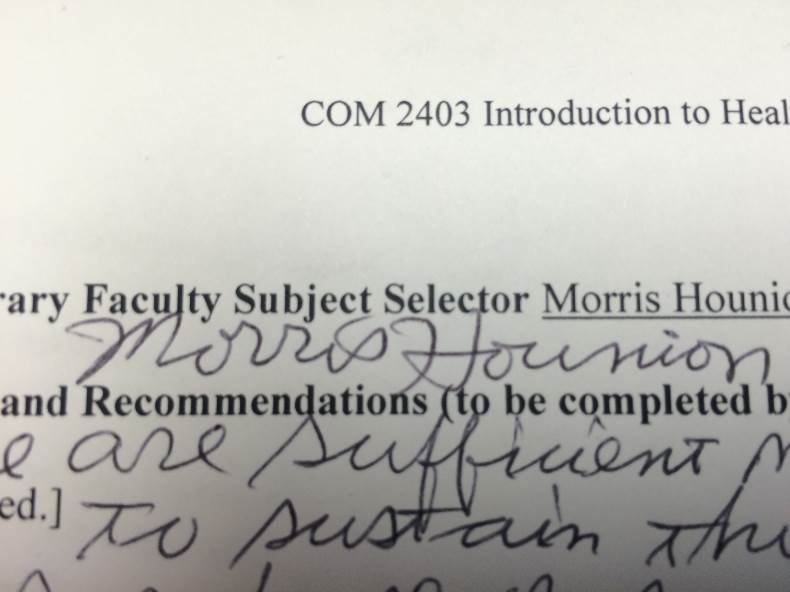
Note the two books above that are not in the catalogue (Harrington 2014 and Zoller and Dutta 2008). Students access PubMed; additional journals (available through the library databases) and link to electronic news articles on the Discussion Board.

**4 Library faculty focus on strengthening students' information literacy skills in finding, evaluating, and ethically using information. We can collaborate on developing assignments and offer customized information literacy instruction and research guides for your course. Do you plan to consult with the library faculty subject specialist for your area? Please elaborate.**

Yes, I have consulted with Library staff Subject Matter Expert Morris Hounion on February 18, 2016. I also will pursue the selection of Open Educational Resources during my OER Fellowship.

**5 Library Faculty Subject Selector** Morris Hounion (Communications)

**Comments and Recommendations (to be completed by librarian)**

There are sufficient materials in the Library to sustain the proposed new course. The purchase of some required textbooks**, as well as supplementary materials, is needed. A session of library instruction should be a part of this course’s curriculum.** **COURSE OUTLINE**

**New York City College of Technology**

**Humanities Department**

**Health Communication**

Instructor: David Lee, Ph.D.

Email: dlee@citytech.cuny.edu

Office hours: Monday from 9:00 am to 12:00 pm, and by appointment

Virtual office hours: Wednesdays, 6-8 on Blackboard

Office: A642

Hours and Credits for Lecture: 3 hours, 3 credits

**Course Code: COM 2403**

Course Pre-requisite: COM 1330 Public Speaking

Course Description:

The study and practice of communication as it relates to health professionals and patient outcomes. Topics include provider-patient interaction, team communication, and the diffusion of health information through public health campaigns. Students learn the basics of clear, purposeful and compassionate communication across multiple channels, to reduce errors and provide better health care delivery.

Introducing Health Communication:

Health communication refers to human interactions that influence health and wellness outcomes. Communication is at the center of providing patient-centered care. Medical schools often have a communication component for training the next generations of health care workers and job descriptions require strong communication skills. The extent to which expectancies can shape outcomes requires healing professionals to express hope and empathy while administering treatments, using all available communication modalities to create a continuum of care for patients as they move between providers and specialties. This class co-creates a definition for health communication that is inclusive of many diverse cultures and communities of practice. From patient-provider communication, to creating social marketing campaigns, and to communication with emergency responders—‘health communication’ emerges as an umbrella term that in-corporates a wide variety of professional practices. The class involves conducting participant-observation, narrative inquiry, and content analysis of news stories which help understanding the meaning of health and wellness, sometimes beyond biomedical perspectives.

Topics we cover:

* The determining role that communication plays in health outcomes
* Communication across healthcare professions
* Health marketing, crisis communication, and other applied careers
* How expectancies can shape outcomes in health care
* Differences in medical and narrative rationalities
* Medical specialization and the need for common ground
* Plain language initiatives and problems with jargon
* Disease surveillance in epidemiology & communication
* Survey of Health Communication electronic platforms (CPOE, STEPPS, etc.)
* Training and certification opportunities
* Opportunities for multilingual speakers in health care professions

Course Objectives:

* To become better communicators with patients, clients and other health care professionals
* To communicate successfully, across communication channels (face-to-face, electronic, etc.).
* To identify structural factors that foster and inhibit communication in health care contexts
* To consider the historical and cultural construction of health and wellness
* To learn about the constitutive role that communication plays in behavioral medicine
* To use participation-observation and media analysis to become keen observers, listeners and critical consumers
* To employ narrative and writing in the “first person” to welcome our own experiences about health
* To foster a friendly environment for peer collaboration and interdisciplinary teams
* To co-create a role for health communication that addresses an on-going national healthcare crisis

Textbook:

Du Pre, Athena (2013). *Communicating About Health: Current Issues and Perspectives 4th Edition.* Oxford University Press. Book. $82.15 (full text available online)

Other required reading materials, podcasts and videos posted on the course Blackboard site (Bb) by the Instructor and students of this course. These online resources are also helpful:   
  
[Communication Strategies](https://bbhosted.cuny.edu/bbcswebdav/pid-21361130-dt-content-rid-102605418_1/courses/OPD_SP2015/Syllabus%20%26%20Course%20Documents/Communication%20Strategies/communicationstrategies.htm) is a primer for participating in an online Discussion Board.

[Netiquette](http://www.albion.com/netiquette/index.html) is a great resource about being polite online and in emails.

[Pub Med](http://www.ncbi.nlm.nih.gov/pubmed) is a database of medical articles that are available to the public.

[Pew Research Center](http://www.pewresearch.org/) does public opinion research.

Technology Support:

This is a hybrid course, so we meet in person and online. iTec is the name of the Office at City Tech that supports students with their technology needs. Here are some important contact details for iTec:

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

iTec also offers student workshops on Email, Blackboard, ePortfolios and other topics. Please see

<http://websupport1.citytech.cuny.edu/studentworkshops.html>

Description of Assignments:

*Weekly Reading responses*: Every week, you post a typed response (in Microsoft Word format) to the weekly readings (one page, max) on Blackboard. The purpose of these responses is to summarize as well as to offer a critical opinion of the weekly readings. The reading response should address all of the readings for the week, not just one. Try to make connections across the readings and feel free to pose questions that the readings raise as well. You post these responses each week for evaluation so please be sure to proofread and revise accordingly. Spelling and grammar mistakes detract from your grade. The Weekly Reading Responses are for the Professor, only. You can post your Weekly Reading Responses by going to Blackboard and clicking Tools>Blogs> and uploading your response paper when prompted.

*In-class personal narrative:*In addition to being (aspiring) health professionals, we are also clients and consumers of health care products and procedures. During some class meetings a writing prompt is displayed and then we take ten minutes or so to write an answer. These writings are not graded, but hold onto them all because you must include at least one of them (revised) in your final portfolio at the end of the term. The in-class personal narrative is “stream of consciousness” --meaning spontaneous and impressionistic. While social-scientific prose is written in the third person in an attempt to hide bias, this assignment welcomes your own personal experience. Please feel free to write about your own experience, but remember your right to privacy as well. If you don’t feel comfortable sharing personal details, there are other forms of writing that I would be glad to suggest. The handwritten in-class personal narratives are ‘first drafts’ so spelling and grammar are of secondary importance. Instead, I want us to practice our story-telling skills and connect to feelings as well as intellect. After we are finished, volunteers read their narrative out loud, or summarize it extemporaneously. Others are encouraged to relate their own experiences to what was shared. Even if you cannot relate to the specific content, try to connect to the feelings that are being expressed.

*Blackboard Discussion Board:* In the internet age, Health Communication often takes place in an electronic realm, and in this course we use Blackboard and Open Lab to post assignments and hold discussions about Health Communication. Each week you post, at minimum, **one Discussion Thread (and three responses to other’s threads) on the Blackboard Discussion Board**. One of the advantages of communicating online is that users can post links to news stories, videos and other rich-multimedia sites on the World Wide Web. One of the disadvantages of communicating online is that communication doesn’t have the same richness that it does when we meet face-to-face. For example, it’s harder to understand the mood or spirit of a message because we can’t see your facial expressions or hear your tone of voice. Therefore, the Blackboard Discussion Board is an opportunity to practice writing clear, easily understandable messages in a textual format that adds to the interactivity of the course. The Discussion Board is “asynchronous”: you can log in, post and reply at any time of the day or night. Here are instructions for your weekly Blackboard Assignment on the discussion board:

1. Log on to BB and click the Discussion Board link.
2. *Start thread*: Each week you need to start at least one “Discussion Thread.” A Discussion Thread is where you find a link to something interesting online related to the readings, lecture, or discussion—and you post the link and explain its significance. This can be a news article, academic paper, video, etc.
3. *Title:* When you click the “Post” icon, you should first think of a title for your thread that conveys the subject matter but also grabs people’s attention. For example, are you posting a link to a volunteer website at the VA Hospital? How about titling your thread “Volunteer to help veterans at the VA”?
4. *Write your post:* Don’t simply post your URL and click “Submit.” Instead, I want you to explain what it is that you are linking to. Give a detailed description of what it is that your peers will experience when they open your link. Be explicit about why you think that the link is appropriate to the weekly readings, the lecture, or something that was discussed in class. In addition, try to tell us about the reason for your interest in the topic, and what your process of finding the link involved. At least two or three paragraphs of description and explanation is probably enough for your post. I recommend composing your post in Microsoft Word, correcting spelling and grammar, then copy>paste your post into the field on BB.
5. *Click submit:* Congratulations! You have started a thread on the discussion board. Now you should monitor your thread to see what kind of replies are posted over the week.

In addition to posting at least one Discussion Board thread each week, you should post **at least three** responses in other threads. This involves reading the post, viewing the link, preparing your response and replying by clicking on the “Reply” icon. NOTE: Your reply should be thoughtful and provide details about the thread that shows you have viewed it **and** are making a unique contribution to the discussion. One or two paragraphs of reply are probably fine, but not one or two sentences. Saying “Good post!” or “Thanks for posting this” adds nothing substantial to the discussion.

FINAL ASSIGNMENTS

We choose final assignments about mid-term and work on them in the second half of the course. The final project is a chance to communicate something health-related. You may choose a topic that you already are engaged in or a new research topic that fascinates you. All final assignments require research and citations. Each choice requires a **typed final paper** (to be handed in as a hard-copy) as well as an **in-class presentation**. You have a choice for your final assignment. Please choose only one of the four choices below:

1. *Content analysis of news story:* Find a recent news article relevant to the subject matter of Health Communication. After reading it, conduct more research on the topic and prepare an essay that clearly summarizes the issue and present your own viewpoint. At the end of the term you present your paper to the class. Make sure to illustrate the role of communication AND connect it to the course readings. Your presentation should include a succinct summary of the main ideas in the article, an explanation of how you connect the article to course material, and a critique or evaluative response to the article. I also encourage you to pose a few discussion questions to the class. (5 to 6 typed pages & 5 to 10 minute in-class presentation.)
2. *Participant-Observation Report of a Healthcare Setting:* This assignment involves an (at-least) one-hour observation, note-taking and write-up of a healthcare setting. Based in ethnography, participant-observation is a qualitative method that involves immersing yourself in a setting, paying close attention to what is happening, taking notes and asking questions. Your descriptions should be naturalistic, i.e. they should describe what you see and hear in detail. Try to use rich descriptions that “paint a mental picture” for the audience. For example, focus on the sights, sounds and smells in vivid detail. Play close attention to the people and what they are saying and doing, and connect your observations and interactions to the course material in some way. Your presentation should include rich, vivid details of your observation and interaction; an explanation of how you connect the participant-observation report to the course material AND an explanation of how your report adds descriptive detail and new information. I also encourage you to pose a few discussion questions to the class. (5 to 6 typed pages & 5 to 10 minute in-class presentation).
3. *Design a Health Campaign*: This assignment gives you the chance to design a strategic intervention for some kind of health issue. For COMD students this is an opportunity to use your design skills to make a print ad, audio or video spot, or social media campaign. If you are in one of the Professional programs in healthcare, you should identify a need for awareness in that area (for example, dentistry students might design a campaign on the link between plaque and cardiovascular health.) Your media work (PowerPoint, audio-visual recording, poster, etc.) must be accompanied by a rationale where you explain your methodology and how the evidence base (i.e. what we know about what works) supports your approach. During your presentation you should try to persuade us to modify our behavior in some way according to the campaign. (A multi-media work with a 2-5 typed rationale & 5 to 10 minute in-class presentation.)
4. *Student’s Choice*: Perhaps you have a topic that you are interested in, but it does not exactly fit with the other two assignments above. Here is your chance to do something different. I could see perhaps:
5. A technical research paper that you would like to communicate to a general audience
6. A skit or a drama that acts out the issues of provider/patient communication
7. A recounting of some event in the history of medicine and how it is significant for health communication
8. Your choice….?

(5 to 6 typed pages & 5 to 10 minute in-class presentation. If you elect to do the “student’s choice” please run it by me beforehand and I’ll offer some direction.)

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

**Possible Group Final Projects?**   
You have the option to conduct your final assignment in a group (max 5 people). With a group project you can tackle a broader topic in health communication and have each group member elaborate in more detail on a subtopic. For example, a Group Project with 4 students about Diabetes could have the following papers and presentations: One could do a literature review about communication and primary prevention; another could do an participant-observation report of a nutritionist’s office; another could do a media analysis of how diabetes appears on TV and another could do a media analysis of diabetes support groups on social media. This is one example. The requirements for each paper/ presentation are the same as above, but the group should also make connections between the findings, and how each contributor fleshes out the subtopics according to common research questions and study goals. Those interested in a group project should approach me with their ideas early in the semester so I can assist you in making it a success.

**ePortfolios:**

At the end of the semester, post 6 to 10 pages of your *revised* course work on Open Lab. You may choose from weekly responses, the in-class personal narratives, or the final project. Don’t throw anything away or lose your work! For in-class personal narratives, please scan the original, hand-written document to include along with the revised, typed copy to show your progress over the semester. An ePortfolio is like your own personal website advertising your goals and skills. The assignment also requires uploading pictures, links, and resumes, etc. for a professional and comprehensive picture of you for potential employers to view. Your ePortfolio is intended to be public and you have access to it after the course is completed and even after you graduate! Therefore the ePortfolio is envisioned as a repository of your best work that you can share with future employers. **More about the ePortfolio appears at the end of this course outline.**

**COURSE INTENDED LEARNING OUTCOMES/ASSESSMENT METHODS**

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

Provisional Schedule

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

NOTE: This schedule is subject to change

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

**Week 2**: “Structure and agency.” This course module focuses on the role of attitude and belief and how expectancies can shape health outcomes. Medicine reframes patients as consumers of health services and products, but the choices we can make are delimited by cost—as well as the ideology of managed care that involves a cost-benefits analysis. How much are health outcomes the results of our decisions and willpower, and how much are they determined from forces outside of our control? (For example, toxic substances outdoors and in our homes; food security, poverty, inequality, sexism, racism and environmental pollution?) Reading for following week: Chapter 3

**Week 3**: “Introducing clinical simulation.” This week we look at issues of performance and affect in clinical encounters. Students are provided with clinical scenarios and play the role of patient and provider. Each student has the opportunity to play both the provider, the patient, and separate members of a multidisciplinary team. We cover platforms such as STEPPs and visit the City Tech Nursing Simulation Lab (and CUNY’s NYSIM) for a close-up look of simulation in health care. Readings for following week: Chapters 6 & 7

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

**Week 5:** “Health Technologies as Communication.” Electronic Health Records (EHR) are changing the way care is provided, but how do providers manage HIPPA concerns? Computerized Provider Order Entry (CPOE) is now standard practice, but how can a provider be present with the patient while staring into a computer screen? In what ways do these and other communication technologies both enable and inhibit the delivery of patient centered care? We consider these and other questions by conducting Quality Assurance (QA) of an electronic health communication platform, evaluating it for ease of use, navigation and other measures of evaluation. Reading for following week: Chapter 10

**Week 6**: “Health Communication and Health Literacy.” In a diverse society such as ours, how is health literacy defined? In this section we look at the cultural construction of health concepts, and how specialist terminology can get in the way of ‘adherence.’ We also study the problem of miscommunication in healthcare and preventable illnesses, injuries and death caused by medical practices. Another challenge for health literacy is being able to distinguish evidence based medicine from lesser forms of health information and misinformation. Non-English speaker issues are considered as determinants of morbidity and mortality, and opportunities for multi-lingual speakers in healthcare professions are highlighted. Reading for following week: Chapter 14

**Week 7**: “Health Marketing and Promotion.” What are Public Service Announcements (PSAs), and how are they different from commercial advertisements? How can fear-appeals sometimes backfire? Based on best practices in Health Marketing we design a social media campaign. We also look at Media Effects research that provides empirical measurement for the success and failure of public health campaigns. In addition we explore how interactive communication technologies (ICTs) are a game-changer for unidirectional health messaging as traditionally conceived. Readings for following week: Chapters 4 & 5

**Week 8**: “Narrative Medicine.” Narrative, or story-telling, is an important way we can make meaningful our experiences with health, illness and wellness. Biomedical rationalities are contrasted with non-medical sense-making about health and illness. We learn how listening and rapport provides a more comprehensive understanding of the patient beyond bullet lists of symptoms and metrics. This week we begin talking about the final assignments and portfolios. Reading for following week: Chapter 11

**Week 9:** “Interpreting and Communicating Health News.” How can we keep up with breaking news stories that address us as consumers and persons? How do we navigate the sometimes contradictory advice that appears in public discourse? This week we learn how to summarize and critically analyze news stories. Techniques in content analysis and frame analysis are introduced. We also explore how to present technical research to a non-technical audience. Reading over break: Chapter 12

**Week 10**: “Final Project Workshop.” Discuss expectations for the final projects. **A one page summary describing your final project due.**

**Week 11**: “Careers in Health Communication.” Communication skills are always the main thing that employers say they are looking for in job candidates. This week we focus on the areas where health communication can be applied in the work world. Topics include interdisciplinary teams, hierarchies and specializations in health care. By looking at statistics and job listings we discover occupations that are in demand, and also consider post-graduate work in the field of Health Communication.

**Week 12:** “ePortfolios.” At this point in the semester students have a body of work consisting of in-class writing prompts and weekly reading summaries. This week we focus on the process of revision and how to showcase our unique talents to make us stand out from the crowd of other job applicants. Peer reviews take place in smaller groups.

**Week 13**: “Introduction to Risk and Emergency Communication.” Communicators are employed in emergency response at the federal, state and local levels. These professionals protect the public by preparing for worst case scenarios, like hurricanes, earthquakes, or pandemic influenza. This week we look at emergency response training rubrics and we conduct a mock exercise in crisis and emergency risk communication.

**Week 14**: Final Presentations. **Week 15**: Final Presentations. **Final Projects and ePortfolios due**

Grading:

Weekly One Page Reading Responses 25%

Final Assignment, your choice of EITHER

* Analysis of a news story
* Participant Observation Paper
* Health Communication Campaign
* Student’s Choice 25%

ePortfolio (compilation /revisions of coursework) 25%

Online Participation (Discussion Board) 15%

Class Participation (When meeting in person; includes in-class writing) 10%

Total 100%

Grading Scale:

Final course grades reflect the plus and minus grading system. Letter grades and corresponding numerical grades are as follows:

#### A 93-100 A- 90-92.9 B+ 87-89.9 B 83-86.9

B- 80-82.9 C+ 77-79.9 C 74-76.9 D 60-69.9

F 59.9 and below WU Unofficial Withdrawal WF Withdrew Failing

Grade Dispute Policy:

If you would like to dispute a grade, you can do so 24 hours *after* the grade is given but no longer than 7 days *after* your receive the grade. This allows you to reflect on why you received the grade and build an argument for why you think you should have received a different grade. I only accept grade disputes in writing during the designated timeframe. I prefer that you send them by email and include your name and the name of the class in the subject line of the email.

**HUMANITIES DEPARTMENT POLICY ON ABSENCES/LATENESS**

A student may be absent without penalty for 10% of the number of scheduled class meetings during the semester. A total of 10% of absences from any class is permitted, no matter what the excuse. Absence from class is defined as any time the student’s physical body is not inside the assigned classroom (whether from non-attendance, lateness, sleeping during classes, taking unauthorized breaks, or leaving early).

* This class meets 1 time/week: Allowable absence is 1.5 classes.
* 3 late entries to class is equivalent to one absence. Lateness is defined as any student not present during roll call, which takes place approximately 10 minutes after the start of class at 6:00 pm.
* Each absence after the allowable 1.5 absences result in a letter grade reduction of your final grade. This means that if you have a C for your final grade (for example), a single absence beyond the allowable amount brings your final grade down to a D, and so on!
* Please note that sleeping or putting your head down on your desk means that you are not present for that class, and you will be asked to leave and marked absent for that day. The same goes for unauthorized use of electronic devices such as texting.

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

**Academic Integrity at City Tech**“Students and all others who work with information, ideas, texts, images, music, inventions, and other intellectual property owe their audience and sources accuracy and honesty in using, crediting, and citing sources. As a community of intellectual and professional workers, the College recognizes its responsibility for providing instruction in information literacy and academic integrity, offering models of good practice, and responding vigilantly and appropriately to infractions of academic integrity. Accordingly, academic dishonesty is prohibited in The City University of New York and at New York City College of Technology and is punishable by penalties, including failing grades, suspension, and expulsion.”  
  
Plagiarism is not tolerated. Any information you find on the web, at the library or in books must be cited in 3 places: In a Works Cited section, in-text and out loud while you are giving your presentation. If you don’t cite your sources correctly you are given one warning. Further offenses result in a grade of F in the course.

Religious Holidays and Observances:

In accordance with University policies, students should notify the instructor **before** missing class due to a religious observance or holiday.

Make-Up Policies:

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

###### Reasonable Accommodations: City Tech complies with all provisions of the Americans with Disabilities Act and makes reasonable accommodations to students with documented disabilities. Please contact Disability Resources Services at (718) 260-5143 for more information. The resource office is located in the Atrium Building, Room A-237. If you have a documented disability that requires academic accommodations, please see me in private so that we can discuss the accommodations that you need in this class. It is best to do this at the beginning of the course.

**More about designing your ePortfolio**

Health Communication is an emergent field that focuses on the constitutive role that communication plays in determining health and wellness outcomes. Patients can’t be treated if they don’t understand doctor’s orders or can’t read the insert on a prescription. Community interventions fail if you can’t listen to others and help them to articulate their needs and concerns. Communication competence is not the same as a certification because you need to show, and not simply tell, your prospective employers how you communicate. This is a field where you, as a communicator, are the primary product marketed to employers.

This assignment is where you design a portfolio to showcase your communication skills. City Tech has a powerful tool available to create a digital portfolio called [Open Lab](https://openlab.citytech.cuny.edu/). Your first step is to sign up for Open Lab and click on the “My OpenLab” tab, then click “[+ Create a Portfolio](https://openlab.citytech.cuny.edu/groups/create/step/group-details/?type=portfolio&new=true).” The Open Lab Interface then walks you through the process with prompts to make your own online profile that available to you even after you graduate. Here, I want you to establish your own “digital calling card” that you can show to employers, highlighting your communication skills. Remember that this portfolio is public so put your best foot forward.

**Rubric for Assessing ePortfolios\***  
  
This rubric is intended as a heuristic for what makes an effective ePortfolio. There are two criteria, one for the design/navigation and one for content. The content area is further divided into textual and audiovisual content. Each item can receive points from one to five, out of a hundred possible points. As you create your ePortfolio, you should refer back to this rubric to see what criteria the Professor is using to evaluate it.

Design/Navigation

* Is the student’s ePortfolio site easy to navigate? (+5)
* Are there discrete, clickable content areas on tabs or is it all in one area? (+5)
* Do each of the content areas showcase a distinct area of the student’s portfolio? (+5)
* Does each content area provide a clear, brief description of the contents and how they represent a certain skill or competency? (+5)
* Does the student show creativity in designing the ePortfolio? (+5)
* Does the student use a combination of multimedia materials to make the portfolio visually appealing? (+6)
  + A suitable banner/ picture on homepage? (+2)
  + A good photo of the student in professional attire? (+2)
* Is this, overall, a nice looking, impressive, intuitive presentation of the student? Does the student develop the "brand" concept by reiterating core competencies and interests? (+5)

Content

* Is there enough content on this site to provide a mental picture of the student and what they are capable of? Is there too much content that might be overwhelming to a potential employer? (+5)
* Is the content provided by the student appropriate and relevant as a demonstration of their health communication skills? (+5)
* Textual content:
  + Do they provide a capsule description on the flash page that succinctly sums up who they are and what they have to offer? (+5)
  + Do the written materials provided demonstrate the writing competencies of the student? Are the written materials free of errors in spelling, punctuation, usage and formatting? (+5)
  + Do the written materials effectively support the capsule statement on the splash page? (+5)
  + Does the student provide adequate short descriptions of the written content and how each item showcases their professional and communication skills? (+5)
* Audiovisual content:
  + Does the student take advantage of the rich multimedia possibilities of the Open Lab ePortfolio platform? (+5)
  + Does the student include photos, charts, or videos that are appropriate to the purpose of showcasing their professional and communication skills? (+5)
  + Does the student provide an example of them speaking on a .mov file, and is the video easy to see and hear? (+5)
  + Does the example of the student’s verbal communication skills appear to be well spoken and articulate? (+5)
  + Do the audiovisual materials effectively support the capsule statement on the splash page? (+5)
  + Does the student provide adequate short descriptions of the audiovisual content and how each item showcases their professional and communication skills? (+5)

# Course Need Assessment

**The need for communication competency in health care professions**According to the Bureau of Labor Statistics (2014) health care occupations are among the fastest growing job markets. Some of these occupations in increased demand include, in rank order:

1. Occupational therapy assistants
2. Physical therapist assistants
3. Physical therapist aides
4. Home health aides
5. Nurse practitioners
6. Physical therapists
7. Ambulance drivers and attendants
8. Occupational therapy aides
9. Physician assistants
10. Genetic counselors
11. Interpreters and translators
12. Audiologists
13. Hearing aid specialists
14. Optometrists
15. Occupational therapists
16. Diagnostic medical sonographers
17. Personal care aides
18. Phlebotomists
19. Ophthalmic medical technicians
20. Nurse midwives
21. EMTs and paramedics

It is predicted that these jobs will grow 24% to 43% in the next decade. (The detailed chart is provided at the end of this document.) All of these occupations require competent communication between patient and provider and in the “hand-off” between providers.  
  
Medical errors (such as delays in diagnosis, preventable complications from surgery and drug overdoses) are estimated to be the *third leading cause of death* in the United States (James, 2013). An estimated 80% of serious medical errors can be linked to *poor communication* between providers (“Joint Commission,” 2012).   
  
There are medical and sociological changes happening globally that place new demands on systems of health care delivery. Some of these changes include:

* An aging population;
* more drug therapies and polypharmacy interactions;
* new science, treatments, devices and policies;
* increasing specialization;
* a diverse and multilingual population;
* a rise in inequality;
* globalization facilitating the spread of communicable disease.

This “perfect storm” of developments increases the demand for health care professionals and therefore increases the likelihood of miscommunication and iatrogenic harm. As a leading provider of training for health care professionals in NYC, City Tech urgently needs this course *Introduction in Health Communication*.

This course presents Health Communication *not* only as an academic sub-discipline, but as a skill set that assists professionals at every level of health care occupations, from self-promotion; to working efficiently in teams; to establishing rapport and ‘bedside manner’; to listening and reporting; and to providing evidence based, culturally competent care.  *Health Communication* is designed to serve students across the health curriculum at City Tech. While communication is seen as important in health care, there are differences in how it is understood across disciplines. For example, Health Communication may encompass Message Design, Health Education, Health Promotion, Health IT, as well as patient-provider communication. This broad survey course provides a lens to consider communication as a connective tissue enabling care on multiple levels. In this section I note the need for this course; how it fits in to a BS in Health Communication being proposed by the Dept. of Humanities; and how it fills gaps in current (and proposed) degree requirements.

**For proposed BS Degree in Health Communication Technology**

This course is the first building block for the BS in Health Communication Technology being designed by Dr. Scannell, Dr. Swift and Chairperson Dr. Delilkan in Humanities. This, the first degree program offered by our Department, would be among the first baccalaureate programs of its kind in the country to train students for an anticipated explosion of health care jobs. The current needs assessment will not go into detail about the transformed health care job environment necessitating the Health Com Tech BS since the new program proposal will do so persuasively.

**For standardizing Health Communication across professional programs in health**

Based on my experience teaching Health Communication, I was invited by Dean Smith of the School of Professional Studies to participate in a task force addressing current issues in health curricula. One item on the agenda was to foster greater communication between health programs and derive new courses based on common requirements across curricula. On January 19th of 2016 I presented a draft of this course proposal and received an enthusiastic response from nurses, radiologists, dentists, and other members of the [Interprofessional Task Force](https://docs.google.com/document/d/1UqQW4aBtaJ3MdvRObT52IbqhY11JuhHKn4mDrIkMJFk/edit) on Allied Healthcare (IPTF). Based on this experience, I would estimate there is a strong need for this course and SPS faculty (including Dean Smith) were eager to meet and discuss how this course fills current gaps in the existing professional programs. This course has been designed with the faculty in health professions foremost in mind and as a non-clinician, I plan to listen carefully to the communication issues these experts identify as important for their respective fields. Capacity is being built across SPS for expert consultation and guest speakers from faculty in nursing, dentistry, radiology and Health and Human Services.  
  
**For proposed AS Degree in Allied Health**

Another item on the agenda at the IPTF was the sizable number of students who run out of financial aid in the process of taking prerequisites for the professional degrees and thus have to leave college. There are also students (even with respectable GPAs) who won’t meet the entrance requirements of the professional programs. For this purpose SPS is considering an AS Degree in Allied Health, and this course in Health Communication was among four drafted for this purpose with the help of the task force. It is our hope that this course serves to meet the needs of health programs across the professions.

In summary, this course serves as the foundation for a new baccalaureate program in Health Communication to be based in the School of Arts and Sciences. It addresses the need for interprofessional communication curricula across health care majors and it integrates with the proposed Allied Health BS.

**Intended Outcomes**

This course is offered fall and spring semesters during the evening to accommodate working students. Students who take this course will be able to:

* understand how communication is implicated in health outcomes
* become more credible, clear, compassionate care providers
* become better observers and listeners
* examine models, theories and methods to understand the communication process
* utilize best practices for public health campaign intervention strategies
* identify target populations and tailor culturally sensitive, specific messages
* develop interviewing skills through simulated clinical encounter exercises
* explore changing career paths in health professions
* identify training, certification and career opportunities
* understand changes in Health IT that impact delivery

Students are asked to demonstrate their integration and comprehension of the course material through oral examination and group discussions. A final research paper and oral presentation prepares students for interdisciplinary team work, and an online portfolio gives students an edge on the job market.

**Course Design**

**Course Context:**

New health care delivery systems call for a greater continuum of care, especially for the case management of patients with complex medical needs. The advent of electronic medical communication technologies makes it possible for providers to access medical records while maintaining channels of contact with the patient for follow-up and to verify adherence to treatment recommendations. Those in high growth job markets such as home care workers, are required to speak with patients and write detailed reports, insuring coordination of care and efficient hand-off between providers. Assistants to clinicians are counted on to report clearly and convey the patient’s story, symptoms and experiences with the highest fidelity. This course recognizes that communication takes place across oral, non-verbal, written and electronic channels. We cover such topics as case histories; primary prevention; follow-up; cultural differences; and motivational interviewing skills needed to involve patients as stakeholders in their own health. The course emphasizes that communication involves more than the effective transfer of information. It also requires listening, expressing concern, eliciting commitments, and maintaining open channels for feedback and dialogue, among other functions.

## Course Structure:

Taught over a 15-week semester, *Health Communication* provides students with a solid foundation in the knowledge and practical skills needed for effective care. Students with a variety of interests and career goals learn how communication is not simply one aspect of the continuum of care. Instead it underlies effectiveness during each encounter from micro to macro levels, from provider-patient, to interprofessional collaboration, and from public health campaigns to public policies. This course is participation focused: students cannot sit back and passively absorb course content. Instead each class session involves interaction and self-organizing teamwork. Students are also required to contribute to a lively online discussion board and post links to current events in the health care field. Using a series of open-ended scripts based on actual clinical encounters, students act out scenarios between patient and provider. Students produce a paper, PowerPoint and oral presentation about some topic relating to communication in health care. Course work culminates in students’ creating their own online portfolio showcasing their skills and career goals to potential employers.

## Pedagogical Strategies and Instructional Design:

This course engages students in discussion, case-studies, simulations, and written/oral assignments about the role of communication for health care delivery. The course uses interactive lectures with rich multimedia presentations to illustrate key concepts and issues. Students are also encouraged to write and speak in the first-person about their experiences in the health care system as providers, patients or family members. Students who are reluctant to share personal details are offered ways to reference films or other cultural artifacts to illustrate their understanding of the course material. Finally this course recognizes that, as ‘digital natives,’ our students use the latest social media platforms and instructional technologies for a greater understanding of communication modalities. As a mixed or “hybrid” course (in-person and online) students are required to practice the professional online communication skills so necessary in health care occupations.

## Plan and Process for Evaluation

In conjunction with the City Tech Office of Assessment, a plan and process for evaluation will be developed to continually improve course outcome measurements, using instruments to measure student learning and engagement. A pre/during/post survey instrument follows, based on a sample course proposal for HEA1199 Patient Care Navigation and Community Health, located on the [College Council Curriculum Proposal website](https://openlab.citytech.cuny.edu/collegecouncil/curriculum-proposals/).

**Intro to Health Communication**

**Pre- Evaluation**

1. Why do you want to take this course? (check all that apply)

1. Required by my degree program
2. Fit my interests
3. Fit my schedule
4. Desire to pursue college degree

2. Which part of the course do you think will be particularly valuable?

3. How will the communication skills you practice benefit you in your role as a health care provider and/or consumer of health care products and services?

4. What do you hope improve having completed this course?

5. How would you rate your communication skills before you take this course?

1. 5 = very good
2. 4 = good
3. 3 = unsure
4. 2 = poor
5. 1 = very poor

**COM 2403**

**Intro to Health Communication**

**Mid-Term Evaluation**

1. What is the most important/valuable thing you have learned in this course so far?

2. What is the least important/valuable thing you have learned?

3. What, if anything, is still unclear?

4. How is the pace of the lectures?

1. too fast
2. too slow
3. about right
4. How would you describe the interactive and participatory emphasis in this class?

6. How many hours a week, on average, do you spend on the course, including homework and studying?

1. 0 - 5 hours
2. 6 - 10 hours
3. 11 - 15 hours
4. 16 or more hours

6. What suggestions do you have for improving the course?

**COM 2403**

**Intro to Health Communication**

**Post- Evaluation**

1) Why did you choose to take this course? (check all that apply)

1. Required by employer
2. Fit my interests
3. Fit my schedule
4. Desire to pursue college degree

2) What is your expected grade in this course?

1. A
2. B
3. C
4. D
5. F

4) Have you taken college credit courses before?

1. Yes
2. No

5) If YES, how many credits have you taken prior to this course?

1. 0 - 3 credits
2. 4 - 6 credits
3. 7 - 12 credits
4. 13 or more credits

Please tell us how much you agree or disagree with the following statements.

6) The course description accurately reflected the content of the course.

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

7) Expectations were clearly outlined in the syllabus.

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

8) Reading assignments were of reasonable length and level.

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

9) Exams covered important course materials and content.

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

10) Overall, this course has stimulated my interest in this subject.

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

11) Should reading, writing and math be a prerequisite for this course?

1. Yes
2. No

12) Please rate your overall satisfaction with this course.

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

13) I would recommend this course to my colleagues.

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

**Chancellor’s Report**

New course to be offered in the Humanities Department

|  |  |
| --- | --- |
| **Department(s)** | Humanities |
| **Academic Level** | [x] Regular  [   ] Compensatory  [   ] Developmental  [   ] Remedial |
| **Subject Area** | Health Communication |
| **Course Prefix** | COM |
| **Course Number** | 2403 |
| **Course Title** | Health Communication |
| **Catalog Description** | The study and practice of communication as it relates to health professionals and patient outcomes. Topics include provider-patient interaction, team communication, and the diffusion of health information through public health campaigns. Students learn the basics of clear, purposeful and compassionate communication across multiple channels, to reduce errors and provide better health care delivery. |
| **Prerequisite** | COM 1330 |
| **Credits** | 3 |
| **Contact Hours** | 3 |
| **Liberal Arts** | **[x] Yes  [  ] No** |
| **Course Attribute (e.g. Writing Intensive, etc.)** | N/A |
| **Course Applicability** | **[ ] Major [ ] Gen Ed Required [x] Gen Ed - Flexible [ ] Gen Ed - College Option [ ] English Composition [ ] World Cultures [ ] Speech**  **[ ] Mathematics [ ] US Experience in its Diversity [ ] Interdisciplinary [ ] Science [ ] Creative Expression [ ] Advanced Liberal Arts [x] Individual and Society [ ] Scientific World** |
| **Effective Term** | SPRING 2017 |

**Rationale: This course in Health Communication provides for students across health professional programs, focusing on the constitutive role that communication plays in health outcomes and quality of care.**

**CUNY Common Core   
Course Submission Form**

Instructions: All courses submitted for the Common Core must be liberal arts courses. Courses may be submitted for only one area of the Common Core. All courses must be 3 credits/3 contact hours unless the college is seeking a waiver for another type of Math or Science course that meets major requirements. Colleges may submit courses to the Course Review Committee at any time. Courses must also receive local campus governance approval for inclusion in the Common Core.

|  |  |  |
| --- | --- | --- |
| **College** | New York City College of Technology, School of Arts and Sciences | |
| **Course Prefix and Number (e.g., ANTH 101, if number not assigned, enter XXX)** | COM 2403 | |
| **Course Title** | Health Communication | |
| **Department(s)** | Humanities | |
| **Discipline** | Communication | |
| **Credits** | 3 | |
| **Contact Hours** | 3 | |
| **Pre-requisites (if none, enter N/A)** | COM 1330 | |
| **Co-requisites (if none, enter N/A)** | N/A | |
| **Catalogue Description** | The study and practice of communication as it relates to health professionals and patient outcomes. Topics include provider-patient interaction, team communication, and the diffusion of health information through public health campaigns. Students learn the basics of clear, purposeful and compassionate communication across multiple channels, to reduce errors and provide better health care delivery. | |
| **Special Features (e.g., linked courses)** |  | |
| **Sample Syllabus** | Syllabus must be included with submission, 5 pages max recommended | |
| **Indicate the status of this course being nominated:**  current course revision of current course x **a new course being proposed** | | |
| **CUNY COMMON CORE Location**  Please check below the area of the Common Core for which the course is being submitted. (Select only one.) | | |
| Required  English Composition  Mathematical and Quantitative Reasoning  Life and Physical Sciences | | Flexible  World Cultures and Global Issues  x **Individual and Society**  US Experience in its Diversity Scientific World  Creative Expression |
| **Waivers for Math and Science Courses with more than 3 credits and 3 contact hours**  Waivers for courses with more than 3 credits and 3 contact hours will only be accepted in the required areas of “Mathematical and Quantitative Reasoning” and “Life and Physical Sciences.” Three credit/3-contact hour courses must also be available in these areas. | | |
| **If you would like to request a waiver please check here:** | | Waiver requested |
| **If waiver requested:**  Please provide a brief explanation for why the course will not be 3 credits and 3 contact hours. | |  |
| **If waiver requested:**  Please indicate whether this course will satisfy a major requirement, and if so, which major requirement(s) the course will fulfill. | |  |

|  |
| --- |
| **Learning Outcomes**  **In the left column explain the course assignments and activities that will address the learning outcomes in the right column.** |
| **II. Flexible Core** **(18 credits)**  Six three-credit liberal arts and sciences courses, with at least one course from each of the following five areas and no more than two courses in any discipline or interdisciplinary field. |

|  |  |
| --- | --- |
| **D. Individual and Society**  A Flexible Core course must meet the three learning outcomes in the right column. | |
| Students conduct library research and assess articles related to health care. | * Gather, interpret, and assess information from a variety of sources and points of view. |
| Students evaluate sources of information; study design; sample size; limitations and clarity. | * Evaluate evidence and arguments critically or analytically. |
| Students write a final paper on some issue of health care communication and prepare an oral presentation. Students learn how to support arguments with evidence. | * Produce well-reasoned written or oral arguments using evidence to support conclusions. |
| A course in this area (II.D) must meet at least three of the additional learning outcomes in the right column. A student will: | |
| Students learn about Health Communication as an interdisciplinary practice grounded in Communication Studies and incorporating case studies from behavioral psychology and public health—with research methods derived from anthropology (participant-observation) and textual analysis. | * Identify and apply the fundamental concepts and methods of a discipline or interdisciplinary field exploring the relationship between the individual and society, including, but not limited to, anthropology, communications, cultural studies, history, journalism, philosophy, political science, psychology, public affairs, religion, and sociology. |
| This course focuses on social, behavioral, cultural and socioeconomic predictors of health outcomes and students use personal narrative to locate themselves within the society. | * Examine how an individual's place in society affects experiences, values, or choices. |
| Ethics in communication are stressed as primary for improving patient outcomes and avoiding medical error. Students examine complex interest groups underwriting health policy and consider conflict of interest in journals, government agencies and medical industries. | * Articulate and assess ethical views and their underlying premises. |
| Students are instructed in academic integrity and the proper sourcing and citation of medical information. | * Articulate ethical uses of data and other information resources to respond to problems and questions. |
| Students are introduced to framing analysis in order to identify assumptions behind health policy and practice. | * Identify and engage with local, national, or global trends or ideologies, and analyze their impact on individual or collective decision-making. |

**Works Cited**James, John T. (2013). A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care. *Journal of Patient Safety*. September, Volume 9 - Issue 3 - p 122–128

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Portions of this course proposal were modelled after the course proposal “Patient Care Navigation in Community Health HEA 1199.” Submitted by: Dr. Christine W. Thorpe, Chairperson – Human Services Department

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**Health Communication course at Brooklyn College**

<http://www.ahrq.gov/downloads/pub/advances2/vol3/advances-dingley_14.pdf>

**Improving Patient Safety through Provider Communication Strategy Enhancements**

<http://nysimcenter.org/>

**NYSIM, the CUNY/NYU center for simulation in health care**<http://www.ncbi.nlm.nih.gov/pubmed> **PubMed Home**

<http://www.bls.gov/emp/ep_table_103.htm>

**Bureau of Labor Statistics**

<http://www.aachonline.org/dnn/>

**American Academy on Communication in Health Care**

<https://anhcs.asc.upenn.edu/pubsAndPres.aspx>

**Annenberg National Health Communication Survey**

<http://www.hsph.harvard.edu/health-communication/careers-in-hcc/>

**Harvard School of Public Health, Health Communication Concentration**

<http://sph.cuny.edu/academics/degrees-programs/mph-programs/>

**CUNY School of Public Health, MPH in Community Health Education**

**Appendix A: National Bureau of Labor Statistics Projected Growth in Health Care Occupations**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *2014 National Employment Matrix title and code* | | *Employment* | | *Change, 2014–24* | | *Median annual wage, 2014* |
| 2014 | 2024 | Number | Percent |
| *Occupational therapy assistants* | 31-2011 | 33.0 | 47.1 | 14.1 | 42.7 | $56,950 |
| *Physical therapist assistants* | 31-2021 | 78.7 | 110.7 | 31.9 | 40.6 | $54,410 |
| *Physical therapist aides* | 31-2022 | 50.0 | 69.5 | 19.5 | 39.0 | $24,650 |
| *Home health aides* | 31-1011 | 913.5 | 1,261.9 | 348.4 | 38.1 | $21,380 |
| *Nurse practitioners* | 29-1171 | 126.9 | 171.7 | 44.7 | 35.2 | $95,350 |
| *Physical therapists* | 29-1123 | 210.9 | 282.7 | 71.8 | 34.0 | $82,390 |
| *Ambulance drivers and attendants* | 53-3011 | 19.6 | 26.1 | 6.5 | 33.0 | $24,080 |
| *Occupational therapy aides* | 31-2012 | 8.8 | 11.6 | 2.7 | 30.6 | $26,550 |
| *Physician assistants* | 29-1071 | 94.4 | 123.2 | 28.7 | 30.4 | $95,820 |
| *Genetic counselors* | 29-9092 | 2.4 | 3.1 | 0.7 | 28.8 | $67,500 |
| *Interpreters and translators* | 27-3091 | 61.0 | 78.5 | 17.5 | 28.7 | $43,590 |
| *Audiologists* | 29-1181 | 13.2 | 16.9 | 3.8 | 28.6 | $73,060 |
| *Hearing aid specialists* | 29-2092 | 5.9 | 7.5 | 1.6 | 27.2 | $43,010 |
| *Optometrists* | 29-1041 | 40.6 | 51.6 | 11.0 | 27.0 | $101,410 |
| *Web developers* | 15-1134 | 148.5 | 188.0 | 39.5 | 26.6 | $63,490 |
| *Occupational therapists* | 29-1122 | 114.6 | 145.1 | 30.4 | 26.5 | $78,810 |
| *Diagnostic medical sonographers* | 29-2032 | 60.7 | 76.7 | 16.0 | 26.4 | $67,530 |
| *Personal care aides* | 39-9021 | 1,768.4 | 2,226.5 | 458.1 | 25.9 | $20,440 |
| *Phlebotomists* | 31-9097 | 112.7 | 140.8 | 28.1 | 24.9 | $30,670 |
| *Ophthalmic medical technicians* | 29-2057 | 37.0 | 46.1 | 9.1 | 24.7 | $35,230 |
| *Nurse midwives* | 29-1161 | 5.3 | 6.6 | 1.3 | 24.6 | $96,970 |
| *EMTs & paramedics* | 29-2041 | 241.2 | 299.6 | 58.5 | 24.2 | $31,700 |
| *Footnotes:* *[1](http://www.bls.gov/emp/ep_table_103.htm" \l "Table103.f.1) Data are from the Occupational Employment Statistics program, U.S. Bureau of Labor Statistics.  Source: Employment Projections program, U.S. Bureau of Labor Statistics* | | | | | | |

**Appendix B: Emails in Support of *COM 2403 Health Communication***

B1*:* Josef Bohm, Health Services Administration Program Coordinator February 9, 2016

Good afternoon David

A review of this proposal and syllabus demonstrates that the course is well structured to explore the nuances associated with both interpersonal and public health  communications. With regard to Health Services Administration, as most students are either practicing health care providers or individuals with discipline related work experience, the course would allow students to further develop key communication skills needed in their career settings. The degree currently requires the student to complete one COM course at 1330 *or higher* and provided it is appropriated designated, the course would be accommodated within the degree and recommended by faculty during student advisement.

Regarding the proposed AS Health Professions, a communication course like this has already been identified by the working group as a key content area within the degree's proposed discipline related content. Speaking as an individual, I would anticipate that this course could easily be taken up within the degree to fulfill this important area of academic development.

 Best wishes

Dr. Josef Bohm   
Health Services Administration Program Coordinator

B2: Margaret Rafferty, Chair, Department of Nursing, February 13, 2016

I have read the proposal. I think it will be a great course. The pre nursing courses will benefit from this foundational course. I especially like that you have included the NYSIM Center.

Margaret Rafferty DNP MPH MA RN

Chair, Department of Nursing

Associate Professor

New York City College of Technology

[mrafferty@citytech.cuny.edu](mailto:mrafferty@citytech.cuny.edu)  
phone (718) 260-5668

fax (718) 260-5662

B3: Morris Hounion, Librarian, February 10, 2016

Hi Ann and David,

Looks like a good proposal, very well thought out and complete. Perhaps David could come to the Library early next week (after the 4-day Holiday break) and we could discuss the Library component. We could go over needed sources (books, databases, etc.) and then we could fill out the Library page. Perhaps early in the week, such as next Tuesday or Wednesday. Let me know when is a good time to get together and we could then confer.

Hope to see you soon. Regards, Morris

B4: Christine Thorpe, Chair, Department of Health and Human Services, February 24, 2016

Dear David,

Thanks for your message. Our curriculum committee met and we felt that this was a good course.  It is suggested that the course focus more on communication skills among patients, clients, and providers, and less on ethnography since it takes a good deal of time to fully grasp and practice this research model. Simplification of the course material would provide students with greater depth on the topic. I hope this feedback is helpful.

Best regards,

Christine

[Note: In response to Chairperson Thorpe’s suggestion the ethnography component is optional, as one choice out of several other final project assignments- D.L. 2/25].

B5: Dr. David Smith, Dean of City Tech School of Professional Studies, February 25, 2016

**Good Afternoon Dr. Lee,**

**I have read your proposal for the Course COM 2403, Health Communication with great interest. I feel that this course would be if great value to students in the baccalaureate health programs in my school, and happily support this course.**

**A friendly suggestion: I note that the course is designed to be part of a major in Health Communication, that it is a 2400 level course, and that COM 1330 is the required prerequisite.**

**It seems to me that this course would be better titled if the word "Introduction" were removed. If this is part of a degree program, and yet students cannot take the intro course in the first semester, I question the fact that this is truly introductory, and recommend the development of an introductory level course covering similar material at a more basic level that will allow entering students a first semester experience directly within their discipline.**

**This in no way subtracts from the value of this course.**

**Thank you**

**Dr David B Smith**

**Dean, School of Professional Studies**

**New York City College of Technology,**

**City University of New York**

**718-260-5345**

**[Note: Based on a discussion with Dean Smith (2/25), I understand that students in SoPS programs don’t have many electives, so the fact that COM 1330 is listed as a prerequisite for this course would present an obstacle to them. I am open to Dean Smith’s suggestion to remove the descriptor of “Introduction to…” from this course, and then develop a more basic first year course for the purpose he describes.- D.L. 2/25]**