University of Kentucky
Seminar in Health Communication:
Health-related Organizational Communication
CJT 771: Spring 2010, Mon 1-3:30pm

Kevin Real, PhD
241 Grehan Building
Email: kevin.real@uky.edu; Phone: 257-3435
Office Hours: Mon-Wed 11am-12pm, or by appointment

Course Overview

This course will provide students with an overview of key issues at the intersection of health communication and organizational communication by considering communication processes that occur in a number of distinct contexts within health care organizations. Health-related organizational communication is a relatively new and growing area of scholarship in the communication discipline. Special attention will be given to communication as it pertains to nurses and physicians in health care organizations, health care teams, professional identity, and healthcare quality and safety. Students should consider the course requirements, subject matter, paper deadlines, etc., before making a decision to take the course this semester. It is especially important to consider the research paper assignment described below.

Evaluation

First, the major project of the course will be a detailed research paper that includes a "narrative plan" (a formal research paper proposal) for the paper in advance, followed later by a literature review, suggested research questions, and a brief research plan for answering the research questions. Second, students are expected to participate in the class, discussing the readings in class and on the class email list. Finally, there will be two "show and tell" sessions during the term when students will bring in examples of course issues and concepts from the current media along with summaries of those examples. These examples will serve as the springboard for discussion of that transcends the boundaries of course readings.

Student Responsibilities

1. Attend class. This is a seminar, not a lecture class. A great deal of what we learn will come from class discussion of the readings. If you miss one class, you will have missed one week of class.
2. Participate in class discussions. Your final grade will suffer if you are unable or unwilling to share your knowledge, experience, and research findings with others.
3. Bring in examples of course issues and concepts from the current media along with summaries of those examples. Some attention to communication is necessary but it need not be the focus. These examples will serve as a springboard for discussion that transcends the boundaries of course readings.
4. Complete a formal research paper proposal that includes a reference list.
5. Complete a major research project--a formal term paper--by the end of the semester. Guidelines for the paper follow the proposed semester schedule below.
6. Give a presentation in class related to the subject of your final research paper.
7. You are required to post a minimum of one message per week (no later than the Sunday evening prior to Monday's class) to the class listserv regarding the readings for the forthcoming week.

Grading Specifics

Class Participation:	20%*	
'Show and Tell' (x2):	30% (15% each)	
Paper:	50%	
Proposal	15%**	
Paper	25%	
Presentation	10%	

*includes listserv contributions
** Course grade percentages

Grading Policy--A General Statement

When specific due dates are announced for papers, reports, exercises, projects, etc., they are to be followed.

If for some good reason you are unable to comply with the due date as announced, you should clear this with me, then take the necessary steps to complete the work as quickly as possible. In any case, a late completion of an assignment will probably result in some penalty in terms of grade received. Incomplete grades ("Is") are given in CJT 771 only with documented late-in-the-semester medical or family emergencies.

The above policy is least specific--and, I hope, fair to all members of the class (especially to those who complete assignments on time). Finally, please permit a statement of the obvious. Written assignments for this class are to be original research. To re-work or otherwise "extend" a paper done for another class is academic plagiarism.

PROPOSED SEMESTER SCHEDULE

Week 1, January 25:
Introduction to Course, Overview
Ramanujam & Rousseau, 2006
Kreps & Maibach, 2008

Week 2, February 1:
Healthcare Organizational Forms, Theory and Practice
Lammers, Duggan, & Barbour, 2003
Kreps, 2009
Real, in press
Friedrich, 2009

Week 3, February 8:
Organizations
Communication and Sensemaking in Managed Care

Apker, 2001
Lammers & Duggan, 2002 (and Miller's response, 2002)
Apker, 2004
Barbour & Lammers, 2007

Week 4, February 15:
Communication in HCOs: Structure and Processes
Propp et al. 2010
Eisenberg, et al., 2006
Real & Street, 2009
Apker, Propp & Ford, 2009

Week 5, February 22:
Handoff Communication in Healthcare Organizations
Apker, Mallak, & Gibson, 2007
Horwitz, et al. 2008
Hinami, et al, 2009
Apker et al. (in press)

Week 6, March 1:
Communication in Health Care Teams I
Poole & Real, 2003
Ellingson, 2003
Sutcliffe et al. 2004
Fernandez et al. 2008

Week 7, March 8:
Communication in Health Care Teams II
Real & Poole (in press)
Haynes et al. 2009
Lingard et al. 2005
Lingard et al. 2008

Week 8, March 15:
Spring Break – No Class

Week 9, March 22:	**Healthcare Professional Socialization and Identity**
	Apker & Eggly, 2004
	Harter & Kirby, 2004
	Zorn & Gregory, 2005
	Real, Bramson & Poole, 2009
	Research Proposal Due (could also be turned in Wed)

Week 10: March 29:	**Quality and Safety in Health Care I**
	Tamuz & Harrisin, 2006
	Nembhard et al. 2009
	Eisenberg et al. 2005
	Patterson et al. 2004

Week 11, April 5:	**Quality and Safety in Health Care II**
	Haig et al. 2006
	Anthony & Preuss, 2002
	Leonard et al. 2004
	Lingard et al. 2004

Week 12, April 12:	**Information and Communication Technology in HCOs**
	Pirnejad, 2008
	Johnson, 2009
	Houston et al., 2003
	O'Connor et al. 2009

Week 13, April 19:	**Trends/ Future Directions: Language, Diversity, End of Life Care**
	Villagran & Hoffman, 2008
	Fiscella & Epstein, 2009
	Lanneman et al., 2008

| Week 14, April 26: | **Formal Class Research Presentations** |
| | ***Research Paper Due at the Beginning of Class*** |

| *Week 15, May 4:* | *Formal Class Research Presentations (only if necessary)* |

****

Semester Research Paper Assignment

Your final paper should consist of twenty (20) to twenty-five (25) double-spaced, word-processed 8 ½ x 11-inch pages of text. Any tables, graphs, charts, references, and notes are to be **in addition** to the above-noted page limits. College of Communications and Information Studies graduate students are required to use APA format for this paper. *A Publication Manual of the American Psychological Association* is widely available for your use. Students in the course from graduate programs outside the college may use whatever manuscript style is appropriate for their program. Please remember that this paper constitutes a major part of your course grade. Your final effort should be publication quality.

Criteria for grading:
- (1) Significance of topic
- (2) Relevance of topic to the course   material
- (3) Thoroughness of research
- (4) Organization of material (i.e., correct use of APA style)
- (5) Clarity and maturity of writing
- (6) Meaningfulness and sophistication of analysis

Please be sure to keep a photocopy or electronic copy of your paper for your personal records. I have never lost a student paper, but . . . Finally:

(1) On Monday March 22, **at the beginning of class** please provide me with your research paper proposal. I have in mind a "formal" five (5)- to six (6)-page proposal in which you address your topic, method, sources, etc. These pages could, in fact, be the first few pages of your paper. References (as they are called in APA style) are to be *in addition to* the 5- to 6-page proposal. The reference list is as important as your proposal itself, as it will let me know "where you are," and I may be able to help you find sources you have not yet located.

(2) The paper is due in final form **at the beginning of class** on Monday April 26, 2010. Good luck!

References (by week)

Week 1, January 25:   **Introduction to Course, Overview**

Ramanujam, R. & Rousseau D. (2006). The challenges are organizational not just clinical. *Journal of Organizational Behavior, 27*, 811-827.

Kreps, G.L. & Maibach, E.W. (2008). Transdisciplinary science: The nexus between communication and public health. *Journal of Communication, 58*, 732-748.

Week 2, February 1:   **Healthcare Organizational Forms, Theory and Practice**

Lammers, J.C., Duggan, A.P., & Barbour, J.B. (2003). Organizational forms and the provision of health care. In T.L. Thompson, A.M. Dorsey, K.I. Miller, & R. Parrott (Eds.), *Handbook of health communication* (pp. 347-368). Mahwah, NJ: Erlbaum.

Kreps, G.L. (2009). Applying Weick's model of organizing to health care and health promotion: Highlighting the central role of health communication. *Patient Education and Counseling, 74*, 347-355.

Real, K. (in press). Health-related organizational communication: A general platform for interdisciplinary research. *Management Communication Quarterly.*

Friedrich, A. (2009). Managing complex systems in perioperative medicine. *International Anesthesiology Clinics, 47*, 1-11.
Recommended:

    Parrott, R. (2004). Emphasizing 'communication' in health communication research. *Journal of Communication, 54*, 751-787.

    Kreps, G.L, Query, J.L., & Bonaguro, E.W. (2007). The interdisciplinary study of health communication and its relationship to communication science. In L. Lederman (Ed). *Beyond these walls: Readings in health communication,* (pp. 2-13). London: Oxford University Press.

    Geist, P. & Dreyer, J. (1993). The demise of dialogue: A critique of medical encounter ideology. *Western Journal of Communication, 57,* 233-246.

    Freidson, E. (1989). *Medical work in America: Essays on health care.* Westport, CT: Yale University Press.

    Strauss, A., Schaltzman, L., Ehrlich, D., Bucher, R., & Sabshin, M. (1963). The hospital and its negotiated order. In E. Freidson (Ed.), *The hospital in modern society* (pp. 147-169). New York: Free Press.

    Kitchener, M. (2002). Mobilizing the logic of managerialism in professional fields: The case of academic health centre mergers. *Organization Studies, 23*(3): 391-420.

    Hacker, J. S. & Marmor, T. R. (1999). The misleading language of managed care. *Journal of Health Politics, Policy and Law, 24,* 1033-1043.

    Super, N. (2006). From capitation to fee-for-service in Cincinnati: A physician group responds to a changing marketplace. *Health Affairs, 25,* 219-225.

Week 3, February 8:   **Communication and Sensemaking in Managed Care Organizations**

Apker, J. (2001). Role development in the managed care era: A case of hospital-based nursing. *Journal of Applied Communication Research, 29,* 117-136.

Lammers, J.C., & Duggan, A.P. (2002). Bringing the physician back in: Communication predictors of physicians' satisfaction with managed care. *Health Communication, 14,* 493-513.

Miller, K. (2002). Complicating the diagnosis: A response to Lammers and Duggan. *Health Communication, 14,* 515-518.

Apker, J. (2004). Sensemaking of change in the managed care era: A case of hospital-based nurses. *Journal of Organizational Change Management, 17,* 211-227.

Barbour, J. B., & Lammers, J. C. (2007). Health care institutions, medical organizing, and physicians: A multilevel analysis. *Management Communication Quarterly,* 21, 201-231.
Recommended:
    Lammers, J.C., & Geist, P. (1997). The transformation of caring in the light and shadow of "managed care." *Health Communication, 9,* 45-60.
    Edwards, R. (1998). Managed care: An Introduction. In A.F. Al-Assaf (Ed.), *Managed care quality: A practical guide* (pp. 1-20). Boca Raton, FL: CRC Press.
    Emmanuel, E.J., & Dubler, N.N. (1995). Preserving the physician-patient relationship in the era of managed care. *Journal of the American Medical Association, 273,* 323-329.
    Mechanic, D., & Schlesinger, M. (1996). The impact of managed care on patients' trust in medical care and their physicians. *JAMA,* 275, 21, 1693-1697.
    Potter, S. J., & McKinlay, J. B., (2005). From a relationship to encounter: An examination of longitudinal and lateral dimensions in the doctor-patient relationship. *Social Science and Medicine, 61,* 465-479.

Week 4, February 15:   **Communication in HCOs: Structure and Processes**

Propp, K. M., Apker, J. Ford, W. S. Z., Wallace, N., Serbenski, M., & Hofmeister, N. (2010). Meeting the complex needs of the health care team: Identification of nurse–team communication practices perceived to enhance patient outcomes. *Qualitative Health Research, 20,* 15-28.

Eisenberg, E., Baglia, J., & Pynes, J. (2006). Transforming emergency medicine through narrative: Qualitative action research at a community hospital. *Health Communication,* 19, 3, 197-208.

Real, K., & Street, R. L., Jr. (2009). Doctor-patient communication from an organizational perspective. In D. Brashers & D. Goldsmith (Eds.), *Communicating to Manage Health and Illness* (pp. 65-90). New York: Routledge.

Apker, J., Propp, K. M., & Ford, W. Z. (2009). Investigating the effect of nurse-team communication on nurse turnover: Relationships among communication processes, identification, and intent to leave. *Health Communication, 24,* 106-114.
Recommended
    Miller, K., Joseph, L., & Apker, J. (2000). Strategic ambiguity in the role development process. *Journal of Applied Communication Research, 28,* 193-214.
    Apker, J. (2002). Front-line nurse manager roles, job stressors, and coping strategies in a managed care hospital. *Qualitative Research Reports in Communication, 3, 75-81.*
    Apker, J. (2001). Role development in the managed care era: A case of hospital-based nursing. Journal of Applied Communication Research, 29, 117-136.
    Apker, J. & Fox, D.H. (2002). Communication: Improving RNs' organizational and professional identification in managed care hospitals. Journal of Nursing Administration.
    Street, R. L.. & Gordon, H. S. (2006). The clinical context and patient participation in post-diagnostic consultations. *Patient Education and Counseling, 64,* 217-224.
    Miller, K.I., & Apker, J. (2002). On the front lines of managed care: Professional changes and communicative dilemmas of hospital nurses. *Nursing Outlook, 50,* 154-159.

Week 5, February 22:   **Handoff Communication in Healthcare Organizations**

Apker, J., Mallak, L. A., & Gibson, S. C. (2007). Communicating in the "gray zone": Perceptions about emergency physician–hospitalist handoffs and patient safety. *Academic Emergency Medicine, 14,* 884-894.

Horwitz, L. I. et al. (2008). Dropping the baton: A qualitative analysis of failures during the transition from emergency department to inpatient care. *Annals of Emergency Medicine, 53,* 701-710.

Hinami, K, et al. (2009). Understanding communication during hospitalist service changes: A mixed methods study. *Journal of Hospital Medicine, 4,* 535-540.

Apker et al. (in press). Exploring emergency physician–hospitalist handoff interactions: Development of the handoff communication assessment. *Annals of Emergency Medicine,*

Recommended

Bates, D.W., Gawande, A.A. (2003). Improving safety with information technology. New England Journal of Medicine, 348, 2526-2534.

Manning, P. (2006). Improving clinical communication through structured conversation. Nursing Economics, 24(5), 268-271.

Week 6, March 1:   **Communication in Health Care Teams I**

Poole, M.S., & Real, K. (2003) Groups and teams in health care: Communication and effectiveness. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.) *Handbook of Health Communication.* (pp. 369-402) Mahwah, N.J.: Lawrence Erlbaum Publishers.

Ellingson, L.L. (2003). Interdisciplinary health care teamwork in the clinic backstage. *Journal of Applied Communication Research, 31,* 93-117.

Sutcliffe, K. M., Lewton, E., & Rosenthal, M. M. (2004). Communication failures: An insidious contributor to medical mishaps. *Academic Medicine, 79,* 186-194.

Fernandez, R., Kozlowski, S. W. J., Shapiro, M. J., & Salas, E. (2008). Toward a definition of teamwork in emergency medicine. *Academic Emergency Medicine, 15,* 1104-1112.

Recommended

Lammers, J.C., & Krikorian, D.H. (1997). Theoretical extension and operationalization of the bona fide group construct with an application to surgical teams. *Journal of Applied Communication Research, 25,* 17-38.

Banta, H.D., & Fox, R.C. (1972). Role strains of a health car team in a poverty community: The Columbia Point experience. *Social Science and Medicine, 6,* 697-722.

Apker, J., Propp, K. M., & Ford, W.S.Z. (2005). Negotiating status and identity tensions in healthcare team interactions: An exploration of nurse role dialectics. *Journal of Applied Communication Research, 33.*

Nussbaum, J. & Fisher, C. L. (2009). A communication model for the competent delivery of geriatric medicine. *Journal of Language and Social Psychology, 28,* 190-208.

Week 7, March 8:   **Communication in Health Care Teams II**

Real, K., & Poole, M. S. (in press). Health care teams: Communication and effectiveness. In T. L. Thompson, R. Parrott, & J. Nussbaum (Eds.) *Handbook of Health Communication, 2nd Ed.*

Haynes, A. B., Weiser, T. G., Berry, W. R., Lipsitz, S. R., Breizat, A. S., Dellinger, E. P., et al. (2009). A surgical safety checklist to reduce morbidity and mortality in a global population. *New England Journal of Medicine, 360,* 491–9.

Lingard, L., Espin, S., Rubin, B., Whyte, S., Colmenares, M., Baker, G.R., et al. (2005). Getting teams to talk: Development and pilot implementation of a checklist to promote safer operating room communication. *Quality and Safety in Health Care,14,* 340-346.

Lingard, L., Regehr, G., Orser, B., Reznick, R., Baker, G.R., Doran, D., et al. (2008). Evaluation of a preoperative checklist and team briefing among surgeons, nurses, and anesthesiologists to reduce failures in communication. *Archives of Surgery, 143,* 12-17.

Recommended

Lingard, L., Whyte, S., Espin, S., Baker, G. R, Orser, B., & Doran, D. (2006). Towards safer interprofessional communication: Constructing a model of "utility" from preoperative team briefings. *Journal of Interprofessional Care, 20,* 471-483.

Grice, T., Gallois, C., Jones, E., Paulsen, N., & Callan, V. (2006). "We do it, but they don't": Multiple categorizations and work team communication. *Journal of Applied Communication Research, 34,* 331-348.

Awad, S. S., Fegan, S. P., Bellows, C., Albo, D., Green-Rashed, B., De La Garza, M. & Berger, D. H. (2005). Bridging the communication gap in the operating room with medical team training. *American Journal of Surgery, 190,* 770-774.

Week 8, March 15:   _**Spring Break – No Class**_

Week 9, March 22:   **Healthcare Professional Socialization and Identity**

Apker, J. & Eggly, S. (2004). Communicating professional identity in medical socialization: Considering the ideological

discourse of morning report. *Qualitative Health Research, 14*, 411-429.

Harter, L. M., & Kirby, E. (2004). Socializing medical students in an era of managed care: The ideological significance of standardized and virtual patients. *Communication Studies, 55*, 48-67.

Zorn, T. E. & Gregory, K. W. (2005). Learning the ropes together: Assimilation and friendship development among first-year male medical students. *Health Communication, 17*, 211-231.

Real, K., Bramson, R., & Poole, M. S. (2009). The symbolic and material nature of physician identity: Implications for physician-patient communication. *Health Communication, 24*, 575-587.

Recommended

Harter, L. M., & Krone, K. (2001). Exploring the emergent identities of future physicians: Toward an understanding of the ideological socialization of osteopathic medical students. *Southern Communication Journal, 67*, 67-84.

Conrad, P. (1988). Learning to be a doctor: Reflections on recent accounts of the medical school years. *Journal of Health and Social Behavior, 29*, 323-332.

Hafferty, F.W. (1988). Cadaver stories and the emotional socialization of medical students. *Journal of Health and Social Behavior, 29*, 344-356.

Cheney, G., & Ashcraft, K. L. (2007). Considering "the professional" in communication studies: Implications for theory and research within and beyond the boundaries of organizational communication. *Communication Theory, 17*, 146-175.

Pratt, M., Rockmann, K., Kaufmann, J. (2006). Constructing professional identity: The role of work and identity learning cycles in the customization of identity among medical professionals. *Academy of Management Journal, 49*, 235-262.

Hoff, T. J. (2001). The physician as worker: What it means and why now? *Health Care Management Review, 26*, 53-70.

Apker, J., Ford, W. S. Z., & Fox. D. (2003) Predicting nurses' organizational and professional identification: The effect of nursing roles, professional autonomy, and supportive communication. *Nursing Economic$, 21*, 226-232. *(Winner of 2004 Nursing Economic$/Margaret Sovie Writer's Award).*

Week 10, March 29: **Quality and Safety in Health Care I**

Tamuz, M. & Harrison, M. I. (2006). Improving patient safety in hospitals: Contributions of high-reliability theory and normal accident theory. *Health Services Research, 41, 4, Part II*, 1654-1676.

Nembhard, I. M., Alexander, J. A., Hoff, T. J. & Ramanujam, R. (2009). Why does the quality of health care continue to lag? Insights from management research. *Academy of Management Perspectives, February*, 24-42.

Eisenberg, E., Murphy, A., Sutcliffe, K., Wears, R., Schenkel, S., Perry, S., & Vanderhoef, M. (2005). Communication in emergency medicine: Implications for patient safety. *Communication Monographs, 72*, 390-413.

Patterson, E.S., Roth, E.M., Woods, D.D., Chow, R., & Gomes, J.O. (2004). Handoff strategies in settings with high consequences for failure: Lessons for health care operations. *International Journal for Quality in Health Care, 16*, 125-132.

Recommended

Cooper, M.D. (2000). Towards a model of safety culture. *Safety Science, 36*, 111-136.

Hays, M.M. (2003). The phenomenal shift report: A paradox. *Journal for Nurses in Staff Development, 19*(1), 25-33.

Kerr, M.P. (2002). A qualitative study of shift handover practice and function from a socio-technical perspective. *Journal of Advanced Nursing, 37*(2), 125-135.

Lally, S. (1999). An investigation into the functions of nurses' communication at the inter-shift handover. *Journal of Nursing Management, 7*(1), 29-37

Hewett, D. G., Watson, B. W., Gallois, C., Ward, M, & Leggett, B. A. (2009). Communication in medical records: Intergroup language and patient care. *Journal of Language and Social Psychology, 28*, 119-138.

Week 11, April 5: **Quality and Safety in Health Care II**

Haig, K. M., Sutton, S., & Whittington, J. (2006). SBAR: A shared mental model for improving communication between clinicians. *Joint Commission Journal on Quality and Patient Safety, 32*, 167-175.

Anthony, M.K., & Preuss, G. (2002). Models of care: the influence of nurse communication on patient safety. *Nursing Economics, 20*(5), 209-215, 248.

Leonard, M., Graham, S. & Bonacum, D. (2004). The human factor: The critical importance of effective teamwork and communication in providing safe care. *Quality and Safety in Health Care, 13* (suppl 1): 85–90.

Lingard, L., Espin, S., Whyte, S., Regehr, G., Baker, G. R., Reznick, R., et al. (2004). Communication failures in the operating room: An observational classification of recurrent types and effects. *Quality and Safety in Health Care, 13*, 330-334.

Recommended

> Lomas, J. (1990). Quality assurance and effectiveness in health care: An overview. *Quality Assurance in Health Care, 2*, 12-15.
>
> Perry, S. (2004). Transitions in Care: Studying safety in emergency department signovers. *Focus on Patient Safety, 7*, 1-3.
>
> Hamilton, P., Gemeinhardt, G., Mancuso, B., Sahlin, C.L., & Ivy, L. (2006). SBAR and nurse-physician communication: Pilot testing an educational intervention. *Nursing Administration Quarterly, 30*(3), 295-299

Week 12, April 12: Information and Communication Technology in HCOs

Pirnejad, H., Niazkhani, Z., Berg, M., & Bal, R. (2008). Intra-organizational communication in healthcare: Considerations for standardization and ict application. *Methods Inf Med, 4*, 1-10.

Johnson, J. D. (2009). Profiling the likelihood of success of electronic medical records. In *The Culture of Efficiency: Technology in Contemporary Life.* S. Kleinman (Ed.).(pp. 124-141). New York: Peter Lang Publishers.

Houston, T.K., Sands, D.Z., Nash, B. R. & Ford, D.E. (2004). Experiences of physicians who frequently use email with patients. *Health Communication, 15*, 515-525.

O'Connor, C., Friedrich, J. O., Scales, D. C., & Adhikari, N. K. J. (2009). The use of wireless email to improve healthcare team communication. *Journal of the American Medical Informatics Association, 16*, 705-713

Recommended

> Barley, S. R. (1986). Technology as an occasion for structuring: Evidence from observations of CT scanners and the social order of radiology departments. *Administrative Science Quarterly, 31*, 78-108.
>
> Hillestad, R., Bigelow, J., Bower, A., Girosi, F., Meili, R., Scoville, R., & Taylor, R. (2005). Can electronic medical record systems transform health care? Potential health benefits, savings, and costs. *Health Affairs, 24*, 1103-1117.
>
> Johnson, J. D., Meyer, M., Woodworth, M., Ethington, C., & Stengle, W. (1998). Information technologies within the Cancer Information Service: Factors related to innovation adoption. *Preventive Medicine, 27*, S71-83.
>
> Johnson, J. D. (2005). Organizing for knowledge management: The Cancer Information Service as an exemplar. In R. J. Bali (Ed.), *Clinical knowledge management: Opportunities and challenges*(pp. 233-249). Hershey, PA: Idea Group Inc.
>
> Himmelstein, D. U., & Woolhandler, S. (2005). Hope and hype: Predicting the impact of electronic medical records. *Health Affairs, 24*, 1121-1123.
>
> Hackbarth, G., & Milgate, K. (2005). Using quality incentives to drive physician adoption of health information technology. *Health Affairs, 24*, 1147-1149.
>
> Meyer, A. D., & Goes, J. B. (1988). Organizational assimilation of innovations: A multilevel contextual analysis. *Academy of Management Journal, 31*, 897-923.

Week 13, April 19: Trends/Future Directions: Language, Diversity, End of Life Care

Villagran, M.M., & Hoffman, M.F. (2008). An organizational communication approach to integrating Latino cultural values into cancer care In L. Sparks, H.D. O'Hair, & G.L. Kreps, G.L. (Eds.) *Cancer communication and aging* (pp. 259-275). Cresskill, NJ: Hampton Press.

Fiscella, K., & Epstein, R. M. (2009). So much to do, so little time: Care for the socially disadvantaged and the 15-minute visit. *Archives of Internal Medicine, 168*, 1843-1852

Lannamann, J.W., Harris, L.M., Bakos, A.D., & Baker, K.J. (2008). Ending the end of life communication impasse: A dialogic intervention. In L. Sparks, D., O'Hair, & G.L. Kreps., (Eds.) *Cancer communication and aging* (pp. 293-317). Cresskill, NJ: Hampton Press.

Recommended

Ramirez, A. (2007). Consumer-provider communication research with special populations. In D. O'Hair, G.L. Kreps, & L. Sparks. (Eds.), *Handbook of Communication and Cancer Care (pp. 245-256).* Cresskill, NJ: Hampton Press.