

## **CJT 771-401: Seminar in Health Communication: Interprofessional Health Communication**

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Spring 2013 meetings:  
Wednesdays, 6-8:30pm  
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**Office Hours:** Wednesdays 1:30-3pm and by appointment Monday, Wednesday, & Friday

**Course Overview:** This course is designed to help students learn how healthcare professionals and public health organizations develop and implement effective persuasive strategies to enhance patient-centered care across the life-span, improve interpersonal and team-based professional skills, and promote effective client and media relationships.

### **Learning Outcomes:**

At the end of this course, students will be able to:

- Select, use, and manage appropriate language choices with different populations (i.e., pediatric, low literacy) to improve patient-centered clinical outcomes
- Communicate effectively with patients and caregivers across the life-span, including how to break bad news and have difficult end-of-life conversations
- Deploy research-based interpersonal skills to enhance patient-centered medicine and decision-making
- Develop a comprehensive health communication strategy, including tools to improve patient compliance and adherence to medical directives and resolving conflicting medical opinions
- Work in interprofessional health care team settings to effectively manage patient-centered communication and care

### **Required textbook:**

Polack, E. P. & Avtgis, T.A. (2011). *Medical Communication: Defining the Discipline*. Dubuque, IA: Kendall Hunt.

[Note, we will use this textbook for applied conversation; however, students can also expect to be assigned 2-6 original research articles per week on a given topic]  
Additional readings will be available on Blackboard and/or distributed electronically by the instructor

### **Description of Course Activities and Assignments**

There will be two exams, one research paper, one presentation, and 10 in-class activities required for completing this course.

### **Course Assignments for the Course Grade**

- 2 Exams at 100 points each
- 10 course reflective writing assignments (case studies or reaction papers) at 20 points each
- 1 grant proposal at 150 points
- 1 proposal presentation at 50 points

### **Summary Description of Course Assignments**

**Exams:** There will be an in-class midterm exam covering content from the textbook. The exam will include multiple choice and essay (case study response) questions that will prepare you for comprehensive exams in this area. The final exam will be a "take home" case study. You will be asked to write and reflect on developing a comprehensive health communication strategy to address 2-3 case studies of common interprofessional health communication dilemmas.

**Paper assignment:** Each student will write a 7 page + references, single-spaced NIH-style R03 or R21 or similar grant narrative targeting a federal agency. Training for writing such a proposal will be provided in class. For the purpose of the course, you will focus on writing the grant narrative (the main research idea), without concern for ancillary materials. The grant proposal will require that students identify specific aims, address a significant interprofessional health communication problem, identify innovative strategies to solve it, and describe the (methodological) approach that will be taken to address the issue.

**Proposal presentation:** Every student will prepare a short 5 minute presentation of their research proposal and receive class criticism.

**Course assignments:** You will be asked to write 2-page case studies or reaction papers for 10 classes as described below. These papers will be ungraded, but you will receive credit (100%), half (50%), or no credit for their completion.

## Course Grading

Grading scale for graduate students:

90-100% = A

80 - 89% = B

70-79% = C

69 or below = E

## Final Exam Information

Your final exam will be 'take home' and will be due in class.

## Course Policies:

### Submission of Assignments:

All assignments must be printed and submitted to the instructor BEFORE the end of class. Late submissions of weekly assignments are NOT accepted. Papers and exams that necessitate a late accommodation will be graded with a 10% grade penalty; all assignments must be completed within 10 days of the assigned due date.

### Attendance Policy.

As a graduate level course, there are no unexcused absences permitted and students are expected to attend all classes. Students who are not present the first week of class may be dropped from the course in accordance with Senate Policy on excused absences. Students

may receive permission to complete course assignments via a distance learning option when there is a work-required "reasonable cause for nonattendance."

**Excused Absences:**

Students need to notify the professor of absences prior to class when possible. S.R. 5.2.4.2 defines the following as acceptable reasons for excused absences: (a) serious illness, (b) illness or death of family member, (c) University-related trips, (d) major religious holidays, and (e) other circumstances found to fit "reasonable cause for nonattendance" by the professor.

Students anticipating an absence for a major religious holiday are responsible for notifying the instructor in writing of anticipated absences due to their observance of such holidays no later than the last day in the semester to add a class. Information regarding dates of major religious holidays may be obtained through the religious liaison, Mr. Jake Karnes (859-257-2754).

Students are expected to withdraw from the class if more than 20% of the classes scheduled for the semester are missed (excused or unexcused) per university policy.

**Verification of Absences:**

Students may be asked to verify their absences in order for them to be considered excused. Senate Rule 5.2.4.2 states that faculty have the right to request "appropriate verification" when students claim an excused absence because of illness or death in the family. Appropriate notification of absences due to university-related trips is required prior to the absence.

**Academic Integrity:**

Per university policy, students shall not plagiarize, cheat, or falsify or misuse academic records. Students are expected to adhere to University policy on cheating and plagiarism in all courses. The minimum penalty for a first offense is a zero on the assignment on which the offense occurred. If the offense is considered severe or the student has other academic offenses on their record, more serious penalties, up to suspension from the university may be imposed.

Plagiarism and cheating are serious breaches of academic conduct. Each student is advised to become familiar with the various forms of academic dishonesty as explained in the Code of Student Rights and Responsibilities. Complete information can be found at the following website: <http://www.uky.edu/Ombud>. A plea of ignorance is not acceptable as a defense against the charge of academic dishonesty. It is important that you review this information as all ideas borrowed from others need to be properly credited.

Part II of *Student Rights and Responsibilities* (available online <http://www.uky.edu/StudentAffairs/Code/part2.html>) states that all academic work, written or otherwise, submitted by students to their instructors or other academic supervisors, is expected to be the result of their own thought, research, or self-expression. In cases where students feel unsure about the question of plagiarism involving their own

work, they are obliged to consult their instructors on the matter before submission.

When students submit work purporting to be their own, but which in any way borrows ideas, organization, wording or anything else from another source without appropriate acknowledgement of the fact, the students are guilty of plagiarism. Plagiarism includes reproducing someone else's work, whether it be a published article, chapter of a book, a paper from a friend or some file, or something similar to this. Plagiarism also includes the practice of employing or allowing another person to alter or revise the work which a student submits as his/her own, whoever that other person may be.

Students may discuss assignments among themselves or with an instructor or tutor, but when the actual work is done, it must be done by the student, and the student alone. When a student's assignment involves research in outside sources of information, the student must carefully acknowledge exactly what, where and how he/she employed them. If the words of someone else are used, the student must put quotation marks around the passage in question and add an appropriate indication of its origin. Making simple changes while leaving the organization, content and phraseology intact is plagiaristic. However, nothing in these Rules shall apply to those ideas which are so generally and freely circulated as to be a part of the public domain (Section 6.3.1).

**Please note:** Any assignment you turn in may be submitted to an electronic database to check for plagiarism.

**Accommodations due to disability:**

If you have a documented disability that requires academic accommodations, please see me as soon as possible during scheduled office hours. In order to receive accommodations in this course, you must provide me with a Letter of Accommodation from the Disability Resource Center (Room 2, Alumni Gym, 257-2754, email address: jkarnes@email.uky.edu) for coordination of campus disability services available to students with disabilities.

**Classroom Behavior Policies**

If you are expecting a phone call that may disrupt the course, please put your cell phone on silent and exit the classroom before taking the call.

**Other Policies**

The College of Communication and Information graduate program requires that ALL assignments be completed using APA 6th edition style. Please see the instructor if you have any questions related to APA style requirements.

**Tentative Course Schedule**

Date	Topic / Assignment	Key ideas	Reading
Day 1 Jan. 9	Introduction	Review course materials and concepts	No reading
Day 2	Foundations of Medical	Models of HC,	MC: Chapters 1-3

Jan. 16	Communication	Myths of HC, CRM, handoff communication, SBAR, trait vs. temperament	[skim 2], 1. Kreps 2. Haid... 3. Hohenhaus... 4. Dunsford... 5. Becket...
Day 3 Jan. 23	Patient Safety (continued)/ Nonverbal communication/Mindfulness  <b>Reflective writing 1 due</b>	STEPPS, situation monitoring, mindfulness, mindful presence	MC: Chapters 4, 8 1. King et al. TeamSTEPPS readings 2. Marck... 3. Maxson... 4. Bruce & Davies 5. Wittenberg-Lyles, Goldsmith, Ferrell, & Regan (selected readings on BB)
Day 4 Jan. 30	Patient-provider communication competence, intercultural sensitivity, culture and health disparities  <b>Reflective writing 2 due</b>		MC: Chapter 5- 6 1. Perloff et al. 2. Rosenberg et al. 3. Gutman & Salmon
Day 5 Feb. 6	Team communication, mutual support, leadership, and caregiving  <b>Reflective writing 3 due</b>	Groupthink, mutual support, leadership	1. Whyman 2-3. Nemeth (Ch. 1, 4) 4. Ellingson (pp. 1-22) 5. Wauben... 6. Propp... 7. Wittenberg-Lyles...
Day 6 Feb. 13	Health literacy, orientation and opportunity  <b>Reflective writing 4 due</b>  Proposal Writing: Lesson 1	Communication Accommodation	Text: MC Chapter 7 1. Giles 2. Gunaratnam 3. Zarcadoolas, Pleasant, & Greer 4. Lie, Carter-Pokras, Braun, &

			Coleman 5. Wittenberg-Lyles, Goldsmith, Ferrell, & Regan
Day 7 Feb. 20	Narratives of disease and health, and openings for communication, stigma, Humor and health care  <b>Reflective writing 5 due</b>	Person-Centered Comforting	1. Zimmerman & Applegate 2. Connor, Egan, et al. 3. Agne, Thompson, & Cusella 4. MC: Chapter 6
Day 8 Feb. 27	<b>Midterm Exam</b>  Proposal Writing: Lesson 2		<b>Midterm Exam</b>
Day 9 Mar. 6	Communication and Conflict; How to handle aggressive communication in an interprofessional contexts  Discuss exams		Text MC: Chapters 10-11
SPRING BREAK			
Day 10 Mar. 20	Relating Bad News/ Professional Ethics/Apologies  <b>Reflective writing 6 due</b>	Problematic Integration	Text MC: Chapters 12-13 1. Brashers et al. 2. Polk
Day 10 Mar. 27	Communication strategies to improve patient compliance  <b>Reflective writing 7 due</b>	Adherence vs. compliance	MC: Chapter 14 1. Hulka 2. Zolnierrek & DiMatteo 3. Schoenthaler et al. 4. Ngoh
Day 11 April 3	Motivational interviewing, skills training, and listening  <b>Reflective writing 8 due</b>  Proposal Writing: Lesson 3	Motivational interviewing, coaching, KSA	1. Cegala, Street, & Clinch 2. Epstein et al. 3. Cagala, McClure, Martinelli, & Post 4. Robinson & Stivers

			5. Vanderford, Jenks, & Sharf
Day 12 April 10	Patient-centered outcomes, communication and cost-effectiveness: Cases from the field <b>Reflective writing 9 due</b>	Patient-Centered Medical Home (PCMH)	1. Rittenhouse, Thom & Schmittiel 2. Epstein, Fiscella, Lesser, Strange 3. Berwick 4. Epstein & Street
Day 13 April 17	Understudied contexts <b>Reflective writing 10 due</b>  Proposal writing: Lesson 4	Translation	1. Haskard, DiMateo, & Heritage 2. Ho & Bylund 3. Hsieh
Day 14 April 24	<b>Proposal Presentations</b>		<b>Proposal Presentations</b>
Day 15 May 1	<b>Final Exam</b>		
Day 16 May 8			

**NOTE: YOUR FINAL PROPOSAL IS DUE APRIL 22<sup>nd</sup> (MONDAY) IN MY MAILBOX BY 5pm.**

## Reading List

### Day 2/SBAR

Text: Ch. 1-3

1. Kreps, G.L. (2008). Applying Weick's model of organizing to health care and health promotion: Highlighting the central role of health communication. *Patient Education & Counseling*, .
2. Haid, K.M., Sutton, S., & Whittington, J. (2006). SBAR: A shared mental model for improving communication between clinicians. *The Joint Commission Journal of Quality and Patient Safety*. 32, 3, 167.
3. Hohenhaus, S., Powell, S., & Hohenhaus, J.T. (2006). Enhancing patient safety during hand-offs. *American Journal of Nursing*, 106, 8, p. 72A-C.
4. Dunsford, J. (2009). Structured communication: Improving patient safety with SBAR. *Nursing for Women's Health*. 13, 5, 384-390.
5. Beckett, C.D., & Kipnis, G. (2009). Collaborative communication: Integrating SBAR to improve quality/patient safety outcomes. *Journal for Healthcare Quality*, 31, 19-28.

### Day 3

Text Ch. 4, 8

1. King, H.B. et al. (2008, August). TeamStEPPS: Team strategies and tools to enhance performance and patient safety. In: Henriksen K, Battles JB, Keyes MA, Grady ML, editors. *Advances in Patient Safety: New Directions and Alternative Approaches* (Vol. 3: Performance and Tools). Rockville (MD): Agency for Healthcare Research and Quality (US).
2. Marck, HTM, Haerkens, Jenkins, D., van der Hoeven, J.G. (2012). Crew resource management in the ICU: The need for culture change. *Annals Intensive Care*, 2, 39, Published online 2012 August 22. doi: 10.1186/2110-5820-2-39
3. Maxson, P.M., Dozois, E.J., Holubar, S.D., Wroblewski, D.M., Overman Dube, J.A., Klipfel, J.M., & J.J. Arnold. (2011). Enhancing nurse and physician collaboration in clinical decision making through high-fidelity interdisciplinary simulation training. *Mayo Clin Proc*. 86, 1, 31-36. doi: 10.4065/mcp.2010.0282
4. Bruce, A. & Davies, B. (2005). Mindfulness in hospice care: Practicing meditation-in-action. *Qualitative Health Research*, 15, 1329-1344.
5. Wittenberg-Lyles, Goldsmith, Ferrell, & Regan (selected readings to be scanned and distributed via BB)



## **Day 4**

Text: Chapter 5- 6

1. Perloff, R. M., Bonder, B., Ray, G. B., Ray, E. B., & Siminoff, L. A. (2006). Doctor-patient communication, cultural competence, and minority health: Theoretical and empirical perspectives. *American Behavioral Scientist*, 49, 835-852.
2. Rosenberg, E., Richard, C, Lussier, M., & Abdool, S. N. (2006). Intercultural communication competence in family medicine: Lessons from the field. *Patient Education & Counseling*, 61, 236-245.
3. Gutman, N. & Salmon, C.T. (2004). Guilt, fear, stigma and knowledge gaps: Ethical issues in public health communication interventions. *Bioethics*, 1, 6, 531-552. DOI: 10.1111/j.1467-8519.2004.00415.x

## **Day 5**

1. Whyman, W., & Ginnett, R. (2005). A question of leadership: What can leaders do to avoid groupthink? *Leadership in Action*, 2, 13–14. doi: 10.1002/lia.1110
- 2-3. Nemeth, C.P. Chapter 1. The context for improving healthcare team communication. pp. 1-7.  
Nemeth, C.P., & Wears, R.L Chapter 14. A healthcare team communication Research agenda. pp. 245-250
4. Ellingson, L.L. (2002). Communication, collaboration, and teamwork among health care professionals. *Communication Research Trends*. 21, 3, 3-20.
5. Wauben, L.S.G.L., Dekker-van Doorn, C.M. van Wijngaarden, R.H.M., Goossens, Huijsman, R., Klein, J. & Lange, J.F. (2011). Discrepant perceptions of communication, teamwork, and situation awareness among surgical team members. *International Journal for Quality in Health Care*, 23(2): 159–166. Published online 2011 January 17. doi: 10.1093/intqhc/mzq079
6. 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, 1, 15-28. DOI: 10.1177/1049732309355289
7. Wittenberg-Lyles, E., Oliver, D.P., Demiris, G., Regehr, K. (2010). Interdisciplinary collaboration in hospice team meetings. *Journal of Interprofessional Care*, 24(3): 264–273. doi: 10.3109/13561820903163421. Author manuscript; available in PMC 2011 May 1.

## **Day 6**

1. Giles, H. (2008). Communication accommodation theory. In L. A. Baxter & D. O. Braithwaite (Eds.), *Engaging theories in interpersonal communication* (pp. 161-174). Los Angeles: Sage.
2. Gunaratnam, Y. (2007). Intercultural palliative care: do we need cultural competence? *International Journal of palliative Nursing*, 13, 470-477.
3. Zarcadoolas, C., Pleasant, A., & Greer, D.S. Understanding health literacy: An expanded model. *Health Promotion International*, 20, 2, pp. 195-203.
4. Lie, D., Carter-Pokras, O. Braun, B., & Coleman, C. (2012). What do health literacy and cultural competence have in common? Calling for collaborative health professional pedagogy. *Journal of Health Communication*, 17, 3.
5. Wittenberg-Lyles, E., Goldsmith, J., Ferrell, B., & Ragan, S. (2012). *Communication and palliative nursing*. New York: Oxford. (selected sections)

### **Day 7**

1. Zimmerman, S., & Applegate, J.L. (1992). Person-centered comforting in the hospice interdisciplinary team. *Communication Research*, 19, 240. DOI: 10.1177/009365092019002006
2. Connor, S.R., Egan, K.A., Kwilosz, D.M., Larson, D.G., & Reese, D.J. (2002). Interdisciplinary approaches to assisting with end-of-life care and decision making. *American Behavioral Scientist*, 46, 340.
3. Agne, R. R., Thompson, T. L., & Cusella, L. P. (2000). Stigma in the line of face: Self-disclosure of patients' HIV status to health care providers. *Journal of Applied Communication Research*, 38, 235-261.

4. Text: Chapter 6

### **Day 8**

Text: Chapters 10 and 11

### **Day 9**

Text : Chapters 12-13

1. Brashers, D. E., Neidig, J. L., Russell, J. A., Cardillo, L. W., Haas, S. M., Dobbs, L. K., Garland, M., McCartney, B., & Nemeth, S. (2003). The medical, personal, and social causes of uncertainty in HIV illness. *Issues in Mental Health Nursing*, 24, 497-522.
2. Polk, D. M. (2005). Communication and family caregiving for Alzheimer's dementia: Linking attributions and problematic integration. *Health Communication*, 18, 251-21 A.

## **Day 10**

1. Hulka, B.S., Cassel, J.C., Kupper, L.L., & Burdette, J.A. (1976). Communication, compliance, and concordance between physicians and patients with prescribed medications. *American Journal of Public Health, 66*, 847-853.
2. Zolnierak, K.B., & DiMatteo, M.R. (2009). Physician Communication and Patient Adherence to Treatment: A meta-analysis. *Medical Care, 47*, 8, 826-834. doi:10.1097/MLR.0b013e31819a5acc
3. Schoenthaler, A., Chaplin, W.F., Allegrante, J.P., Fernandez, S., Diaz-Gloster, M., Tobin, J.N., & Ogedegbe, G. (2009). Provider communication effects medication adherence in hypertensive African Americans. *Patient Education and Counseling, 75*, 2, 185-191.
4. Ngoh, L.N. (2009). Health literacy: A barrier to pharmacist-patient communication and medication adherence. *Journal of the American Pharmacy Association, 49*, e132-e149. doi: 10.1331/JAPhA.2009.07075

## **Day 11**

1. Cegala, D. J., Street, R. L., & Clinch, C. R. (2007). The Impact of patient participation on physicians' information provision during a primary care medical interview. *Health Communication, 21*, 177-185.
2. Epstein, R. M., Franks, P., Fiscella, K., Shields, C. G., Meldrum, S. C., Kravitz, R. L., et al. (2005). Measuring patient-centered communication in patient-physician consultations: theoretical and practical issues. *Social Science and Medicine, 61*, 1516-1528.
3. Cegala, D. J., McClure, L., Marinelli, T. M., & Post, D. M. (2000). The effects of communication skills training on patients' participation during medical interviews. *Patient Education and Counseling, 41*, 209-222..
4. Robinson, J. D., & Stivers, T. (2001). Achieving activity transitions in physician-patient encounters: From history taking to physical examinations. *Human Communication Research, 27*, 253-298.
5. Vanderford, M.L., Jenks, E.B., & Sharf, B.F. (1997). Exploring patients' experiences as a primary source of meaning. *Health Communication. 9*(1):13-26

## **Day 12**

1. Rittenhouse, D.R., Thom, D.H., & Schmittiel, J.A. (2010). Developing a policy-relevant research agenda for the patient-centered medical home: A focus on outcomes. *Journal of General Internal Medicine, 25*, 6 593-600.

2. Epstein, R.M., Fiscella, K., Lesser, C.S., & Strange, K.C. (2010). Why the nation needs a policy push on patient-centered health care. *Health Affairs*, 29, 8; 1489-1495.
3. Berwick, D.M. (2009). What 'patient-centered' should mean: Confessions of an extremist. *Health Affairs*, 28, 4, w555-w565 (published online May 19, 2009; 10.1377/hlthaff.28.4.w555)
4. Epstein, R.M. & Street, R.L. (2011). The values and value of patient-centered care. *Annals of Family Medicine*, 9, 2, 100-103. doi:10.1370/afm.1239.

### **Day 13**

1. Haskard, K. DiMatteo, M. R., & Heritage, J. (2009). Affective and instrumental communication in primary care interactions: Predicting the satisfaction of nursing staff and patients. *Health Communication*, 24, 21-32.
2. Ho, E. Y., & Bylund, K. (2008). Models of health and models-of interaction in the practitioner - client relationship in acupuncture. *Health Communication*, 23, 506-515.
3. Hsieh, E. (2006). Conflicts in how interpreters manage their roles in provider-patient interactions. *Social Science & Medicine*, 62, 721-730.