General Education Course Approval Cover Sheet

Date of Submission 3/21/2011

3.

4.

1. Check which area(s) this course a	applies to		·
Inquiry – Arts & Creativity		Composition & Communications - II	
Inquiry – Humanities		Quantitative Foundations	
Inquiry - Nat/Math/Phys Sci		Statistical Inferential Reasoning	
Inquiry – Social Sciences	\boxtimes	U.S. Citizenship, Community, Diversity	
Composition & Communications - I		Global Dynamics	
2. Provide Course and Department I	nformation		
Department: COM		•	
Course Prefix and COM 311 Number:		Credit hours: 3.0	
Course Title: Taking Cont	rol of Your I	Health: Patient-Provider Communication	
Expected # of Students per Calendar Yr: 100		Course Required for Majors in your Program Yes (check one)?	No 🛛
Prerequisite(s) for n/a Course?			
This request is for (check one) A New	Course [An Existing Course	
Departmental Contact Information			
Name: Deanna Sellnow		Email: Deanna.Sellnow@uky	.edu
Office Address: 235 Grehan		Phone: 7-2886	
In addition to this form, the following r	nust be sub	mitted for consideration:	
 outcomes to those presented on the A completed Course Review Form. Sthese forms. Proposals prepared pri Course Review Form. 	correspondi See the Gen I ior to Septen	Ed website http://www.uky.edu/gened/formber 15 th , 2010 are allowed to use a narratival rision of an existing course, or a new course	ms.html for ve instead of the
Dean: K) an	\mathcal{O}	Han Date: 4	-5-11

All proposals are to be submitted from the College Dean's Office Submission is by way of the General Education website http://www.uky.edu/gened

Course Review Form Inquiry in the Social Sciences

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Course: Com 311 Taking Control of Your Health: Patient-Provider Communication-

Using the course syllabus as a reference, identify when and how the following learning outcomes are addressed in the course. Since learning outcomes will likely be addressed multiple ways within the same syllabus, please identify a representative example (or examples) for each outcome.

Readings, lectures, or presentations that promote students' ability to define and distinguish different theoretical approaches associated with a social science discipline, either broadly or as applied to an important social science topic.

Example(s) from syllabus:

Brown, J. B., Stewart, M., & Ryan, B. L. (2003). Outcomes of patient-provider interaction. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), Handbook of health communication (pp. 141-162). Mahwah, NJ: Lawrence Erlbaum Associates. PDF

Stewart, M., Brown, J. B., Donner, A., McWhinney, I. R., Oates, J., & Weston, W. W. (2000). The impact of patient-centered care on outcomes. Journal of Family Practice, 49,796-804. PDF

Sharf, B. F., & Street, R. L. (1997). The patient as a central construct: Shifting the emphasis. Health Communication, 9(1), 1-11. PDF

Cegala, D. J., Broz, S. L. (2003). Provider and patient communication skills training. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), Handbook of health communication (pp. 95-120). Mahwah, NJ: Lawrence Erlbaum Associates. PDF

Schirmer, J.M., Mauksch, L., Forrest, L., Marvel, M.K., Zoppi, K., Epstein, R.M., Brock, D., & Pryzbylski, M. (2005). Assessing communication competence: A review of current tools. Family Medicince, 37(3), 184-192. PDF

Gillotti, C. M. (2003). Medical disclosure and decision-making: Excavating the complexities of physician-patient information exchange. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), Handbook of health communication (pp. 163-182). Mahwah, NJ: Lawrence Erlbaum Associates. PDF

Beyond These Walls, Chapter 6

Brief Description:

Readings will examine the patient-provider interaction initially at a broad level and then narrow down to specific genres that impact patient outcomes in the medical encounter. Such genres include:

Outcomes of Patient-provider Interaction & Patient-Centered Care

Communication Skills Training: The Physician Communication Skills Training: The Patient

Patient Satisfaction

Patient Adherence/Compliance

. Processes or assignments where students apply their understanding of methods and ethics of inquiry which lead to social scientific knowledge.

Example(s) from syllabus: Two Comprehensive Exams

Brief Description:

Exams will be approximately 20-25 questions and will contain a mixture of multiple-choice and short answer items designed to test their grasp of the covered material. Questions will be weighted accordingly with short answer being worth about twice as much as multiple choice, etc.

Artifacts of assignments or exercises that require students to demonstrate the ability to identify and use appropriate information resources to substantiate evidence-based claims.

Example(s) from syllabus: Chapter Concepts Presentation

Brief Description:

For this assignment students are to take their assigned readings – and working with a group – produce a presentation or lecture for the class that demonstrates all of the primary concepts from the articles. The rest of the class will take notes on the material as if the professor was presenting, and as such the material covered will be on one of the two exams.

Processes, assignments or exercises that demonstrate students' application of the knowledge of how a social science discipline influences society.

Example(s) from syllabus: Media Portrayal Paper

Brief Description:

For this assignment students will be required to pick a single episode of a TV show or movie that either focuses on or prominently displays examples of patient-provider interaction (e.g. Grey's Anatomy, ER, Bones, House, or the films The Doctor, or Lorenzo's Oil, for example) – selections will need to be approved before beginning the assignment. Once approved they will need to evaluate the show/movie in regards to the effectiveness of the displayed physician/medical practitioner's compliance-gaining strategies (in regards to compliance with recommended treatments) and make recommendations based on the readings covered in the course for how the physician or medical practitioner could have more effectively persuaded the patient to follow the recommended treatments – or alternately how the patient could have more effectively persuaded the physician that the prescribed treatment was not feasible to follow

Artifacts of assignments or exercises that require students to demonstrate an ability to identify a well-formulated question pertinent to a social science discipline and to employ the discipline's conceptual and methodological approaches in identifying reasonable research strategies that could speak to the question.

Example(s) from syllabus: Personal Medical Experience Paper

Brief Description:

For this assignment students will be required to pick a specific health communication theory or model, thoroughly evaluate it, and then analyze either their own or the medical experiences of someone close to you through the lens of that theory/model. To this end you will need to reflect on how the interactions witnessed/experienced support or refute the predictions made by the model or theory. You will also be required to make recommendations as to how the medical interaction could have been handled more effectively – both by the patient and by the medical practitioner, in light of the model.

Reviewer's Comments

NEW COURSE FORM

1.	General Information.						
a.	Submitted by the College of: (Communicati	ons and Information Stud	<u>ies</u> Today's	Date:	03/03/2	011
b.	Department/Division: Communication						
C.	Contact person name: Donald W. Helme Email: don.helme@uky.edu Phone: 7-8886						
d.	Requested Effective Date:	Semester fo	llowing approval OR	Specific Term	/Year ¹		
2.	Designation and Description of Proposed Course.						
a.	Prefix and Number: Com 311	#10 B000 A000 A000 A000 A000 A000 A000 A0					
b.	Full Title: <u>Taking Control of Y</u>	our Health:	Patient-Provider Commu	nication			
C.	Transcript Title (if full title is mo	re than 40 ch	aracters): <u>Patient-Prov</u>	ider Communica	tion		
d.	To be Cross-Listed ² with (Prefix	and Number)	•				
e.	Courses must be described by <u>at least one</u> of the meeting patterns below. Include number of actual contact hours ³ for each meeting pattern type.						
	<u>3</u> Lecture I	.aboratory ¹	Recitation	Discussion	n	Study	Indep.
	Clinical (Colloquium	Practicum	Research)	R	esidency
	Seminar Stu	udio	Other – Please exp	olain:			
f.	Identify a grading system:	Letter (A, B,	. C, etc.) Pass	/Fail	death of the state		***************************************
g.	Number of credits: 3	6 (1) 6 (1) 1 (2)			***************************************		
h.	Is this course repeatable for add	itional credit	?		γ	res 🗌	NO 🛛
3	If YES: Maximum number of c	redit hours:					
	If YES: Will this course allow n	nultiple regis	trations during the same	semester?	Y	′ES 🔲	NO 🗌
i.	This course helps students explore, understand, and appreciate the patient-provider relationship through an examination and analysis of selected health communication case studies and related materials. It is also designed to improve communication skills with and among physicians, nurses, and allied health professionals.						
j.	Prerequisites, if any:				an an Yanza na Anda na Parka		
k.	Will this course also be offered t	hrough Dista	nce Learning?		١	∕ES⁴ 🔲	NO 🛛
I,	Supplementary teaching compo	nent, if any:	Community-Based	Experience	Servi	ce Learnin	g 🗌 Both
3.	Will this course be taught off ca	mpus?			Ŋ	res 🔲	NO 🛛
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¹ Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received. ² The chair of the cross-listing department must sign off on the Signature Routing Log.

³ In general, undergraduate courses are developed on the principle that one semester hour of credit represents one hour of classroom meeting per week for a semester, exclusive of any laboratory meeting. Laboratory meeting, generally, represents at least two hours per week for a semester for one credit hour. (from SR 5.2.1)

⁴ You must *also* submit the Distance Learning Form in order for the proposed course to be considered for DL delivery.

NEW COURSE FORM

4.	Frequency of Course Offering.	
a.	Course will be offered (check all that apply): 🔀 Fall 🔀 Spring	Summer Su
b.	Will the course be offered every year?	YES NO
	If NO, explain:	
5.	Are facilities and personnel necessary for the proposed new course available?	YES NO NO
	If NO, explain:	
6.	What enrollment (per section per semester) may reasonably be expected? 100	
7.	Anticipated Student Demand.	
a.	Will this course serve students primarily within the degree program?	YES NO
b.	Will it be of interest to a significant number of students outside the degree pgm?	YES NO 🗌
,	If YES, explain: Programs such as Nursing, Public Health, Social Work, and of already expressed interest in this course. It will also fulfill "indegeneral education.	
8.	Check the category most applicable to this course:	
	☐ Traditional – Offered in Corresponding Departments at Universities Elsewhere	
	Relatively New – Now Being Widely Established	
	Not Yet Found in Many (or Any) Other Universities	
9.	Course Relationship to Program(s).	, 1 12 Pec 17 Mail and 17 Mail and 18 Mail
a.	Is this course part of a proposed new program?	YES NO NO
	If YES, name the proposed new program:	· · · · · · · · · · · · · · · · · · ·
b.	Will this course be a new requirement ⁵ for ANY program?	YES NO 🛛
	If YES ⁵ , list affected programs:	
10.	Information to be Placed on Syllabus.	
a.	Is the course 400G or 500?	YES 🔲 NO 🛛
	If YES, the differentiation for undergraduate and graduate students must be include 10.b . You must include: (i) identification of additional assignments by the graduate establishment of different grading criteria in the course for graduate students. (See	estudents; and/or (ii)
b.	The syllabus, including course description, student learning outcomes, and gr level grading differentiation if applicable, from 10.a above) are attached.	ading policies (and 400G-/500-

⁵ In order to change a program, a program change form must also be submitted.

NEW COURSE FORM

Signature Routing Log

General Information:

Course Prefix and Number:

COM 311

Proposal Contact Person Name:

Deanna Sellnow

Phone: 7-2886

Email:

Deanna.Sellnow@uky.edu

INSTRUCTIONS:

Identify the groups or individuals reviewing the proposal; note the date of approval; offer a contact person for each entry; and obtain signature of person authorized to report approval.

Internal College Approvals and Course Cross-listing Approvals:

Reviewing Group	Date Approved	Contact Person (name/phone/email)	Signature
Communication Dept	3/2/2011	Nancy Harrington / 7-3622 / Nancy.Harrington@uky.edu	Neth
CIS Collge	4-5-11	Dan O'Hair/707805/OHair@uy.edu	Dano 1/2
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External-to-College Approvals:

Council	Date Approved	Signature ·	Approval of Revision ⁶
Undergraduate Council	7/13/2011		EFFENNEN EFFENNEN SPROOF FEFET FEF
Graduate Council			
Health Care Colleges Council			ANT TO THE REAL PROPERTY OF THE PROPERTY OF TH
Senate Council Approval		University Senate Approval	

Comments:		
The control of the co	e :	

⁶ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.

General Course Information

/ Eull and accurate title of the course. Departmental and college prefix.

A Course prefix, number and section number. Selfeduled meeting day(s), time and place. the transfer of the control of the second of the control of the co

Instructor Contact Information (if specific details are unknown, "TBA" is acceptable for one or more fields)

j Instructor name.

LContact information for teaching/graduate assistant, etc.

- Preferred method for reaching instructor.
- Office phone number.
- └Office address.
- **₩K email address**

Times of regularly scheduled office hours and if prior appointment is required.

Course Description

Reasonably detailed overview of the course.

1 Student learning outcomes.

Course goals/objectives.

LRequired materials (textbook, lab materials, etc.).

Butline of the content, which must conform to the Bulletin description.

LSummary description of the components that contribute to the determination of course grade.

Mentative course schedule that clarifies topics, specifies assignment due dates, examination date(s).

4 Final examination information: date, time, duration and location.

LFor 100-, 200-, 300-, 400-, 400G- and 500-level courses, numerical grading scale and relationship to letter grades for undergraduate students.

For 400G-, 500-, 600- and 700-level courses, numerical grading scale and relationship to letter grades for graduate students. (Graduate students cannot receive a "D" grade.)

Relative value given to each activity in the calculation of course grades (Midterm=30%; Term Project=20%, etc.).

∠Note that undergraduate students will be provided with a Midterm Evaluation (by the midterm date) of course performance based on criteria in syllabus.

Policy on academic accommodations due to disability. Standard language is below: 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.

Course Policies

- Attendance.
- ZExcused absences.
- ∠Make-up opportunities.
- Verification of absences.
- —Submission of assignments.

-Academic integrity, cheating & plagiarism. Classroom behavior, decorum and civility.

Professional preparations.

Group work & student collaboration.

Com 311 Taking Control of Your Health: Patient-Provider Communication Fall 2011 11-12:15 MW

Donald W. Helme, Ph.D.

Office Hours:

Office: 227 Grehan

1-2:30pm MW,

e-mail: don.helme@uky.edu

& by appointment

Phone: 859-257-8886

Course Description & Objectives

Many health care providers and health communication scholars have advocated a shift from traditional paternalistic medicine, which is often governed by the health-care provider, to patient-centered care, where providers work in concert with the patient, or health consumer, to deliver optimal care. To that end, interactions between providers and their patients are essential for helping facilitate an interpersonal climate of empathy, shared decision making, mutual support, and trust. Positive patient-provider interactions often manifest themselves in the disclosure of information from patients. Conversely, the absence of positive interaction could contribute to adverse health outcomes should the patient not feel comfortable disclosing information or should the provider fail to account for the complete health of the patient, including psychosocial needs.

This course is designed to help you explore, understand, and appreciate the patient-provider relationship through an examination and analysis of selected health communication case studies and related materials. It also designed to improve your communication skills with physicians, nurses, and allied health professionals.

Course Objectives:

Upon successful completion of the course, you should be empowered to:

- 1) Explain, recognize, and evaluate the dynamics of patient-provider interaction
- 2) Explain key communication theories to better understand and assess patient-provider interaction
- 3) Analyze case studies to suggest more effective communication strategies
- 4) Develop enhanced communication and health advocacy skills across a variety of health care contexts

Required Text(s):

- 1) The Intern Blues (2001), by Robert Marion
- 2) Beyond These Walls (2008), Linda C. Lederman
- 3) In addition to the above texts, PDFs will also be distributed for specific weeks via the course website (see below).

Online Access to Readings, Course Notes and Syllabi:

*NOTE: All PDF readings for the course will be available on the course website at the start of the term. Additionally, after each lecture class period the notes for the day along with any relevant assignment sheets will also be posted online.

The course website materials an be found at http://public.me.com/dhelme (this is NOT a UKY website - so contact me, NOT Scott Johnson or UK IT, if there are problems)

The password for the website is "helmefiles" without the quotes (of course).

Strongly Recommended Course Materials:

Publication Manual of the American Psychological Association (6th Ed.). (\$22.76 Amazon.com)

Course Structure and Assignments

This course is a combination of lectures/discussions and assignments designed to increase your knowledge and application of the principles covered. In order to accomplish this, it is essential that you come to class prepared,

having read the assigned reading for the day, and ready to engage in discussion and activities. The material in this course builds incrementally and methodically, making it imperative that you consistently read the assigned chapters and participate in class activities and homework.

Assignment Specifics (may change at Instructor discretion)

<u>Media Portrayal Paper</u> (7 pages, 20% final grade): for this assignment you will be required to pick a single episode of a TV show or movie that either focuses on or prominently displays examples of patient-provider interaction (e.g. Grey's Anatomy, ER, Bones, House, or the films The Doctor, or Lorenzo's Oil, for example) – selections will need to be approved before beginning the assignment. Once approved you will need to evaluate the show/movie in regards to the effectiveness of the displayed physician/medical practitioner's compliance-gaining strategies (in regards to compliance with recommended treatments) and make recommendations based on the readings covered in the course for how the physician or medical practitioner could have more effectively persuaded the patient to follow the recommended treatments – or alternately how the patient could have more effectively persuaded the physician that the prescribed treatment was not feasible to follow.

<u>Personal Experience Paper</u> (10 pages, 20% final grade): for this assignment you will be required to pick a specific health communication theory or model, thoroughly evaluate it, and then analyze either your own or the

specific health communication theory or model, thoroughly evaluate it, and then analyze either your own or the medical experiences of someone close to you through the lens of that theory/model. To this end you will need to reflect on how the interactions witnessed/experienced support or refute the predictions made by the model or theory. You will also be required to make recommendations as to how the medical interaction could have been handled more effectively – both by the patient and by the medical practitioner, in light of the model.

Exams (2@20% final grade, 40% total final grade): Exams will be approximately 20-25 questions and will

contain a mixture of multiple-choice and short answer items designed to test their grasp of the covered material. Questions will be weighted accordingly with short answer being worth about twice as much as multiple choice, etc.

<u>Class Presentations</u> (20% final grade): For this assignment you are to take your assigned readings – and working with your group – produce a presentation or lecture for the class that demonstrates all of the primary concepts from the articles. The rest of the class will take notes on the material as if I was presenting, and as such the material you cover will be on one of the remaining two exams. More details on this assignment will be distributed in class.

<u>Participation & Attendance</u>: You will also be evaluated on the level of participation you engage in during class discussion, as well as how frequently you attend class. The participation grade will serve as a composite of attendance and how often you add meaningful input towards class discussion. For example - you will be allowed 3 unexcused OR excused absences. For each additional absence you will lose 2 percentage points off your total grade.

More information on these assignments will be distributed/discussed in class.

Class Policies

Absences: You will be allowed THREE unexcused OR excused absences. For each additional absence you will lose 2 percentage points off your total grade. If your absence is excused (for student athletes or members of student organizations sponsored by an educational unit) those absences will not count towards the total, however it is your responsibility to provide me with proof that your absence will indeed be for a UKY sanctioned event PRIOR to missing class.

Responsibility for Missed Information: If you miss a class, you are responsible for obtaining information presented during that class session (this includes videos or assignments). Please ask a classmate for this information prior to the next class session. Missing class does not excuse you from handing assignments in on time

Late/Make-up Work: You will receive ZERO points for assignments handed in after the scheduled due date. There are no make-up exams UNLESS you miss the exam and have an excused absence (see above) – so please plan to take the exams at the scheduled times. I will not rearrange due dates and exam times around your assignments and exams in other classes UNLESS you will have a valid, University excused absence OR if you can prove that you have more than two final exams already scheduled for the same day (applies to final exams only).

Important Information Regarding Written Work: You are expected to produce original work. In other words, plagiarism is not allowed and will result in failure and possible sanctions from the university. You should not use written work you have done in other classes to satisfy requirements in this class. If you have any questions about what constitutes plagiarism, please refer to the definition used by the Wake Forest University English Dept. below:

Plagiarism

To put your name on a piece of work is to say that it is yours, that the praise or criticism due to it is due to you. To put your name on a piece of work any part of which is not yours is plagiarism, unless that part is clearly marked, and the work from which you have borrowed fully identified. Plagiarism is cheating, it is a form of theft. Taking words, phrasing, sentence structure, or any other element of the expression of another person's ideas, and using them as if they were yours, is like taking from that person a material possession, something he or she has worked for and earned. Even worse is the appropriation of someone else's ideas. By "ideas" is meant everything from the definition or interpretation of a single word to the overall approach of an argument. If you paraphrase, you merely translate from his or her language to yours; another person's ideas in your language are still not your ideas. Paraphrase, therefore, without a footnote, is theft, perhaps theft of the worst kind. Here a person loses not a materials possession, but something of what characterizes him or her as an individual. Plagiarism, regardless of intent, is a serious violation of another's rights, whether the amount of materials stolen is great or small; it is not a matter of degree or intent. You know how much you would have had to say without someone else's help; and you know how much you have added on your own, Your responsibility, when you put your name on a piece of work, is simply to distinguish between what is yours and what is not, and to credit those who in any way have contributed.

Text & Additional Readings: You are expected to read all of the assigned readings for a given week prior to coming to class. Class discussions will extend the information covered in the readings. Completing the assigned readings does not guarantee that you will be prepared for exams. In some cases I will introduce information from other sources. You are responsible for knowing this information.

Deadlines and Make-up Exams: Exams are to be taken at the scheduled exam time unless <u>prior</u> permission is given by the instructor. You are responsible for obtaining the notes, etc. if you miss class. Try to be at every class; if you need to miss class, please call or e-mail me (e-mail is preferred) <u>before</u> class to let me know you will not be there.

			Grading	
Activity/As	ssignment	Points	Assignment Gradin	g Scale
Papers	(2 x 20%)	40%	93%-100% = A	73%-76% = C
Exams	(2 x 20%)	40 %	90%-92% = A-	70% - 72% = C
Class Prese	ntations	20%	87% - 89% = B +	67%-69% = D+
			83% - 86% = B	63% - 66% = D
Total		100%	80%- $82%$ $=$ B-	60% - 62% = D +
			77% - 79% = C +	below $60\% = F$

^{*}Note: The University of Kentucky has a flat A,B,C,D,E scale for assigning final course grades. The scale above is for assignments graded during the semester ONLY.

Tentative Course Schedule

Date	Topic & Readings
Week 1 (8/24)	Intro to the course
Week 2	Overview of Patient & Caregiver Communication
(8/29-8/31)	duPre, Chapter 3 PDF Thompson, T. L., & Parrott, R. (2002). Interpersonal communication in health care. In J. D. Daly & M. L. Knapp (Eds.), <i>Handbook of interpersonal communication</i> (3 rd ed., pp. 680-725). Thousand Oaks, CA: Sage. PDF Beyond These Walls, Chapter 4
Week 3 (9/5-9/7)	Lambert, B. L., Street, R. L., Cegala, D. J., Smith, D. H., Kurtz, S., & Schofield, T. (1997). Provider-patient communication, patient-centered care, and the mangle of practice. <i>Health Communication</i> , 9(1), 27-43. PDF Walker, K. L., Arnold, C.L., Miller-Day, M., & Webb, L.M. (2001). Investigating the physician patient relationship: Examining emerging themes. <i>Health Communication</i> , 14(1), 45-68. PDF
Week 4	The Patient & Provider's Perspectives
(9/12-9/14)	duPre, Chapter 4 PDF duPre, Chapter 5 PDF Eggly, S. (2002). Physician-patient co-construction of illness narratives in the medical interview. Health Communication, 14(3), 339-360. PDF
Week 5 (9/19-9/21)	The Intern Blues, intro – pg.74. Continue reading the rest at your own pace. Vegni, E., Visioli, S., & Moja, E. A. (2004). When talking to the patient is difficult: The physician's perspective. <i>Communication & Medicine</i> , 2(1), 69-76. PDF
Week 6	Outcomes of Patient-provider Interaction & Patient-Centered Care
(9/26-9/28) Exam 1 9/26	Brown, J. B., Stewart, M., & Ryan, B. L. (2003). Outcomes of patient-provider interaction. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), <i>Handbook of health communication</i> (pp. 141-162). Mahwah, NJ: Lawrence Erlbaum Associates. PDF Stewart, M., Brown, J. B., Donner, A., McWhinney, I. R., Oates, J., & Weston, W. W. (2000). The impact of patient-centered care on outcomes. <i>Journal of Family Practice, 49</i> , 796-804. PDF Sharf, B. F., & Street, R. L. (1997). The patient as a central construct: Shifting the emphasis. <i>Health Communication, 9</i> (1), 1-11. PDF
Week 7	Communication Skills Training: The Physician
(10/3-10/5)	Cegala, D. J., Broz, S. L. (2003). Provider and patient communication skills training. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), <i>Handbook of health communication</i> (pp. 95-120). Mahwah, NJ: Lawrence Erlbaum Associates. PDF Schirmer, J.M., Mauksch, L., Forrest, L., Marvel, M.K., Zoppi, K., Epstein, R.M., Brock, D., & Pryzbylski, M. (2005). Assessing communication competence: A review of current tools. <i>Family Medicince</i> , 37(3), 184-192. PDF Gillotti, C. M. (2003). Medical disclosure and decision-making: Excavating the complexities of physician-patient information exchange. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), <i>Handbook of health communication</i> (pp. 163-182). Mahwah, NJ: Lawrence Erlbaum Associates. PDF <i>Beyond These Walls</i> , Chapter 6
Week 8	Communication Skills Training: The Patient
(10/10-10/12) Media Portrayal paper due 10/12	Street, R. L., & Millay, B. (2001). Analyzing patient participation in medical encounters. <i>Health Communication, 13</i> (1), 61-73. PDF McGee, D. S., & Cegala, D. J. (1998). Patient communication skills training for improved communication competence in the primary care medical consultation. <i>Journal of Applied Communication Research, 26</i> , 412-430. PDF Beyond These Walls, Chapter 11 Beyond These Walls, Chapter 12 Beyond These Walls, Chapter 13
Weeks 9 (10/17-10/19)	Patient Satisfaction Wrench, J. S., & Booth-Butterfield, M. (2003). Increasing patient satisfaction and compliance: An examination of physician humor orientation, compliance-gaining strategies, and perceived credibility. Communication Quarterly, 51(4), 482-503. PDF

	Wanzer, M. B., Booth-Butterfield, M., & Gruber, K. (2004). Perceptions of health care providers' communication: Relationships between patient-centered communication and satisfaction. <i>Health Communication</i> , 16(3), 363-383. PDF
	Burgoon J, Pfau M, Parrott R, Birk T, Coker R, Burgoon, M: Relational communication, satisfaction, compliance-gaining strategies, and compliance in communication between physicians and patients. <i>Communication Monographs</i> 1987; 54: 307-324. PDF Beyond These Walls, Chapter 7
Week 10	Patient Adherence/Compliance
(10/24-10/26) Group 1	Helme D.W., Harrington N. (2004). Patient Accounts for Noncompliance with Diabetes Self-Care Regimens and the Physician Compliance Gaining Response. <i>Patient Education and Counseling</i> , 55(2): 281-292. PDF
presents 10/24	Street, R. L., Krupat, E., Bell, R. A., Kravitz, R. L., & Haidet, P. (2003). Beliefs about control in the physician-patient relationship: Effect on communication in medical encounters. <i>Journal of</i>
	General Internal Medicine, 18(8), 609-616. PDF
	Von Friederichs-Fitzwater, M. M., & Gilgun, J. (2001). Relational control in physician-patient encounters. <i>Health Communication</i> , 13(1), 75-87. PDF The Intern Blues – have the book completed by Thursday
Week 11	
(10/31-11/2)	Nonverbal Communication & The Medical Encounter Helme, D.W. (2002). Gaining Patient Satisfaction through Empathic Comforting: An Examination of the Nonverbal Communicative Context of Touch in the Patient/Provider Relationship. Communication and Cognition, 35 (1/2): 123-135. PDF
	Robinson, J. D. (1998). Getting down to business: Talk, gaze and body orientation during openings of doctor-patient consultations. <i>Human Communication Research</i> , 25, 97-124. PDF Hamilton, H. E. (2004). Symptoms and signs in particular: The influence of the medical concern
	on the shape of physician-patient talk. Communication & Medicine, 1, 59-70. PDF
Weeks 12	Research Issues in Patient-Provider Communication
(11/7-11/9) Group 2	Rimal, R. N. (2001). Analyzing the physician-patient interaction: An overview of six methods and future research directions. <i>Health Communication</i> , 13(1), 89-99. PDF
presents 11/7	Watson, B., & Gallois, C. (1998). Nurturing communication by health professionals toward patients: A communication accommodation theory approach. <i>Health Communication</i> , 10(4), 343-355. PDF
	Young, A., & Flower, L. (2002). Patients as partners, patients as problem-solvers. <i>Health Communication</i> , 14(1), 69-97. PDF
Week 13	Recognition of Diversity Among Patients
(11/14-11/16)	Nussbaum, J. F., Ragan, S., & Whaley, B. (2003). Children, older adults, and women: Impact on provider-patient interaction. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), Handbook of health communication (pp. 183-204). Mahwah, NJ: Lawrence Erlbaum Associates. PDF Beyond These Walls, Chapter 9
Week 14	duPre Chapter 6 PDF
(11/21)	Beyond These Walls, Chapter 10
Week 15	Physician-Patient Communication in the Digital Age
(11/28-11/30)	Houston, T. K., Sands, D. Z., Nash, B. R., & Ford, D. E. (2003). Experiences of physicians who
Personal	frequently use e-mail with patients. <i>Health Communication</i> , 15(4), 515-525. PDF
Experience	Katz, S. J., Nissan, N., & Moyer, C. A. (2004). Crossing the digital divide: Evaluating online
Paper due	communication between patients and their providers. The American Journal of Managed Care, 10(9),
11/28;	593-600. PDF
Group 3	Beyond These Walls, Chapter 3
presents 11/28	Beyond These Walls, Chapter 8
12/7 Exam 2 12/7	2pm, Exam #2, regular classroom