**University of Memphis, Department of Communication**

COMM 7/8012: Graduate Seminar in Health Communication

**Course Description:**

Our readings and discussions will emphasize texts and literature that portray palliative care from a variety of perspectives and in a variety of health contexts. We will concentrate on theoretical, but especially applied issues revealed in empirical research, emphasizing the impact and potential of narrative education in nursing, medicine, and allied health. The work in this course will acquaint you with a broad understanding of palliative care, explore narrative research in palliative care health communication, and examine the lived experiences of patients, families, and clinicians. A secondary focus of the course will be to learn and utilize narrative methods. Although this course deals primarily with the interpersonal, relational aspects of health communication, you will also gain exposure to mediated and organizational contexts for palliative care communication.

**Course Objectives:**

The goals of the course, then, are to acquaint you with the broad scope of palliative care communication scholarship, engage narrative theory and method in practice, and execute narrative scholarship that seizes on a problematic of palliative care. Additionally, a dominating course objective will be the pursuit of research translation and dissemination to the clinical setting. Specific course topics include (but are not limited to):

Palliative Care Communication

Narrative Theory and Method

Clinician Narratives

Clinical Education and Narratives

Patient/Family/Caregiver Narratives

Systems Level Narratives

By the end of the term Graduate Students will:

* Develop an understanding of the scholarly and literary works studied in the course, particularly in terms of what these works reveal about palliative care and narrative research in communication.
* Develop the ability to perform scholarly work through data analysis, research, narrative practices, and oral presentation.
* Develop a specific knowledge of the perspectives and research examining clinician, patient, family and health systems in palliative care from various narrative perspectives.
* Develop an understanding of the areas of study in palliative care communication.
* Develop the ability to engage other intellectuals in a seminar classroom setting through discussion, and leadership.

**Required Readings:**

* *Narrative and Stories in Health Care: Illness, Dying, and Bereavement* (2009)**--**Guanaratnam, Y., & Oliviere, D. (Eds.). Oxford (2009)
* *Death of Ivan Ilyich* – Leo Tolstoy, Tribeca Books (2012)
* *Exit Strategy*—David Oliver, Smashwords.com (e-book)
* *The Mercy Papers* – Robin Romm, Scribner Press (2009)
* *Dying with Comfort: Family Narratives and Early Palliative Care*—Elaine Wittenberg-Lyles, Joy Goldsmith, Sandra Ragan, Sandra Sanchez-Reilly—Hampton Press (2010)
* The following journal articles/readings will be provided for you.

**Narrative Theory**

Charon, R., & Montello, M. (Eds.). (2002). Stories matter: The role of narrative in medical ethics (reflective

bioethics). [Exerpts]. Routledge, New York.

Frank, A. (1995). The Wounded Storyteller [Excerpts]. University of Chicago Press, Chicago.

Fisher, W. (1984). Narration as a human communication paradigm: The case of public moral argument. *Communication Monographs, 51*, 1-22.

**Narrative as Method**

Bingley, A., Thomas, C., Brown, J., Reeve, J., & Payne, S. (2008). Developing narrative research in supportive

and palliative care: the focus on illness narratives. *Palliative Medicine*, 22, 653-658.

Mishler, E. G. (1986). *Research interviewing: Context and narrative* [excerpt]*.* Cambridge, MA: Harvard University

Press.

Reissman, C. K. (2001). Analysis of personal narratives. In J.F. Gubrium & J.A. Holstein (Eds.) *Handbook of*

*Interview Research: Context and Method* (pp. 695-710). Thousand Oaks, CA: Sage.

Sharf, B., & Vanderford. M. (2003). Illness narratives and the social construction of health. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.) *Handbook of Health Communication* (pp. 9-34). Mahwah, NJ: Erlbaum.

Sharf, B., Harter, L., Yamasaki, J., & Haidet, P. (2011). Narrative turns epic: Continuing developments in health narrative scholarship. In T. Thompson, R. Parrott, & J. Nussbaum (Eds.) (2nd ed.), New York: *Routledege Handbook of Health Communication.*

**Clinician Narrative**

Charon, R. (2006). The self-telling body. *Narrative Inquiry, 16,* 191-200.

Macpherson, C. F. (2008). Peer-supported storytelling for grieving pediatric oncology nurses. *Journal of Pediatric Oncology Nursing, 25,* 148-163.

Radley, A., Mayberry, J., & Pearce, M. (2008). Time, space and opportunity in the outpatient consultation: ‘The doctor’s story’. *Social Science and Medicine, 66,* 1484-1496.

Vuokila-Oikkonen, P., Janhonen, S., Saarento, O., & Harri, M. (2002). Storytelling of co-operative team meetings in acute psychiatric care. *Journal of Advanced Nursing, 40,* 189-198.

**Clinician Education**

Goldsmith, J., Wittenberg-Lyles., E., Rodriguez, D., & Sanchez-Reilly, S. (2010). Interdisciplinary geriatric and

palliative care team narratives: Collaboration practices and barriers. *Qualitative Health Research*, *20*(1),

94-104.

Kumagai, A. K. (2008). A conceptual framework for the use of illness narratives in medical education. *Academic Medicine, 83,* 653-658.

Wittenberg-Lyles, E.M., Goldsmith, J., Sanchez-Reilly, S., & Ragan, S.L. (2008). Communicating bad news in a

palliative care setting: Deficiencies in current communication training protocols. *Social Science and*

*Medicine*, *66*, 2356-2365.

**Patient/Family Narrative**

Eggly, S. (2002). Physician-patient co-construction of illness narratives in the medical interview. *Health Communication, 14,* 339-360.

Eggly, S., Penner, L., Greene, M., Harper, F., Ruckdeschel, J., & Albrecht, T. (2006). Information seeking “bad

news” oncology interactions: Question asking by patients and their companions. *Social Science and Medicine, 61*, 2974-2985.

Young, A. J., & Rodriguez, K. L. (2006). The role of narrative in discussing end-of-life care: Eliciting values and goals from texts, context, and subtext. *Health Communication, 19,* 49-59.

Sharf, B.F., Stelljes, L.A., & Gordon, H.S. (2005). ‘A little bitty spot and I’m a big man’: Patients’ perspectives

on refusing diagnosis or treatment for luncancer. *PsychoOncology, 14*, 636-646.

**Systems Level Narrative Study**

Back, A., Young, J. P., McCown, E., Reinke, L., Wenrich, M., et al. (2009). Abandonment at end of life from patient, caregiver, nurse and physician perspectives. *Archives of Internal Medicine*, 169, 474-479.

Kreuter, M.W., Green, M.C., Cappella, J. N., Slater, M.D., Wise, M.E., Storey, D., et al. (2007). Narrative Communication in cancer prevention and control: A framework to guide research and application.  *Annals of Behavioral Medicine, 33,* 221-235.

Smith, T., Temin, S., Alesi, E., Abernathy, A., Balboni, T., Besch, E., Ferrell, B, et al. (2012). American Society of Clinical Oncology Provisional Clinical Opinion: The integration of palliative care into standard oncology care. *Journal of Clinical Oncology*, 30, 880-887.

**Course Assignments (in brief) and Evaluation:**

1. Original research paper (18-22 pages) **and** oral presentation -40%/10%
2. Transcription and analysis of narrative data -10%
3. Reviewer/discussion leader for assigned journal articles -20%
4. Seminar participation -20%

**Considerations of evaluation:**

**Absences** and **Lateness** are taboo in graduate courses. Because we are meeting weekly during the semester, it is imperative that you attend consistently for the entire class.

**Late assignments and/or Incompletes** are considered only in the rare case of personal emergency. Please talk with me in such a case.

**Academic dishonesty (plagiarism**) is always unacceptable and will result in harsh sanctions by the University of Memphis. Be familiar with these. If you are concerned about inadvertent plagiarism, feel free to consult me if you have questions about what counts as academic dishonesty. I also recommend OWL at Purdue.

I attempt to be fair, objective, and constructive in my evaluation of your work. I welcome your feedback and will be glad to discuss any comments, questions, or concerns you have regarding evaluation or any other aspects of the course.

Reasonable and appropriate accommodations will be provided to students with disabilities who present a memo from Disability Resources for Students (DRS). Students who request disability accommodations will be referred to DRS in Wilder Tower, 110.

# My Responsibilities

I've done my best to put together an interesting, informative list of readings and class topics. While I may lecture rarely, I see my primary job as facilitating discussion among us, as well as providing guidance and feedback to each of you as you proceed with your projects. I encourage each of you to make *at least* one 30 minute appointment with me to talk in-depth about your final paper. During these meetings, I am willing to provide comments on outlines, excerpts from rough drafts, *provided* I am given reasonable lead time. A portion of our class each week will be dedicated to updates about your/your team’s work, and challenges or questions you might have about any step in the writing process along the way. I do not have time to read through entire preliminary drafts in order to provide you feedback. It is my hope that I have provided a course structure that will allow us to learn from one another the exhilarations, challenges, difficulties, and enjoyments of doing this kind of research.

**Course Assignments: Detailed Descriptions Further Support for Projects/Assignments in this Course Will Be Provided in Class**

* **Original research paper (18-22 pages)**

All of you will be embarking on an original piece of writing in this course. You are welcome to work as individuals, or in teams. I’d prefer no more than 3 students per research team. Please make this decision before our class on Sept. 18. For some of you, the data you transcribe in the first days of our class will serve as the content for the paper. For others, found narratives of a variety of types will provide material for analysis.

The paper you develop will contain the traditional components of social science research.

Rationale – What is the question you are investigating? Why is it important? What do we already know about this area of research? What do we need to know? What theory or theories should be guiding the investigation of your question? The beginning of your paper is **all** about appealing to your peers/audience.

Review of relevant literature – This should be a thorough, comprehensive, and up-to-date review of previous research studies, including empirical studies (i.e., data-driven); critical, interpretive, and theoretical studies; and overview summaries/analyses of extant research and literature. You will need to thoroughly research your topic by consulting current (i.e., academic journals and books). You must review communication journals, although you’ll also find articles dealing with health communication in **several other disciplinary journals**. Interprofessional clinical journals with a social science approach to health care will also be useful in your literature search.

You will then need a summary section that synthesizes major findings, points out inconsistencies and discrepancies in the literature, and suggests a real need for the study you are proposing. Here you identify your research question(s).

A research design and method must articulate how you approached the data and informs the reader about participant involvement and experience.

A results and discussion section should report findings and situate them in the landscape of current research, identifying outstanding needs and future directions.

Implications address the potential and realized practical applications of this work.

Your research paper should be of convention-submissable quality and should conform to APA style as delineated in the *Publication Manual of the American Psychological Association*, 6th edition (unless you want to tackle another writing style—which I am open to…more on this).

* **Oral Presentation (in conjunction with research project)**

In a well-organized oral report of approximately 20 minutes, you will summarize the contents of your research project. In addition, you will need to distribute your reference list to all class members.

The presentation must be extemporaneous and engaging, and will serve as good practice for conference attendance/presentation.  You may, however, accomplish this in whatever manner is appropriate for the material AND audience.  All group members must participate in the presentation if you are working with a team. We will enjoy this delivery at the end of the semester.

* **Transcription and Analysis**

We will engage narrative data during the course in the form of caregiver recordings. These are a product of a telephone support group for family caregivers. Our seminar will transcribe these within the first two weeks of class. Some of you will go on to utilize this data in your projects for the course. Some of you will choose not to. Part One of the process is understanding the conventions of narrative transcription, part Two is actuating the transcribing, and part three is offering the class an analysis of your narrative(s).

* **Discussion/Reviewer Leader**

The class will be reading many articles in addition to books and excerpts of books. Each student will select two coinciding readings for review and discussion. As a reviewer/discussion leader, you will present a brief summary of the article, including its rationale, method, findings, and contributions to health communication literature. You will then critique the work by discussing its strengths and limitations. At the end of your report, pose several questions or “talking points” to elicit class discussion of the article. Your review and discussion should be approximately 30 minutes in length. **Please include a third article that I have not assigned. This piece should relate/comingle** with the other two to add dimension and texture to your review.

* **Seminar Participation**

My expectations for your contributions to each class session include: come to class having thoroughly prepared yourself by reading and thinking about the assigned readings; volunteer your responses and opinions in a reasoned, responsible, and rhetorically sensitive manner, neither dominating nor being dominated. The success of a graduate seminar rests largely on your willingness to engage.

Evaluating this component of your grade is a decidedly subjective process. I’ll be happy to discuss your seminar participation with you at any time during the semester.

**Course Calendar**

Schedule is subject to change to accommodate the pace of the class and the humans in it.

| **Week/Date** | **Resources and Topics** | **Productivity** |
| --- | --- | --- |
| August 28 | -Introductions  -Palliative Care  -Your Instructor  Chekov’s *Misery* |  |
| September 4 | **Palliative Care and Communication**  *Dying with Comfort: Family Narratives and Early Palliative Care (1-4)* | -CITI affiliation with UM and UK complete |
| September 11 | **Palliative Care and Communication**  *Dying with Comfort: Family Narratives and Early Palliative Care*  *Death of Ivan Ilyich-Tolstoy*  Bingley, A., Thomas, C., Brown, J., Reeve, J., & Payne, S. (2008).  Fisher, W. (1984). | -Discussion/Review Leader:  IRB check in |
| September 18 | **Narrative Theory and Method**  Mishler, E. G. (1986).  Reissman, C. K. (2001).  Sharf, B., & Vanderford. M. (2003).  Sharf, B., Harter, L., Yamasaki, J., & Haidet, P. (2011). | -Discussion/Review Leader:  -Transcripts Completed, Brief Analysis Presented |
| September 25 | **Clinician Narrative**  *Narrative and Stories in Health Care: Illness, Dying, and Bereavement (1-7)*  Moyers on Dying |  |
| October 2 | **Clinician Narrative**  *Narrative and Stories in Health Care: Illness, Dying, and Bereavement*  Charon, R. (2006).  Macpherson, C. F. (2008).  Radley, A., Mayberry, J., & Pearce, M. (2008).  Vuokila-Oikkonen, P., Janhonen, S., Saarento, O., & Harri, M. (2002). | -Discussion/Review Leader: |
| October 9  (Joy in California) | **Clinician Education**  Wittenberg-Lyles, E.M., Goldsmith, J., Sanchez-Reilly, S., & Ragan, S.L. (2008). | **-Two Page Prospectus of Final Research Project Due** |
| October 16 | **Clinician Education**  Goldsmith, J., Wittenberg-Lyles., E., Rodriguez, D., & Sanchez-Reilly, S. (2010).  Kumagai, A. K. (2008).  Evan Mayday’s Good Death | -Discussion/Review Leader: |
| October 23 | **Patient and Family Narrative**  *The Mercy Papers*  Lion in the House |  |
| October 30 | **Patient and Family Narrative**  Eggly, S. (2002).  Eggly, S., Penner, L., Greene, M., Harper, F., Ruckdeschel, J., & Albrecht, T. (2006). | -Discussion/Review Leader: |
| November 6 | **Patient and Family Narrative**  *Exit Strategy*  Sharf, B.F., Stelljes, L.A., & Gordon, H.S. (2005).  Young, A. J., & Rodriguez, K. L. (2006).  dbocancerjourney.blogspot.com | -Discussion/Review Leader: |
| November 13 | **Systems Level Narrative Study**  Kreuter, M.W., Green, M.C., Cappella, J. N., Slater, M.D., Wise, M.E., Storey, D., et al. (2007).  Back, A., Young, J. P., McCown, E., Reinke, L., Wenrich, M., et al. (2009).  Smith, T., Temin, S., Alesi, E., Abernathy, A., Balboni, T., Besch, E., Ferrell, B, et al. (2012). | -Discussion/Review Leader: |
| November 20  (NCA) | **Systems Level Narrative Study** |  |
| November 27 |  | -Discussion/Review Leader: |
| December 4 | Papers Due | **-Oral Presentations of Final Projects** |
|  | **Final Meeting—Dinner, Papers Returned** |  |

Authorship Guidelines Policy

***Faculty contributions*** should include one or more of the following (authorship order shall reflect the sum and value of efforts in these areas):

1. Writing of drafts
2. Funding
3. Analysis
4. Conceptualization and design
5. Data collection
6. Editing

Consultants will be placed on manuscripts as negotiated.

***Staff and student contributions*** (NOTE: Students who are paid are considered staff.)

Recognizing that different disciplines handle authorship by students and staff differently, we commit to the following general guidelines for ***staff*** and ***student*** authorship. Any exceptions to these guidelines must be agreed upon by the lead study investigator.

1. In general, ***staff*** contributions resulting from paid work within one’s job description will not warrant inclusion in authorship.

2. To warrant inclusion in authorship, ***staff*** contributions must include a minimum of two (2) of the following tasks *outside of one’s job description*:

* 1. Conceptualization and study design
  2. Data collection
  3. Analysis and interpretation (qualitative or quantitative analysis)
  4. Writing (including text, tables, figures)
  5. Critical revision
  6. Administrative/technical support

Order of authorship will be determined by considering the sum and value of authors’ efforts in these areas.

3. To warrant inclusion in authorship, ***students earning course credit*** for their work must contribute in at least two (2) of the areas detailed above in #2. ***Students working on a volunteer basis*** (earning no money or course credit) must contribute in at least one (1) of the areas detailed above in #2.

4. In general, ***students working on a volunteer basis*** (earning no money or course credit) will have recognition higher than ***staff*** and ***students earning course credit***, assuming all other elements are equal.

5. If all other elements are equal, ***PhD students*** will be listed before ***Master’s students*** in order of authorship. Similarly, ***Master’s students*** will be listed before ***Bachelor’s students*** in order of authorship, assuming all other elements are equal.