Eastern Illinois University New/Revised Course Proposal Format (Approved by CAA on 4/3/14 and CGS on 4/15/14, Effective Fall 2014)

Banner/Catalog	Information ((Coversheet)
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1.	_X_New Course orRevision of Existing Course					
2.	Course prefix and number:HCM 2910					
3.	Short title:Intro to Health Comm					
4.	Long title:Introduction to Health Communication					
5.	Hours per week: _3 Class0_ Lab3_ Credit					
6.	Terms: Fall Spring SummerX_ On demand					
7.	Initial term: _X Fall Spring Summer Year: _2017					
8.	Catalog course description:					
	An introduction to health communication that focuses on the health consumer's perspective. The course highlights social and communicative factors that influence comprehension and behaviors related to health. Topics may include decision-making, media presentations, doctor-patient interaction, patient empowerment, social support, family communication and the effects of public and political discourse on health.					
9.	Course attributes:					
	General education component:N/A					
	Cultural diversity Honors Writing centered Writing intensiveWriting active					
10.	Instructional delivery Type of Course:					
	X_ Lecture Lab Lecture/lab combined Independent study/research					
	Internship Performance Practicum/clinical Other, specify:					
	Mode(s) of Delivery:					
	X_ Face to FaceX_ Online Study Abroad					
Hybrid, specify approximate amount of on-line and face-to-face instruction						
11.	Course(s) to be deleted from the catalog once this course is approved. None					
12.	Equivalent course(s):None					
	a Are students allowed to take equivalent course(s) for credit? Yes No					

13.	Prerequisite(s):None					
	a. Can prerequisite be taken concurrently? Yes No					
	b. Minimum grade required for the prerequisite course(s)?					
	c. Use Banner coding to enforce prerequisite course(s)? Yes No					
	d. Who may waive prerequisite(s)?					
	No one Chair Instructor Advisor Other (specify)					
14.	Co-requisite(s):None					
15. Enrollment restrictions						
	a. Degrees, colleges, majors, levels, classes which <u>may</u> take the course:All					
	b. Degrees, colleges, majors, levels, classes which may <u>not</u> take the course:None					
16.	Repeat status: X_ May not be repeated May be repeated once with credit					
17.	Enter the limit, if any, on hours which may be applied to a major or minor: $_N/A__$					
18.	Grading methods: _X Standard CR/NC Audit ABC/NC					
19.	Special grading provisions:					
	Grade for course will <u>not</u> count in a student's grade point average.					
	Grade for course will <u>not</u> count in hours toward graduation.					
Grade for course will be removed from GPA if student already has credit for or is regi						
Credit hours for course will be removed from student's hours toward graduation is already has credit for or is registered in:						
20.	Additional costs to students: Supplemental Materials or SoftwareN/A					
	Course FeeX_ NoYes, Explain if yes					
21.	Community college transfer:					
	_X A community college course may be judged equivalent.					
	A community college may <u>not</u> be judged equivalent.					
	Note: Upper division credit (3000+) will <u>not</u> be granted for a community college course, even if the content is judged to be equivalent.					

Rationale, Justifications, and Assurances (Part I)

l.	_XCourse is required for the major(s) ofHealth Communication	
	Course is required for the minor(s) of	
Course is required for the certificate program(s) of		
	X Course is used as an elective	

- **2. Rationale for proposal**: HCM 2910 will be an introductory core course, providing foundational knowledge for the proposed Health Communication major.
- 3. Justifications for (answer N/A if not applicable)

Similarity to other courses: N/A

<u>Prerequisites</u>: N/A <u>Co-requisites</u>: N/A

Enrollment restrictions: N/A

Writing active, intensive, centered: N/A

4. General education assurances (answer N/A if not applicable)

General education component: N/A

<u>Curriculum</u>: N/A <u>Instruction</u>: N/A Assessment: N/A

5. Online/Hybrid delivery justification & assurances (answer N/A if not applicable)

Online or hybrid delivery justification: This course may be offered online in response to increased demand for technology-delivered courses. Learning objectives will be the same as in-person offerings.

<u>Instruction</u>: Course content will be delivered online in a variety of media, such as text, video, and audio as appropriate through the university's online learning platform. Assignments and evaluation for the online sections will differ from the face-to-face sections, as noted below. Instructors will complete OCDi certification or equivalent.

<u>Integrity</u>: At the beginning of the course, students will be required to complete a module on academic integrity, which is not part of the in-person offering.

Assignments will be checked for originality in a variety of ways, such as:

- Written assignments will be turned in through the university's online learning platform and checked for plagiarism, using digital tools as well as traditional methods.
- Quizzes and exams will be timed and require browser locks.

 Student discussion posts and formal written work will be graded for substantive commentary, which is expected to be accurate in terms of course content and novel in terms of students' own insights and experiences.

<u>Interaction</u>: The instructor will facilitate student-faculty and student-student interaction via email, phone, video conferencing, social media, discussion boards, and/or shared online workspaces. In each module, students will be required to post to an online discussion board in response to prompts posed by the instructor and in response to their peers' comments. As a class, students may also be required to meet multiple times during the term to participate synchronously via video conferencing and shared workspaces or online chats.

Model Syllabus (Part II)

1. HCM 2910: Introduction to Health Communication, 3 credit hours

- **2.** An introduction to health communication that focuses on the health consumer's perspective. The course highlights the social and communicative factors that influence comprehension and behaviors related to health. Topics may include decision-making, media presentations, doctor-patient interaction, patient empowerment, social support, family communication and the effects of public and political discourse on health.
- **3.** Upon completion of this course, students should be able to:
 - Explain the socially constructed nature of health and health care [CT1-6, WR1-7, RC1-4]
 - Analyze the communicative factors affecting one's own health perspective [CT1-6, WR1-7, RC2&4]
 - Critique media and political influence on social understandings of health [CT1-6, SL1-7, RC1&3]
 - Explain and implement communicative practices related to patient empowerment [CT1-6, WR1-7, SL1-7, RC1-4]
 - Understand and enhance personal approaches to social support and family communication about health issues (CT1-6, WR1-7)
 - Implement high-quality communication practices in students' health-related interactions [CT1-6, SL4&7, RC1-4]

4. Course Material

Parrott, R. (2009). Talking about Health: Why Communication Matters. Malden, Mass.: Wiley-Blackwell.

5. Weekly outline of content

Face-to-face: 150 minutes of class contact time each week.

Online: Students will spend at least 150 minutes online interacting with students synchronously and/or asynchronously, reading modules and reviewing instruction.

Each format includes at least 2,250 total minutes of contact and interaction with the instructor and other students throughout the semester.

- Week 1: Course introductions; Communication as a factor in health and well-being, social construction of health and illness; defining health communication.
- Week 2: Health literacy and deciphering various forms of health information; understanding, and improving health literacy.
- Week 3: Address factors affecting one's health perspectives (culture, race, ethnicity, religion, gender, sexuality: how our beliefs, attitudes and values influence our intentions and behaviors)
- Week 4: Address factors affecting decision-making (motivation, reward and punishment, novelty and procrastination, uncertainty management and fear)
- Week 5: Understand health in media and advertising (fictional and non-fictional/journalistic presentations; advertising and pharmaceutical companies; development of consumerist perspective)
- Week 6: Group media presentations; E-health, the influence of the internet and social media on health (health information seeking, social support, spreading misinformation, communicating with our practitioners, how to use e-health technologies and avoid misusing them)
- Week 7: Doctors and Patients: Differing perspectives (introduction to biomedical vs. biopsychosocial perspective, voice of the life world vs. voice of medicine, doctors and detachment, why bedside manner should matter)
- Week 8: Healthcare challenges (limits and barriers in doctor-patient interaction, lack of social support, optimism and fatalism, locus of control, social stigma)
- Week 9: Being an empowered patient (understanding managed care environment, advance directives and living wills, patients' rights, informed consent)
- Week 10: Being an empowered patient (seeking support, asking questions, preparing for health-care visits, getting second opinions, understanding malpractice)
- Week 11: Social support (social stigmas, reasons for lack of support, types of support, cautions)
- Week 12: Family communication (patterns, support, decision-making, difficult but important conversations, challenges across family lifespan, paternalism and autonomy)
- Week 13: Communication about public health and public safety (freedoms and limitations, public safety, crisis communication)
- Week 14: Political communication about health (medical research and grants, political agenda-setting, medical associations and lobbyists, patient advocacy)
- Week 15: Summing up and looking forward, final presentations of Patient Empowerment Project (In this project students are asked to choose a health concern related to patient empowerment, such as patients' rights or family communication about advance directives. Students will incorporate course content with credible outside research into a presentation that increases public awareness about the chosen issue.)

Week 16: Final Exam

6. Assignments and evaluation

Health perspective reflection paper (10 %) Group project/ presentation (15%) Patient Empowerment Project (20%) Exams (15% per exam, 45% total) In-class assignments or discussion posts (10%)

7. Grading Scale

A 90-100%

B 80-89%

C 70-79%

D 60-69%

F below 60%

8.

	Reflection paper (10%)	Group Presentation (15%)	Patient Empowerment Project (20%)	Exams (45%)	In-class (10%)
Explain the socially constructed nature of health and health care [CT1-6, WR1-7, RC1-4]	X	X		X	X
Analyze the communicative factors affecting one's own health perspective [CT1-6, WR1-7, RC2&4]	X	X		X	X
Critique media and political influence on social understandings of health [CT1-6, SL1-7, RC1&3]		X		X	X
Explain and implement communicative practices related to patient empowerment [CT1-6, WR1-7, SL1-7, RC1-4]			X	X	X

Understand and enhance personal approaches to social support and family communication about health		X	X	X
issues (CT1-6, WR1-7]				
Implement high quality			X	X
communication practices in				
their own health-related				
interactions [CT1-6, SL4&7,				
RC1-4]				

Date approved by the Department of Health Studies: 2/5/2016

Date approved by the Department of Communication Studies: 2/18/16

Date approved by the CEPS college curriculum committee:

Date approved by the CAH college curriculum committee: 9/14/16 Date approved by the Honors Council (if this is an honors course):

Date approved by CAA: CGS: