

## **Comm 615: Health Communication**

**Professor Peter Clarke, and Colleagues on the Annenberg School Faculty  
(Fall Term, 2012)**

Professor Clarke is the lead instructor in Comm 615 and coordinator of other faculty contributions to the course. He is Professor of Communication and of Preventive Medicine at USC. Comm 615 meets 6 - 8:50 p.m. on Mondays in ASC 236).

### **Preamble.**

This seminar is designed for doctoral students who will enter two types of careers, either: a) originating research about communication and helping improve people's health or sense of wellbeing through scholarship; or b) interpreting research about health communication to others who manage health and medical resources. Accordingly, we welcome students with varying interests: those who wish to conduct empirical studies, as well as those who will work outside of universities or research firms. These other settings include non-profit health organizations (sometimes NGOs abroad) that strive to reduce public risks of illnesses, media that report health and medical news, or organizations that create dramatizations about disease and other healthcare issues.

At the course's completion, students will have clearer ideas about pathologies in communication that undermine the quality of health care, about the effectiveness of alternative communication strategies that seek to remedy those problems, and about research designs suitable for learning more about health communication.

### **Course aims and learning goals.**

Readings and discussions concentrate on communication in medical systems and exchanges that involve people under care. But we include other forms of health communication, including campaigns directed at diverse publics, disease management tools, outreach to writers and producers in mass media, and more.

Students will:

- a. learn the results of research into a wide sweep of topics in health communication;
- b. discover how different research designs help illuminate these topics;
- c. distinguish original and interesting research from derivative or incremental findings; and
- d. acquire skills of visualizing research results and communicating them in more revealing ways than words and numbers alone make possible.

Each of the course's meetings (and associated readings and assignments) teaches current research evidence about its topic and behavior theories that have driven the collection of that evidence. Many meetings also teach about research designs and measurement strategies that have gained prominence for exploring topics in health communication. Designs include biographical experience; ethnography and observation; epidemiological designs and surveys; and randomized controlled trials.

Students will find other Annenberg courses that specialize in related concerns. Comm 615 dovetails with, but does not substitute for these other offerings. Comm 615 begins with foundational issues in health communication, and concludes with five sessions that address special (and diverse) topics. These final sessions are led by other Annenberg faculty. The School possesses exceptional resources in these additional topics for research training and practical experience at the doctoral level.

### **Course readings and assignments.**

All students read three books. You will also read handouts containing additional articles and chapters. Readings should be completed for the session where they are shown.

Required books that you should purchase are:

- Taylor, S.E. (2002). *The tending instinct: How nurturing is essential for who we are and how we live*. New York: Henry Holt.
- Tufte, E. (2006). *Beautiful evidence*. Chesire, CT: Graphics Press.
- Kelly, P. (2005). *The seven slide solution*. Westport, CT: Silvermine Press.

Other readings are distributed as digital files on a free CD, or made available freely by other means.

Many class sessions also include a written submission or other project, described below under each week's *Assignment*. I will distribute more complete descriptions of Assignments in class. You will submit each work at the class session indicated in the syllabus. Late submissions will be eligible for half-credit only.

### **Attendance.**

Students are expected to attend all class sessions. Discussions during class meetings constitute a large share of learning that takes place. If you must miss a session, please contact the instructor beforehand (or immediately after your absence). One, explained absence is allowed; beyond that, each absence costs you five points.

### **Course grading.**

You compile most of your final grade (100 points) based on the short written Assignments you complete across the entire semester. There are 10 of these, each

worth 7-9 points (totaling 76); your oral presentations and contributions to class discussions constitute the remaining points.

90 - 100 pts.	A
80 - 89 pts.	B
70 - 79 pts.	C
0 - 69 pts.	D

### **Contact with instructors.**

I encourage you to e-mail me with whatever questions or concerns you may have (Professor Clarke, [chmc@usc.edu](mailto:chmc@usc.edu)). Office hours are noon- 1 p.m. on Wednesdays in Annenberg 324G. You can reach me by phone at 213-740-0940, although e-mail is often a swifter means of contact. I will distribute contact information for instructors in Section II at the start of the semester.

### **Course topics, meeting-by-meeting.**

#### **I. Foundations of Health Communication**

Aug. 27. Introduction to the course. Social gradients in public wellbeing, stubborn disparities in medical care, J-curves in the allocation of care resources, and implications for health communication. Comparisons between the U.S. and other economically advanced nations. No readings.

Sept. 3 Labor Day, no class.

Sept. 10. How to distinguish path-breaking hypotheses from incremental ones and identify health communication research of exceptional originality. High-impact versus peripheral venues where research is published.

Readings. Guetzkow, J., Lamont, M., & Mallard, G. (2004). What is originality in the humanities and the social sciences? *American Sociological Review*, 69,190-212.

Davis, M.S. (1971). That's interesting! Towards a phenomenology of sociology and a sociology of phenomenology. *Philosophy of Social Science*, 1, 309-344.

Assignment. Identify two academic journal articles in health communication that are original and interesting. Explain, point-by-point, why each satisfies these standards--drawing explicitly on the readings and citing pertinent passages; 5-7 pages, double-spaced; attach publications. Explanation for publication one, 3 pts.; explanation for publication two, 3 pts.; originality and interest-value of the publications you choose, 3 pts. Due Sept. 17.

Note: I will distribute additional guidance about your presentations to our meeting on Sept. 17 (Fi = 615GuideSept17-2012).

Sept. 17 Current issues in provider-patient communication. Verbal and non-verbal communication between care providers and patients that has clinical significance.

Readings. Groopman, J. (2007). *How doctors think*. Boston: Houghton-Mifflin. Pp. 1-26 and 260-269.

Groopman, J. (1997). *The measure of our days: A spiritual exploration of illness*. New York: Viking. Pp. 7-38.

Gawande, A. (2007). *Better: A surgeon's notes on performance*. New York: Henry Holt. Pp. 201-230.

Braddock, C., et al. (1999). Informed decision making in outpatient practice: Time to get back to basics. *Journal of the American Medical Association*, 282, 2313-2320.

Krones, T., et al. (2008). Absolute cardiovascular disease risk and shared decision making in primary care: A randomized controlled trial. *Annals of Family Medicine*, 6, 218-227.

Schneider, J., et al. (2004). Better physician-patient relationships are associated with higher reported adherence to antiretroviral therapy in patients with HIV infection. *Journal of General Internal Medicine*, 19, 1096-1103.

Zandbelt, L.C., et al. (2007). Medical specialists' patient-centered communication and patient-reported outcomes. *Medical Care*, 45, 330-339.

Elwyn, G., et al. (2004). Achieving involvement: Process outcomes from a cluster randomized trial of shared decision making skill development and use of risk communication aids in general practice. *Family Practice*, 21, 337-46.

Rubin, D.T., et al. (2007). What is the most effective way to communicate results after endoscopy? *Gastrointestinal Endoscopy*, 66, 108-112.

De Ridder, D.T.D., Theunissen, N.C.M., & van Dulmen, S.M. (2007). Does training general practitioners to elicit patients' illness representations and action plans influence their communication as a whole? *Patient Education and Counseling*, 66, 327-336.

Assignment. On Sept. 17, I will distribute targets--topics and methods--for literature searches. Targets will vary by topics they address in provider-patient communication, and by methodologies that they deploy. Each student's search will result in a recent study exemplifying the topic-method combination assigned him or her, plus an earlier foundational publication contributing to the recent study. You will write 5-7 pages, double spaced, and report in seminar on the works your search uncovered. Organize your short paper and presentation into these sections: 1) problem the recent study addressed, and why it is clinically important; 2) contributions by the foundational publication to framing this problem in a productive way; 3) methods of inquiry; 4) findings or results; and 5) implications for further research and for clinical practice. Attach publications to your paper. Written paper, 7 pts.; class presentation, 7 pts. Due Sept. 24.

Sept. 24. Continue discussing topics and readings from Sept. 17.

Oct. 1. The social ecology of illness and health: communication and the tending of others.

Reading. Taylor, S.E. (2002). *The tending instinct: How nurturing is essential for who we are and how we live.* New York: Henry Holt. Chs. 1-5 and 10-11.

Assignment. On Sept. 24, I will distribute two targets for literature searches to each of you. Each search will expand on an application of Taylor's work to physical health. You will find studies published since 2002 that cite Taylor's book, or studies she has relied on. Use each search to enlarge our understanding of the social-communication context surrounding illness and/or recovery from illness or injury. Organize your paper (5-7 pages, double spaced) by targets. Attach the studies to your paper. 7 pts. Due Oct. 1.

Your concluding sentences, for each target, should outline a proposition or hypothesis about communication and health, that you feel deserves empirical research. Explain why this proposition is important. Based on a brief bibliographic search (using Ovid and PsycInfo), has this hypothesis been tested?

Oct. 8. Self-management tools in health care: helping people communicate with themselves.

Readings. For overviews of this topic, go online to:

<http://www.chcf.org/documents/chronicdisease/PatientSelfManagementToolsOverview.pdf> ; and to <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0040104&ct=1#journal-pmed-0040104-b028>.

Foster, G. Taylor, S.J.C., Eldridge, S.E., Ramsay, J., & Griffiths, C.J. (2007). Self-management education programmes by lay leaders for people with chronic conditions. *Cochrane Database of Systematic Reviews*, 4, 1-68.

Nguyen, H.Q., et al. (2008). Randomized controlled trial of an internet-based versus face-to-face dyspnea self-management program for patients with chronic obstructive pulmonary disease: Pilot study. *Journal of Medical Internet Research*, 10, e9.

Effing, T.W., et al. (2007). Self-management education for patients with chronic obstructive pulmonary disease. *Cochrane Database of Systematic Reviews*, 4.

Sarkar, U., et al. (2008). Preferences for self-management support: Findings from a survey of diabetes patients in safety-net health systems. *Patient Education and Counseling*, 70, 102-110.

Van der Meer, V., et al. (2007). Internet-based self-management offers an opportunity to achieve better asthma control in adolescents. *Chest*, 132, 112-119.

Lorig, K.R., et al. (2006). Internet-based chronic disease self-management: A randomized trial. *Medical Care*, 44, 964-971.

[Plus two readings, to come, about Quick! Help for Meals.]

Assignment. Go online to a self-management tool for a condition that interests you (register, if necessary), or obtain a paper-based tool. Practice using the tool, mimicking a patient. (You may need to consult a friend with this condition, in order to conduct a realistic role-play.) Describe essential features of this tool. Draw explicitly on required readings to evaluate your chosen tool--noting omissions of potentially-valuable features, and observing both positive and negative aspects of this tool. 4-6 pages, double spaced. Attach screen shots of your tool's most critical pages, or insert paper sheets of critical steps. Description, 3 pts.; evaluation, 3 pts.; use of required readings, 2 pts. Due Oct. 15.

Oct. 15,  
Oct. 22      Audience-centered, indigenous models for interventions in health communication: working with, not above people who are in need.

Readings. Kluger, J. (2008). Why are only 10 percent of the world's medical resources used to treat 90 percent of its ills? Ch. 10 in *Simplexity: Why simple things become complex (and how complex things can be made simple)*. New York: Hyperion.

Wallerstein, N. & Bernstein, E. (1988). Empowerment education: Freire's ideas adapted to health education. *Health Education and Behavior*, 15, 379-394.

Lujan, J., Ostwald, S.K., & Ortiz, M. (2007). Promotora diabetes intervention for Mexican Americans. *The Diabetes Educator*, 33, 660-670.

Minkler, M., Fadem, P., Perry, M., Blum, K., Moore, L., & Rogers, J. (2002). Ethical dilemmas in participatory action research: A case study from the disability community. *Health Education and Behavior*, 29, 14-29.

Wang, C. & Burris, M.A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education and Behavior*, 24, 369-387.

Rich, M., Lamola, S., Amory, C., & Schneider, L. (2000). Asthma in life context: Video intervention/prevention assessment (VIA). *Pediatrics*, 105, 469-477.

Pennebaker, J.W. & Chung, C.K. (2007). Expressive writing, emotional upheavals, and health. In Friedman, H. & Silver, R. (eds.) *Handbook of health psychology*. New York: Oxford University Press.

Go to <http://www.positivedeviance.org>. Examine the site's materials, presentations, publications, and other features.

Also, browse these resources online:

Grameen Bank:

<http://nobelprize.org/mediaplayer/index.php?id=146&view=3>

Iqbal Qadir, on empowering people:

[http://www.ted.com/index.php/talks/iqbal\\_quadir\\_says\\_mobiles\\_fight\\_poverty.html](http://www.ted.com/index.php/talks/iqbal_quadir_says_mobiles_fight_poverty.html)

Barry Schwartz:

[http://www.ted.com/talks/barry\\_schwartz\\_on\\_our\\_loss\\_of\\_wisdom.html](http://www.ted.com/talks/barry_schwartz_on_our_loss_of_wisdom.html)

*Assignment.* You will use a still camera to take five images of things (other than yourself) that affirm or reinforce your health/wellbeing, and five images of things that threaten or undermine your health/wellbeing. You will print and caption these images. You will join your images and captions with 5-6 pages of text, double spaced, discussing how self-expressive experiences have been used, and might be used even more imaginatively, to improve people's health in a domain that you select. Be attentive to Freire's principles. Reflect on your autobiographical expression. Photos and captions, 3 pts.; text with your ideas about using self-expression in interventions, 5 pts. Due Oct. 22.

Oct. 29. Communication among medical teams that affects the quality of care.

Readings. Lingard, L., et al. (2004). Communication failures in the operating room: An observational classification of recurrent types and effects. *Quality & Safety in Health Care*, 13, 330-334.

Awad, S., et al. (2005). Bridging the communication gap in the operating room with medical team training. *The American Journal of Surgery*, 190, 770-774.

Arora, V., Johnson, J., Lovinger, D., Humphrey, H.J., & Meltzer, D.O. (2005). Communication failures in patient sign-out and suggestions for improvement: A critical incident analysis. *Quality & Safety in Health Care*, 14, 401-407.

Carthey, J. (2002). Behavioural markers of surgical excellence. *Safety Science*, 41, 409-425.

Von Gunten, C.F., Ferris, F.D., & Emanuel, L.L. (2000). Ensuring competency in end-of-life care: Communication and relational skills. *Journal of the American Medical Association*, 284, 3051-3057.

Riley, R.G. & Manias, E. (2006). Governance in operating room nursing: Nurses' knowledge of individual surgeons. *Social Science & Medicine*, 62, 1541-1551.

Riley, R. & Manias, E. (2003). Snap-shots of live theatre: The use of photography to research governance in operating room nursing. *Nursing Inquiry*, 10, 81-90.

Complete the syllabus readings before our meeting.

*Assignment.* You will compare and contrast two methodologies that are frequently used in research into communication among medical teams. These are the "critical incident" approach and the "observational study" approach. Each of you will closely examine two reports of each type, and evaluate the strengths and weaknesses of the two methods for yielding plausible and actionable evidence. In your paper and your presentation to our seminar, discuss the behavioral variables and communication variables you find used in each approach. Discuss, also, whether your reports attribute causes for communication gaps to personal or to systemic lapses. Present results in 4-5 pages, double spaced; attach articles. 7 pts. Due Oct. 29.

Here's how to find your reports using Ovid: a) enter "critical incident" as a ti search, or an ab search; add to this "communication" as an ab search; and



b) enter “observational study” as a ti search, or an ab search; add to this “communication” as an ab search.

Nov. 5. Using methods of data visualization to clarify problem-identification and to choose appropriate research designs. Adding form, color, vector, location, and movement to the words and numbers that constitute conventional data sets in health.

Readings. Tufte, E. (2006). *Beautiful evidence*. Cheshire, CT: Graphics Press. Read entire work.

Kelly, P. (2005). *The seven slide solution*. Westport, CT: Silvermine Press. Read entire work.

Roam, D. (2008). *The back of the napkin*. London: Penguin Books. Read selections in Handout.

Go online and study the sites I distribute, demonstrating methods of data visualization.

Assignment. Create a seven-slide presentation for a published study in health communication that I provide you. . . Tamblyn et al. (Note: you will need to examine your study’s “back-story” of earlier publications.) Draw upon a second study I provide you to formulate your seventh slide. . . Buzaglo et al. Keep a journal during this project, whose entries document: a) how ideas in the readings helped you construct each slide; and b) how your efforts to capture key features of the study in images led you to formulate new hypotheses and consider research designs to test them, or new designs to examine the study’s hypotheses.

You will draw your seven slides free hand (perhaps combining found images). Scan the slides, so you can project them in class. You will NOT use PowerPoint or other standardized template tools. Attach your source publications to your slides and journal. Seven slides, 4 pts.; journal entries, 4 pts. Due Nov. 5.

## **II. Specialized Topics in Health Communication**

Nov. 5. Prof. Michael Cody. Contrasts between Education/Entertainment and other Approaches to Health Communication

Readings. Backer, T.E., Rogers, E.M., & Sopory, P. (1992). *Designing health communication campaigns: What works?* Newbury Park, CA: Sage Publications. Read: Part I: Overview (pages 1 – 34). These pages will be distributed before class.

“Full Stories” for Campaigns that have made a difference:  
[http://www.aef.com/exhibits/social\\_responsibility/ad\\_council/2148](http://www.aef.com/exhibits/social_responsibility/ad_council/2148)

Green, M.C., Brock, T.C., & Kaufman, G.F. (2004). Understanding media enjoyment: The role of transportation into narrative worlds. *Communication Theory*, 14, 311–327.

Section on Serious Games and Learning from Ritterfeld, U., Cody, M.J., Vorderer, P. (Eds.) (2009). *Serious games: Mechanisms and effects*. New York: Routledge Press. Chapters 5, 6, 7, 8 and 9:

Gee, P. Deep learning properties of good digital games: How far can they go?

Graesser, A., Chipman, P., Leeming, F., & Biedenbach, S. Deep learning and emotion in serious games.

Bryant, J. & Fondren, W. Psychological and Communicological Theories of Learning and Emotion Underlying Serious Games.

Lieberman, D. Designing Serious Games for Learning and Health in Informal and Formal Settings.

Blumberg, F.S., & Ismail, S.S. What do children learn from playing digital games?

*Assignment.* Examine [dole5aday.com](http://dole5aday.com), and evaluate the games (i.e., making a salad: <http://www.dole5aday.com/html/Kids/Games%20&%20More/Salad%20Factivity.html>). Write an assessment of the principles used in effective campaigns, narrative analyses and digital games that you see applied to the [dole5aday.com](http://dole5aday.com) web site--4 points. Write an essay advocating ways to improve on the [dole5aday.com](http://dole5aday.com) games that would enhancing learning among children [and cite the readings, or additional sources in your essay]--4 pts. E-mail to [cody@usc.edu](mailto:cody@usc.edu) by Midnight Nov. 18.

Nov. 19. Prof. Margaret McLaughlin. Telemedicine and Beyond: Delivery of Healthcare Services via Mobile Phones.

Fox, S. (2008). Recruit doctors. Let e-patients lead. Go mobile. Pew Internet and American Life Project.

<http://www.pewinternet.org/Reports/2008/Recruit-doctors-Let-e-patients-lead-Go-mobile.aspx>

Swendeman, D., & Rotheram-Borus, M. (2010). Innovation in sexually transmitted disease and HIV prevention: Internet and mobile phone

delivery vehicles for global diffusion. *Current Opinion in Psychiatry*, 23, 139–144

Weitzel, J.A., Bernhardt, J.M., Usdan, S., Mays, D., & Glanz, K. (2007). Using wireless handheld computers and tailored text messaging to reduce negative consequence of drinking alcohol. *Journal of Studies on Alcohol and Drugs*, 68, 534-537.

Hurlin, R., Catt, M., DeBoni, M. Fairley, B.W., Hurst, T., Murray, P., Richardson, A., & Sodhi, J.S. (2007). Using Internet and mobile phone technology to deliver an automated physical activity program: Randomized controlled trial. *Journal of Medical Internet Research*, 9, (2), available online at <http://www.jmir.org/2007/2/e7/HTML>.

Sarasohn-Kahn, J. (2009). Participatory Health: Online and Mobile Tools Help Chronically Ill Manage Their Care. California Healthcare Foundation. <http://www.chcf.org/topics/chronicdisease/index.cfm?itemID=134063>

Assignment. In class we will review some preliminary results from a mobile social networking site built for young adult cancer survivors. Drawing on the readings above and the ideas discussed in class, write a two page white paper proposing a new application of wireless delivery of healthcare services to an underserved population. 3 pts. for demonstrating that the population targeted would be suitable for the proposed application with respect to both need and feasibility (for example, you might be able to demonstrate that the oldest are underserved with respect to information on the potential dangers of drug interactions and overmedication, and that cell phones could be used to deliver appropriate information, but there might be cohort issues related to comfort with technology, ease of access, cost of services, lack of technical support, etc that might make this population unsuitable for such an application). 4 pts. for a creative and feasible proposal for recruitment and implementation. Due Nov. 26 in Prof. McLaughlin's box (ASC 223).

Nov. 26. Prof. Tom Goodnight. Public Discourse and Controversy about Health and Medicine

Readings. Chapman, S. (2004). Advocacy for public health: A primer. *Journal of Epidemiology & Community Health*, 58, 361-365.

Christoffel, K.K. (2000). Public health advocacy: Process and product. *American Journal of Public Health*, 90, 722-726.

*Congressional Quarterly Researcher:*  
Avian flu. January 1, 2006.  
Fighting SARS. June 20, 2003.

Mental illness medication debate. February 6, 2004.  
Vaccine controversies. August 25, 2000.  
Women's health. November 7, 2003.

Assignment. The Internet is a site of health advocacy. Search the internet for a group that speaks for persons either potentially subject to particular medical problems or that speaks for and with persons afflicted. Analyze the site: what are the strategies of definition, visibility, and inclusion? What are the problems with current norms of research, treatment, and public understanding? What actions are encouraged and made available by interaction through the site with other individuals, groups, or networked links? Make a judgment as to the strength and weaknesses of the advocacy. The presentation should involve a ten minute power point presentation (no streaming sections longer than two minutes). The presentation should take the class through the main features of the site as well as draw upon information more generally about the problems of advocacy or controversy in the area selected. 7 pts. for responsiveness to key questions above, in your presentation. [Time constraints will be adjusted to class size.]

Dec. 3. Professor Sandra de Castro Buffington, Director of Hollywood, Health & Society, the Norman Lear Center. Enabling Entertainment Media to Improve Health Messaging

Readings. Kennedy, M. G., O'Leary, A., Beck, V., Pollard, W. E. & Simpson, P. (2004). Increases in calls to the CDC national STD and AIDS hotline following AIDS-related episodes in a soap opera. *Journal of Communication, 54*, 287-301.

Brodie, M., Foehr, U., Rideout, V., Baer, N., Miller, C., Flournoy, R., & Altman, D. (2001). Communicating health information through the entertainment media. *Health Affairs, 20*, 192-199.

Movius, L., Cody, M., Huang, G., & Berkowitz, M. (2007). Motivating television viewers to become organ donors. *Cases in Public Health Communication & Marketing.*

Valente, T.W., Murphy, S.T., Huang, G., Gusek, J., Greene, J. & Beck, V. (2007). Evaluating a minor storyline on ER about teen obesity, hypertension and 5 A Day. *Journal of Health Communication, 12*, 551-566.

Kincaid, D.L., Merritt A.P., Nickerson L., Buffington S., de Castro M.P.P., de Castro B. M. (1996). Impact of a mass media vasectomy promotion campaign in Brazil. *International Family Planning Perspectives, 22*, 169-175.

Assignment. You will design a compelling plot synopsis for a TV drama or comedy of your choice to convey accurate and timely health content to a target audience. You will receive an article on a specific health topic published in the Morbidity and Mortality Weekly Report (MMWR) from the Centers for Disease Control and Prevention (CDC). Using seven questions provided by the instructors to guide you in narrative writing, you will develop a storyline to convey health information in a creative and engaging format (1.5-page maximum). For example *Prevalence of Self-Reported Postpartum Depressive Symptoms*, MMWR April 11, 2008 / 57(14);361-366, gives a brief overview of data collected from the Pregnancy Risk Assessment Monitoring System (PRAMS) on the prevalence of post-partum depression. During class, students will see how this important health topic is addressed in the television show *Scrubs*. Using comedy, the *Scrubs* storyline addresses the common symptoms of post-partum depression and the lead character's challenges in seeking help. For this assignment, points will be distributed as follows: 4 pts. for addressing all seven guiding questions; 3 pts. for incorporating health content in a creative way. Due Dec. 10 in Prof. Buffington's box (instructions forthcoming).

### **Academic integrity statement.**

The Annenberg School for Communication is committed to upholding the University's Academic Integrity code as detailed in the SCampus Guide. It is the policy of the School of Communication to report all violations of the code. Any serious violation or pattern of violations of the Academic Integrity Code will result in the student's expulsion from the Communication major or minor.

### **ADA compliance statement.**

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. Please be sure the letter is delivered to me (or to TA) as early in the semester as possible. DSP is located in STU 301 and is open 8:30 a.m. – 5:00 p.m., Monday through Friday. The phone number for DSP is (213) 740-0776.