

Designing “Writing for Health and Medicine”: Course arcs, anchors, and action

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Abstract: This article details how we developed a hybrid rhetoric of health and medicine and technical communication writing course in response to a call for a health sciences writing course. We anticipate that other institutions may be experiencing similar demand for these courses and thus introduce our process and course design as models for meeting this growing curricular need.

Keywords: Rhetoric of health and medicine, technical communication, course design, pedagogy, social justice

Introduction

Interest in the health humanities is on the rise and with it, questions about the role that technical communication scholars play within these programs (Angeli & Johnson-Sheehan, 2018; Campbell, 2018). From 2000 to 2021, health humanities baccalaureate programs have grown from 15 to 119 in the United States (Lamb, Berry & Jones, 2021). While writing and rhetoric still has a tenuous role within these programs (Gouge, 2018), rapid growth has led to more opportunities for writing in health and medicine courses. These courses can also emerge as part of writing in the disciplines (WID) requirements. Despite their various instantiations, we anticipate that other technical communication educators have found themselves with this charge: “Could you design a writing course for health sci-

ence students?"

In fact, creating a writing for health and medicine course was one of the reasons we both were hired into Marquette University's Department of English. At the time, our university was rapidly growing its health sciences programs, including expanding online nursing education and building a new human performance lab. However, as we considered the diverse audiences for such a course, we struggled to develop one, single course that could meet students where they were, teach them valuable tools for health writing, and challenge them to think ethically and rhetorically about their future communication. We wanted students to better understand the wide range of roles people hold and the communities of care involved in health and medicine. Thus, we intersected the rhetoric of health and medicine (RHM) and technical and professional communication (TPC) to create a hybrid RHM-and-TPC course.

Approaches to writing in health and medicine pedagogy

As we surveyed approaches to teaching writing in health and medicine, we found that courses typically fell into one of two categories: TPC-focused and RHM-focused. TPC-focused classes tend to teach students how to write as a provider while introducing them to rhetorical foundations of communication and health-related genres, ranging from scholarly to clinical genres (Assad, 2013). Likewise, TPC-focused classes prepare students to translate information to multiple audiences and craft persuasive, evidence-driven arguments, including editing and citation skills (Kenzie & McCall, 2018).

RHM-focused classes assume a broad audience, tend to introduce students to health-related rhetorical theories, and frequently highlight patient experience and narratives (Landau & Thornton, 2015) with less emphasis on specific writing skills. For example, Catherine Forsa (2018) describes a "Writing about Health" course that emphasizes transfer and rhetorical flexibility of writing skills. Courses may take a deep dive into a specific topic, like reproductive justice (Adams, 2021) or rhetoric of cancer (Landau & Thornton, 2015).

Other authors share pedagogical approaches to teaching health writing and include both technical communication and RHM content (McKinley, under contract). Lori Beth De Hertogh and Danielle DeVasto (2022) argue that patient-centered care and user experience are compatible frameworks that can effectively inform course designs that "put students at the center of their classroom learning experiences" (p. 2). Similarly, Kathryn Swacha and Kirk St. Amant (2021) introduce a "Lego™ Learning" approach to RHM courses that reconceptualizes

scaffolded curriculum into independent and interchangeable modules. These authors describe projects that span both RHM and TPC-based approaches, including rhetorical analyses of cultural texts, usability testing, and web design. Similarly, given that students at a wide range of levels—from freshman to seniors—and in both health and non-health majors enrolled in our class, we found ourselves creating similar assignments. This is telling because these articles were not in print when we designed the course, suggesting that we were not the only teachers building RHM and TPC-informed healthcare writing courses. In turn, Swacha and St.Amant, De Hertogh and DeVasto, and this article offer RHM + TPC writing models that can create opportunities for interdisciplinary and cross-institutional collaboration that is responsive to the constantly changing contexts of health writing.

"Writing for health and medicine" course anchors

Our first iteration of "Writing for health and medicine," initiated by the college, received interest but low enrollments. By tying the course to the "Basic needs and justice" core designation during a university-wide core curriculum redesign, we made it more visible. We now run three sections with waitlists, attracting majors from pre-health to business. In line with the social justice turn in technical communication (Walton, Moore, & Jones, 2019), we foreground questions of racial justice, gender equity, and diversity in healthcare throughout the class.

To balance technical communication and RHM theory, pedagogy, and practice, the course features a three-unit project during which students choose one health communication text to work with: 1) rhetorically analyzing its linguistic, visual, and multimodal choices; 2) researching its "document life cycle" to account for the range of authors and audiences involved in its creation, distribution, and reception (Payne & Graham, 2006); and 3) revising its content and design to better reach its audience. This project arc is bookended by personal reflective writing, beginning with a health narrative and ending with a health writing philosophy.

However, deciding what to prioritize in the only writing-intensive healthcare-focused class offered was a struggle. We found ourselves returning to core concepts that we wanted students to engage with: social justice, career paths, conversation with sources, and authenticity and autonomy. These anchors were capacious enough to evolve with topics germane to healthcare, and they were ubiquitous — successful healthcare experiences, no matter where someone falls on the patient care continuum, benefit from engaging with these concepts.

Social justice

Our course's positioning in the "Basic needs and justice" tier of our core curriculum gave us an explicit opportunity to center the course on social justice and healthcare writing (Adams, 2021; De Hertogh & DeVasto, 2022; Swacha & St.Amant, 2021). The three-project arc challenged students to consider how they might address their own biases as providers and/or how they could advocate for themselves and others as patients in an oppressive healthcare system.

In unit 1, students consider whose narratives are valued and who is seen as deserving of empathy in medical care. Unit 2 uses a cultural rhetorics approach to call attention to rhetorical strategies in scientific writing that erase or problematically categorize difference. In unit 3, as we consider document life cycles, accessibility, and design; we ask whose voices are part of the design process and why. Then, unit 4 discusses health literacy and frames communication choices not just in terms of effectiveness, but also in terms of access and ethics. As students work on drafting their health writing philosophies, we call them back to these social justice conversations, asking the class to reflect on how their care or their actions as patients can address gender, race, and class-based disparities in healthcare.

Career paths

Many students, especially those in pre-health majors, expect their career path will be as straight as an arrow, with no detours, doubts, or delightful diversions. Like Forsa (2018), we found health writing curriculum to be well-aligned with opportunities for forward-reaching transfer and considering connections to students' future professional goals. Thus, our class sought to break down career assumptions and show students that they could contribute to the medical field in a variety of ways and that most people do not have a linear career trajectory. Guest speaker visits introduce students to a range of healthcare careers, education opportunities, and writing involved in each speaker's career journey. To prepare for each visit, students read speaker bios and a relevant reading and then post discussion questions to a shared discussion board. After each visit, students write a one-paragraph reflection on what they learned, what surprised them, and applications to their own life. Students repeatedly share how surprised—and relieved—they are to learn that the career paths speakers took were not linear, thus broadening their perspectives about healthcare (Swacha & St.Amant, 2021). Likewise, students are encouraged to integrate guest speaker materials into all of their course projects, giving them

the opportunity to put lived experience into conversation with course readings.

Conversation with sources

Overall, we want students' experiences with class readings and research to go beyond an information-extraction model. Students may have learned to approach readings purely for the facts or knowledge they will be responsible for repeating in an exam context. However, we hope they will come to see themselves as interlocutors with authors – pushing back on knowledge that seems problematic, asking difficult questions, and bringing their own experiences and disciplinary knowledge into the conversation, thus improving rhetorical flexibility (Forsa, 2018) and agency (De Hertogh & DeVasto, 2022).

The course-long reading journal assignment facilitates this conversational approach to readings. Before class, students post a short reading response to their virtual journal. The goals for these responses are to summarize key points, to make connections to other experiences or texts/contexts, and to provide a discussion question for class. Journals are graded for completion, and we bring them into the class conversation by asking students to use their entries as jumping off points for both full-class and small group discussion, putting students' responses and questions center-stage.

Autonomy and authenticity

No matter what field students enter, they need to develop autonomy and make decisions that feel authentic to themselves. Healthcare amplifies this need because pressure to follow demands of the medico-legal complex are high and can limit what providers feel is right for their patients. To strengthen students' authenticity and autonomy related to healthcare, course projects invite students to pay attention to what piques their curiosity and pulls them forward, and, in turn, tends to students' agency (De Hertogh & DeVasto, 2022).

The three-project arc pushes students to identify what they find boring, challenging, or compelling. Many students change focus midway through the three-project arc. Students offer each other feedback in group conferences about how to pivot. We nudge students to see these pivots as wins; much like a career path, identifying blocks pushes us in a different, often more authentic direction. Discussion posts and class discussion ask students to articulate why they wanted to work with their text beyond, "This text seems interesting." In turn, they need to attune to their own sense of what speaks to them. For example, one

student, who wants to be a physician, chose a Mucinex commercial for the three-story arc, first conducting a rhetorical analysis on it, then tracing the lifecycle of pharmaceutical ads and how it impacts provider-patient relationships, and finally creating a TikTok video for college students suffering from cold symptoms. Like the participatory pedagogy that De Hertogh & DeVasto (2022) describe, this project proves to be both useful and usable for the student: "Useful in that students could choose activities that served their interests and usable in that students' preferences and needs as learners/users [are] centralized" (p. 10).

Course arc and anchors in action

To consider how all four anchors worked together to buoy student writing in the context of the course, we turn now to one student's final project.¹ A senior biomedical sciences student who was preparing for graduate school and ultimately a career in research, Cara chose a scientific research article for her ongoing project, enacting the course anchor of autonomy and self-directed learning. However, she was also intrigued by class readings on how scientific writing styles could lead to the spread of misinformation with severe consequences for particular groups, in line with the course's social justice anchor. Thus, she chose an article that argued for a causal relationship between receiving the HPV vaccine and decreased fertility that had ultimately been recalled. While this article proved an effective choice for a rhetorical analysis and a life cycle analysis, Cara struggled with how to repurpose it for the redesign assignment, demonstrating the course's emphasis on non-linear paths. She found the study design and argument so fundamentally flawed that she was not sure how it could be useful, until she came to the conclusion that it might be most effective as a model of the wrong way to write research. Drawing on the course anchor of critical source use, she then revised the article into a handy "What Not to Do in Research Writing" guide. She organized the guide around key mistakes like "Hedging," "Confusing Visuals," and "Misleading Statistics," and excerpted the article in each section to show the error at work.

Questions to consider

Recognizing that educators build courses within their own institutional contexts and respond to unique exigencies, we close with questions for readers to consider when designing healthcare writing classes:

¹ This student signed a release for her work to be shared anonymously in classroom or academic publication contexts. "Cara" is a pseudonym.

- How do you navigate your own institutional barriers surrounding enrollments, credit for courses, and course demand?
- What kinds of student populations enroll in your classes? What are their unique interests, experiences, and needs?
- How do you balance rhetorical theory with technical communication practice in your course design and assignments?
- If you are teaching multiple sections at the same university, or collaborating with other teachers outside of your university (Swacha & St.Amant, 2021), what anchors do you and your collaborators share?
- How are students invited to take risks, consider new perspectives, exercise empathy, and try new thinking, skills, and viewpoints in your class? How are you doing the same?

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