Spring 5-20-2019

# Preparing Students for the Real World: Analyzing Public Relations (PR) Education for Entry-level Practice in the Health Industry

Olivia Maria Lason
*Seton Hall University*, olivia.lason@student.shu.edu

# Preparing Students for the Real World:

# Analyzing Public Relations (PR) Education for Entry-level Practice in the Health Industry

**Olivia Maria Lason**

**Seton Hall University**

**Master's Project Primary Advisors:**

**Renee Robinson, Ph.D.**

**Kristen Koehler, Ed.D.**

**Submitted in partial fulfillment of the requirements for the**
**Master of Arts in Public Relations**
**Seton Hall University**
**South Orange, NJ 07079**
**2019**

# SETON HALL UNIVERSITY
## COLLEGE OF COMMUNICATION AND THE ARTS
## GRADUATE STUDIES

## APPROVAL FOR SUCCESSFUL PRESENTATION

**Master's Candidate, OLIVIA MARIA LASON, has successfully presented and made the required modifications to the text of the master's project for the MA degree during this SPRING 2019 SEMESTER.**

**ADVISOR(S)**

**Primary Advisor:**

| Renee Robinson | Renee Robinson | 6/21/2019 |
|---|---|---|
| **Name (printed)** | **Signature** | **Date** |

**Advisor:**

| Kristen Koehler | Kristen Koehler | 6/25/2019 |
|---|---|---|
| **Name (printed)** | **Signature** | **Date** |

**Advisor:**

| Ruth Tsuria | RT | 6/25/2019 |
|---|---|---|
| **Name (printed)** | **Signature** | **Date** |

# Dedication

In dedication to my mother,

for her endless love, support, encouragement, and inspiration during this process.

Acknowledgements

First, I give my sincerest thanks to the College of Communication and the Arts for providing me with the opportunity to develop and present this thesis. The College has been my academic home for the last five years during both my undergraduate and graduate studies and has allowed me to pursue my interest area in many different ways. Thank you for exposing me to incredible faculty members who have fostered and guided my academic, professional, and intellectual development.

Also, I would like to extend my sincerest gratitude to several of these faculty members and professors including Dr. James Kimble and Professor Devon Gifis. Further, I would like to give a special thanks to Dr. Kristen Koehler for being my advisor, professor, and mentor during both my undergraduate and graduate studies – every piece of feedback, guidance, and advice helped me grow into the public relations professional I am today. Similarly, I would like to express the deepest appreciation for and gratefully acknowledge the guidance of Dr. Renee Robinson without whose wisdom, patience, and enthusiasm, this thesis would have never taken shape. I am extremely lucky to have had advisors who cared so much about my work.

Finally, I would like to include a special note of thanks to my friends, family, and loved ones for encouraging and supporting me throughout this journey. Thank you, Mom, for continuing to inspire me and always pushing me to my limits and then more. Because of you, I have become the first in my family to complete higher education in the United States. Thank you, Nick, my partner, for listening to me talk about this constantly and dealing with the struggles and accomplishments of this journey from start to finish. Thank you, Erica, my graduate school colleague, who always eagerly offered her time to answer my endless questions and provided valuable feedback during the editing process. Thank you, Brenda, Tim, Max, and

Ashley. To all others who encouraged me to keep going, thank you – your words of encouragement will never be forgotten.

Abstract

Public relations (PR) agencies are often called upon to service the needs of niche industry areas of practice. These areas include healthcare communication which generates over 15% of firm revenue alone. Agencies are also top-employers of PR graduates, yet literature shows students are not meeting the skills and abilities expected of an entry-level practitioner. This study examined whether entry-level foundational skills and abilities (FSAs) are taught to PR students interested in the health field. Through a content analysis of undergraduate health communication syllabi in PR programs, the study found most FSAs were addressed; however, some areas were lacking. As such, a health communication syllabus that meets all FSAs needed was developed.

*Keywords:* public relations, agency public relations, health communication, entry-level skills and abilities, content analysis, undergraduate education, syllabus design

**Table of Contents**

## List of Tables

Preparing Students for the Real World:

Analyzing Public Relations (PR) Education for Entry-level Practice in the Health Industry

# Chapter 1:

# Statement of the Problem

## Introduction

Contemporary public relations is evolving as a profession that is deeply ingrained as both a business and communication function for an organization. While modern-day public relations began with Ivy Ledbetter Lee and his Declaration of Principles (Gunning, 2012), the profession has proven its value beyond the typical crisis situation (Oliver, 2010) and has established itself as a traditional business function linked to the vitality of an organization's relationships. Today, management understands there are proven benefits when an organization fosters relationships with its stakeholders, and public relations practitioners are being called upon to help organizations communicate with their key audiences.

While managing mutually beneficial relationships is at the core of public relations practice, certain organizations require different levels of communication support dependent on their needs and stakeholder environments. In order to address client and organizational demands appropriately, public relations divides into four main practice areas: (a) corporate public relations (b) agency public relations (c) government/public affairs and (d) nonprofit/non-governmental organization/activist public relations (Bowen, Martin, & Rawlins, 2010). Of these areas, agency public relations practice has shown an average growth rate of 30% since 2017, with 92% of agency executives predicting continued growth over the next five years (USC Annenberg Center for Public Relations, 2017). With this in mind, agency public relations will continue to differentiate itself from its fellow practice areas, largely because agencies offer "niche or boutique" (Pritchard & Smith, 2015, p. 18) sectors which deliver distinguished knowledge of a particular industry when compared to the other practice areas of public relations. While specializations can vary, agencies typically provide counsel in finance, consumer products, travel/tourism, transportation, healthcare, education, and/or technology (Pritchard & Smith, 2015).

Of these offerings, healthcare is a leading growth area within public relations and agency services, generating over 15% of firm revenue (PR Council, n.d.). Healthcare institutions—including biotech, pharmaceuticals, medical technology, and healthcare providers—are turning to public relations agencies to help them navigate the industry landscape and the needs of patients amid a growing distrust in healthcare services and the health system (Khullar, 2018). These institutions are brought on as clients who further collaborate with and receive consultation from experienced agency personnel. Regardless of specialization, public relations agencies service their clients with four operative objectives in mind: (1) the agency must offer a variety of communication services relevant to client needs (2) it needs to dedicate resources (including personnel) to maintain a positive client-agency relationship (3) agency personnel should impart strategic counsel when necessary and (4) the agency should offer services at a profitable price point (Hinrichsen, 2001). When all four objectives are met, a public relations agency fulfills the needs of its clients while maintaining financial stability and operational excellence.

Unfortunately, achieving these fundamental elements of agency practice is becoming more difficult considering agencies have little autonomy, yielding to a dependence on client requests and budgetary restrictions. Every client is assigned personnel who help manage the account; each team member working on the account also supports a certain public relations function (e.g., internal communications, media relations, corporate responsibility, etc.) within a specific industry (e.g., healthcare). Within healthcare, clients are becoming heavily reliant on agency support to develop a *third-party strategy*, or the sourcing of medical opinions and statements from credible experts aligned with a company's goals (Elliot, 2004), to support their external communication strategies. However, the reach of public relations services reaches to other areas of healthcare as well. Strategies are employed to (1) protect a company's image and build brand equity (2) create a positive public opinion climate (3) reduce costs and save time on health education and (4) assist the marketing function for sales products (Springston & Lariscy, 2003). To meet these requests, agency personnel need to possess certain skills, knowledge, and background of the health industry in order to produce high-quality work that meets the client's standards and expectations. However, the aforementioned growth of healthcare communications has not yet influenced how aspiring public relations practitioners are taught which, as a result, means students have a minimal understanding of the skills and abilities needed to practice in niche industry areas. Instead, public relations undergraduate curriculum focuses on curating students' abilities to blend theory with practice, providing them with a general understanding of the public relations field instead of with a concentrated curriculum. Limited emphasis is placed on scrutinizing specific industries, like healthcare.

Consequently, public relations students are facing a strained relationship between their education and its professional application (Daymon & Durkin, 2013) as the industry is noticing that students are not fully prepared for professional work because they lack the skills and abilities needed for proficient practice. Specifically, agencies are feeling this impact the most as they devote a greater than expected portion of their budgets to training account managers and technicians (Hinrichsen, 2001) to ensure all members can practice proficiently. Conducting training education is also increasing amid a rising rate of job-turnover for college-level graduates and the entry-level positions they occupy. In fact, the communication industry—the overarching discipline that houses public relations—has been recognized as a high-turnover employment area with many “try[ing] their hand at the industry” (Faugno, 2017, para. 2). Within the health industry, aspiring practitioners need to be informed about the field, its structure, and current trends in health communication practice as they seek to enter entry-level positions in agencies – positions which are pivotal points of employment for recent graduates (Wise, 2005). Although needed, informational material examining specialized areas of public relations is not included in core public relations curriculum. As a result, students who are seeking entry-level, agency positions are not completely prepared to enter niche areas of public relations—especially not within the health field. Considering health communication is a significant income generator for agencies (PR Council, n.d.), material that educates students about the industry and cultivates the skills and abilities required of an entry-level practitioner would help this area of public relations continue to grow. An informative body of research analyzing public relations curriculum—through the lens of health communication—is needed to guide aspiring professionals so they are ready with the transferable skills and abilities needed as they seek to enter the industry upon completing their education. In order to address this void in the literature, the following research project was proposed to inform the instruction of aspiring public relations practitioners in higher education regarding the health industry and application of entry-level skills and abilities in the classroom.

**Purpose of the Study**

Given the previous discussion, this research project sought to determine whether the skills and abilities required of undergraduate public relations students interested in entering the healthcare specialization are taught in public relations courses about the health field. Considering agencies are the leading employers of public relations graduates who seek entry-level positions (Wise, 2005), the project sought to provide an understanding of entry-level public relations practice through a health communication lens. When searching for an entry-level position, students should have knowledge of the industry's expectations. Having familiarity with the skills and abilities required of an entry-level position will ultimately provide a better understanding of the professional landscape, impact the jobs students search for, and empower them to demonstrate their learned skills and abilities in the workplace.

By investigating the healthcare specialization, this project examined the emerging sector of industry-specific health communication practice, targeting to provide research-driven insight into an employment area that is expected to grow and increase 21-25% as of 2012 (Public Relations Society of America, n.d. a). Contributing to knowledge about entry-level skills and abilities in this rising sector will expose public relations students and educators to the collaborative, co-dependent interactions between the health industry and the public relations field. Ultimately, the project's research identified what foundational entry-level skills and abilities are applied in health communication courses available within public relations programs, further discussed in detail in Chapter 4. The findings can help advise how public relations is taught in a health communication context and consequently, better prepare public relations students for professional practice within a specific industry niche. Without this guiding research, agencies that offer healthcare services will continue wasting resources (e.g., time, finances, and personnel) as they train and onboard new entry-level practitioners who enter the field unprepared. Additionally, to meet the need for research-driven public relations education, the researcher created an artifact (e.g., a health communication syllabus – see Appendix B) rooted in the project's findings and academic literature that educates students on the health industry while giving them the opportunity to practice their skills and abilities through scheduled coursework. The artifact should be considered a proposal supported by the project's findings and ultimately aimed to minimize the disagreement between education and practice.

To discuss the relationship between public relations education, health communication, and entry-level skills and abilities, this document is composed of five themed chapters. This chapter introduced the problem and outlined the structure of the thesis. Chapter 2 reviews scholarly literature on public relations, agency practice, curriculum, and expectations for the field, drawing upon previous research to introduce the project's guiding research question. Chapter 3 is concerned with the qualitative content analysis methodology used for this project, while Chapter 4 presents the project's findings, provides an analysis of the results, and discusses implications and thematic takeaways. Finally, the strengths and limitations of the study, directions for future research, the presentation of the researcher's artifact (in the form of a syllabus), its deconstruction according to academic literature and the study's findings, and concluding remarks are included in Chapter 5.

Having completed a review of the literature as examined in Chapter 2, a lack of research addressing what skills and abilities are needed of an entry-level public relations practitioner interested in the health field was identified. Consequently, this project aimed to close the gap in the literature by contributing research about current public relations education in health communication and evaluating whether students are being prepared in higher education by investigating the following research question:

RQ1: What entry-level public relations skills and abilities are taught in health communication courses within undergraduate public relations curriculum?

The literature guiding this research question will be introduced and examined in detail in the following chapter titled “Literature Review”.

# Chapter 2:

# Literature Review

## Introduction

To begin the investigation on healthcare public relations, a review of scholarly literature was conducted to understand the influence of public relations within the communication discipline, the higher education environment, and the professional workplace. Online library databases were consulted for academic journal articles, textbooks, handbooks, and trade articles investigating public relations, its position as a career, its influence in undergraduate curriculum, and how its concepts apply to professional practice. Significant focus was placed on resources exploring healthcare as a specialized segment of public relations.

As an overview, the literature review first examines public relations through a functional lens, identifying the breakdown of the profession and its varying areas. Then, literature on the health communication specialty area is consulted, revealing the unique skills needed of incoming graduates and interested practitioners. Further, an analysis of public relations undergraduate curriculum is presented, uncovering a substantive academic focus on writing skills and experiential learning. Finally, a discussion of industry expectations is presented, highlighting the characteristics required for proficiency in public relations overall as well as healthcare specific practice.

In view of the literature review conducted, the following research question was developed to address the identified gap in scholarly research about healthcare public relations practice and whether current undergraduate curriculum teaches the skills and abilities required for an entry-level practice:

RQ1: What entry-level public relations skills and abilities are taught in health communication courses within undergraduate public relations curriculum?

To understand how the research question was formed, the following sections provide an assessment of scholarly literature within the public relations field and related topics.

**Public Relations: A Communication and Business Function**

As examined in Chapter 1, public relations is a function that is both expanding and becoming increasingly differentiated within the communication industry. Since its historical inception in 1906 by the father of public relations Ivy Lee (Broom & Sha, 2012), defining public relations has challenged scholars, practitioners, and educators in the field for many years. In 1984, Grunig and Hunt attempted to explain the roles of a public relations practitioner by creating four models: the press agentry model, the public information model, the two-way asymmetric model, and the two-way symmetric model. Grunig and Hunt’s model inspired the rise of new frameworks (Cropp & Pincus, 2001) as a way to understand public relations; however, none defined the field appropriately. Cropp and Pincus (2001) traced the beginning stages of public relations’ definition, emphasizing the lack of a singular, concrete definition. As the field grew, educational materials began to form; however, the definition of public relations remained ambiguous as authors relied on their own interpretation of the field to fill the void of a standard definition, causing an inconsistency in public relations practice and pedagogy. Nonetheless, through these interpretations, an umbrella definition ultimately emerged (Cropp & Pincus, 2001).

As public relations established itself as a profession, the field founded its own professional organization in the United States: the Public Relations Society of America (PRSA). In 2012, the PRSA finalized a standard definition of the field: “*Public relations* is a strategic communication process that builds mutually beneficial relationships between organizations and their publics" (PRSA, 2012, para. 5). Although this definition has been re-enforced in undergraduate curricular textbooks (Broom & Sha, 2012; Seitel, 2010; Sriramesh, Zerfass, & Kim, 2013; Watson & Noble, 2014; Smith, 2017), the field's history of ambiguity left public relations with uncertainty as it moved toward becoming a recognizable career profession. As Hutton (1999) suggested, the field risked directionless growth without the concrete recognition of a single definition, much less a unifying theory or paradigm. Nonetheless, public relations has established its voice in the communication industry, demanding specialized areas of practice. Public relations practitioners typically are employed in four categories of practice: (a) corporate public relations (b) agency public relations (c) government/public affairs or (d) nonprofit/non-governmental organization/activist public relations (Bowen et al., 2010). Within these subdivisions, practitioners provide support in different functional areas including internal and external communications, media relations, and investor relations among others. Aligned with Chapter 1's discussion of agency practice and its growth, a thorough analysis is needed to fully understand the dynamics of agency public relations and its relationship with the profession.

**Agency-based Public Relations Work**

As a category of practice, agency public relations has shown significant growth since its beginnings in 1900. As reported by Cutlip and Center (1971), The Publicity Bureau – founded in Boston, Massachusetts – was considered the world's first public relations firm. The firm was recognized for practicing in publicity and press agentry, following the historical roots of public relations and its original reputation for fabricating content in favor of an organization or person (Wright, 2003; Broom & Sha, 2012). Since then, the number of public relations companies has dramatically increased to over 8,400 entities who garnered over $8 billion in revenue in 2016

(Statista, 2016a; Statista, 2016b). Within this multi-billion-dollar industry, the practice of public relations has worked to discern itself from its press agentry predecessors, focusing on building those "mutually beneficial relationships" (PRSA, 2012, para. 5) between organizations and their publics. In the field, there is a delineation between three types of public relations companies: agencies, firms, and consultancies (Verčič, 2012). *Agencies* incorporate media relations and hands-on support, whereas *consultancies* sell expertise and guidance (Verčič, 2012). Comparatively, *firms* emphasize the company's focus on strategic counsel and planning differentiating themselves from the services advertising agencies provide (Hinrichsen, 2005); however, there is minimal research supporting a significant contemporary difference between a firm and an agency, with the terms used interchangeably.

The basic elements of agency practice defer largely to the relationship between the agency and its *clients*, or the companies the agency represents (Hinrichsen, 2001). In fact, agencies consider maintaining a positive client-relationship as a crucial investment (Hinrichsen, 2001) since a negative relationship ultimately impacts collaboration and decreases financial commitment (Verčič, Tench, & Verčič, 2018). In addition to client-relationship management, agencies support clients and their initiatives in a variety of capacities dependent on client needs. *Account leads* devote themselves as the primary contact for a client's account (Hinrichsen, 2001) and often manage the services and workload produced by the agency.

Typically, agencies provide support in areas including, but not limited to: traditional media relations, event planning, specialized research, social media expertise, public affairs expertise, internal communication management, investor relations, and branding development (Bowen et al., 2010). These services additionally depend on the agency's *practice offerings,* or account sectors dedicated to clients with related interests (Wright, 2003). As mentioned by

Wright (2003), the practice offerings of the ten largest public relations firms include: “agriculture, business, brand marketing, consumer products and services, corporate, crisis, digital, energy, financial, food, government relations, healthcare, industrial, manufacturing, public affairs, public sector, social purpose, technology and utilities” (p. 142); however, these offerings are frequently combined to meet the needs of multi-layered client projects.

As indicated by this listing, healthcare is a specialty area that plays an active role in firm revenue serving as a staple function with “depth and breadth” (Hicks & Nicols, 2012). The literature – discussed below – correlates Hicks and Nicols’ (2012) commentary, concluding healthcare public relations not only generates a substantive amount of revenue, but is also establishing itself as a niche sector, unlike other practice offerings.

**Public Relations and Healthcare: A Niche Specialization**

As a practice area, healthcare public relations is evolving and changing dramatically alongside the transformation of the healthcare industry itself (Hetherington, Ekachai, & Parkinson, 2001). Healthcare alone comprises one-sixth of the United States economy, affecting the general public in more ways than one (Hicks & Nicols, 2012). In 2017, the top five companies in healthcare public relations produced over $383 million in revenue (O’Dywer, 2017). This number conveys significant industry growth within the specialized practice area, considering the revenue of the top five healthcare practicing firms increased from $300 million in 2002 (Burton & Rowell, 2003) to over $350 million in 2017 (O’Dywer, 2017).

From the prevention and treatment of diseases (Ratzan, Stearns, Payne, Amato, Lirbergott, & Madoff, 1994) to earning the trust and respect of an organization’s key publics (Ristino, 2007), the healthcare industry is a highly regulated field whose communications are led by difficult-to-understand science and innovation instead of clear, direct organization-to-stakeholder messaging. While communication may be difficult, the healthcare sector is unique because of the products provided, the fluctuations within healthcare processes, and the management of interactions between clients, vendors, and suppliers (Hetherington et al., 2001). At a macro level, the healthcare field separates into five overarching areas: medical skill and practice (e.g., internal medicine, nursing, clinical health), medical research, diseases, health communication, and pharmaceuticals (Fowler, Celebuski, Edgar, Kroger, & Ratzan, 1999). At a micro level, each area has unique communication needs that require specialized and strategic communication initiatives. Health communication scholars have recognized the importance of understanding the dynamics of health communication and its implications for the highly-regulated industry, as highlighted in the following paragraphs.

*Health communication* arose as a “technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues” (Ratzan et al., 1994, 362). The reach of health communication impacts disease prevention, health promotion, policy, and business (Ratzan et al., 1994). Consequently, the scope of work practiced by a healthcare communication specialist complements these focus areas. Healthcare specialists draw upon a variety of roles including health prevention and promotion campaigns, patient and consumer group advocacy, health education, crises management, corporate communications, media coverage, and recruitment of key opinion leaders (Hicks & Nicols, 2012; Burton & Rowell, 2003). These areas directly correlate and drawn upon different parts of the public relations function including employee communication, publicity, integrated advertising, public affairs, lobbying, issues management, external and internal communication, crisis management, and investor relations (Broom & Sha, 2012).

By applying core public relations elements, healthcare communication draws upon the relationships between “communication and health, health attitudes and beliefs, and [stakeholder] health behavior” (Cline, 2003, p. 285), holding true to the public relations foundation of harmonizing long-term relationships and reputation management (Hetherington et al., 2001). Its adherence to the principles of public relations has allowed scholars to draw important inferences about its evolving role in the industry, concluding that health communication’s reliance on relationship management places public relations directly in line with business and strategy. Lewton (1991) addressed the field’s two-fold position, categorizing counseling and stakeholder relationship management as the core roles of the healthcare practitioner; however, he additionally reported notable shifts of these roles as practitioners take on new responsibilities such as generating more symmetrical media relationships, maintaining company reputation, changing behaviors, and curating a solutions-first mindset for the client. Similarly, Ristino (2007) emphasized the importance of reputation management for healthcare organizations and their communication personnel considering stakeholder relationships are founded on credibility and trust. Healthcare executives are now cognizant of how vital relationships are for the long-term sustainability of their organizations, resulting in a shift toward two-way communication and audience integration (Guy, Williams, Aldridge, & Roggenkamp, 2007) in stakeholder information campaigns.

Public relations helps the health industry acknowledge the value of maintaining positive stakeholder-company relationships, filling a void not seen before by executive teams. Healthcare public relations practitioners listen to a company’s stakeholders and diffuse information between the stakeholders and the company instead of solely disseminating corporate messaging (Hasenmeyer & Topic, 2015). No longer does a practitioner step aside and wait for client direction; instead, he/she integrates him/herself into the conversation, leading the charge on company communications. As suggested by Cho and Cameron (2006), practitioners take on a new function as healthcare experts who are often individually sought out for health news and information. While traditional public relations theory emphasizes the media sets the agenda for public opinion (McCombs & Shaw, 1972), healthcare public relations challenges this assumption by placing the practitioner into the role of mediator. However, some scholars have criticized the deeper integration of public relations into healthcare, arguing the implementation of communication tactics within the pharmaceutical industry has underlying unethical connotations.

As aforementioned, practitioners play a large role in educating the public on health-related topics and issues. Health education is typically aided by a *third-party strategy*, or sourcing medical opinions and statements from credible experts aligned with a company's goals (Elliot, 2004). Consequently, the materials produced have an additional layer of credibility and do not fall victim to the stigma of the pharmaceutical industry's profit-driven mindset (Elliot, 2004). Similarly highlighting the third-party strategy, Burton and Rowell (2003) described the recruitment of key opinion leaders in public relations efforts as dressed up, independent advertising working in the company's favor. Nonetheless, the research has revealed health communication seems to be a growing field with numerous applications for aspiring professionals. The specialty will continue to grow and evolve, especially as the industry calls for more direct stakeholder communication focused on promoting products, reputations, and relevant patient programs (Sancton, 2006).

Correlating with the healthcare industry's growth, additional emphasis needs to be placed on the education of aspiring public relations professionals since they will ultimately drive the specialty's future direction. To provide context and a better understanding of public relations education, a brief discussion of how the field is taught and its pedagogical foundation is needed. Information about curricular structure, its advancement, and educational approach is also presented.

## Curricular Foundations of Public Relations Education

As noted by the Commission on Public Relations Education, contemporary public relations is “in a time of incredibly intense movement and change” (2017, p. 11). To meet the needs of the changing industry, public relations education needs to prepare students to enter the professional world. Individuals interested in the field are expected to pursue higher education, minimally achieving a bachelor’s degree in public relations, journalism, communication, English, or business (Bureau of Labor Statistics, 2017). This requirement of post-secondary education assumes public relations has matured into a field that requires a particular skill set to successfully deliver on its responsibilities. To address this demand, the Public Relations Society of America (PRSA) published its *Port of Entry* report, citing the “critical need for broadly-based education that is relevant and connected to the practice” (PRSA, 1999). As a result, the PRSA initiated a co-sponsorship with the Commission on Public Relations Education to provide an authoritative voice on public relations education rooted in refined research and analysis of the industry (Commission on Public Relations Education, n.d.) Throughout the years, the Commission has instituted benchmarks for public relations education, ensuring the current pedagogical framework is aligned with the expectations of a public relations career path. In order to understand how public relations is taught, an analysis of public relations undergraduate curriculum and its focus areas is included below.

**Curriculum.** In order to prepare students for practice, public relations educators need to develop an effective, high-quality curriculum that aligns with the skills students need. To support this need, the Commission published *Fast Forward: The 2017 Report on Undergraduate Public Relations Education*, a research-driven resource to guide educators in developing coursework aligned with the professional industry and its expectations. Academically, *Fast Forward* and the Commission stressed the importance of six foundational courses for an undergraduate public relations program: introduction/principles of public relations, research methods, writing, campaigns/case studies, internships, and ethics (Commission on Public Relations Education, 2017). This framework addresses two central areas required of public relations pedagogy: (1) the teaching of effective writing skills and (2) acquiring industry knowledge through critical thinking and/or hands-on experience. Collectively, scholars have evaluated the implementation of the Commission's recommendations with a growing number of studies analyzing the curricular focus on writing and out-of-class experiences.

**Public relations writing.** In recent years, a considerable amount of literature has explored writing skills within the public relations discipline and the writing abilities of student and entry-level practitioners. A study by Napoli and Powers (1999) is considered the baseline of writing-focused literature in public relations; their work examined where writing is implemented in the field, identifying the construction of memos, general letters, pitch letters, and news stories respectively as the most frequent pieces drafted by practitioners. Napoli and Powers (1999) ultimately concluded writing is central to the practice of public relations, a sentiment which has been echoed in later studies (see, e.g., Shen & Toth, 2013; Todd, 2014). However, several studies have contested that while writing is a key component in undergraduate curriculum, students and graduates fail to meet the standards of practicing professionals.

In this vein, literature emphasizing the disagreement between the writing skills of public relations and students' skill application in the field emerged with Hardin and Pompper's (2004) suggestion for a heavier writing-focused curriculum. As students progress with more advanced classes, the basic foundation of good writing is lost (Hardin & Pompper, 2004). Hiring managers are aware of this discrepancy, stressing the writing skills of recent graduates are an "appalling…disaster" (p. 358), an issue commonly encountered which, they believe, stems from coursework (Wright & Turk, 2006). Despite the fact technically correct writing skills are preferred in entry-level applicants, employers continue to express disappointment in writing abilities that do not correlate with the needs of the industry (Todd, 2014; Cole, Hembroff, & Corner, 2009). As DiStaso, Stacks and Botan's (2009) study revealed, practitioners continue to rank writing skills in the top ten characteristics sought after, unchanging since 1998. Similarly, lack of writing skills continues to be in the top-ranked problem areas of entry-level practitioners (DiStaso, Stacks, & Botan, 2009). These results suggest public relations education does not corroborate with the standard of the industry, challenging the validity of undergraduate education and curriculum.

With these considerations mentioned, it should be noted there also has been an increase of literature focused on addressing and uncovering the gap between education and practice. Looking at trends in journalism, communication and public relations education, Park and Ki (2017) offered a qualitative approach to understanding the writing curriculum, reporting that out of eighty writing programs analyzed, only four programs offered an exclusive public relations writing course. In this context, public relations writing has been analyzed alongside journalism and communication, differentiating public relations as rooted in the communication discipline, yet guided by its own principles and framework. Researching the writing performance of public relations and journalism graduates, Lane and Johnston (2017) investigated why journalism students are considered more proficient in a range of writing genres than public relations students, suggesting public relations courses tend to focus less on foundational writing skills and instead allocate resources to "developing students' capacities in strategic planning" (p. 320). Given these points, the education of public relations writing seems to be at a contrasting crossroads. Although writing skills are emphasized in education, the field is consistently dealing with a scarcity of competent writers.

**Experiential learning.** While writing is a key component and pattern of public relations education, scholars have additionally emphasized the importance of learning outside of the classroom through hands-on experience. Coined as *experiential learning*, this education method exposes students to learn-by-doing which "teaches [public relations students] about client interactions, tactical skills and ways to address problems" (Maben & Whitson, 2013, p. 4). In fact, retaining hands-on experience is strongly recommended as it provides students with the opportunity to apply learned skills outside of the classroom in an educational environment (Commission on Public Relations Education, 2017). Experiential learning can be achieved through multiple avenues like internships, student-run firms, or volunteer work, making it flexible to the needs and interests of the students.

Given the significance of experiential learning in public relations, scholars have attempted to determine whether the emphasis on hands-on experience matches students' perceptions and experiences. Bush, Haygood, and Vincent (2017) reported on the value of authentic, real-world experiences provided by student-run communication agencies, concluding experiential learning impacted students' awareness, appreciation, work, and general engagement in agency style work more positively when compared to classroom assignments. Likewise, Swanson (2007) suggested that while theoretical education is necessary when learning the foundation of public relations, the learning-by-doing approach exposes students to challenges that "cannot be replicated through hypothetical classroom discussions or case studies" (p. 19).

Conversely, the aforementioned focus on writing skills and experiential learning has also given rise to an active, scholarly conversation among public relations educators about how to best prepare students to enter the field. In spite of this, a considerable amount of research reveals there is discontentment between practitioners and those in education. Wright and Turk (2006) stressed the disconnect between "what universities are providing and what those who practice public relations want" (p. 586), yielding a larger discussion of how public relations curriculum is undesirably "behind the curve" (Swanson, 2007, p. 15) of what the industry seeks. Public relations curriculum is becoming out of touch with industry practices (Todd, 2014), signaling a strained relationship between theoretical learning and practical application. Although students may generally feel prepared for practice, there are still areas educators could pay more attention to (Gower & Reber, 2006) like writing and strategic thinking, among others. While cultivating writing skills and exposing students to learning-by-doing prepares students for work, additional discussion is required to address the divide between education and practice and its implications for public relation's growth as a profession.

**Industry Expectations: Entry-Level Public Relations Practice**

While public relations education plays a critical part in maturing aspiring practitioners, scholars have sought to address the aforementioned criticism between education and practice by identifying what technical and soft skills are required of an entry-level public relations practitioner. Above all, students need to understand public relations is a strategic management function rooted in effective communication and business understanding. The profession serves as a liaison between the crossroads between stakeholder-management and business operations. In order to understand what skills are needed to master this dichotomy, scholars have amassed a significant body of literature listing research-driven competencies for entry-level public relations practice.

In 2005, Moss, Newman, and DeSanto attempted to define the core responsibilities of public relations managers as a way to present entry-level practitioners with a larger idea of the role they place within public relations agencies and corporate settings. The researchers identified five overarching dimensions of a communication manager's role, including (1) monitor and evaluator (2) issue management expert (3) key policy and strategy advisor (4) trouble-shooter problem-solver and (5) communication technician (Moss, Newman, & DeSanto, 2005). While an entry-level practitioner may not provide immediate support in all of these areas, having knowledge of his/her manager's position and the external focus of his/her work (Moss et al., 2005) further informs why entry-level practitioners execute more practical tasks, such as media monitoring or research. In order to execute the tasks required of an entry-level practitioner, students must apply certain technical and/or soft skills to effectively practice and support the public relations function. A brief discussion of required skills and competencies is addressed below.

**Competencies for an entry-level practitioner.** In the early stages of public relations, many undergraduate students were unfamiliar with the structure of the field and the general qualities of a new practitioner. In 2001, Milkereit introduced characteristics recommended for aspiring professionals, spotlighting the qualities of organization, time-management, mastery of oral and written communication, critical thinking and listening, and empathy as ideal for personal and professional development. This combination of job-related skills and professional characteristics additionally emerged in the work of subsequent scholars (Berger, Reber, &

Heyman, 2005; Gower, & Reber 2006; Todd, 2014) who demonstrated new practitioners should cultivate technical skills – like written and oral communication – with professional characteristics – like proactivity, curiosity, and a positive attitude.

More recently, Manley and Valin (2017) produced a comprehensive assessment tool to assess the knowledge, skills, abilities, and behaviors (KSABs) needed for entry-level practitioner proficiency. Written and oral competency, personal characteristics –including critical listening and thinking–, knowledge of communication models and theories, awareness of the public relations industry, research abilities, understanding of ethics and law, business literacy, and knowledge of crisis communications were established as the KSABs guiding proficient practice (Manley & Valin, 2017); within these categories, detailed assessment criteria and tasks were also posited to further research and evaluate the efficacy of new practitioners. Similarly, Todd (2014) distinguished between job skills – skills related to performance like written or oral communication – and professional characteristics – those skills which impact performance like willingness to learn or acceptance of criticism – when examining the abilities of millennial entry-level agency practitioners. To note, these studies reinforced the aforementioned industry practitioner focus on writing skills as the studies conclusively showed writing comprehension as listed in the top three of recommended attributes (Milkereit, 2001; Berger et al., 2005; Gower & Reber, 2006; Todd, 2014; and Manley & Valin, 2017). Given these points, entry-level practitioners are encouraged to complement the learned skills retained in the classroom with professionalism, allowing them to increase their overall communication competence.

**Communication competencies and skills.** To further the discussion around skills applicable to the public relations field, several scholars have offered perspectives on communication competencies and skills needed for success. A larger discussion about general competencies dominates the literature (see, e.g., Gower & Reber, 2006; Todd, 2014; Berger et al., 2005; Manley & Valin, 2017) as examined above; however, a discussion about communication competency is worthwhile considering public relations' relationship with communication as a discipline.

In 2006, McCleneghan reported a practitioner's capability to actively listen, think critically, judge and decide, use technology, time manage, and produce writing competence as communication capabilities top-level public relations executives consider when hiring for an entry-level position. Reporting on communication competence across a firm, Algren and Eichhorn (2007) concluded competency skills are required in the field, regardless of an individual's role in an organization. While managers have a higher level of communication skills, technicians still need to display basic, interpersonal communication skills to move up in the organization. Further, Flynn (2014) extended the scholarly discussion about communication competence in public relations through a comprehensive analysis of competencies in the public relations industry, finding the following core competencies reoccurring in the research: communication skills (written, oral, and visual), information, and communication technology proficiency, strategic thinking, business literacy, ethical decision-making and cultural competency. Since Flynn's (2014) analysis, no further research has been developed to expand upon his conclusions and incorporate new literature into his analytical framework.

Nonetheless, while communication competency within the public relations field displays areas for growth and further research, it should be recognized that the aforementioned skills and competencies directly address the general field of public relations. A deeper analysis of public relations' specialty areas, notably the area of healthcare, is needed to completely understand the requirements of the specialized field.

**Competencies for healthcare practitioners.** As previously emphasized, individuals interested in public relations must be cognizant of different practice areas which may require a more specialized and refined skill set. Of these areas, healthcare public relations and the communication skills recommended for practice have been minimally addressed, with a small amount of literature presenting an in-depth analysis. With this in mind, limited research is available on the skills needed for proficient healthcare practice. For instance, Sancton (2006) offered perspective on pharmaceutical public relations and its evolution toward direct communication; however, he did not propose specific recommendations to practitioners to aid in this transition. From an educational perspective, Ratzan, Stearns, Payne, Amato, Liebergott, and Madoff (1994) posited a curriculum based on media strategy and message development in health settings, but did not curate the content toward communication professionals – instead, the work focused on the healthcare professional and his/her application of communication. Additionally, Cho and Cameron (2006) emphasized the specialty-driven relationship between healthcare reporters and healthcare public relations personnel, identifying the ability to navigate and cultivate relationships with reporters as an impactful signifier of healthcare professionals.

Together, these bodies of research endeavored to identify key characteristics of an effective healthcare public relations professional; however, a comprehensive analysis has not yet been completed. It should be noted that Fowler, Celebuski, Edgar, Kroger, and Ratzan (1999) assessed the knowledge and skills of competent health communication practitioners, reporting the possession of specialized knowledge of health-related areas, oral communication, computer skills, leadership, marketing, media relations, project management, research and evaluation, writing, and medical awareness as skills specific to a practitioner's communication responsibilities. However, Fowler et al. (1999) failed to address the skills needed through a public relations lens, which differs from general health communication. Consequently, the literature reveals there is a need for further research on healthcare public relations and the skills and characteristics required of entry-level practitioners.

**Summary**

Overall, the research outlined discusses how public relations has been studied and how the field has expanded into both the professional work environment and higher education space. Scholars recognize public relations as a rising practice founded in communication principles; however, there is a need for a specialized, theoretical based skillset to effectively practice as public relations professionals (Commission on Public Relations Education, 2017). Consequently, there has been a shift toward niche-focused public relations pedagogy in higher education, preparing students to enter multiple functional areas of the field including corporate communication, government relations, nonprofit and more notably, agency support. There is increasing evidence that public relations practice is beginning to separate by industry (Broom & Sha, 2012) as practitioners and agencies shift toward developing their proficiencies for niche practice areas like healthcare (Wright & Turk, 2006).

As these specialty areas arise, the expectations of the industry require graduates and aspiring practitioners to maintain certain skills and competencies such as writing, critical thinking, and business literacy (Berger et al., 2005; Gower, & Reber 2006; Todd, 2014; Manley & Valin, 2017) with considerable emphasis placed on retaining additional abilities relevant to niche areas (Flynn, 2014). Conversely, healthcare as an exclusive practice offering has been reported on by scholars, noting its direct impact with company stakeholders (Ratzan et al., 1994) and its intersection with typical public relations roles and responsibilities (Broom & Sha, 2012). While determining what skills and abilities are needed within public relations has been briefly reported on, an extensive analysis regarding health communication in public relations and the skills and abilities taught for entry-level practice has not been presented by researchers.

As graduates look to enter the professional field, agencies will increasingly become a pivotal point of employment for these entry-level position seeking practitioners (Wise, 2005). As a result, it is imperative that students are equipped with the skills and abilities they need to succeed in these new positions and support the communication needs of their clients, especially within the health field. In view of what has been mentioned, the following study was designed to fill the indicated void in the literature about healthcare public relations practice and address whether entry-level skills and abilities are present in health communication courses available in undergraduate public relations curriculum. Ultimately, the research sought to answer the following about the public relations field:

RQ1: What entry-level public relations skills and abilities are taught in health communication courses within undergraduate public relations curriculum?

As shown by the literature, there is a lack of research around health communication and public relations pedagogy which indicates there is no research-driven framework to (1) inform the development of health communication coursework and (2) assess whether the coursework teaches entry-level public relations skills and abilities. By attempting to answer the research question above, the project sought to close the gap in the literature, present a solution to the industry's needs, and aid public relations educators as they prepare students for entry-level practice, most likely within a public relations agency (Wise, 2005). Further, to address the need for research-driven public relations education, the researcher created an artifact (e.g., the creation of a health communication syllabus) that was constructed by consulting academic literature and the project's results (discussed in Chapter 4). The syllabus (see Appendix B) serves as a guiding framework for instructors interested in executing a health communication course that simultaneously incorporates the entry-level skills and abilities needed of the undergraduate public relations students. Having presented the project's guiding research question, the following chapter, titled "Methods", will further expand on the project by detailing the methodology selected, the method operationalization, and information regarding the method's execution.

# Chapter 3:

# Methods

## Introduction

To fully understand whether health communication courses in undergraduate public relations programs address the skills and abilities required of an entry-level practitioner, the research project analyzed health communication syllabi through a qualitative content analysis focused on identifying patterns in public relations pedagogy. The method sought to answer the following research question:

> RQ1: What entry-level public relations skills and abilities are taught in health communication courses within undergraduate public relations curriculum?

A qualitative content analysis was selected as the methodology due to its ability to identify thematic patterns from the research and infer conclusions about the research's impact on current health communication pedagogy as it relates to entry-level public relations practice. This chapter will further introduce the method used, provide a detailed description of the project's rationale and implementation, and briefly discuss the method's limitations.

## Method Description and Rationale

Aligned with the project's focus on determining what entry-level public relations skills and abilities are taught in health communication courses within undergraduate curriculum, a content analysis was implemented to gather data. A *content analysis* is a research method designed to "employ categories which are directed toward producing data in response to specific research questions" (Richardson, 2005, para. 1). Data is then used to "summarize and describe any patterns in the text" (Franklin, Hamer, Hanna, Kinsey, & Richardson., 2005, p. 46). Traditionally, content analyses are required to meet four standards as outlined by Berelson

(1952) – they must be objective, systematic, quantifiable, and limited to understanding what is manifested by the content (rather than why). Considering the nature of the project's research questions, a content analysis was the most appropriate to identify trends in health communication coursework and their relation to preparing entry-level public relations practitioners. Results needed to be objective, systematic, quantifiable, and relevant to the physical content of the syllabi in order to accurately identify the presence of skills and abilities in the syllabi reviewed and draw conclusions from the research to inform future educational practices. Further, the researcher refined the methodology to a *qualitative content analysis* which is more suitable when analyzing materials that need some degree of interpretation (Schreier, 2012) to discover patterns that cannot be revealed through quantitative figures (Kuckartz, 2014). Qualitative content analyses allow researchers to look beyond the quantitative results and make valid inferences from the text (Weber, 1990) while simultaneously exploring the text's latent themes and characteristics (Nandy & Sarvela, 1997). As a whole, a content analysis is an unobtrusive way to study a phenomenon of interest (Babbie, 1992). While quantitative figures can be used to draw conclusions, this project required the inclusion of inferences—yielded by the qualitative approach—to properly address the study's implications for the public relations field having considered the limited amount of research available identified in Chapter 2.

Typically, a content analysis involves six stages: (1) determining the unit of analysis (2) sampling (3) developing coding categories (4) conducting a pilot test (5) assessing its reliability and (6) determining its validity (Nandy & Sarvela, 1997). Within these stages, data is generated by evaluating the *units of analysis*, or objects of study, against specific *coding categories*, or previously assigned variables (Nandy & Sarvela, 1997). The researcher consulted these steps as the methodology was refined while collaborating with the project's adviser.

To further define the method, a direct approach was applied to elevate the qualitative content analysis and its execution. The use of a direct approach conceptually validates a framework or theory by using a more structured process (Hsieh & Shannon, 2005). This process is signified by the use of existing theory or prior research to identify key variables which then inform the coding categories that are developed (Potter & Levine-Donnerstein, 1999). This method was similarly employed by Lane and Johnston (2017) in their analysis of journalism and public relations courses; this similar application substantiates that a direct analysis of public relations curriculum can yield relatable and beneficial results for scholarly public relations research. Consequently, a discussion of the framework used to establish the method's coding categories, its rationale, and an overview of coding categories will be explained in the next section.

## Method Operationalization

**Data Collection.** As mentioned before, the central focus of this project was to identify whether undergraduate health communication courses available in public relations programs teach the skills and abilities required of an entry-level agency practitioner. As a result, undergraduate level, health communication syllabi in public relations programs were selected as the units of analysis considering a syllabus' ability to provide direct insight into current educational content, standards, and learning outcomes expected of students. Syllabi were chosen and sampled according to a three-stage reasoning.

First, the course of each respective syllabus needed to be offered by a United States higher-education institution certified by the Public Relations Society of America (PRSA) for public relations education. This accreditation signifies the university adheres to quality standards established by PRSA and the Commission on Public Relations Education. To receive this distinction, the university's public relations program is evaluated according to eight criteria including curriculum, faculty, students, resources and facilities, assessment, professional affiliations, relationships with total unit and university, and diversity and global perspectives (Public Relations Society of America, n.d. b). This certification indicates the public relations program can prepare students to meet the requirements of both public relations education and current industry expectations, which is vital to the project's research and guiding principles. Thirty-five universities held this certification as of November 1, 2018.

Second, the researcher reviewed and analyzed each university's public relations curriculum and program track to identify which of the universities offered a course in health communication. As noted in Chapter 2, public relations is separating into niche practice areas and this transition to industry-specific practice is influencing public relations curriculum. Consequently, the variety of public relations course topics is changing as classes such as nonprofit communication, corporate communication, and health communication are beginning to rise. Of these thirty-five institutions, six universities publicized a health communication-specific course in either their online program listings and/or course catalogs as of November 1, 2018. However, it should be noted other universities might have offered health communication courses, but those would be placed under the distinction of a special topics course. Such courses are not offered every semester as part of the core curriculum and are not listed in the main university course catalog. Given these points, the presence of these courses did not populate in the researcher's sample.

Finally, an online Google search was conducted to identify which of the syllabi were publicly available on the university's websites and archives. The syllabi selected needed to be revised within the last two years to ensure timeliness and relevance. The search retrieved syllabi from two universities who offered health communication in their public relations programs within the established time frame. To retain the syllabi from the remaining four universities, the researcher emailed the directors of the accredited public relations programs (from Quinnipiac University, Rowan University, Valdosta University, and Virginia Commonwealth University) and requested a copy of the program's respective health communication syllabus. Through this effort, one additional syllabus was incorporated into the sample. In total, the sample contained three syllabi from three universities (labeled Syllabus A, B, and C respectively) which were placed in a secure, password protected place for security. This refined and specific approach to the sampling process yielded syllabi results that fittingly answered the project's research questions to provide related insight around how the niche practice area of health communication is taught in certified, public relations programs. While this sample was small, it embodied the current landscape of certified undergraduate public relations education in relation to the health communication specialty which was paramount to the research project and its guiding research question. Once the sampling unit was finalized, the coding categories used to assess the syllabi were developed by consulting previous research as dictated by the direct approach of a content analysis, discussed in the next section.

**Data Assessment.** To assess the data, two sections of the content analysis were created, titled Content Assessment and Foundational Skills and Abilities Assessment respectively, to house the coding categories implemented. The first section included coding categories that evaluated the course's placement with the public relations program, presence of a *prerequisite*, or a course that must be completed prior to enrolling in the course (Johnson, 2006), and the course's academic level. The presence of learning outcomes, course descriptions, and assignments; the weight of the assignment; and the communication type (written, oral, and visual) primarily emphasized in each assignment were also assessed to retain a deeper understanding of how the course was structured and further inform the answer to the project's guiding research question. It should be noted that the content assessment was not intended to answer the research question directly; however, the information retained from the analysis was valuable in understanding the capacity in which the course was taught and where the entry-level skills and abilities were applied within the public relations program. Consequently, the insights retrieved from the aforementioned coding categories provided the researcher with a more comprehensive understanding of how the health communication course was incorporated into the program from an administrative standpoint, which further contributed to the researcher's discussion about the presence of entry-level skills and abilities, discussed in greater detail in Chapter 4.

The second section, titled Foundational Skills and Abilities Assessment, used Manley and Valin's (2017) standard assessment tool for entry-level practitioners as a framework to guide the coding categories' development in line with the researcher's selection of a direct approach to content analysis design. As referenced in Chapter 2, Manley and Valin's (2017) work established a baseline for understanding industry expectations of various levels of public relations work stemming from research, which is noteworthy to this study considering the emphasis on entry-level practice. As such, the sampled syllabi were evaluated against coding schemes selected from Manley and Valin's (2017) presentation of fifteen foundational skills and abilities (FSAs) required of an entry-level professional. It should be noted these FSAs were separated into two distinct categories: (1) writing, oral, and visual communication abilities and (2) abilities and personal attributes. A detailed listing of the coding categories and a sample coding sheet has been included in Appendix A. Once the coding methodology was established, the researcher conducted a content analysis of the project's sample by completing careful and separate readings of the syllabi.

Data was collected by adhering to the coding sheet and assessing whether the coding categories were present in the syllabi reviewed. Evaluating the course descriptions, learning outcomes, and assignments of the sample unit were critical to the project, given that these sections explicitly state what skills and abilities a student can expect to obtain from a course. Considering the research question's focus on health communication courses and their ability to prepare students for professional work, evaluating the course descriptions, learning outcomes, and assignments were most appropriate to textually appraise the content and determine what pedagogical patterns (if any) were present. The content analysis was completed over a three-week period, beginning December 17, 2018 to January 11, 2019.

The final results obtained from the content analysis are presented in Chapter 4, titled "Findings"; however, a brief discussion of the study's limitations is needed to investigate improvement areas before the project's outcomes can be presented.

**Limitations of the Study**

As a communication research method, a qualitative content analysis also has its disadvantages. First, content analyses evaluate texts which can often be difficult to sample, difficult to obtain, and can miss key elements of text needed (Maeir, 2017). Within the context of this project, limited availability to certified health communication course syllabi was a recognized restriction. The project's sample only included health communication syllabi that were available publicly and one other syllabus retained through external communication outreach; however, it is possible that the remaining accredited universities might have offered special topics courses—of which health communication would have been part of. Given those materials are not guaranteed publication on the university's website, those syllabi were not included in the researcher's sample because they were not publicly correlated with the core public relations program.

Second, content analyses are not typically generalizable because of the variety in coding categories selected by researchers studying the same area (Maeir, 2017). As presented in the literature review, several researchers have attempted to define what entry-level skills and abilities are required of a public relations practitioner. There is a lack of consistent and guiding research in the field which ultimately impacts the content and quality of work put forth by researchers of entry-level practitioner skills and abilities. Within the context of this project, guidance and reasoning were presented by the researcher through a detailed discussion describing the selection of the project's coding categories; however, this reasoning may vary from other researchers who might repeat this study in the future. Consequently, the results and inferences would be significantly different due to the use of other categories and criteria.

Finally, content analyses can be time-consuming, complex, and labor-intensive (Maier, 2017). Given the limited time frame available to complete this thesis project, the syllabi were not coded and evaluated against the detailed listing of Manley and Valin's (2017) knowledge, skills, abilities, and behaviors recommended of an entry-level practitioner. As such, the results of the study cannot pinpoint which overarching areas current health communication curriculum addresses and cultivates. Instead, only an analysis of the foundational skills and abilities is presented in line with previous literature and the thematic foci revealed.

While these limitations impact the generalizability and ultimate implications of the study, it should be recognized this body of research opens the scholarly conversation about entry-level public relations practice within the health industry. An objective approach was best suited to begin such a discussion, and the researcher's selected a content analysis as the project's method to meet this need. The project's analysis of fundamental, entry-level public relations skills and abilities offers insight into how health communication is being studied, but it should be recognized that the method does not necessarily explore how the material affects the individuals (Berger, 2013). Within this project's context, implications for how the material affects current students were not needed; therefore, explicitly qualitative methods like interviews or focus groups were not suitable or relevant to answer the questions posed. An in-depth analysis of Manley and Valin's (2017) entire assessment tool against health communication curriculum could have been completed in detail; however, the scope of this project was too limited and time-bound to thoroughly investigate which individual criteria are met by the curriculum. Nonetheless, the use of a qualitative content analysis allowed the researcher to investigate the relationship between education and practice through an academic lens, resulting in the research-informed artifact (e.g., syllabus) presented in Chapter 5. The results of the content analysis will be presented in the next chapter, titled "Results."

**Summary**

As explained above, the researcher selected the project's methodology—a qualitative content analysis—through a thoughtful examination of its advantages in line with the guiding research question. A qualitative content analysis permits the use of an established theory or a critical framework to evaluate a researcher's sample while providing flexibility to retain inferences from the text. These inferences are not bound by quantitative figures and instead open the opportunity for research-informed discussion. In determining the sample unit, syllabi from accredited public relations programs and their health communication coursework were selected. The sample was then analyzed to understand course structure (e.g., the presence of learning outcomes, course descriptions, and assignments) and evaluated the unit for the presence of Manley and Valin's (2017) foundational skills and abilities for an entry-level practitioner. The application of Manley and Valin's core framework brought two thematic areas (industry expectations and education) side by side and presented an analysis never before seen in the literature of agency public relations practice.

While a qualitative content analysis can be time-consuming, open to varying researcher rationale, and not generalizable, this approach extended the opportunity for the researcher to create useful and meaningful results which are quantifiable, yet interpretive for use by public relations educators, practitioners, and current students. Other qualitative and quantitative methodologies would have overlooked the synthesis between education, industry expectations, and practice by failing to examine what literature has already been presented with the current state of educational materials in the field. As such, a content analysis was the most appropriate to answer the project's research questions and yield meaningful outcomes for the field.  To present the project's findings, a detailed account of the results and subsequent discussion is included in the following chapter titled "Findings".

# Chapter 4:

# Findings

## Introduction

Conveyed throughout this document, a gap in scholarly literature is present regarding whether entry-level public relations skills and abilities are taught in undergraduate courses on practice within the healthcare industry. Since niche public relations areas of practice – such as healthcare – are growing, it is critical to understand whether current public relations education is preparing students for professional practice. The literature reveals no research has been conducted to identify how entry-level public relations skills and abilities are taught in health communication courses. As such, this research project conducted a qualitative content analysis of syllabi from health communication courses taught within accredited public relations programs in higher education focused on answering the following research question:

> RQ 1: What entry-level public relations skills and abilities are taught in undergraduate health communication curriculum?

To retrieve the sample, the researcher first identified the universities and colleges whose public relations programs were certified by the Public Relations Society of America (PRSA) for public relations education. Then, the researcher reviewed each university's public relations curriculum and program to identify which universities offered a course in health communication. Finally, with those universities identified, the researcher conducted a Google search to source the health communication syllabi that were publicly available. To retain the syllabi of the universities that did not have their health communication-related course syllabus available online, the researcher emailed the directors of the respective public relations programs and requested a copy of the program's related syllabus. In total, the sample contained three syllabi sourced from the process detailed above. These syllabi were evaluated and coded according to two assessments: (1) a content assessment to determine the presence of course descriptions, learning outcomes, assignments and other details such as course placement and (2) an assessment of whether Manley and Valin’s (2017) entry-level, public relations foundational skills and abilities (FSAs) were addressed in the course descriptions, learning outcomes and assignment descriptions (where applicable). The results of the content analysis, which were all recorded and analyzed by the researcher, will be addressed in-depth through this chapter, presented in three sections.

First, the results of the content analysis’ content assessment are provided followed by an analytical discussion. Second, the results of content analysis’ assessment of Manley and Valin’s (2017) FSAs and their presence within the sample are provided, followed by a summative thematic discussion of the findings integrating appropriate quotes from the texts. The quotes presented are meant to support how the FSAs were observed in the text and, by extension, the researcher’s analysis. Finally, the chapter concludes by addressing the significance of the content analysis’ results to the project’s guiding research question.

**Content Assessment Findings**

The structures of three health communication syllabi (labeled Syllabus A, Syllabus B, and Syllabus C accordingly) were evaluated to identify the presence of course descriptions, learning outcomes, and assignments within the project’s sample. A total of three course descriptions, 18 learning outcomes, and 13 assignments were evaluated. Of the units reviewed, Syllabus C did not contain learning outcomes; however, Syllabus A and Syllabus B contained all three content components (e.g., course description, learning outcomes, and assignments).

As noted in the coding sheet (see Appendix A), a deeper analysis was conducted to determine what types of assignments were offered (e.g., written, oral or visual communication focused) and whether the course's assignments were weighted. Of the 13 assignments identified in the sample, 10 (77%) were heavily written communication-based and three (23%) were heavily oral communication-based; no assignments heavily emphasized visual communication. A sampling of assignments that were heavily written communication-based included a health campaign overview ("write and submit a one-page description of your project" from Syllabus A), a communication climate survey ("use a survey form to complete the ratings, and then write a one page analysis which explains each of your ratings" from Syllabus B), and a paper critique ("you will write three one-page critiques on the health intervention programs [during which students] briefly summarize the goal and target audience of the campaign and comment [on various elements" from Syllabus C). A sampling of the assignments that were heavily oral communication based included a team campaign presentation (Syllabus A),  health communication debate assignment ("you will conduct a debate and issue five major arguments supporting your position… the other side will counter" from Syllabus B), and class participation ("your participation grade will be based on your overall involvement in class discussion, respect toward classmates, and respect toward your professor" from Syllabus C).

Further, all assignments were weighted and impacted the student's final grade. This impact was displayed by assigning a specific percentage for each assignment which in turn translated to the student's final grade. Together, the collective number of assignments in each syllabus determined the student's final grade. For example, in Sample A, the assignments were a "mini-research report on a health communication issue"—which accounted for 16.67% of the final grade—; "health campaign portfolio"—which accounted for 33.33% of the final grade—; "team campaign presentation"—which accounted for 16.67% of the final grade; and two exams—which accounted for 33.3% of the final grade. Together, the assignments collectively determined the final grade, accounting for 100% of how the student was assessed. This collective approach was also present in Syllabus B and C.

The remaining portions of the content assessment aimed to identify the course's placement within the accredited public relations program, determine whether a prerequisite course was required, and identify the academic level of the course. Of the sample, all courses were offered as an elective to supplement the core public relations curriculum. No courses required a prerequisite public relations course. Finally, two courses (Syllabus B and Syllabus C) were offered at a 4000 level and one course (Syllabus A) was offered at a 2000 level.

**Discussion**. The analysis of the content assessment's data reveals several inferences regarding health communication courses in public relations education. First, the placement of health communications courses within the larger public relations program reveals the practice of healthcare communication is not considered foundational to a public relations student. As the literature has emphasized, healthcare public relations is a niche, industry-specific practice (see Hicks & Nicols, 2012). Given this specificity, it is logical to assume that not all public relations students need to have knowledge of this industry as part of their foundational public relations knowledge and coursework. This echoes the Commission on Public Relations Education's (2017) commentary and its endorsement of six minimum courses for undergraduate public relations students – none of which are industry-specific or industry related. Instead, it is recommended that the core of public relations program should include an introduction to public relations, research methods, writing, campaigns and case studies, supervised work experience or internships, and ethics (Commission of Public Relations Education, 2017). The placement of health communication as an elective offered outside of the core requirements of a public relations program also concurs with the literature's emphasis on the rise of niche public relations practice. While new courses are being developed to respond to public relations areas like "business, finance, [and] healthcare" (Commission on Public Relations Education, 2017, p. 153), the development of industry-specific curriculum has not yet risen to a level where teaching students how to practice within a particular sector is considered a standard part of the public relations program.

Second, the absence of a prerequisite course indicates that specific knowledge about public relations is not required to take a health communication course. It is possible this positioning is due to the correlation between health communication and the typical functions of public relations as described by Broom and Sha (2012). Nonetheless, the absence shows there is no direct correlation of a health communication course to the core public relations program besides being offered as an elective; however, the course's placement within the public relations program as a whole indicates that educators recognize the health care industry and its growth in public relations professional practice. Likewise, the positioning of health communication as a 4000-level course suggests the course is meant for students who are further along in higher education (e.g., third- and fourth-year public relations students, instead of first-year students). This finding was striking to the researcher in relation to the absence of a prerequisite course. Higher-level students would have likely already completed the core public relations courses and retained a general understanding of the public relations industry. Therefore, they would already enter the class with a basic understanding of public relations principles. Given these points, it was surprising there were no prerequisite courses when, most likely, most students would have already learned the material. A health communication course could present an additional opportunity for students to apply their education in a new context; however, this opportunity was not offered to the students since a prerequisite course was not required in the syllabi reviewed.

Third, the varying presence of a course description, measurable learning outcomes, and a list of assignments in the sample suggests the design of a syllabus is inconsistent across accredited public relations programs and their associated universities. Notably, the greatest discrepancy was between learning outcomes. For example, Syllabus A contained 12 learning outcomes, whereas Syllabus C did not contain any. As learning outcomes set student and instructor expectations for a course (Svinicki & McKeachie, 2011; Huba & Freed, 2000), the lack of consistency suggests public relations educators are in disagreement about what is required in a course syllabus.

Finally, the assignment analysis showed the content within a health communication course stresses the importance of written and oral communication respectively, with limited emphasis placed on visual communication. For instance, Syllabus A and Syllabus C incorporated a large, written-based assignment during which a “health campaign portfolio” (Syllabus A) and “health campaign project” (Syllabus C) were developed throughout the semester. While oral communication was incorporated in the deliverable of the final written document in some cases (e.g., “Each team will create a 20-minute presentation describing your project”), specific guidelines regarding visual-based communication were not explored in the syllabus. This finding shows health communication educators teach written and oral communication skills, which is in line with the competencies required of an entry-level practitioner (see Milkereit, 2001; Berger, Reber, & Heyman, 2005; Gower, & Reber 2006; Todd, 2014). However, the lack of consideration regarding visual based communication was unexpected considering two of Manley and Valin’s (2017) FSAs involve visual literacy and communication. To further understand the presence of Manley and Valin’s (2017) FSAs in the sample, the findings of the Foundational Skills and Abilities assessment is included in the next section.

**Foundational Skills and Abilities (FSAs) Assessment**

To identify what entry-level public relations FSAs were present in health communication syllabi, the sample was also evaluated against Manley and Valin’s (2017) list of 15 FSAs ($n$ = 34, representing the total amount of course descriptions, learning outcomes and assignments evaluated). Tables 1, 2, and 3 depict the results of the FSAs assessment in the samples’ course descriptions ($n^1$ = 3), learning outcomes ($n^2$ =18) and assignments ($n^3$ = 13) respectively.

Table 1

*Presence of Entry-level Foundational Skills and Abilities in Course Descriptions*

| Foundational Skill and Abilities (FSAs) | Course Description<br>*n*[1] = 3 |
|---|---|
| Writing, oral and visual communications abilities | |
| Writing proficiency at a basic level | 0 |
| Writing ability at an advanced and specialized level, informative and persuasive writing | 0 |
| Mastery of language in written and oral communication in one language and preferably second language skills | 0 |
| Sensitive interpersonal communication | 2 |
| Public speaking and presentation | 0 |
| Digital and visual literacy, including ability to develop and manage content for multiple platforms | 1 |
| Abilities and personal attributes | |
| Critical listening skills | 0 |
| Has global awareness and monitors global news and issues | 0 |
| Management of information and knowledge | 3 |
| Critical thinking, problem solving and negotiation | 1 |
| Management of communication | 3 |
| Technological and visual literacy | 0 |
| Applying contextual, cross-cultural and diversity consideration | 1 |
| Ability to set strategy and contribute to the strategic direction of the organization | 0 |
| Flexibility with constant change | 0 |

*Note.* FSA list adapted from Manley and Valin's (2017) Global Body of Knowledge (GBOK) benchmark document and the 15 foundational skills, abilities and personal attributed recommended of an entry-level public relations practitioner.

Table 2

*Presence of Entry-level Foundational Skills and Abilities in Learning Outcomes*

| Foundational Skill and Abilities (FSAs) | Learning Outcomes $n^2 = 18$ |
|---|---|
| Writing, oral and visual communications abilities | |
| Writing proficiency at a basic level | 3 |
| Writing ability at an advanced and specialized level, informative and persuasive writing | 3 |
| Mastery of language in written and oral communication in one language and preferably second language skills | 8 |
| Sensitive interpersonal communication | 3 |
| Public speaking and presentation | 2 |
| Digital and visual literacy, including ability to develop and manage content for multiple platforms | 3 |
| Abilities and personal attributes | |
| Critical listening skills | 5 |
| Has global awareness and monitors global news and issues | 6 |
| Management of information and knowledge | 12 |
| Critical thinking, problem solving and negotiation | 13 |
| Management of communication | 11 |
| Technological and visual literacy | 5 |
| Applying contextual, cross-cultural and diversity consideration | 11 |
| Ability to set strategy and contribute to the strategic direction of the organization | 4 |
| Flexibility with constant change | 0 |

*Note.* FSA list adapted from Manley and Valin’s (2017) Global Body of Knowledge (GBOK) benchmark document and the 15 foundational skills, abilities and personal attributed recommended of an entry-level public relations practitioner.

Table 3

*Presence of Entry-level Foundational Skills and Abilities in Assignments*

| Foundational Skill and Abilities (FSAs) | Assignments $n^3 = 13$ |
|---|---|
| Writing, oral and visual communications abilities | |
| Writing proficiency at a basic level | 4 |
| Writing ability at an advanced and specialized level, informative and persuasive writing | 4 |
| Mastery of language in written and oral communication in one language and preferably second language skills | 5 |
| Sensitive interpersonal communication | 2 |
| Public speaking and presentation | 4 |
| Digital and visual literacy, including ability to develop and manage content for multiple platforms | 2 |
| Abilities and personal attributes | |
| Critical listening skills | 3 |
| Has global awareness and monitors global news and issues | 1 |
| Management of information and knowledge | 5 |
| Critical thinking, problem solving and negotiation | 4 |
| Management of communication | 5 |
| Technological and visual literacy | 1 |
| Applying contextual, cross-cultural and diversity consideration | 2 |
| Ability to set strategy and contribute to the strategic direction of the organization | 1 |
| Flexibility with constant change | 0 |

*Note.* FSA list adapted from Manley and Valin's (2017) Global Body of Knowledge (GBOK) benchmark document and the 15 foundational skills, abilities and personal attributed recommended of an entry-level public relations practitioner.

As seen in Tables 1, 2, and 3, the data revealed 14 out of 15 FSAs were addressed in the sample's course descriptions, learning outcomes and assignments. The analysis revealed the presence of the following FSAs listed according to frequency of occurrence, which is included within the parentheses: *management of information and knowledge* (20); *management of communication* (19); *critical thinking, problem solving and negotiation* (18); *applying contextual, cross-cultural and diversity considerations* (14); *mastery of language in written and oral communication in one language and preferably second language skills* (13); *critical listening skills* (8*); writing proficiency at a basic level* (7); *writing ability at an advanced and specialized level, informative and persuasive writing* (7); *sensitive interpersonal communication* (7); *has global awareness and monitors global news and issues* (7); *public speaking and presentation* (6); *digital and visual literacy, including ability to develop and manage content for multiple platforms* (6); *technological and visual literacy* (6); and *ability to set strategy and contribute to the strategic direction of the organization* (5). *Flexibility with constant change* (0) was the only FSA not addressed throughout the sample.

The data showed 93% of FSAs were addressed in learning outcomes and assignments of the syllabi reviewed, whereas 40% of FSAs were addressed in the course descriptions of the syllabi reviewed. Of all the FSAs, *management of communication* and *management of information* occurred within the top three of FSAs across all course descriptions, learning outcomes, and assignments present in the sample. In contrast, *flexibility with constant change* was not identified in any course description, learning outcome, or assignment.

**Discussion**. The researcher identified several key themes that emerged from the data referenced above: (1) FSAs should correlate to a course's learning outcomes and assignments (2) multiple FSAs can be addressed at once in syllabus design (3) health communication centered assignments do not address visual literacy and (4) constant change is not addressed in the classroom. Additionally, the researcher also recognized the need for thoroughly defined FSAs which will be explored in the last part of this section.

First, the researcher observed that FSAs were more pointedly incorporated into the course's learning outcomes and assignments instead of the course description. Considering the course description describes what a course entails, the rationale for its creation, and an overview of topics covered (Nilson, 2010), this finding suggests FSAs are linked to the design of a health communication course involving materials specific to the structure (e.g., learning outcomes and assignments) as compared to a course description which provides an overview of the course and its general expectations. Learning outcomes and assignments are the foundation of a course and are referenced by students during the course's execution. In contrast, course descriptions serve more of an administrative purpose as they are housed in a course catalog, on a university's website, or help inform a student's decision to take a course.

Second, the data revealed multiple FSAs can be addressed at once in a course's learning outcome or assignment. An FSA does not have to stand alone or be addressed by itself. Instead, learning outcomes or assignments can involve multiple FSAs at once depending on the depth of a learning outcome or assignment. For example, Syllabus B's learning outcome of "identify variables (i.e., culture, technology) that affect communicating in health care contexts" links to students practicing several FSAs including *critical listening*, *management of communication*, *technological literacy* and *applying contextual, cross-cultural and diversity considerations* in order to achieve the learning outcome. Likewise, an assignment can also address multiple FSAs given its flexibility from having been created by the course instructor. Syllabus C incorporated a "health campaign project" which addressed various FSAs including *writing proficiency at a* *basic level* ("provide a one-page summary of your project"), *writing ability at an advanced and specialized level* ("the final paper is a campaign strategy brief that addresses the importance of your topic, current prevalence of the health behavior, and the media habit of your target population… you will then recommend potential message strategies… describe your formative research procedure "), *sensitive interpersonal communication* ("each team member will follow your team's interview plan and conduct open-ended interview with 3 people of your target population"), and the *ability to set strategy and contribute to the strategic direction of the organization* ("the final paper is a campaign strategy brief that addresses the importance of your topic, current prevalence of the health behavior, and the media habit of your target population") among others. The versatility to weave multiple FSAs into learning outcomes and assignments additionally comments on the relationship of education to practice, suggesting that the practices of higher education have the ability to weave FSAs into the public relations pedagogy and content. If higher education is meant to prepare students for professional practice, then applying the skills and abilities students need directly to the curriculum is a reasonable expectation since FSAs are ideally transferable from the classroom to the workplace.

Third, there was little to no emphasis on visual communication and literacy in course descriptions, learning outcomes, or assignments. While two FSAs (*digital and visual literacy, including ability to develop and manage content for multiple platforms* and *technological and visual literacy*) address the need for visual communication, the data revealed these FSAs are addressed by largely emphasizing the digital and/or technology piece instead of the visual literacy component. For example, Syllabus B listed a group project assignment during which students "will produce messages that vary for differing audiences (at least three) and across at least two modalities (e.g., video, audio, billboard, internet ads, or pamphlets)" and Syllabus A addressed digital and visual literacy through a learning outcome that will allow students to "identify the key steps in planning, implementing and assessing health promotion campaigns." Within both of these contexts, a student's implementation of digital literacy is the skill that is advanced. In Syllabus B, the messages are crafted for digital contexts, but the application of visual literacy concepts is not identified or explained. Similarly, in Syllabus A, the learning outcome helps to strengthen a students' assessment of digital platforms and engagement – which can include visuals like infographics or PowerPoints– however, visual literacy elements are not explicitly referenced within the text.

Manley and Valin's (2017) combination of technological, digital, and visual literacy into similar FSAs implies that students' digital literacy and visual literacy capabilities are complimentary. This inference is logical, considering public relations integrates visual communication modalities as part of larger communication strategies (e.g., infographics on social media, video creation or image production for social media). However, if digital and technological literacy is combined with visual literacy, it would be helpful to provide a definition to differentiate the FSAs mentioned and establish a well-defined framework. While the FSA of digital and visual literacy included a modifier stating "the ability to develop and manage content for multiple platforms," the technological and visual literacy FSA did not provide additional context or explanation. As a result, these literacies are subject to the researcher's interpretation and, consequently, the interpretation of public relations educators who may consult Manley and Valin's (2017) assessment tool for their course and syllabus design. A more accurate inclusion and assessment of these skills and abilities can be implemented if the FSAs are defined more clearly.

Finally, the fourth theme that emerged from the data revealed there is no emphasis in undergraduate health communication curriculum to address the FSA of *flexibility with constant change.* The researcher was not able to clearly identify why this FSA was not addressed in the curriculum; however, it is possible the FSA is addressed in the course instruction instead of being limited to the syllabus design. Nonetheless, there was a lack of *constant change* variables present in the learning outcomes and assignments evaluated. This thematic finding can aid in the development of a future health communication course as educators can be more cognizant of this disregarded variable. Given the focus on constant change, educators may consider integrating the FSAs outside of the parameters of written guidelines for assignments or learning outcomes. For example, a professor could introduce a last-minute variable in a health communication campaign assignment that introduces a new audience or crisis for consideration. Students would then be responding to a change and adjusting their communication accordingly. The inclusion of a variable related to the FSA*, flexibility with constant change,* would further impact the total number of FSAs a course is addressing beyond the written components of the syllabus.

Ultimately, the four themes highlighted above provide significant insight into how entry-level skills and abilities are taught in undergraduate health communication courses and how the FSAs can inform how public relations educators approach integrating niche contexts into a university's public relations program outside of the core requirements. However, while conducting the content analysis, the researcher identified an important characteristic of Manley and Valin's (2017) assessment tool which should be reported: the ambiguous definitions of the 15 FSAs. The 15 FSAs studied are considered the core skills and abilities required of an entry-level practitioner; however, these FSAs are not definitively defined by Manley and Valin (2017). For example, *management of communication* was not supported by a clear definition that describes the quality of the skill and abilities. For example, this FSA could refer to a student's ability to manage oral, written, or visual communication – or perhaps, all communication capabilities at once. Without a definition, the FSAs can be interpreted differently by public relations educators which would result in a variety of applications within public relations education. While some FSAs do provide additional context (e.g., *digital and visual literacy, including ability to develop and manage content for multiple platforms*), others are very limited in their description (e.g., *technological and digital literacy*, as mentioned previously). Given these points, further clarification is needed in order for Manley and Valin's (2017) FSAs to be accepted as the core standard of entry-level public relations skills and abilities and to ensure all FSAs are interpreted similarly. The researcher recommends establishing clear definitions and/or criteria for each of the 15 FSAs so that future evaluations of entry-level public relations skills and abilities may adhere to the same standard. Nonetheless, the data from this project informs a preliminary understanding of how public relations education adheres to the industry's standards.

## Answer to Research Question

In this project, the purpose was to identify what entry-level skills and abilities are taught in health communication courses available to public relations undergraduate students. The project aimed to answer the following research question:

> RQ 1: What entry-level public relations skills and abilities are taught in undergraduate health communication curriculum?

To help answer this question, the researcher conducted a two-part content analysis. The first section, titled "Content Assessment," analyzed the syllabi to understand where the respective undergraduate course was placed in the public relations program; the presence of learning outcomes, course descriptions, and assignments; the weight of the assignment; and the communication type (written, oral, and visual) primarily emphasized in each assignment. While this section did not directly correlate to the research question, this information was needed to understand when and where entry-level skills and abilities are taught in undergraduate health communication courses stemming from a larger public relations program. These insights allowed the researcher to see how the health communication course was offered and executed from an administrative standpoint, which further informed and framed the researcher's analysis and discussion related to the presence of Manley and Valin's (2017) FSAs.

The second part of the content analysis, titled Foundational Skills and Abilities Assessment, considered Manley and Valin's (2017) entry-level public relations FSAs in relation to the syllabi's course descriptions, learning outcomes, and assignments. The project revealed that 14 (93%) out of 15 FSAs were addressed in health communication coursework (as seen in Syllabus A, B, and C). This indicates that entry-level public relations skills and abilities are mostly taught in health communication courses; however, there is an inconsistency since not every FSA was addressed as shown by analyzing the syllabi and the course descriptions, learning outcomes, and assignments.

The findings of the content analysis showed that the following FSAs had an active presence in the health communication syllabi evaluated and should be incorporated into public relations education to meet the standards of professional public relations practice: *management of information and knowledge*; *management of communication*; *critical thinking, problem solving and negotiation*; *applying contextual, cross-cultural and diversity considerations*; *mastery of language in written and oral communication in one language and preferably second language skills*; *critical listening skills; writing proficiency at a basic level*; *writing ability at an advanced and specialized level, informative and persuasive writing*; *sensitive interpersonal* *communication*; *has global awareness and monitors global news and issues*; *public speaking and presentation*; *digital and visual literacy, including ability to develop and manage content for multiple platforms*; *technological and visual literacy*; and *ability to set strategy and contribute to the strategic direction of the organization*.

The FSA of *flexibility with constant change* did not appear to have a presence in the study, but the researcher recommends that should still be an entry-level skill and ability that is considered when creating or updating a health communication course. Manley and Valin's (2017) assessment tool was designed as a benchmark document to understand and evaluate what knowledge, skills, abilities, and behaviors are required of a public relations professional. As a result, the listing of *flexibility with constant change* is strategic and research-driven and should not be discounted given its lack of presence in the project's results.

As a whole, the high percentage of FSAs addressed in the research verifies Manley and Valin's (2017) assessment tool as an evaluative document that bridges public relations education with professional practice. While there can be some improvements to the assessment tool (e.g., defining the FSAs more clearly), this project supports that the foundational entry-level skills and abilities are largely met in public relations education relating to health communication. While this project did not conduct a comprehensive analysis of all skills and abilities presented in Manley and Valin's (2017) skills and abilities benchmark tool, it did substantiate that health communication courses available to public relations students with accredited public relations programs help develop the foundational skills and abilities needed for proficient professional practice.

**Summary**

This chapter provided a detailed presentation and thematic interpretation of the project's content analysis and its relation to the project's guiding research question. The findings revealed that 14 out of 15 FSAs were addressed in the health communication coursework assessed, indicating that entry-level, foundational public relations skills and abilities are mostly addressed in health communication courses available to public relations students.

Further, thematic implications from the research on the project's content assessment and FSAs assessment of the syllabi were presented. Although health communication courses are available within public relations programs, they are not considered a core component of public relations education and do not require a prerequisite course, suggesting that health communication is not vital to a student's understanding of public relations. Instead, health communication courses supplement a student's interest in a niche area of practice and can be taken as an elective that counts toward completing the student's degree requirements. The content assessment also revealed an irregularity across health communication syllabus design with an inconsistent presence of syllabus components (e.g., a varying number and presence of course descriptions, learning outcomes, and assignments across the sample). The analysis of assignments further revealed health communication coursework focuses primarily on developing written and oral communication skills which coincides with previous literature; however, improving visual communication skills in assignments were not as emphasized as the written and oral counterparts.

The FSAs assessment demonstrated that 14 out of 15 FSAs were addressed in health communication courses, as defined by Manley and Valin (2017). The data's thematic implications suggested that (1) FSAs should correlate to a course's learning outcomes and assignments (2) multiple FSAs can be addressed at once in syllabus design (3) assignments do not address visual literacy and (4) constant change is not addressed in the classroom. As a whole, the project provides insight into not only how FSAs are taught in health communication curriculum, but also yields knowledge of how they are incorporated throughout various components of the syllabus, and thus, the administration of the course by the instructor.

Overall, the findings acknowledged there is inconsistency across health communication education within public relations programs regarding syllabus design, components, and the methodology in how FSAs are addressed in coursework. Consequently, the researcher proposed the development of a research-informed syllabus that integrates the results from the project's content analysis alongside scholarly literature in higher education instruction. Thus, the syllabus integrates the standards of the industry (e.g., by addressing Manley and Valin's (2017) FSAs) and echoes the expectations of higher education andragogy (e.g., by consulting literature on syllabus design, course design, and higher education best practices). By consulting these two bodies of literature, the researcher brought together public relations education and professional practice expectations to produce a highly informative work and artifact. The development of the syllabus – presented as the project's artifact in Appendix B –, its practitioner validation, suggestions for future research and conclusion are presented in the following chapter, titled "Conclusion".

# Chapter 5:

# Conclusion

## Introduction

This project sought to understand whether entry-level public relations skills and abilities are taught in undergraduate health communication courses available to public relations students. A content analysis was completed and analyzed syllabi from health communication courses located within accredited public relations programs to identify the presence of Manley and Valin's (2017) foundational skills and abilities (FSAs) required of an entry-level practitioner. Of the syllabi reviewed, the findings–which were discussed in Chapter 4 –revealed that 14 out of 15 FSAs were present across the collective number of course descriptions, learning outcomes, and assignments evaluated. The researcher's analysis of the results further suggested that (1) FSAs should correlate to a course's learning outcomes and assignments (2) multiple FSAs can be addressed at once in the syllabus design (3) assignments do not address visual literacy and (4) the FSA of *flexibility with constant change* is not addressed in the syllabi, which implies it may not be applied in the classroom. To provide additional perspective on the project's findings, this chapter presents a discussion of the study's strengths and limitations, suggests directions for future research, presents the researcher's recommendation on preparing public relations students for practice in the health industry through a research-informed syllabus, and concludes with summative discussion on the answer to the project's research question and its overall impact.

## Strengths and Limitations

The results of this research project are strong and credible in a number of ways. First, the assessment of the sample was specifically crafted to align with Manley and Valin's (2017) FSAs which ensured data was collected in a reliable manner and focused on the research question.

Second, the researcher presented assumptions that were grounded in the research and supported the assumptions with evidence, ensuring the study's results were not misleading or vague. Third, assumptions about the study were framed in the context of the study and its results. Generalizable conclusions were not established or claimed because the research conducted was specific to the syllabi reviewed; as a result, relevant conclusions were drawn based on the sample. Finally, the study addressed issues determined by the literature review and found a lack of research about public relations pedagogy in higher education regarding the health industry. To help bridge this gap in the literature, the project's results contributed to knowledge about public relations practice in the health field and provided a focused understanding about how the skills and abilities of professional public relations practice are addressed in undergraduate curriculum about health communication.

It is important to note the project does have certain limitations. The project's results are not generalizable and cannot be applied to all health communication courses within accredited public relations programs. The researcher only evaluated the sampled syllabi and their course descriptions, learning outcomes, and assignments for the presence of Manley and Valin's (2017) FSAs; as a result, the findings are specific to only the material analyzed. Similarly, the findings cannot speak to how health communication is taught across accredited programs given the lack of syllabi from the remaining universities, as referenced in Chapter 3. Likewise, it is important to note the design of the syllabus can be different from the administration of the course. As a result, the execution of the FSAs can be present in other ways beyond the written material provided in the syllabus. The researcher did not take this consideration into account.

Nonetheless, the researcher sought to contribute to literature about preparing public relations students for practice in the health industry through higher education pedagogy.

Although the niche area of healthcare practice in public relations is gaining recognition, research on how entry-level skills and abilities are taught in health communication courses has not been studied. This project sought to open the conversation on how professional skills and abilities are being taught in the health communication context and provides a framework that public relations educators can apply in the future to ensure their curriculum is aligned with the expectations of the field. In this vein, directions for future research are presented in the next section.

**Directions for Future Research**

In this project, the researcher sought to identify what entry-level public relations skills and abilities were taught in health communication courses. This was evaluated by assessing the presence of Manley and Valin's (2017) FSAs within sampled syllabi from accredited public relations programs, finding that most of the FSAs for an entry-level public relations practitioner were present in the material; however, it is important to continue research on how higher education prepares students with the skills and abilities they need for professional practice. Such research would provide greater insight into how public relations, as a profession, is being taught and how higher education is impacting the field as students begin working and applying their teachings in a professional environment.

There is an opportunity to apply and analyze the presence of the remaining characteristics of Manley and Valin's (2017) framework—namely the 25 additional skills and abilities that are deemed necessary, but not essential and universal, to practice and excel at entry-level public relations work— to health communication curriculum. Such an application could expand on this research and provide a deeper analysis beyond the essential FSAs studied in this project. Likewise, there is an opportunity to assess whether the FSAs present in the health communication course actually transfer to the student. Future research could evaluate students at the beginning and conclusion of the course to determine whether FSAs were already present and whether they were taught and applied the skills and abilities as intended. Lastly, future research can also apply Manley and Valin's (2017) assessment criteria to assess how other courses on public relations niche areas of practice (e.g., nonprofit, transportation, etc.) teach the FSAs needed for entry-level practice. Such research can potentially support the growth of new areas and needs in rising industries that are calling on the expertise of public relations practitioners. Overall, the topic of how entry-level skills and abilities are addressed in public relations education as it relates to health communication is new, but research is still needed to understand these niche areas of public relations practice. As indicated above, there are several ways to build upon the research presented and continue the dialogue about preparing students for professional practice within the health field and consequently, other niche areas of practice.

**Researcher's Recommendation and Presentation of Artifact**

As seen in Chapter 4, the project's findings acknowledged there was inconsistency across the sampled syllabi regarding the design of the syllabi and the application of FSAs. Learning outcomes were not present in every syllabus, and every FSA was not addressed. Given these points, the researcher recognized an opportunity to develop a syllabus for the study of health communication in a public relations context that is grounded in the FSAs needed of an entry-level practitioner. Consequently, the researcher endeavored to create a syllabus, presented in Appendix B, that can serve as a guideline and sample for how all of Manley and Valin's (2017) FSAs can be applied in an educational context while adhering the academic literature on syllabus design. By applying both literature on higher education syllabus design and Manley and Valin's (2017) FSAs, the researcher offered a recommendation of what an undergraduate health communication course that cultivates entry-level skills and abilities should look like. To understand how the syllabus was created and how it applies academic literature alongside the core, entry-level skills and abilities applied in this project, the next section provides a literature review of the academic sources consulted followed by a deconstruction of the researcher's syllabus. The deconstruction identifies how the literature and entry-level skills and abilities were applied, serving as evidence that the syllabus is grounded in best practices on syllabus design in higher education while incorporating the FSAs essential to public relations practice within the health industry.

## Literature Review on Syllabus Construction

As emphasized by Newble and Cannon (1995), curriculum planning in higher education is complex. The instructor needs to "forge educationally sound and logical links" (Newble & Cannon, 1995, p. 70) between all elements of the curriculum including the course's "planned intentions, the content, the teaching and learning methods and the assessment of student learning" (p. 70). Curriculum planning is not stagnant; instead, it is a strategic and ongoing process that allows each part of the course to coincide with another, creating a relationship between all parts.

Preparing a course syllabus can help an instructor organize his/her course and further describe what a student will learn and establish how to succeed in the course (Davis, 2009). Providing a course syllabus helps students discover what is expected of them (Johnson, 2006) while providing a "security of knowing where they are going" (Svinkcki & McKeachie, 2011, p. 15). Syllabi are often the first contact a student has with a course, even prior to meeting the instructor (Richmond, Morgan, Slattery, Mitchell, & Cooper, 2019). As a result, the syllabus serves as a documented communication tool for student-instructor engagement. To ensure this communication is both cohesive and conducive, a considerable amount of literature has explored a number of aspects an instructor should consider as he/she plans a course. These include knowing the core elements of a syllabus, meeting the desired learning outcomes when the course is executed, and applying a learner-centered approach, as addressed below.

The literature discussed is meant to provide a brief overview of materials available to instructors as they consider and develop their course; however, this should not be considered an exhaustive presentation of the literature available. The sources and approaches discussed informed the researcher's creation of the artifact; consequently, this literature review serves as a guide to further understand what scholarly literature was consulted during the initial stages of syllabus construction. A detailed analysis of how the literature was applied to the artifact is provided in the section titled "Artifact Deconstruction"; however, before the syllabus can be evaluated, a discussion is needed on syllabus design and how to form this educational tool.

**Physical syllabus design.** Regarding the physical elements of a syllabus, Johnson (2006) offered a guiding checklist for creating a syllabus including sections on general course information (e.g., course name, term, location, dedicated time per week, prerequisites/corequisites); instructor information (e.g., instructor name, office hours, contact information); the purpose of the course (e.g., goals, objectives, additional information as needed); learning environment (e.g., teaching methods, required texts and materials, recommended texts); time schedule/course plan (e.g., timelines, lecture or lab topics, landmark events, assessments and due dates); learning assessment (e.g., grading procedures, scale and method, missed assessments, grade posting, results of a failing grade, additional student support information); and technical, classroom, and college policy information (e.g., syllabus amendments, special needs, last course revision date, student conduct and class/college policies). However, curriculum and syllabus design do not solely rely on following a checklist. It is an intricate process during which the instructor assesses how a course's goals, objectives, learning experience, teaching methodology, and student assessment work together to ensure the course's efficacy in higher education (Diamond, 1998).

**Syllabus design approaches.** As aforementioned, curriculum planning interweaves each component of a course to ensure the content is aligned with course expectations. To ensure this cross-curriculum consistency, scholars have proposed a *backward design approach* to syllabus construction which allows an instructor to identify desired results, determine acceptable evidence and then plan the learning experiences and instruction (McTighe & Wiggins, 2005). By carefully identifying the "priority learnings" (McTighe & Wiggins, 2005, p. 17) first, instructors can then make an informed decision about what it looks like to meet those learnings and/or goals before determining the teaching and learning method of the course. This backward approach enables a course to be engaging, insightful, and purposeful because students can trace how an assignment, lecture, or reading relates to the overall meaning of the course. The syllabus' ability to identify "clear purposes and explicit performance goals" (Wiggins & McTighe, 2005, p. 17) empowers the students and contributes to their overall satisfaction with a course.

The emphasis on the student's understanding of the curriculum and its structure has also introduced a *learner-centered approach* to syllabus design which focuses more on student learning and the direct link between student outcomes and assessments, instead of the delivery of content (Richmond et al., 2019). Learner-centered instruction shifts the attention away from the needs of the professor and instead addresses the needs of the student. Further, the creation of learner-centered syllabus is one way to develop a more learner-centered atmosphere (Richmond et al., 2019) during the course's execution. In syllabus design, a learner-center perspective includes setting intended learning outcomes, using rubrics to provide student feedback during assessment, and applying feedback from students to improve their learning (Huba & Freed, 2000). These considerations are examined in detail below.

*Learning outcomes.* Similar to backward design, constructing a learner-centered syllabus begins with specifying the intended outcomes (e.g., desired results) of the experiences students will have when taking a course. In a learner-centered approach to syllabus design, these desired results are defined as *learning outcomes*, or a description of the kinds of things that students know or can do after instruction that they didn't know or couldn't do before (Huba & Freed, 2000). It should be recognized that some scholars have used the terms *learning outcome* and *learning objective* interchangeably (Melton, 1997); however, forming learning objectives has been proven to have little impact on teaching, practice, assessment, or student learning because of the burden placed on teachers to create static curriculum plans instead of being accountable through student performance (Harden, 2002). In contrast, learning outcomes represent what is achieved and can be more easily assessed at the end of a course rather than relying on the aspiration or what is intended to be achieved (Harden, 2002).

Huba and Freed (2000) acknowledged three benefits of learning outcomes. First, learning outcomes form the basis for student assessment by their very nature. *Assessment*, or "the process of gathering and discussing information from multiple and diverse sources in order to develop a deep understanding of what students know, understand, and can do with the knowledge as a result of their educational experiences" (Huba & Freed, 2000, p. 94), provides feedback on the learning outcomes through the duration of the course. In order for a learning outcome to be achieved, students must participate in the assessments, apply their learnings, and be evaluated by the instructor to determine whether competency has been achieved. Conversely, assessments are used to monitor student progress and provide the instructor with the opportunity to provide feedback (Huba & Freed, 2000) which further places the student and his/her learning at the center of the course. Second, learning outcomes provide direction for all instructional activity. They help instructors decide what the students should learn in the course and respectively, during each week of instruction. This allows the instructor to think more deliberately about the students' interests and what they should learn, instead of what the instructor should teach. Finally, learning outcomes inform the student about the faculty's intentions. By knowing the learning outcomes of a course right away, students can determine whether a course is aligned with their interests. Likewise, learning outcomes provide direction for students as they complete the readings, participate in discussions, and finish assignments all while empowering the students to self-assess whether they are achieving what is expected of them.

Having addressed the benefits of learning outcomes, it is important to understand the characteristics of effective learning outcomes. Outlined by Huba and Freed (2000), effective statements of learning outcomes: (1) are student-focused rather than professor-focused; (2) focus on the learning from an activity, rather than the activity itself; (3) reflect the institution's (e.g., university or college) mission and the values it represents; (4) are aligned at the course, academic program and institutional levels; (5) focus on important, non-trivial aspects of learning that are credible to the public; (6) focus on skills and abilities central to the discipline and based on professional standards of excellence; (7) are general enough to capture important learning but clear and specific enough to be measurable; and (8) focus on aspects of learning that will develop and endure, but can be assessed in some form. These characteristics provide an evaluative framework which can be consulted during the creation of learning outcomes to ensure the outcomes remain student-focused while maintaining the integrity of a course's housing institution (e.g., university).

To further evaluate the efficacy of learning outcomes, the revision of Bloom's taxonomy (Krathwohl, 2001) can also be consulted to "classify objectives and test items in order to show breadth, or lack of breadth, of the objectives and items" (p. 213). Both the original and revised versions of Bloom's taxonomy are used to classify the knowledge and intellectual tasks (e.g., thinking) a student must master when learning a subject (Boslaugh, 2019). The revised taxonomy proposed learning objectives should involve two processes when being evaluated. First, objectives should address the student's *knowledge domain* which separates into four categories including *factual knowledge*, or "the basic elements a student must know to be acquainted with a discipline" (Krathwohl, 2001, p. 214); *conceptual knowledge*, or "the relationships between basic elements in the larger structure of a discipline that enable them to function together" (p. 214); *procedural knowledge*, or "how to do something and understanding of subject-specific skills, techniques, procedures and methods" (p. 214); and *metacognitive knowledge*, or "the awareness of one's cognition" (p. 214).

The second part of the revised Bloom's taxonomy addresses the student's *cognitive process domain,* or how a student is expected to recall or recognize knowledge of a subject area (Krathwohl, 2001). The cognitive process domain is structured into six categories including *remember*, or "retrieving relevant knowledge from long-term memory" (Krathwohl, 2001, p. 215); *understand,* or "determining the meaning of messages, including oral, written and graphic communication" (p. 215); *apply,* or "carrying out or using a procedure in a given framework" (p. 215); *analyze*, or "breaking material into its constituent parts and detecting how the parts relate to one another and to an overall structure or purpose" (p. 215); *evaluate*, or "making judgements based on criteria and standards" (p. 215); and *create,* or "putting elements together to form a whole or make an original product" (p. 215). The combination of these two dimensions in a taxonomy table (see Table 4) enables an instructor to understand what complex kinds of knowledge and cognitive processes are involved in learning outcomes.

Table 4

*The Classification of Revised Bloom's Taxonomy*

| **Knowledge Dimension** | **Cognitive Process Dimension** | | | | | |
|---|---|---|---|---|---|---|
| | Remember | Understand | Apply | Analyze | Evaluate | Create |
| Factual knowledge | | | | | | |
| Conceptual knowledge | | | | | | |
| Procedural knowledge | | | | | | |
| Metacognitive knowledge | | | | | | |

*Note.* The two dimensions of the revised Bloom's Taxonomy, the knowledge and cognitive processes, are depicted above in a taxonomy table, sourced from Krathwohl (2001). This is used to assess learning objectives.

From this kind of analysis, the learning outcomes can be examined to identify "relativity, curriculum alignment and missed educational opportunities" (Krathwohl, 2001, p. 218) which aids in the instructor's learning outcome development and further ensures the learning outcomes will be student-centered.

In summation, there is a considerable amount of literature on how to craft learning outcomes that are beneficial to the student and learner-focused. The use of learning outcomes enables an instructor to focus on the impact a course has on the student instead of proposing abstract aspirations. They also help guide assessment, provide direction for all activity and inform the student about the faculty's intentions, as emphasized by Huba and Freed (2000). In order to determine the efficacy of learning outcomes, the research above has highlighted several points outlined by Huba and Freed (2000) and Krathwohl (2001), all of which were incorporated in the researcher's curation and evaluation of the project's artifact. By following these criteria, the researcher ensured the learning outcomes were learner-centered and informed the rest of the syllabus design, including student assessment. Returning to the second characteristic of learner-centered approach to syllabus design, student assessment will be discussed in the next section.

*Student assessment.* As explained earlier, a learner-centered perspective to syllabus design considers how students are assessed and whether they can think critically and solve problems. Assessment evaluates whether a student has achieved the intended learning outcomes by providing a measure to understand what the student has learned (Svinkcki & McKeachie, 2011). It is important to note the learner-centered design approach complements the second step of backward syllabus design: determining acceptable evidence (Wiggins & McTighe, 2005). Once an instructor has specified the intended learning outcomes, he/she can then determine what kind of assessment is appropriate for each outcome (Svinkcki & McKeachie, 2005) which is fundamental to the backward design process and displays congruency in the academic literature.

In evaluating learning outcomes, Palomba and Banta (1999) recommended including both direct and indirect assessments of student learning. *Direct assessments* ask the students to demonstrate "what they know or what they can do with their knowledge" (Huba & Freed, 2000, p. 11) and take many forms including exams, projects, papers, exhibitions, and oral exams. *Indirect assessments* are distributed in a self-report form to the student (e.g., a survey) from which the instructor can source feedback. The combination of these two approaches ensures an accurate evaluation of learning and provides useful information about the students' experience. Interestingly, the learner-centered design approach advises against the traditional assessment of objectively scored numerical tests (e.g., multi-choice) because exams typically do not have a real-world application (Resnick & Resnick, 1992). Instead, learner-centered teaching should design assessments that cater to higher-order critical thinking and problem-solving, which in turn places students in the position to demonstrate whether they are meeting the learning outcomes as they complete the assessment.

As such, learner-centered teaching echoes Wiggins' (1989) suggestion for all students to engage in *true tests*, or activities that require the performance of exemplary tasks, replicate the challenges and standards of performance faced by typical professionals, and are responsive to individual students through incorporating human interaction. The true test (Wiggins, 1989) connects students with critical thinking skills and concepts that can be assessed by the instructor and also provide a meaningful learning experience during which the students themselves learn and practice their learnings as they complete the task. Huba and Freed (2000) provided numerous examples of effective assessment types aligned with the true test method (Wiggins, 1989). These assessment types can include papers/theses, projects, product development, performance, and case studies, among others. As a whole, there is a considerable amount of literature on learning outcome assessment within higher-education; however, in order to ascertain a learner-centered approach, the research primarily consulted Wiggins' (1989) and Huba and Freed's (2000) recommendations for the construction of the artifact and its assessment components.

Another indication of a learner-center approach and assessment is the integration of feedback into the teaching process. Providing scores and grades to students is an effective way to monitor student learning; however, numerical grades cannot provide guidance on what to do next or where to improve. In this respect, learner-centered should promote learning by incorporating genuine feedback (Huba & Freed, 2000). However, before this feedback can be provided, students need to know what is expected of them when completing an assignment and whether it applies to the professional world. The integration of a *rubric*, or the scoring rules, expectations, and standards of an assignment or task (Huba & Freed, 2000), can facilitate a more trusting relationship between students and their instructor as grading criteria have been assigned and established. Rubrics make the intentions of an assessment explicit and transparent, which leads to improved student performance regulation processes (Panadero & Jonsson, 2013).

A rubric depicts what constitutes an exemplary, good, or insufficient grade for the student. It usually provides the levels of mastery (e.g., excellent, competent, poor, etc.), dimensions of quality (e.g., specific criteria of the assessment), description of commentaries (e.g., what is excellent, competent, poor, etc.), and descriptions of consequences (e.g., a description of what the real-life impact would be if the student were to perform at that level) (Huba & Freed, 2000). The use of a rubric guides the grading process and helps to judge the proficiency of a student's work (Doyle, 2008). Without a rubric, instructors are not able to teach students to perform at the highest levels and students are not able to evaluate their own performance. Given the focus learner-centered teaching places on student self-assessment and outcomes, establishing rubrics for a variety of assessment types will ensure the assessment is compatible with the course's learning outcomes, the students' experience and the real-world application attained. Instructors can also incorporate supplemental written feedback and commentary to increase student performance if not every aspect of a rubric is met. As shown by Wollsenschlärger, Hattie, Machts, Möller, and Harms (2016), students use "individual performance improvement information" (p. 8) to judge their own skill development. Students benefit the most if the rubric includes individualized feedback on how to proceed in future assignments and a student's general work (Wollsenschlärger, Hattie, Machts, Möller, & Harms, 2016).

As discussed above, the inclusion of a rubric to assess performance is beneficial both to the student and the instructor. Students are given a greater understanding of how they are being evaluated which can lead to an improvement in performance as they work on a project. Rubrics allow instructors to engage transparently with students when assessing performance and present an opportunity for the instructors to provide external, individualized feedback to each student explaining their grade and identifying potential improvement areas. As a whole, the significance placed on feedback is the hallmark of a learner-centered approach and can further aid in the execution of a course. However, an instructor can also elicit feedback from students to self-assess the course as well. This process is discussed next.

*Incorporating feedback from students***.** To continue improving education, feedback is needed so students will learn more effectively. While giving feedback is critical to how students are taught, asking for feedback about the course can engage students in a way that can greatly improve teaching. While this aspect of the learner-centered approach is not focused in syllabus design, discussion is merited to ensure an instructor is prepared for the revision of the syllabus as needed (based on student feedback and response).

*Formative assessment,* or gathering information from students during the course (Huba & Freed, 2000), is a quick and efficient way to gather data to evaluate progress and allows instructors to make immediate changes as needed (Huba & Freed, 2000) and directly improve a course. To solicit feedback from students, classroom assessment techniques are implemented by instructors to understand what students are learning in the class and/or at a given moment. Defined by Cross and Steadman (1996), *classroom assessments* are the “small-scale assessments conducted continually in college classrooms by teachers to determine what students are learning” (p. 8). The feedback collected from the classroom assessment can help the instructor improve his/her performance and his/her ability to meet the students' learning outcomes. Angelo and Cross (1993) constructed a number of classroom assessment techniques (CATs) to judge whether the instructor, the course, and the content continue to be learner-focused. These techniques include the Minute Paper, E-mail Minute, Application Cards, the Muddiest Point, Word Journal, and more (Angelo & Cross, 1993). In order for these CATs to be effective, instructors should follow three steps: (1) decide which CAT will provide the information that is desired (2) implement the CAT and (3) respond to the feedback collected (Huba & Freed, 2000). By employing CATs and incorporating feedback from students, the instructors maintain a learner-centered approach which is subsequently advantageous to the students.

In summation, the construction of a learner-centered approach in the context of syllabus design considers the learning outcomes for students, determines how students will be assessed, and provides feedback on work and suggestions for improvement moving forward. Additionally, the process of incorporating learner feedback ensures the courses and instructor remain committed to the learner and the learning outcomes. While the latter is not specifically tied to syllabus design, bringing immediate feedback into the execution of the syllabus (e.g., during classroom instruction) is important because the learner-centered approach is fully applied and pulled through.

**Summary.** Altogether, this literature review has combined a substantive aggregate of knowledge regarding curriculum planning and syllabus design in higher education, all of which was consulted during the development of the researcher's artifact. As referenced earlier in the chapter, the artifact is a sample undergraduate syllabus meant for a health communication course placed with a public relations program that addresses the FSAs required of an entry-level practitioner. By consulting scholarly literature on syllabus and course design, the artifact is rooted in proven and recommended approaches to teach in higher education. In line with the project's research, the need for teaching entry-level skills and abilities in public relations practice within the health industry was also addressed as the researcher consulted and applied Manley and Valin's (2017) FSAs. The takeaways of the project's content analysis—discussed in Chapter 4—were also integrated into the construction, adding another layer of research-informed material to the syllabus' development. Altogether, this multi-faceted approach yielded an artifact that is grounded in previous research while applying the project's results to present a solution to the lack of literature around entry-level practitioner preparation in health industry related courses available to public relations students. To fully understand how the artifact executes concepts from previous literature and the researcher's project, a deconstruction of the syllabus is offered in the following section.

**Deconstruction of Researcher's Artifact**

As shown in the project's research, not all FSAs were addressed in undergraduate health communication course syllabi available to students within accredited public relations programs. As such, the researcher endeavored to fill this need through the creation of a literature and research-based syllabus for a health communication course within a public relations program. The syllabus (see Artifact B) should be considered a guiding framework for instructors interested in developing their own health communication course. Shown in the literature review on syllabus design, curriculum planning is an intricate and involved process from which a syllabus is created to guide students and set expectations for a course. The proposed syllabus is an evidence-based recommendation grounded in scholarly literature and the results of the project's content analysis. By consulting these two areas simultaneously, the syllabus attempts to bridge the gap between education and professional public relations practice by consciously applying entry-level practitioner FSAs into its construction.

In order to retain a full understanding of how the syllabus was developed, the following section will deconstruct the syllabus by following Johnson's (2006) best practice guiding framework for syllabus design. As needed, insight around the FSAs will be applied and identified during the deconstruction. First, an overview will be provided regarding the researcher's application of backward design and the learner-center approach in the syllabus design. Second, the basic components of the course are addressed including general course and instructor information. Next, information regarding the course's purpose will be presented, including the course description and learning outcomes. Then, the learning environment will be addressed to define the environment in which the learning will take place and the time/schedule and course plan will be discussed. Following, methods of learning assessment will be presented. Finally, insight around technical, classroom, and college policy information will be provided to further clarify expectations for students about the learning environment.

**Application of backward design and the learner-centered approach.** To begin the process of curriculum planning and syllabus design, the researcher consulted Wiggins and McTighe's (2005) backward design framework to identify the course's desired results and help focus the curriculum and teaching on deepening student understanding and skills. First, the researcher considered what desired goals and learning priorities needed to be established for the students taking the course. In this stage, emphasis was placed on identifying what students should be able to do after learning the material and completing the course. The researcher listed the following areas as top priorities for student learning: (a) understanding the basic components of the health industry; (b) defining the role of public relations within the health industry; and (c) applying public relations knowledge to evaluate and create health campaigns. During this stage, Wiggins and McTighe (2005) additionally recommended consulting content standards on the university level. Within this syllabus design, university-specific standards were not consulted given the syllabus serves as a guiding framework and recommendation instead of an established document tied to a university. Aligned with Wiggins and McTighe's (2005) framework, instructors who consult this document and deconstruction should refer to the intended learning expectations of their institution and housing program during their planning process.

Once the learning priorities were identified, the researcher moved to the second stage of backward design: determining assessment evidence. In this stage, the researcher reflected on what evidence was needed and acceptable to determine whether the desired learning priorities were achieved. To assess student understanding, Wiggins and McTighe (2005) provided six characteristics of understanding to be considered during this stage: explanation, interpretation, application, demonstrating perspective, displaying empathy, and having self-knowledge. Applying these facets to the learning priorities, the researcher deconstructed the learning priorities and identified how each priority related and applied each facet: (a) understanding the basic component of the health industry (deals with: explain, perspective); (b) defining the role of public relations within the health industry (deals with: explain, apply); and (c) applying public relations knowledge to evaluate and create health campaigns (deals with: interpret, application, perspective). In this evaluation, two characteristics were not identified; however, this is congruent with Wiggins and McTighe's (2005) comment that the characteristics should occur naturally within the curriculum; the priorities should not be forced to align with all parts of the framework. After the characteristics were confirmed, the researcher moved to identify what other assessment techniques could provide evidence to assess whether the learning priorities were met, the details of which are discussed in the section titled "Learning Assessment."

During this stage, the researcher continued to incorporate the learner-centered approach to ensure the material and curriculum planning was focused on student learning and that there was a clear relationship between the learning outcomes and assessments. As an overview, the assessment techniques selected were a written case study analysis, the construction and presentation of a health campaign, and weighted class participation. Throughout the selection process, the researcher reflected and evaluated whether the learning priorities were appropriate in regard to assessment so that a focused curriculum plan and consistent syllabus design were maintained.

Once the desired learning priorities and acceptable evidence were determined, the researcher contemplated the third stage of the backward design process, envisioning what instructional activities, teaching methods, resource materials, and sequence of lessons were needed to meet the learning priorities, skills, and abilities needed for students interested in public relations within the health field. An analysis of these elements is provided in the section "Learning Environment" where information regarding material selection and teaching methodology are discussed in detail.

Having discerned the researcher's application of backward design, a thorough deconstruction of the final syllabus will be presented in the following sections. As reiterated previously, the backward design process was implemented in addition to the consultation of scholarly literature to ensure the syllabus was grounded in tried and true concepts. This application gives the document another layer of credibility for instructors who may wish to consult this body of work. As such, the syllabus has been deconstructed and analyzed, beginning in the following section with the presentation of the first of Johnson's (2006) best practices for syllabus design: general course and instructor information.

**Basic component analysis including course and instructor information.** As Johnson (2006) presented, a syllabus should contain five elements regarding general course information. First, the name of the course and the course number/level of study should be listed on the syllabus; this identifying information should match the most recent course catalog. For the artifact, the researcher selected the title "Health Communication" and included a placeholder for the course number since the syllabus is meant to be a guide and not tied to a specific university. However, the researcher recommends listing this course as a 3000 (junior) or 4000 (senior) level course to parallel the findings of the project's research. Given practice within the health industry is specialized, it would be beneficial to students to have acquired some previous knowledge about public relations practice and its varying sub areas in core public relations courses which are typically offered to first or second-year students. After taking these courses, students would have a preliminary understanding of the field which could aid in their completion and interest in a niche industry related course like health communication. Second, the syllabus should state when the syllabus is being offered (e.g., season and year) in a term, quarter or semester format (e.g., May 2019). The researcher included a placeholder for this characteristic which can be adjusted as needed. The third general characteristic should list the location of the course (e.g., the physical classroom, online website, the online application students will be using). In the researcher's syllabus, a placeholder for this information was included; however, it is significant to note the researcher created this course to be executed in a traditional classroom format. While there are multiple modes and teaching methodologies, there a significant amount of literature discussing the benefits of the traditional classroom learning approach, which is recognized for the ability to offer immediate feedback, establishing familiarity between students and the instruction, managing motivation, and cultivating a social community (Zhang, Zhao, Zhou, & Nunamaker Jr., 2004). It is important to add that an instructor can implement an e-learning approach if of interest; however, the syllabus will need to be adjusted to mirror literature on online instruction. The researcher did not include online teaching capabilities, a decision discussed later on in the section on teaching methodology. Next, Johnson (2006) indicated a syllabus should state how much time is dedicated per week and whether any other time is required outside of the classroom instruction. The researcher designed the syllabus around a course that meets twice a week for a duration of 15 weeks. Timing and instruction variables can be adjusted as needed to meet different university schedules and instructor availability. Finally, the fifth general characteristic needed in the syllabus establishes whether a prerequisite or a *corequisite*, or a course that must be taken at the same time, is needed. If either is needed, identifiable information should be provided. Within the researcher's syllabus, a prerequisite or corequisite was not indicated because the syllabus is not tied to a specific public relations program. However, the researcher recommends offering the course with a prerequisite or corequisite requirement since it is offered on a junior or senior course level. Those students will likely already have taken core public relations courses and will possess a basic understanding of the material. In this same vein, the researcher also recommends positioning this course as an elective within the public relations program. While Johnson's (2006) framework does not specifically address this consideration, this characteristic of the course is significant in view of the project's results which identified that, of the syllabi reviewed, all health communication courses were offered as an elective. To concur with the research, the researcher recommends continuing this placement since not all public relations students are interested in the health industry. If this course was designated as a requirement, it could detract from the educational experience of some students and infringe on their larger interest of practicing within the health industry. Likewise, the placement would deter from the Commission on Public Relations Education (2017) and its indication that core public relations classes should involve an introduction to public relations, research methods, writing, campaign and case studies, supervised work experience or internships, or ethics.

After identifying the general course information, Johnson (2006) then advised to next include *instructor information*, or information about the faculty involved and how to reach them if questions arise with the material or course generally. Instructor information is provided by offering the instructor(s') name(s), office hours, contact information and appointment information in the syllabus so students can have easy access to the information. Within the researcher's syllabus, a placeholder was included for these areas for instructors to input their information and availability. Johnson (2006) also included that instructors can provide additional information such as a professional background or biography. If applicable, the researcher recommends that individuals who have public relations expertise within the health field should offer a biography for students as it could encourage deeper conversation with students and/or demonstrate the instructor's credibility to teach the course. As seen above, general course information and instructor information provide background on the administrative details of the course. These details are valuable to the students' experience with the course and should not be overlooked. Having discussed the basic elements of the syllabus, the following section will offer deeper insight into the purpose of the course, analyzing the course description and learning outcomes.

**Purpose analysis, including the course description and learning outcomes.** The next section presented by Johnson (2006) spoke of the purpose of the course which establishes what the learner will be able to “know or do upon successful completion of the course” (p. 140). This part of the syllabus is comprised of the course purpose (or description, as it will be referenced throughout this section), course goals, and course objectives. While these elements can vary from institution to institution depending on university policies (Johnson, 2006), the researcher consulted academic literature when creating each of these sections.

In defining the course description, Lovell-Troy and Eickmann’s (1992) gathering methodology was implemented to ensure the description had “as much information as [believed] necessary to allow a colleague from a different discipline to understand the purpose and intent of the course” (p. 16). Within this process, the researcher considered how the course would contribute to the public relations department and housing institution; the level of commitment needed on behalf of the students, instructors, department and university; why the course should be taught; the positive aspects of teaching the course; and what potential complications may be associated with teaching the course (Lovell-Troy & Eickmann, 1992). Having reflected on these points, the researcher wishes to note the purpose of the course is a response to the growing area of niche public relations practice and the need to effectively prepare future practitioners, as referenced in Chapter 2. This theme from the literature is the grounding basis for the project and as a result, naturally plays a part in the creation of the syllabus so that education and practice are synthesized together. To further this synthesis, language regarding the syllabus’ emphasis on entry-level skills and abilities was also included in line with the researcher’s consultation of both academic literature and the entry-level expectations of the public relations industry (e.g., “An emphasis is placed on developing entry-level practitioner skills through various projects…”).

Once the course description was written, the researcher also applied Lovell-Troy and Eickmann's (1992) recommendation of defending the course description to a colleague to source their feedback and suggestions. Within this project, the researcher conversed with the project's advisors who are experienced academics within the communication and public relations fields; revisions were considered and suggestions to improve the course were implemented. The final version of the course description is available within the artifact, located in Appendix B. Additionally, it is valuable to emphasize that Manley and Valin's (2017) FSAs were not integrated into the course description development to concur with the project's research that FSAs were not significantly addressed in the course descriptions of the syllabi reviewed, as revealed in Chapter 4.

Next, Johnson's (2006) framework recommended listing *course goals*, or broad and general statements that are directly related to program goals. In this syllabus design, course goals were not presented since goals are related specifically to a program's core competencies and are "clearly linked to program goals" (Johnson, 2006, p. 141). As discussed previously, the syllabus is not connected to a specific program, university or institution. As such, course goals were not created; however, their creation is still part of the syllabus design process and should be developed to help establish a clear direction for the course.

Finally, Johnson's (2006) framework regarding the course purpose section concludes with a listing of course objectives. As discussed in the literature review on syllabus design, the researcher implemented a learner-centered approach to its design which consequently impacted how this characteristic was developed and applied. Since the term *objective* has proven to place a burden on teachers to create courses reliant on the material instead of student performance (Harden, 2002), the researcher slightly deviated from Johnson's (2006) framework to ensure focus was placed on the student by establishing learning outcomes instead of objectives. Discussed in the literature review on syllabus design, effective learning outcomes are determined by eight criteria (Huba & Freed, 2000). First, they are student-focused rather than instructor-focused. The researcher's learning outcomes—which can be founded within the artifact in Appendix B—reflect this characteristic since they begin with the phrase "By the completion of this course, students will be able to…" – this wording positions the outcomes in consideration of the student, emphasizing what the students will able to do (or what knowledge is retained) at the culmination of the course instead of what the instructor aims at achieving. Second, effective learning outcomes are focused on the learning retained from an activity rather than the activity itself. Within the syllabus, the learning outcomes do not refer to or provide specific details about assignments or approaches; rather, emphasis is placed on what is learned (e.g., explaining the history, discussing challenges, describing the role of public relations, etc.).

Third, effective learning outcomes should address important, non-trivial aspects of learning that are credible to the public, or outcomes that promote lifelong learning instead of small, minute details. To assess how the learning outcomes link to lifelong learning, the researcher used Marzano, Pickering and McTighe's (1993) five types of learning outcomes that they believed can support lifelong learning: (1) complex thinking standards, including the student's ability to use reasoning strategies and translate situations into manageable tasks; (2) information processing, including information-gathering techniques and resources, interpreting and synthesizing information, assessing the value of information, and know when additional information is needed; (3) effective communication, including communicating with diverse audiences; (4) collaboration and cooperation in group situations; and (5) habits of mind, including self-regulation, critical thinking and creative thinking. The learning outcomes were evaluated and categorized accordingly to ensure their ability to promote lifelong learning was met. Table 5 provides a visual breakdown of which categories each learning outcome addresses.

Table 5

*Evaluation of the Artifact's Learning Outcomes in Relation to Marzano, Pickering, and McTighe's (1993) Lifelong Learning Categories*

| **Learning Outcome** | **Lifelong Learning Categories** | | | | |
|---|---|---|---|---|---|
| | Complex Thinking | Information Processing | Effective Communication | Collaboration and Cooperation | Habits of Mind |
| Define and explain health communication | | X | | | |
| Distinguish between the various types of health communication (e.g., to patients, caregivers, hospitals, pharmaceuticals, advocacy relations etc.) | X | X | X | | |
| Discuss contemporary challenges and issues in the health field | X | X | | | |
| Examine the impact of health communication and its relationship with different audiences (e.g., patients, caregivers, health care providers, etc.) | X | X | | | |
| Describe the role of public relations in health communication | X | X | | | |
| Critique and assess images and media about health communication | | X | | | X |
| Research, analyze, and evaluate health communication campaigns | | X | X | | X |
| Design, implement, and present a health communication and public relations campaign | | X | X | | X |
| Apply written, oral, and visual communication skills within a specialized, industry-specific setting | | | X | X | |

*Note.* An "X" indicates the learning outcomes address the appropriate category.

Next, the fourth characteristic of effective learning outcomes determines whether the learning outcomes focus on the skills and abilities central to the discipline and based on professional standards of excellence. This characteristic complemented the project's focus regarding the focus on Manley and Valin's (2017) FSAs, and the impact of applying professional, entry-level skills and abilities was verified and shown to be congruent with the academic literature. Thus, the characteristic was applied by incorporating Manley and Valin's (2017) FSAs into the learning outcomes construction. A detailed breakdown of how Manley and Valin's (2017) FSAs were applied is included in Table 6 and 7, organized by the two categories of *writing, oral and visual communications abilities* and *abilities and personal attributes*, respectively. The learning outcomes address 14 out of the 15 FSAs required of an entry-level public relations practitioner. It is important to note that some learning outcomes apply several of the FSAs which is congruent with the project's results that multiple FSAs can be addressed at once and are not limited to one aspect of the syllabus. While constructing and evaluating the syllabus' learning outcomes, the researcher's results were congruent with the project's results as the FSA of *flexibility with constant change* was excluded from the learning outcomes. This was a deliberate choice given the nature of change being an unforeseen element within the public relations industry. Instead, the researcher incorporated the FSA into the assessment selections which directly correlate with the learning outcomes and are explained later on.

Table 6

*Evaluation of Artifact's Learning Outcomes and Application of Manley and Valin's (2017) Foundational Skills and Abilities from "Writing, Oral, and Visual Communications Abilities"*

| **Learning Outcome** | **Foundational Skills and Abilities (FSAs)** Writing, oral and visual communications abilities | | | | | |
|---|---|---|---|---|---|---|
| | Writing proficiency at a basic level | Writing ability at an advanced and specialized level, informative and persuasive writing | Mastery of language in written and oral communication in one language and preferably second language skills | Sensitive interpersonal communication | Public speaking and presentation | Digital and visual literacy, including the ability to develop and manage content for multiple platforms |
| Define and explain health communication | | | | | | |
| Distinguish between the various types of health communication (e.g., to patients, caregivers, hospitals, pharmaceuticals, advocacy relations etc.) | | | | | | |
| Discuss contemporary challenges and issues in the health field | | | | | | |
| Examine the impact of health communication and its relationship with different audiences (e.g., patients, caregivers, health care providers, etc.) | | | | | | |
| Describe the role of public relations (PR) in health communication | | | | | | |
| Critique and assess images and media about health communication | | | | | | |
| Research, analyze, and evaluate health communication campaigns | | | | | | X |
| Design, implement, and present a health communication and PR campaign | X | X | X | X | X | X |
| Apply written, oral, and visual communication skills within a specialized, industry-specific setting | X | X | X | | X | |

*Note.* This evaluation breakdowns down the section of FSAS on "written, oral, and visual communications abilities" which contains 6 FSAs. An "X" indicates the learning outcome addresses the appropriate FSA.

Table 7

*Evaluation of Artifact's Learning Outcomes and Application of Manley and Valin's (2017) Foundational Skills and Abilities from "Abilities and Personal Attributes"*

| **Learning Outcome** | **Foundational Skills and Abilities** Abilities and personal attributes | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Critical listening skills | Has global awareness and monitors global news and issues | Management of information and knowledge | Critical thinking, problem solving and negotiation | Management of communication | Technological and visual literacy | Applying contextual, cross-cultural and diversity consideration | Ability to set strategy and contribute to the strategic direction of the organization | Flexibility with constant change |
| Define and explain health communication | | | X | | | | | | |
| Distinguish between the various types of health communication (e.g., to patients, caregivers, hospitals, pharmaceutical, etc.) | | | X | | | | | | |
| Discuss contemporary challenges and issues in the health field | | X | X | X | | | | | |
| Examine the impact of health communication and its relationship with different audiences (e.g., patients, caregivers, healthcare providers, etc.) | | X | X | | | | X | | |
| Describe the role of public relations in health communication | | X | X | | | | | X | |
| Critique and assess images and media about health communication | | | X | X | | X | | X | |
| Research, analyze, and evaluate health communication campaigns | | X | X | X | | X | X | X | |
| Design, implement, and present a health communication and public relations campaign | X | X | X | X | X | X | X | X | |
| Apply written, oral, and visual communication skills within a specialized, industry-specific setting | X | | | | X | X | | | |

*Note.* This evaluation breakdowns down the section of FSAs on "abilities and personal attributes" which contains 9 FSAs. An "X" indicates the learning outcome addresses the appropriate FSA.

Moving to the fifth characteristic of effective learning outcomes, they should be general enough to capture important learnings but clear and specific enough to be measurable. In relation to the syllabus' learning outcomes, this characteristic can be seen through the learning outcomes' relationship and correlation with the assessment types and rubrics provided in the section titled "Learning Assessment." The use of rubrics and deliberate assignment types indicates that the outcomes are specific enough to be measurable, but are also general and related to the public relations industry. Sixth, effective learning outcomes focus on learning that will develop and endure, but can still be assessed in some form now. This characteristic intertwines the previously mentioned focus on promoting lifelong learning while questioning the assessment of the learning outcomes to determine whether they actually have been achieved. In relation to the learning outcomes within the researcher's syllabus, it has been shown that they promote lifelong learning through applying a student's ability for complex thinking, information processing, effective communication, collaboration and corporation in group settings and habits of mind (Marzano, Pickering, & McTighe, 1993). On the other hand, assessment can be conducted through the techniques established by the researcher which will be implemented during the execution of the course.

The final two criteria of effective learning outcomes stress that the learning outcomes reflect the mission and values of the housing university and are aligned at the course, academic program and institutional levels. Given the syllabus is positioned as a guiding framework, these criteria could not be introduced because of the absence of an institutional and programmatic focus; however, they are still evaluative criteria to consider when determining the efficacy of learning outcomes to ensure the course is learner-centered. Nonetheless, a thorough analysis and deconstruction of the learning outcomes according to Huba and Freed (2000)'s criteria for effective learning outcomes has been completed to the best of the researcher's ability. The researcher's adherence to these criteria further demonstrates the syllabus' learner-centered approach while applying Manley and Valin's (2017) FSAs to generate learning outcomes that meet educational standards both set by the literature and professional standards as outlined in Manley and Valin's (2017) assessment tool.

To further establish their efficacy, the learning outcomes were additionally critiqued and evaluated against Krathwohl's (2001) revised Bloom's taxonomy to meet the students' knowledge domain and the cognitive domain, as outlined in the syllabus design literature review. A deconstruction of how each learning outcome (labeled 1-9, reflective of the researcher's syllabus) fits within both domains is provided in Table 8 through the taxonomy table which depicts how each learning outcomes is classified.

Table 8

*Evaluation of Artifact's Learning Outcomes' Application of Revised Bloom's Taxonomy*

| **Knowledge Dimension** | **Cognitive Process Dimension** | | | | | |
|---|---|---|---|---|---|---|
| | Remember | Understand | Apply | Analyze | Evaluate | Create |
| Factual knowledge | Learning Outcome 1 | | | | Learning Outcome 3 | |
| Conceptual knowledge | Learning Outcome 5 | Learning Outcome 2 | Learning Outcome 7 | Learning Outcome 4 | | |
| Procedural knowledge | | Learning Outcome 6 | Learning Outcome 7 | | Learning Outcome 6 + 7 | Learning Outcome 8 |
| Metacognitive knowledge | | | Learning Outcome 9 | | | |

*Note.* The elements of the revised Bloom's Taxonomy were sourced from Krathwohl (2001).

The learning outcomes' agreement with the taxonomy illustrates the complexity of the learning outcomes and their ability to cultivate higher order thinking skills of students who wish to master the practice of public relations within health communication. Similarly, this additional analysis displays how the learning outcomes are related, aligned with the entire curriculum, and ensures no educational opportunities were missed.

In summary, an assessment of the researcher's application of Huba and Freed's (2000) criteria of effective learning outcomes and adherence to Krathwohl's (2001) revision of Bloom's taxonomy was conducted to identify whether the learning outcomes proposed are learner-centered and properly reflect the needs of the course. Detailed above, the consulted works were applied to the learning outcomes in the project's syllabus and evidence has been provided to demonstrate the researcher's application of the content. Likewise, the project's research on entry-level public relations skills and abilities was also applied, merging Manley and Valin's (2017) FSAs into the learning outcomes as well. This unification linked scholarly literature on higher education—regarding the learner-centered approach—with the professional standards and expectations of the public relations industry, thereby illustrating how to bring education and practice together during the formation of learning priorities for a course. This learning outcomes assessment concludes the assessment of the purpose of the course framework set by Johnson (2006). Next, information regarding the learning environment, including information about teaching methodology, text selection, and course plan/schedule, will be provided.

**Learning environment analysis, including teaching methodology, text selection, and course schedule.** Having established the purpose of the course, the researcher further developed the syllabus to include information about how the course is taught, what materials (e.g., textbooks) are required, and what the course plan looks like as recommended by Johnson (2006).

When determining the teaching methodology of the course, the researcher turned to Newble and Cannon's (1995) resources on small group teaching because of the method's ability to "develop higher-level intellectual skills such as reasoning and problem-solving, the development of attitudes, and the acquisition of interpersonal skills such as listening, speaking, arguing and group leadership" (p. 42). These capabilities were integral in the researcher's selection of the small-group teaching method given the close relationship of those areas to the FSAs of *sensitive interpersonal communication*; *critical listening skills; management of knowledge and information; critical thinking, problem-solving and negotiation;* and *management of communication* (Manley & Valin, 2017). Through this selection, the relationship between higher education (through small-group teaching) and practice (through addressing the FSAs) was further established and cultivated.

While specific small-group teaching techniques are outlined in the syllabus, the researcher strongly advises that, in the execution of this course, the instructor maintains effective small group teaching by encouraging active participation, having face-to-face contact, and ensuring that each session has a purpose (Newble & Cannon, 1995). While large group techniques—like lectures—can benefit certain topics and areas, small-group teaching relies on active participation from all members of the group and purposeful discussion to develop higher-order critical thinking skills. As such, an instructor should be cognizant of these characteristics as he/she outlines and works on the course plan. Additionally, there is an opportunity to bring the FSA of *flexibility with constant change* into class discussion and the small-group teaching techniques to address all of Manley and Valin's (2017) FSAs. For example, an instructor can introduce a problem during an in-class activity that students need to work out together and, as a result, become flexible and adjustable to change. Nonetheless, a synthesis of the teaching methodology has been provided within the researcher's artifact for reference.

Next, the learning environment of a syllabus should list what required materials are needed for the course. Prior to selecting course materials, the researcher attempted to consult literature on how to effectively select materials in a higher education course; however, literature on textbook selection (within higher education) primarily focused on selecting materials for introductory level courses (e.g., English, psychology) and the rise of electronic textbooks over printed versions. The researcher then turned to the literature on the learner-centered approach to identify whether guidelines or frameworks were present to ensure the text selection would be consistent with the literature. No related texts, chapters or sections were found to detail and guide educators on textbook selection. While information specific to textbook selection was not found, the researcher chose to continue the implementation of the learning-centered approach by ensuring the textbook selection, readings, and course plan were directly correlated and linked to the learning outcomes. This relationship is shown by listing which learning outcomes are addressed on a given day within the syllabus (see Appendix B).

In selecting the course materials, the researcher conducted an extensive review of textbooks by searching for materials on health, health communication, health public relations, and health public relations campaigns. Ultimately, Riggulsford's (2013) *Health and Medical Public Relations* and Schiavio's (2013) *Health Communication: From Theory to Practice* were selected to frame and inform how the course content could contribute to the learning outcomes. Riggulsford (2013) was chosen given the author's expertise in the health and public relations field accompanied with easy to understand language about various aspects of the practice; the work, while not extensive, embodies a basic understanding of the public relations field in regard to the health industry. In contrast, Schiavo's (2013) textbook was selected due to its immense detail about health communication; however, only sections on crafting a health communication campaign were incorporated into the course to avoid confusion between the general practice of communication and the intended educational focus on public relations.

Once the textbooks were established, the researcher moved on to frame the course and set the intended course plan. As seen in the artifact, the course is modeled after a class that meets two times a week over a term of 15 weeks. As needed, instructors can adjust this timeline to meet the needs and expectations of the respective university and its term schedule. Within the course plan, information on individual session topics, suggested readings and assessment due dates are provided to guide the student and set expectations for each week, aligned with the learner-centered approach. Information topics are closely correlated with the readings, and the researcher recommends creating small-group teaching sessions to discuss and answer questions about the assigned reading. In these sessions, assessment can also be implemented to determine whether students are meeting the required learning outcomes and whether the instructor needs to adjust the course plan to meet those needs. A sampling of in-class assessment techniques and discussion of assessment types is detailed in the subsequent section during an analysis of the learning assessments.

**Learning assessment analysis.** Continuing to follow Johnson's (2006) syllabus design framework, the next area of the syllabus' design involved presenting information about how learners will be assessed. This includes details regarding methods, the grading scale, missed assessments, grade posting procedures, and results of a failing grade. Within the context of the syllabus, the researcher determined the learning assessments method and recommended grading procedures involving student rubrics; however, information on grade postings, missed assignments, or failing the course was not provided since these are typically tied to a university or college policy.

As explained in the literature review on syllabus design, the learner-centered approach to syllabus construction includes proposing assessments to determine whether the intended learning outcomes are achieved through an evaluation of what a student has learned (Svinkcki & McKeachie, 2011). The researcher selected the assessment formats using Wiggins' (1989) previously mentioned concept of true tests alongside Huba and Freed's (2000) list of effective assessments methods within a learner-centered approach. The creation of the assessments was further informed both by literature on the learner-centered approach and by the project's research on entry-level public relations FSAs. For the researcher's syllabus, the assessment techniques selected were the following: researching and conducting a case study analysis on a health communication campaign, developing and presenting a health communication campaign on a current event with a group, and class participation. Background on their selection and adherence to the learner-centered approach and application of entry-level public relations FSA is detailed in the following paragraphs.

Described in detail in the syllabus, the health communication campaign is considered a "project" (Huba & Freed, 2000, p. 223) that students will complete over a period of time by setting goals, planning, organizing and crafting a written document. The culmination of the project is an oral group presentation. This method is considered a true test (Wiggins, 1989) which challenges and encourages higher order thinking skills while applying educational learnings in the classroom. From the learner centered-centered perspective, this assessment correlates with learning outcomes 3, 5, 6, 7, 8, and 9 and establishes congruency between the purpose elements of the course. Students are called upon to research a contemporary current event, analyze the event through a client perspective, design a health communication campaign and present it to their class, thereby linking the main ideas of the learning outcomes together in a synthesized manner. From an entry-level public relations FSAs perspective, the assignment challenges students to implement 14 out of 15 FSAs identified in the project's research and this application of the FSAs is further detailed in the assessment rubric provided at the end of the artifact. A sampling of these skills and abilities includes *having global awareness and monitor relevant news*, ("you will choose a current health issue"), *critical thinking, problem solving and negotiation,* (using a specific framework, working as a group to create the campaign) and *technological and visual literacy* ("the project culminates in a group presentation). However, to address the outstanding FSA of *flexibility with constant change*, the researcher recommends that instructors incorporate a change dynamic specific to each campaign during Week 11 (before students break into groups). This can be a budget constraint, a negative article in the media, introducing a competitor, a new audience demographic to expand diversity, etc. The researcher did not include this "change" in the wording of the syllabus so that students would not expect this change in the assignment; therefore, they would successfully be able to demonstrate flexibility with change in the classroom setting. It is also important to note the project's findings regarding a lack of visual literacy was also applied in this assessment, requiring students to develop at least one tactic that involved some form of visual communication.

To complete the learner-centered approach of this assessment, the researcher also integrated instructor feedback into the process by creating rubrics for each assignment to set expectations and give student genuine, individualized feedback, as highlighted in the literature review on syllabus design. These rubrics have been provided in Appendix B immediately following the syllabus. Within the rubric of the health communication campaign, it is significant to note that the students' application of the 14 entry-level FSAs was included as an evaluative criterion. Through this inclusion, students can be made more aware of the skills and abilities they need to succeed in a professional environment and apply them to their professional-style work in the classroom. Other evaluative criteria are detailed in the rubric and involve the students' work on research, planning, implementation, and evaluation of the health communication campaign; the team skills applied; and the organization, grammar, and spelling of the written campaign document. A separate rubric was provided to evaluate the oral presentation which examines the students' explanation of content; public relations analysis; application of team skills; use of visual aids and the presentation's structure; and application of FSAs including *public speaking and presentation* and *technological and visual literacy*.

The second assessment the researcher selected was a case study of a previous health communication campaign. The case study technique embodies Wiggin's (1989) true test characteristic since students are given a realistic example of a professional application within the field, responding with an analysis using the information and the skills they have attained in the course. This method correlates with learning outcomes 1, 2, 5, 6, 7 and 9 as it involves defining how the current event is related to health communication, identifying what health communication area is addressed, describing how public relations was used, critiquing public relations tactics, suggesting visual components for an additional tactic while bringing together a written documentation of the evaluation. From an entry-level FSAs perspective, the assessment incorporates the 14 FSAs identified in the research including *writing at an advanced and specialized level, informative and persuasive writing* ("create a short, one-page sample of a proposed tactic"), *critical thinking, problem solving and negotiation* ("you must critique and provide reasoning as to why that visual component was selected") and *management of* *information and knowledge* (by bringing all the parts together to form a cohesive, analytical paper). The researcher decided not to include the FSA of *flexibility with constant change* in this assessment technique since students are analyzing a campaign from the past so they can learn from the case study and apply their takeaways to the health communication campaign and, eventually, professional work. Similar to the health communication campaign assessment, the FSAs were also integrated into the rubric as evaluative criteria and visual literacy was addressed by asking students to craft a sample tactic for the campaign, incorporate a visual component to the tactic, and provide strategic reasoning as to why the visual component was applied.

A rubric outlining the expectations of this case study assignment has been provided in the artifact congruent with the learner-centered approach. Evaluative criteria include whether the student has conducted appropriate background research, evaluated the campaign's public relations approach, identified key takeaways, constructed a public relations tactic with a visual component, applied entry-levels FSAs, used sources cohesively, and organized the paper logically. Within this assignment, the application of specific entry-level FSAs is used for assessment to further students' understanding of the entry-level skills expected of them in the industry and encourage them to cultivate those skills in the classroom and during the assessment.

Finally, the researcher selected class participation as the third assessment technique. As the syllabus is designed to be taught in a small group setting, student participation is needed to address the learning outcomes and cultivate oral communication skills. Bean and Peterson (1998) argued that grading class participation can "send positive signals to students about the kind of learning and thinking an instructor values" (p. 33) and emphasized that students prepare more for active participation when they know they will be graded. Likewise, grading class participation encourages students to speak in the classroom and is linked to the practice the FSA of *mastery of* *language in written and oral communication.* A rubric outlining what constitutes satisfactory and unsatisfactory participation according to students' presence, preparation, and behavior has been provided in the artifact.

By using class participation as an assessment tool, the instructor can gain a deeper understanding of a students' progress within the course and what they are learning in direct relation to the learning outcomes. In the context of the researcher's syllabus, class participation was linked to learning outcome 9 specifically, but the content of student participation could also segue into other learning outcomes depending on the session and material discussed. Further, the instructor can supplement the evaluation of class participation through formative assessment and classroom assessment techniques (CATs), as outlined in the literature review on syllabus design. Although CATS are implemented during the execution of the course and not usually listed in the syllabus, the researcher recommends including these techniques to further demonstrate the learner-centered approach taken in the syllabus design. Likewise, there is an opportunity to use CATs not only as feedback material, but also evidence of student learning. For example, the *e-mail minute* involves students using electronic email to respond to one or two questions about the class session (e.g., about the most important thing they learned or what questions remain unanswered) in the last two or three minutes of class (Angelo & Cross, 1993). Afterward, the professor reads through the answers and provides a summary at the beginning of the next class session; however, the answers can also serve as evidence to what the students are learning and can be considered a form of class participation since communication is conducted electronically. As needed, instructors can apply additional CATs to the general course design to effectively evaluate whether specific student learning outcomes are being met and provide tangible proof of participation.

As a whole, the three assessment techniques chosen by the researcher align with Palomba and Banta's (1999) recommendation of using direct and indirect assessment to evaluate student learning. The assignments were designed to cater to higher order thinking related to the health industry and provide physical documentation of what the students learn and how they apply those learnings. Palomba and Banta (1999) also advised on using indirect assessments, such as a self-report from a student, to source feedback on the course and whether it is achieving the intended learning outcomes; this aspect was not directly incorporated into the syllabus since those assessments are specifically based on the students and not included in the syllabus design. However, the researcher recommends including CATs (e.g., the e-mail minute) to encourage feedback from the students themselves.

In order to bring these three assignments together, the researcher also assigned points for each assignment (further specified in the artifact) so students have a clearer understanding of the grading procedure. This grading choice was based on the project's results having found that all the assignments analyzed within the sample's syllabi were weighted and counted toward the students' final grades. Overall, each learning assessment is tied to several learning outcomes which displays cohesion across the syllabus design from an academic perspective. Similarly, the learning assessments also integrate specific FSAs related to entry-level public relations practice and all FSAs are addressed within the design. As a reminder, the FSA of *flexibility with constant change* is not directly present in the syllabus; however, the researcher recognized this FSA can be addressed by adding change components to assignments like the health communication campaign or integrating a change element during class activities. Having reviewed the learning assessment section of the artifact, the final section of Johnson's (2006) syllabus design framework on technical, classroom and college policy information will be discussed in the next paragraph.

**Technical, classroom, and college policy information.** The final section of Johnson's (2006) guiding framework on syllabus design deals with clarifying expectations within the learning environment, addressing unforeseen events, and providing administrative information about what is expected from the student. This information is broken down into four main categories: syllabus amendments, special needs or disability information, last course revision date, and student conduct, class, or college policies. Three of the categories—namely syllabus amendments, special needs or disability information, and student conduct, class and college policies—are included as placeholders because of their dependence on the housing university or institution in which the course will be taught. These categories would typically offer information on syllabus amendment protocol, disability accommodations, and policies about electronic use or academic integrity. The fourth category, the last revision date of the syllabus, was included as a footnote within the syllabus. This element aids instructors as they track revisions to the course (especially after including student feedback, mentioned above) and assures students that they have the most up-to-date version of the syllabus. The inclusion of these criteria ultimately concludes the application of Johnson's (2006) guiding framework for syllabus design and the researcher's deconstruction of the artifact. As such, a synthesis of the deconstruction, final thoughts on syllabus design, and the application of scholarly literature and Manley and Valin's (2017) FSAs are provided in the next section.

**Summary.** In response to the project's findings, the researcher sought to create a research-informed syllabus about health communication that addressed the public relations FSAs required of an entry-level practitioner. Academic research was consulted and applied to the construction of the syllabus presented as the project's artifact in Appendix B. Further, the researcher incorporated Manley and Valin's (2017) list of entry-level FSAs into the syllabus design to ensure all FSAs were met, including *flexibility with constant change* which was not identified in the project's sample of syllabi. To provide a deeper understanding of how the syllabus was formed, the researcher evaluated the syllabus by each section and identified how the academic literature and FSAs informed the syllabus creations. Areas addressed included general information about the course, instructor information, the purpose of the course, the learning environment and course plan, learning assessment, and technical, classroom and college policy information.

In summation, the researcher used backward design and a learner-centered approach as the academic foundations of the syllabus. The learner-centered approach was applied across the syllabus, influencing the construction of areas including learning outcomes, assessments, and the creation of rubrics. To bring the perspective of professional practice into the syllabus, the researcher applied Manley and Valin's (2017) 15 FSAs for an entry-level public relations practitioner alongside the learner-centered approach. Most notably, the FSAs were incorporated into the areas that were studied in the project's sample: the learning outcomes and assessments. Likewise, key findings from the researcher's project (e.g., course placement as an elective, a need for visual communication abilities development, application of multiple FSAs for one learning outcome, etc.) were also applied and provided an additional layer of credibility to the researcher's document. By bringing academic literature, professional standards together and the project's findings together, the researcher's artifact attempts to bring education closer to meeting the needs of the professional public relations industry as it relates to health communication. While the syllabus was not created to meet the standards of a specific institution, it serves as a guiding framework for those who wish to bring FSAs in the classroom and effectively prepare public relations students for professional practice within the health industry. Finally, the conclusion that follows reflects on the project's purpose, reiterates the project's research question, and articulates the researcher's final remarks.

**Conclusion**

The practice of public relations is a profession that impacts an organization's traditional business function while ensuring two-way communication between the organization and its stakeholders. The impact of public relations is growing, with agency-specific practice predicting continued growth over the next five years (USC Annenberg Center for Public Relations, 2017). As agency practice grows, so does the differentiation of "niche or boutique" (Pritchard & Smith, 2015, p. 18) sectors. Most significantly, the health industry is a leading growth area that calls upon public relations services—and agencies—to help companies navigate the media landscape and the needs of patients amid a distrust in health services and the health system (Khullar, 2018). To meet this demand, public relations practitioners need certain skills and abilities to meet the expectations of their clients; however, the literature showed this need has not yet influenced how aspiring public relations practitioners interested in health communication are taught at the undergraduate level. While there is an emphasis on writing and experiential learning (see Chapter 2) in undergraduate education, there is no literature regarding what skills and abilities are taught in health communication courses available to public relations students. As such, this project sought to provide an understanding of how entry-level public relations skills and abilities are taught in health communication courses so that students have knowledge of the industry's expectations when they graduate and begin seeking to work in a professional environment, which can make them more marketable to agencies which are the top employers of recent public relations graduates (Wise, 2005).

Having identified this gap in the literature, the project sought to answer the following research question:

RQ1: What entry-level public relations skills and abilities are taught in health communication courses within undergraduate public relations curriculum?

To answer this question, a qualitative content analysis of syllabi from undergraduate health communication courses taught in accredited public relations programs was conducted to identify the presence of Manley and Valin's (2017) entry-level FSAs required of a public relations practitioner in the syllabi's course descriptions, learning outcomes, and assignments. The process of selecting the methodology, its operationalization and data collection were discussed in Chapter 3. The findings of the project—presented in Chapter 4— identified that 14 out of the 15 FSAs were addressed in the sample, determining that health communication courses do mostly address the entry-level skills and abilities needed for proficient public relations practice. The insights retrieved from the project suggested that entry-level skills and abilities can be applied in the classroom to prepare students for niche public relations practice, which can alleviate the discontentment that students are not fully prepared for practice found between educators and practitioners.

Notably, the research revealed that not all of the health communication courses examined were designed equally, identifying an inconsistent presence of course descriptions, learning outcomes, and assignments in the syllabi reviewed. From these points, the researcher identified a need for a health communication syllabus that meets all 15 of Manley and Valin's (2017) FSAs while following a clear and consistent format. As such, the researcher created a syllabus that incorporated all of Manley and Valin's (2017) FSAs while adhering to academic literature on syllabus design and applying the project's findings where necessary. This syllabus is meant to be the researcher's recommendation, stemming from the project's results, and should be considered a guiding framework and encourage future discussion on ways to bring entry-level skills and abilities into course design and thus the classroom. Additionally, the researcher also discussed the strengths and limitations of the study and posed suggestions for future research, which can include a more comprehensive analysis of syllabi using all of Manley and Valin's (2017) FSAs or applying the FSA analysis to courses in other niche areas of public relations like nonprofit or travel.

As a whole, knowledge about public relations practice in the health industry and how higher education prepares students for proficient practice is still an understudied field. As a field, public relations will continue to grow and the sector of agency practice is expected to increase, forecasting a 21-25% growth in agency work from 2012 onward (Public Relations Society of America, n.d. a). Upon graduation, aspiring professionals will often turn to agencies as a pivotal point of employment for entry-level practice (Wise, 2005). If students have already acquired (and can apply) the skills and abilities needed for an entry-level position, they can dedicate more time to understanding their new roles or focusing on client needs, a fundamental component to agency business. Similarly, exposing students to niche practice areas (Pritchard & Smith, 2015) will increase their awareness and understanding of the public relations landscape. Within these specialized areas, the health industry and its communication needs produced over $383 million in revenue, which has steadily increased over the last 15 years (O'Dwyer, 2017). By researching whether entry-level FSAs are present in health communication curriculum, the project sought to better understand this practice area in the context of preparing future public relations practitioner who will soon enter the public relations field and see this emergence of niche-related practice first-hand.

While there is more research needed to fully understand this area, this project attempted to open the conversation on how best to prepare students for the application of not only their knowledge, but also their professional skills and abilities. If the education of entry-level skills and abilities can be addressed on a niche, industry-specific level, they can also be applied in core public relations curriculum. As a result, students could cultivate their skills and abilities across the entire public relations program instead of a single course if this awareness of entry-level skills and abilities is applied in each course. This cross-curriculum collaboration has the potential to impact the overall preparedness of a student, which further could influence the professional landscape and their contributions as practitioners within the agencies they work for. In a larger context, any changes in higher education will expectantly influence the public relations field, especially considering practitioners are expected to have a minimum of a bachelor's degree (Bureau of Labor Statistics, 2017). These changes can further impact agency practice and potentially decrease the financial burden placed on them since agencies dedicate a considerable amount of their budgets to train entry-level employees (Hinrichsen, 2001).

Overall, this relationship demonstrates the complexity of higher education as it attempts to not only answer the career-related needs of the public relations industry, but also abide by academic standards as set by universities and related institutions. The clearer a syllabus – and thus a course – articulates what learnings, skills, and abilities are targeted, the easier it is for students to understand what is expected of them and even self-critique their capabilities as they grow into rising public relations practitioners. If a course incorporates the practice of entry-level skills and abilities into its execution, students can feel this impact in their professional development which may also alleviate the tension between their education and its professional application (Daymon & Durkin, 2013). Nonetheless, this project sought to open the dialogue about how education and professional practice can work together to prepare public relations students to enter the profession while encouraging educators to apply a more focused approach on refining students' entry-level skills and abilities through coursework, especially regarding the health industry.

# References

Algren, M., & Eichhorn, K. C. (2007). Cognitive communication competence within public relation practitioners: Examining differences between technician and managers. *Public Relations Review, 33*, 77-83. doi:10.1016/j.pubrev.2006.11.010

Angleo, T., & Cross, K. P. (1993). *Classroom assessment techniques: A handbook for college teachers.* San Francisco, CA: Jossey-Bass.

Babbie, E. (1992). *The practice of social research.* New York, NY: Macmillan.

Bean, J. C., & Peterson, D. (2002). Grading classroom participation. *New Directions for Teaching and Learning, 1998*(74), p. 33-40.

Berelson, B. (1952). Content analysis in communications research. In B. Berelson & M. Janowtiz (Eds.), *Reader in public opinion and communication* (pp. 260-266). New York, NY: Free Press.

Berger, A. A. (2013). *Media and communication research methods.* Thousand Oaks, CA: Sage Publications.

Berger, B., Reber, B. H., & Heyman, W. C. (2005). Illuminating the path to success in public relations. *Conference Papers - International Communication Association, 32*, 1-26.

Boslaugh, S. (2019). Bloom’s taxonomy. *Salem Press Encylopedia.* Toronto, CA: Grey House Publishing.

Bowen, S. A., Martin, T. R., & Rawlins, B. (2010). *An overview of the public relations function*. New York, NY: Business Expert Press.

Broom, G. M., & Sha, B. (2012). *Cutlip & Center’s effective public relations*. CA: Pearson.

Bush, L., Haygood, D., & Vincent, H. (2017). Student-run communications agencies: Providing students with real-world experiences that impact their careers. *Journalism and Mass Communication Educator, 72*(4), 410-424.

Burton, B., & Rowell, A. (2003). Unhealthy spin. *BMJ: British Medical Journal, 326*, 1205-1207.

Bureau of Labor Statistics. (2017). Public relations specialists. Retrieved September 22, 2018 from https://www.bls.gov/ooh/media-and-communication/public-relations-specialists.htm.

Cho, S., & Cameron, G. (2006). The power of public relations in media relations: A national survey of health PR practitioners. *Journalism and Mass Communication Quarterly, 83*(3), 563-576.

Cline, R. (2003). Everyday interpersonal communication and health. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), *Handbook of health communication* (pp. 285-305). Mahwah, NJ: Lawrence Erlbaum Associates.

Cole, R., Hembroff, L. A., & Corner, A. (2009). National assessment of the perceived writing skills of entry-level PR practitioners. *Journalism and Mass Communication Educator, 64*(1), 9–26.

Commission on Public Relations Education. (n.d.) About the commission. Retrieved September 22, 2018 from http://www.commissionpred.org/about-the-commission/.

Commission on Public Relations Education. (2017). *Fast forward: The commission on public relations education 2017 report on undergraduate education* (Research Report). Retrieved September 22, 2018 from http://www.commissionpred.org/commission-reports/fast-forward-foundations-future-state-educators-practitioners/.

Cropp, F., & Pincus, J. D. (2001). The mystery of public relations. In R. L. Heath, & G. Vasquez (Eds.), *Handbook of public relations* (pp. 189-203). Thousand Oaks, CA: Sage Publications.

Cross, K. P., & Steadman, M. H. (1996). *Classroom research: Implementing the scholarship of teaching*. San Francisco, CA: Jossey-Bass.

Cutlip, S. M, & Center, A. H. (1971). *Effective public relations*. Englewood Cliffs, NJ: Prentice Hall.

Davis, B. G. (2009). *Tools for teaching*. San Francisco, CA: Jossey-Bass.

Daymon, C., & Durkin, K. (2013). The impact of marketisation on postgraduate career preparedness in a high skills economy. *Studies in Higher Education, 38*(4), 595-612. https://doi.org/10.1080/03075079.2011.590896

Diamond, R. M. (1998). *Designing and assessing courses and curricula: A practical guide*. San Francisco, CA: Jossey-Bass Inc. Publishers.

DiStaso, M. W., Stacks, D. W., & Botan, C. H. (2009). State of public relations education in the United States: 2006 report on a national survey of executives and academics. *Public Relations Review*, *35*(2), 254-269.

Doyle, T. (2008). *Helping students learn in a learner-centered environment: A guide to facilitating learning in higher education.* Sterling, VA: Stylus Publishing.

Elliot, C. (2004). Pharma goes to the laundry: Public relations and the business of medical education. *The Hastings Center Report*, *34*(5), 18-22.

Faugno, J. (2017, November 23). Turnover is a real problem in PR: Here's how to make employees feel valued so they stick around. *Forbes*. Retrieved from https://www.forbes.com/sites/forbesagencycouncil/2017/11/01/turnover-is-a-real-problem-in-pr-heres-how-to-make-employees-feel-valued-so-they-stick-around/#efd11f84f08c.

Flynn, T. (2014). Do they have what it takes? A review of the literature on knowledge, competencies, and skills necessary for twenty-first century public relations practitioners in Canada. *Canadian Journal of Communication, 39*(3), 361-384.

Fowler, K., Celebuski, C., Edgar, T., Kroger, F., & Ratzan, S. C. (1999). An assessment of the health communication job market across multiple types of organizations. *Journal of Health Communication, 4*(4), 317-342.

Franklin, B., Hamer, M., Hanna, M., Kinsey, M., & Richardson, J. E. (2005). *Key concepts in journalism studies.* Thousand Oaks, CA: Sage Publications.

Gower, K., & Reber, B. (2006). Prepared for practice? Student perceptions about requirements and preparation for public relations practice. *Public Relations Review, 32*(2), 188-190.

Grunig, J. E., & Hunt, T. T. (1984). *Managing public relations*. Fort Worth, TX: Harcourt Brace College Publications.

Gunning, E. (2012). *Public relations: A practical approach.* Dublin, Ireland: Gill Books.

Guy, B., Williams, D., Aldridge, A., & Roggenkamp, S. (2007). Approaches to organizing public relations functions in healthcare. *Health Marketing Quarterly, 24*(3), 1-18.

Harden, R. M. (2002). Learning outcomes and instructional objectives: Is there a difference? *Medical Teacher, 24*(2), 151-155

Hardin, M., & Pompper, D. (2004). Writing in the public relations curriculum: Practitioner perceptions versus pedagogy. *Public Relations Review, 30*(3), 357-364.

Hasenmeyer, V., & Topic, M. (2015). The impact of public relations on the pharmaceutical industry: A case study of living like you campaign. *Journal of Medical Marketing, 15*(4), 58-68.

Hetherington, L. T., Ekachai, D., & Parkinson, M. G. (2001). Public relations in the health care industry. In R. L. Health & G. Vasquez (Eds.), *Handbook of public relations* (pp. 571-578). Thousand Oaks, CA: Sage Publications.

Hicks, N. J., & Nicols, C. M. (2012). *Health industry communication: New media, new methods, new message*. Sudbury, MA: Jones & Bartlett Learning.

Hinrichsen, C. L. (2001). Best practices in the public relations agency business. In R. L. Heath, & G. Vasquez (Eds.), *Handbook of public relations* (pp. 451-459). Thousand Oaks, CA: Sage Publications.

Hinrichsen, C. L. (2005). Public relations agency. In R. L. Heath (Ed.). *Encyclopedia of public relations*, (pp. 685‑687). Thousand Oaks, CA: Sage Publications.

Hsieh, H., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*(9), 1277-1288. https://doi.org/10.1177/1049732305276687

Huba, M., & Freed, J. (2000). *Learner-centered assessment on college campuses: Shifting the focus from teaching to learning*. Boston, MA: Allyn and Bacon.

Hutton, J. G. (1999). The definition, dimensions, and domain of public relations. *Public Relations Review, 25*(2), 199-214.

Johnson, C. (2006). Best practices in syllabus writing: Contents of a learner-centered syllabus. *The Journal of Chiropractic Education, 20*(2), 139-144.

Khullar, D. (2018, January 23). Do you trust the medical profession? *The New York Times.* Retrieved from https://www.nytimes.com/2018/01/23/upshot/do-you-trust-the-medical-profession.html.

Krathwohl, D. R. (2002). A revision of Bloom's Taxonomy: An overview. *Theory Into Practice, 41*(4), 212-218.

Kuckartz, U. (2014). *Qualitative text analysis: A guide to methods, practice and using software.* Thousand Oaks, CA: Sage Publications.

Lane, A. B., & Johnston, K. A. (2017). Bridging the writing gap between student and professional: Analyzing writing education in public relations and journalism. *Public Relations Review, 43*(1), 314-325.

Lewton, K. (1991). *Public relations in health care: A guide for professionals*. Chicago, IL. American Hospital Publications.

Lovell-Troy, L. A., & Eickmann, P. (1992). *Course design for college teachers.* Englewood Cliffs, NJ: Educational Technology Publications Inc.

Maben, S., & Whitson, K. (2013). Experiential learning labs in public relations programs. *Southwestern Mass Communication Journal, 28*(2), 1-28.

Maeir, M. A. (2017). Content analysis: Advantages and disadvantages. In *The SAGE Encyclopedia of Communication Research Methods*. Thousand Oaks, CA: Sage Publications.

Manley, D., & Valin, J. (2017). Laying the foundation for a global body of knowledge in public relations and communications management. *Public Relations Review, 43*, 56-70. doi:10.1016/j.pubrev.2016.10.018

Marzano, R. J., Pickering, D., & McTighe, J. (1993). *Assessing student outcomes: Performance assessment using the dimensions of learning model.* Alexandria, VA: Association for Supervision and Curriculum Development.

McCleneghan, J. S. (2006). PR executives rank 11 communication skills. *Public Relations Quarterly, 51*(4), 42-46.

McCoombs, M. E., & Shaw, D. L. (1972). The agenda-setting function of mass media. *Public Opinion Quaterly, 36*(2), 176-187.

Melton, R. (1997). *Objectives, competencies and learning outcomes: Developing instructional materials in open and distance learning.* London: Kogan Page.

Milkereit, J. (2001). Want to be in public relations? *Public Relations Tactics, 8*(3), 15.

Moss, D., Newman, A. & DeSanto, B. (2005). What do communication managers do? Defining and refining the core elements of management in a public relations/corporate communication context. *Journalism and Mass Communication Quarterly, 82*(4), 873-890.

Nandy, B. R., & Sarvela, P. D. (1997). Content analysis reexamined: A relevant research method for health education. *American Journal of Health Behavior, 21*(3), 222-238.

Napoli, P. M., & Powers, G. (1997). *The writing activities of public relations professionals: An assessment for curriculum design and adjustment* (Master's thesis).

Newble, D. & Cannon, R. (1995). *A handbook for teachers in universities and colleges: A guide to improving teaching methods.* London: Kogan Page.

Nilson, L. (2010). *Teaching at its best: A research-based resource for college instructors.* Hoboken, NJ: John Wiley & Sons.

O'Dwyer. (2017) Healthcare public relations firms. Retrieved September 20, 2018 from https://www.odwyerpr.com/pr_firm_rankings/health.htm.

Oliver, S. (2010). *Public relations strategy*. Philadelphia, PA: Kogan Page Publishers.

Palomba, C. A., & Banta, T. W. (1999). *Assessment essentials*. San Francisco, CA: Jossey-Bass.

Panadero, E., & Jonsson, A. (2013). The use of scoring rubrics for formative assessment purposed revisited: A review. *Educational Research Review, 9*(1), 129-144.

Park, H., & Ki, E. (2017). Current trends in advertising, public relations, integrated marketing communication and strategic communication education. *Public Relations Journal: Public Relations Practices in Asia*, *1*, 1-12.

Potter, W. J., & Levine-Donnerstein, D. (1999). Rethinking validity and reliability in content analysis. *Journal of Applied Communication Research*, *27*(1), 258-284.

Pritchard, B., & Smith, S. (2015). *The public relations firm.* New York, NY: Business Expert Press.

Public Relations Society of America. (1999). *A port of entry: Public relations education for the 21st century* (Research Report). Retrieved from http://www.commissionpred.org/commission-reports/a-port-of-entry/.

Public Relations Society of America. (2012). About public relations. Retrieved September 20, 2018 from https://www.prsa.org/all-about-pr/.

Public Relations Society of America. (n.d. a). Health care communications careers. Retrieved October 14, 2018 from https://www.prsa.org/find-a/find-a-job/career-resources/resume-and-coverletter-help/health-care-communications-careers/.

Public Relations Society of America. (n.d. b). PR program certification. Accessed October 28, 2018 from http://prssa.prsa.org/chapter-firm-resources/start-a-prssa-chapter/pr-program-certification/.

Pritchard, B., & Smith, S. (2015). *The public relations firm.* New York, NY: Business Expert Press.

PR Council. (n.d.). Healthcare. Retrieved October 13, 2018 from http://prcouncil.net/inside-pr/healthcare/.

Ratzan, S., Stearns, N., Payne, J., Amato, P., Liebergott, J., & Madoff, M. (1994). Education for the health communication professional: A collaborative curricular partnership. *American Behavioral Scientist, 38*(2), 361-379.

Resnick, L. B., & Resnick, D. P. (1992). Assessing the thinking curriculum: New tools for educational reform. In B. Gifford & M.C. O'Connor (Eds.), *Changing assessments: Alternate view of aptitude, achievement and instruction* (pp. 37-45). New York, NY: Kluwer Academic.

Richardson, J. (2005). Content analysis. In B. Franklin, M. Hamer, M. Hanna, M. Kinsey, & J. Richardson (Eds.), *Key Concepts in Journalism Studies.* London, UK: Sage UK. Retrieved from http://ezproxy.shu.edu/login?url=https://search.credoreference.com/content/entry/sageukjour/content_analysis/0?institutionId=441.

Richmond, A. S., Morgan, R. K., Slattery, J. M., Mitchell, N. G., & Cooper, A. G. (2019). Project syllabus: An exploratory study of learner-centered syllabi. *Teaching of Psychology, 46*(1), 6-15.

Riggulsford, M. (2013). *Health and medical public relations.* New York, NY: Routledge, Taylor & Francis.

Ristino, R. (2007). Communication with external publics: Managing public opinion and behavior. *Health Marketing Quarterly, 24*(3-4), 55-80.

Sancton, D. (2006). Communications cure. *Marketing Magazine, 111*(4), 6.

Schreier, M. (2012). *Qualitative content analysis in practice.* Thousand Oaks, CA: Sage Publications.

Seitel, F. P. (2010). *The practice of public relations*. Englewood Cliffs, NJ: Prentice Hall.

Schiavo, R. (2013). *Health communication: From theory to practice*. Hoboken, NJ: John Wiley & Sons.

Shen, H., & Toth, E. (2013). Public relations master's education deliverables: How practitioners and educators view strategic practice curriculum. *Public Relations Review, 39*(5), 618-620. http://dx.doi.org/10.1016/j.pubrev.2013.04.004

Smith, R. D. (2017). *Strategic planning for public relations*. London: Taylor & Francis.

Springston, J. K., & Lariscy, R. A. (2003). Health as profit: Public relations in health communication. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), *Handbook of health communication* (pp. 537-556). Mahwah, NJ: Lawrence Erlbaum Associates.

Sriramesh, K., Zerfass, A., & Kim, J. (2013). *Public relations and communication management: Current trends and emerging topics*. New York, NY: Routledge.

Statista. (2016a). Public relations: Statistics & facts. Retrieved September 20, 2018 from https://www.statista.com/topics/3521/public-relations/.

Statista. (2016b). Revenue generated by public relations agencies in the United States in 2016, by source (in million U.S. dollars). Retrieved September 20, 2018 from https://www.statista.com/statistics/185518/revenue-sources-of-us-public-relations-agencies-2009/.

Svinicki, M. D., & McKeachie, W. J. (2011). *McKeachie's teaching tips: Strategies, research, and theory for college and university teachers.* Belmont, CA: Wadsworth.

Swanson, D. (2007). Training future PR practitioners and serving the community through a "learn by doing" undergraduate university curriculum. *Public Relations Quarterly*, *52*(3), 15-20.

Todd, V. (2014). Public relations supervisors and millennial entry-level practitioners rate entry-level job skills and professional characteristics. *Public Relations Review*, *40*, 789-797. doi:10.1016/j.pubrev.2014.05.002

USC Annenberg Center for Public Relations. (2017). *Global communications report.* Retrieved from https://annenberg.usc.edu/sites/default/files/KOS_2017_GCR_Final.pdf.

Verčič, D., Tench, R., & Verčič, A. (2018). Collaboration and conflict between agencies and clients. *Public Relations Review*, *44*(1), 156-164.

Verčič, D. (2012). Public relations firms and their three occupational cultures. In K. Sriramesh, & D. Verčič (Eds.), *Culture and public relations: Links and implications* (pp. 243‑257). New York, NY: Routledge.

Watson, T., & Noble, P. (2014). *Evaluating public relations: A guide to planning, research and measurement*. London: Kogan Page Publishers.

Weber, R. (1990). *Basic content analysis.* Newbury Park, CA: Sage Publications.

Wise, K. (2005). The importance of writing skills. *Public Relations Quarterly*, *50*(2), 37-48.

Wiggins, G. (1989). A true test: Toward more authentic and equitable assessment. *Phil Delta Kappan*, 703-713.

Wiggins, G., & McTighe, J. (2005). *Understanding by Design.* Alexandria, VA: Association for Supervision and Curriculum Development.

Wright, D. K. (2003). Structure and development of the public relations agency industry in the United States: Operational structure, clients, fees, and talent. *International Journal of Strategic Communication, 7*(2), 136-148.

Wright, D. K., & Turk, J. V. (2006). Public relations knowledge and professionalism: Challenges to educators and practitioners. In E. L. Toth (Ed.), *The future of excellence in public relations and communication management* (pp. 586–611). Mahwah, NJ: Lawrence Erlbaum Associates.

Wollsenschlärger, M., Hattie, J., Machts, N., Möller, J., & Harms, U. (2016). What makes rubrics effective in teacher-feedback? Transparency of learning goals is not enough. *Contemporary Educational Psychology, 44*(1), 1-11.

Zhang, D., Zhao, J. L., Zhou, L., & Nunamaker Jr., J. F. (2004). Can e-learning replace classroom learning? *Communications of the ACM, 47*(5), 75-59.

# Appendices

## Appendix A

## Content Analysis Coding Sheet

Content Analysis Coding Sheet

**Date of Coding:** ______________________________

**Sampling ID Information:** ______________________________

## Content Assessment

1. **What is the placement of the course within the public relations program?**
   a. A required course (of the public relations major)
   b. An elective (optional)

2. **What is the academic level of the course?**
   a. 1000
   b. 2000
   c. 3000
   d. 4000

3. **Does the syllabus list a course description?** (Yes/No)

4. **Does the syllabus list learning outcomes?** (Yes/No)

5. **If yes, how many are listed? ______________________________**

6. **Does the syllabus list assignments?** (Yes/No)

7. **If yes, how many are listed? ______________________________**

8. **Does the syllabus provide assignment details?** (Yes/No)
   *If yes, evaluate coding categories in option #13.*

9. **Are the assignments weighted?** (Yes/No)

10. **If yes, how many are listed? ____________________________**

11. **What is the primary, communication focus of the assignments (complete for each assignment)?**
   a. Written communication
   b. Oral communication
   c. Visual communication

## Foundational Skills and Abilities Assessment

12. **FOUNDATIONAL SKILLS AND ABILITIES: COURSE DESCRIPTION**
    a. *Does the syllabus' course description address the respective foundational skill and/or ability listed to the left?*
    b. If yes, please provide textual context and evidence.

| WRITING, ORAL, AND VISUAL COMMUNICATIONS ABILITIES | |
|---|---|
| **Foundational Skill and Ability** | **Course Description** |
| Writing proficiency at the basic level | |
| Writing ability at an advanced and specialized level (informative and/or persuasive writing) | |
| Mastery of language in written and oral communication is one language and preferably second language skills | |
| Sensitive interpersonal communication | |
| Public speaking and presentation | |
| Digital and visual literacy, including ability to develop and manager content for multiple platforms | |

| ABILITIES AND PERSONAL ATTRIBUTES | |
|---|---|
| **Foundational Skill and Ability** | **Course Description** |
| Critical listening skills | |
| Has global awareness and monitors global news and issues | |
| Management of information and knowledge | |
| Critical thinking, problem solving and negotiation | |
| Management of communication | |
| Technological and visual literacy | |
| Applying contextual, cross-cultural and diversity considerations | |

| | |
|---|---|
| Ability to set strategy and contribute to the strategic direction of the organization | |
| Flexibility to constant change | |

13. **FOUNDATIONAL SKILLS AND ABILITIES: LEARNING OUTCOMES**
    a. *Does the syllabus' learning outcome (LO) address the respective foundational skill and/or ability listed to the left?*
    b. If yes, please provide textual context and evidence.

| WRITING, ORAL, AND VISUAL COMMUNICATIONS ABILITIES | | | | |
|---|---|---|---|---|
| **Foundational Skill and Ability** | **LO #1** | **LO #2** | **LO #3** | **LO #4** |
| Writing proficiency at the basic level | | | | |
| Writing ability at an advanced and specialized level (informative and/or persuasive writing) | | | | |
| Mastery of language in written and oral communication is one language and preferably second language skills | | | | |
| Sensitive interpersonal communication | | | | |
| Public speaking and presentation | | | | |
| Digital and visual literacy, including ability to develop and manage content for multiple platforms | | | | |

| ABILITIES AND PERSONAL ATTRIBUTES | | | | |
|---|---|---|---|---|
| **Foundational Skill and Ability** | **LO #1** | **LO #2** | **LO #3** | **LO #4** |
| Critical listening skills | | | | |

| | | | | |
|---|---|---|---|---|
| Has global awareness and monitors global news and issues | | | | |
| Management of information and knowledge | | | | |
| Critical thinking, problem solving and negotiation | | | | |
| Management of communication | | | | |
| Technological and visual literacy | | | | |
| Applying contextual, cross-cultural and diversity considerations | | | | |
| Ability to set strategy and contribute to the strategic direction of the organization | | | | |
| Flexibility with constant change | | | | |

14. **FOUNDATIONAL SKILLS AND ABILITIES: ASSIGNMENTS**
    a. *Do the syllabus' assignments address the respective foundational skill and/or ability listed to the left?*
    b. If yes, please provide textual context and evidence.

| WRITING, ORAL, AND VISUAL COMMUNICATIONS ABILITIES | |
|---|---|
| **Foundational Skill and Ability** | **Course Description** |
| Writing proficiency at the basic level | |
| Writing ability at an advanced and specialized level (informative and/or persuasive writing) | |
| Mastery of language in written and oral communication is one language and preferably second language skills | |

| | |
|---|---|
| Sensitive interpersonal communication | |
| Public speaking and presentation | |
| Digital and visual literacy, including ability to develop and manager content for multiple platforms | |

| ABILITIES AND PERSONAL ATTRIBUTES | |
|---|---|
| **Foundational Skill and Ability** | **Course Description** |
| Critical listening skills | |
| Has global awareness and monitors global news and issues | |
| Management of information and knowledge | |
| Critical thinking, problem solving and negotiation | |
| Management of communication | |
| Technological and visual literacy | |
| Applying contextual, cross-cultural and diversity considerations | |
| Ability to set strategy and contribute to the strategic direction of the organization | |
| Flexibility with constant change | |

# Appendix B

## Researcher's Artifact and Health Communication Syllabus

Researcher's Artifact and Health Communication Syllabus

*Note.* Items highlighted are meant as placeholders for sections needed and should be updated accordingly when an instructor consults this syllabus for his/her course and intended execution.

**Health Communication:** Course Number
Term/Semester
Class time dedicated per week
Pre-requisite: [include course name(s) and number(s)]

**Instructor Information**
Name(s):
Office Location(s):
Office Hours:
Appointments: [how to make appointments]
Contact information: [e-mail address and phone number]

**Course Description**
This course explores the practice of public relations and communicating within the health industry. Health communication is growing as a specialized area of practice and future practitioners must be prepared to engage and communicate within specific industries, like healthcare, and with specific audiences. Specifically, the health industry is a highly regulated field that calls for a variety of interactions with diverse stakeholders including patients, consumers, pharmaceutical companies, government entities, healthcare providers, and doctors, to name a few. This course will cover various types of health communication in the 21st century and examine the role of public relations as it relates to health communication initiatives and campaigns. An emphasis is placed on developing entry-level practitioner skills through various projects including a case study analysis and the creation of a health communication campaign.

**Learning Outcomes**
Upon completion of this course, students will be able to:

1. Define and explain health communication
2. Distinguish between the various types of health communication (e.g., to patients, caregivers, hospitals, pharmaceuticals, advocacy relations etc.)
3. Discuss contemporary challenges and issues in the health field
4. Examine the impact of health communication and its relationship with different audiences (e.g., patients, caregivers, health care providers, etc.)
5. Describe the role of public relations in health communication
6. Critique and assess images and media about health communication
7. Research, analyze, and evaluate health communication campaigns
8. Design, implement, and present a health campaign by applying public relations concepts following the RPIE (research, planning, implementation, and evaluation) model
9. Apply written, oral, and visual communication skills within a health communication setting

**Teaching Method**

This course is taught in a small-group setting where active participation and face-to-face contact is critical to your learning experience. To encourage classroom discussion, it is recommended students consult the course plan and complete the required readings prior to each class. Some class sessions will be completed in a lecture-style format; however, group discussions will be our primary form of communication. Additionally, classrooms discussion styles will also include one-to-one discussions with classmates, buzz groups, and brainstorming sessions. Students are encouraged and welcome to bring questions to each class.

**Required Texts and Materials**

- Riggulsford, M. (2013). *Health and public relations.* New York, NY: Routledge, Taylor & Francis.
- Schiavo, R. (2013). *Health communication: From theory to practice*. Hoboken, NJ: John Wiley & Sons. (2nd edition).

**Time Schedule and Course Plan**

| Date | Topic | Learning Outcome Addressed | Reading | Assignment |
|---|---|---|---|---|
| Week 1 | Introductions<br>Syllabus Review<br>Defining "Your" Definition of Health Communication | 2 | | |
| | Defining Health Communication | 1,2,3,4 | Schiavo (2013): Chapter 1 (p. 3-31) | |
| Week 2 | What About Public Relations? | 3 | Riggulsford (2013): Chapter 1 (p. 3-12) | |
| | How does Public Relations Intertwine with Health Communication? | 2,3,4,5 | Riggulsford (2013): Chapter 2 (p. 13-20) | |
| Week 3 | Roles of a PR Practitioner in the Health Industry | 3,5 | Riggulsford (2013): Chapter 3 (p. 21-29) | |
| | Navigating the Landscape: Getting Your Voice Heard | 5 | Riggulsford (2013): Chapter 4 (p. 32-55) | |
| Week 4 | But, Why is Health News Important? | 1,2,3,9 | Riggulsford (2013): | **DUE:** |

| | | | | |
|---|---|---|---|---|
| | | | Chapter 5 (p. 56-61) | Case study campaign selection (emailed and/or in person) |
| | Other Types of Health Stories; Using Visual Media to Communicate Your Message | 5,6 | Riggulsford (2013): Chapter 6 (p. 62-66)<br><br>*Teaching Patients with Low Literacy Skills* by Doak, Doak, & Root (1996): Chapter 7: Visuals and How to Use Them (p. 91-127) | |
| Week 5 | New Media's Impact on the Industry | 3,5 | Riggulsford (2013): Chapter 7 (p. 67-75) | |
| | Medical Journals | 5 | Riggulsford (2013): Chapter 8 (p. 76-82) | |
| Week 6 | Politics, ethics, and media | 3,5,7 | Riggulsford (2013): Chapter 11 (p. 123-155) | |
| | Politics, ethics, and media (continued) | | | |
| Week 7 | Communication, consultation and access | 3,5,7 | Riggulsford (2013): Chapter 10 (p.98-120) | |
| | Planning for a health and medical public relations campaign<br><br>*Group selection for Health Communication Campaign* | 3,4,5,8 | Riggulsford (2013): Chapter 9 (p. 87-97) | |

| | | | | |
|---|---|---|---|---|
| Week 8 | Case Studies Analyses | 7,8,9 | **NO CLASS** | **DUE:** Case Study Analyses by 11:59 p.m. |
| | Overview of the Health Communication Planning Process | 5,8,9 | Schiavo (2013): Chapter 10 (p. 281-304) | |
| Week 9 | Health Communication Planning: Situation and Audience Analysis | 5,8,9 | Schiavo (2013): Chapter 11 (p. 307-353) | **DUE:** Overview of health communication campaign (see Assignments section) |
| | Situation and Audience Analysis – (continued).<br><br>*Group check-in and campaign evaluation* | 5,8,9 | | |
| Week 10 | Health Communication Planning: Identifying Communication Objectives and Strategies | 5,8,9 | Schiavo (2013): Chapter 12 (p. 355-372) | |
| | Identifying Communication Objectives and Strategies – (continued).<br><br>*Group check-in and campaign evaluation* | 5,8,9 | | |
| Week 11 | Health Communication Planning: Designing and Implementing an Action Plan | 5,8,9 | Schiavo (2013): Chapter 13 (p. 375-404) | |
| | Designing and Implementing an Action Plan – (continued).<br><br>*Group check-in and campaign evaluation* | 5,8,9 | | |

| | | | | |
|---|---|---|---|---|
| Week 12 | Health Communication Planning: Evaluating Outcomes of Health Communication Interventions | 5,8,9 | Schiavo (2013): Chapter 14 (p. 407-437) | |
| | Evaluating Outcomes of Health Communication Interventions (continued)<br><br>*Group check-in and campaign evaluation* | 5,8,9 | | |
| Week 13 | **Workshop:** Health Communication Campaign | 5,8,9 | **IN CLASS WORKSHOP TIME TO WORK ON HEALTH CAMPAIGN**<br><br>**Note:** During this session, peer review and exchange among other campaigns is encouraged. When evaluated another group's work, rubrics should be used for assessment. | |
| Week 14 | Campaign Group Presentations | 9 | | **DUE:** Health Communication Campaign Project (Paper, Presentation Materials) |
| Week 15 | Campaign Group Presentations (continued), Course Wrap-Up | 9 | | |

**Learning Assessment**

Grading and evaluation are conducted on a scale of 100 points, broken down in three assignments as designated below.

*Health Communication Campaign* (50 points)

This is the final, but most heavily weighted, assignment of the course. Through collaboration with 3-4 of your classmates, you will create a health communication campaign. You will research and select a current health issue and select an organization you wish to represent (e.g., a hospital, a pharmaceutical company, an advocacy organization, a health-related nonprofit, etc.) With your group, you will put together a 1-2 page "pitch" of your issue, organization, and the reason you selected the two (considered through a public relations lens) prior to beginning work. This is to be handed in and approved by the instructor (see course plan for deadline).

Using the RPIE framework, you will:

I. **Research**
   a. What is the current media landscape of the organization?
   b. What does recent coverage (within the last year or two) focus on?
   c. How does the issue relate to the organization? What is its impact?
   d. What are the challenges the issue raises related to the organization? To healthcare?
   e. What are the organization's audiences? How does the issue impact them?

II. **Plan**
   a. What is the campaign goal? What are the objectives?
   b. What is your primary audience? Secondary?
   c. What is/are your strategy/strategies?
   d. What are your tactics? (List 6-8 items)

      *Please note: one of these tactics must use your visual and technological literacy. The physical creation of a visually-based communication tactic is not required, but information should be provided about the content, what visual mediums are used, and details needed for implementation. Tactics should be well-flushed out and understandable.*

III. **Implement (Theoretically)**
   a. What is your timeline? How long will your campaign take place?

IV. **Evaluate**
   a. How will you measure success?
   b. What were your outputs? Outtakes? Outcomes?
   c. Did your campaign raise awareness, impact an attitude or change behaviors?

As noted in the syllabus, time will be provided during some class periods for group evaluation and discussion. This time should be used to critically listen to your peers, reflect on the readings and class discussions and adjust your campaign as needed.

A rubric with evaluative criteria for this assignment has been provided at the end of this syllabus. The final product should be 10-12 pages in length, excluding title page, references and appendix items, in Times New Roman, 12 pt., doubled spaced. This project culminates in a 10-15 minute group presentation during which you will provide a brief overview of the campaign and host a Q&A style discussion with your classmates. *This assignment addresses learning outcomes 3, 5, 6, 7, 8 and 9.*

*Case Study Analysis* (25 points)

You will research a recent health communication campaign and write a 5-6 page paper on the situation (double spaced, 1 inch margins, 12 pt, Times New Roman). With proper citation, you will deconstruct the campaign. You will describe the situation, the health communication area it involves, the organization(s) and individuals involved (e.g., audiences), key issues, and present an overview of the public relations approach and tactics. Then, you will reflect on the following questions: What are 2-3 best practices you can take away? What would you recommend doing differently?

When presenting your recommendations, you will also create a short, one-page sample of a proposed tactic (e.g., brief press release, pitch letter, social media posts, infographic etc.). In the industry, images are key to helping an organization tell its story. The tactic must integrate some form of visual component (e.g., explanation of an image to include, infographic layout and what content would be displayed, etc.) You must critique and provide reasoning as to why that visual component was selected in one to two paragraphs. The tactic can be included after your references.

Below are sample campaigns you may wish to consider evaluating. If you would like to analyze a separate campaign from this list, you must schedule a meeting with the instructor for approval.

- **Center for Disease Control and Prevention:** #StopZika (Puerto Rico, 2016)
- **Mothers Against Drunk Driving**: Tie One on for Safety/Red Ribbon (2016 - present)
- **American Cancer Society:** More Birthdays (2011)
- **Novartis:** Living like You (2015 – present)
- **Donate-a-Photo:** Johnson & Johnson (2013 – present)
- **Pfizer:** Get Old (2015 – present)
- **Rx Mosaic Health, FCB Health, and Teva Women's Health:** Perfectly Imperfect (Plan B One-Step, 2016)
- **CVS Health:** Quits Campaign (2015)
- **National Heart, Lung and Blood Institute:** The Heart Truth (2002)

A rubric with evaluative criteria for this assignment has been provided at the end of this syllabus. *This assignment addresses learning outcomes 1, 2, 5, 6, 7, and 9.*

*Class Participation* (25 points)

As in professional public relations practice, discussion with colleagues is critical to success and generating ideas. There will be in-class activities, assignments, discussions, and reflections throughout the course to engage with your classmates and deepen your understanding and engagement with the materials. A rubric with evaluative criteria has been provided at the end of this syllabus. *This assignment addresses learning outcomes 1, 2, 3, 4, 5 and 9.*

**Syllabus Amendments**
[Dependent on syllabus amendment policies as designated by the university]

**Grade Postings, Missed Assignments, and Information About Failing the Course**
[Policies as designated by the university]

**Student Conduct Policy, College Policy, Disability Policy**
[Policies as designated by the university]

Assessment rubric for Health Communication Campaign Assignment

| **Rubric: Health Communication Campaign Paper** | | | | |
|---|---|---|---|---|
| **Criteria** | **Excellent (5 points)** | **Good/Satisfactory (3-4 points)** | **Needs Improvement (2 points)** | **Unsatisfactory (1-0 points)** |
| Research/ Background | Students display a thorough, well-thought-out understanding of the situation, its cause, its challenges and its presence in current media. Conclusions are drawn about its impact, its relevance and/or importance for the health industry.<br><br>Media coverage is discussed in detail. Coverage is used to support conclusions about the issue and its public relations relevance for the chosen organization. These takeaways are pulled through to the planning stage.<br><br>Research includes 12+, sources synthesized cohesively. | Students provide a discussion of the issue, its challenge and its presence in the media. Reference about the issue's pertinence to the health industry is discussed, and briefly addressed (but not in detail).<br><br>Media coverage is discussed in a top-line format, with primary takeaways listed and tone highlighted. Takeaways connect the issue to the organization. Student provides commentary on significance to the organization and the need for public relations initiatives.<br><br>Research includes 8+ sources, synthesized cohesively. | Students give a minimal overview of news coverage. Students draw limited conclusions on the issue's relevance to the health industry.<br><br>Media coverage is discussed, but no conclusions are drawn about the media landscape and impact for the organization. Public relations value is inferred, but not stated.<br><br>Research includes less than 5 sources, organized somewhat logically. | Students provide little to no discussion of news coverage. No relation of the issue to the health industry is made.<br><br>Research includes less 5 sources and is difficult to understand.<br><br>No connection to public relations need is made. |
| Planning/ Rationale | Planning is focused on the organization's needs, as it relates to the issue. Needs are clearly defined and explanation is provided on how to best address them. | Planning and rationale are defined and present. Needs are defined, and a connection is made to the issue. Relation to the organization's needs is briefly touched upon, but not | Planning and rationale are present, but lacking connection to research and the organization's needs. | Planning and rationale are lacking and void of focus. The plan does not emphasize the pertinence of the issue and the organization's needs. |

| | | | | |
|---|---|---|---|---|
| | Primary and secondary audiences selected are specific and related to the organization. Rationale is evident.<br><br>Goals and objectives are relevant to the organization's needs and address the issue at hand. Objectives are clearly defined and follow S.M.A.R.T. criteria.<br><br>Strategy and tactics are appropriate to client needs and are clearly defined and explained. | clearly addressed. Most objectives follow the S.M.A.R.T. criteria for evaluation.<br><br>Audiences selected are relevant to the organization but can be more specific.<br><br>Goals and objectives proposed are adequate and address the organization's needs. Objectives are defined and measurable, but they can be improved to fully meet the needs of the organization.<br><br>Strategy and tactics are strong, but there is an opportunity to strengthen their relevance to the issue. | Goals and objectives are relevant, but the connection to client needs is unclear. Some objectives follow the S.M.A.R.T. criteria, but others are lacking and should be re-evaluated.<br><br>The audience selected is somewhat relevant to the organization, but not appropriate.<br><br>Strategy and tactics are thought-out, but little to no focus placed on an organization's needs. Tactics seem unrealistic and not pertinent to overall goals and objectives. | Goals and objectives are not measurable nor clearly defined. S.M.A.R.T. criteria for the objectives was not applied.<br><br>The audience selected is not appropriate to the organization or issue. Little guidance is provided on why the audience was selected.<br><br>Strategy and tactics are not pertinent, well-thought-out, nor relatable to the healthcare industry and/or the organization's needs. |
| Implementation/ Structure | Students coordinated a logical and organized timeline for the campaign. Placement of strategies and tactics is clear and relationship to overall goals and objectives is evident. | Students presented an adequate timeline for campaign rollout and presentation. Placement of strategies and tactics is present. Connection to goals and objectives is relevant but could be more clearly stated. | The timeline presented is somewhat logical. Most of the strategies and tactics are present; however, connection to goals and objectives is not clear. | The timeline is void of focus and unclear. Planning is not pertinent to overall goals and objectives. Integration of strategy and placement of tactics does not contribute to the campaign and the organization's needs. |
| Evaluation/ Assessment | Students provided a clear framework for evaluating the campaign's outputs, outtakes, and outcomes. | Students provided a general framework to evaluate the campaign, but outputs, outtakes, and outcomes are not as clearly defined as they could be. | Students gave minimal assessment criteria to evaluate outputs, outtakes, and outcomes. Criteria are not clearly defined, and difficult to understand. | Students offered little to no assessment criteria to evaluate whether the campaign's objectives and goals have been met. |

| | | | | |
|---|---|---|---|---|
| | The evaluation includes a reflection of each objective and goal. Students provide defined criteria to determine whether an objective or goal has been successfully met.<br><br>Conclusions about the campaign's effect on the organization's needs are drawn. | Details are provided on how the evaluate whether the objective or goal has been met. Impact of the campaign on the organization's needs are briefly addressed but could be detailed further. | Assessment of whether a goal or objective is met has not been provided. Evaluation is highly theoretical, unrealistic and irrelevant to the overall campaign.<br><br>Impact on the organization is not addressed or referenced. | No conclusion is drawn about the impact of the campaign on the organization and its public relations need.<br><br>Overall, the evaluation of the campaign is not focused on public relations value and impact for the organization. |
| Use of PR Skills and Abilities | Students demonstrated all of the following skills and abilities when creating this campaign:<br>• Writing proficiency at the basic level<br>• Writing ability at an advanced and specialized level, informative and persuasive level<br>• Sensitive interpersonal communication<br>• Digital and visual literacy, including the ability to develop and manage content for multiple platforms<br>• Critical listening skills<br>• Has global awareness and monitors global news and issues<br>• Management of information and knowledge | Students demonstrated most, but not all, of the skills and abilities as listed to the left. | Students demonstrated some skills and abilities as listed to the left. | Students demonstrated little to no skills and abilities as listed to the left. |

| | | | | |
|---|---|---|---|---|
| | • Critical thinking, problem solving and negotiation<br>• Management of communication<br>• Technological and visual literacy<br>• Applying contextual, cross-cultural and diversity considerations<br>• Flexibility with constant change | | | |
| Team Skills | The group used class time to engage with each other about the campaign, evaluate their work and discuss related topics. The group functioned well and all members of the team developed the campaign. | The group used class time to work on the campaign, discussing related topics. Meetings were productive, but not as productive as they could be. All members were prepared. | All members contributed to the campaign, but class time preparation and evaluation was minimally evident in the finished product. | Some, but not all, members contributed to the campaign. The final product did not reflect evaluative opportunities provided during class time. |
| Organization, grammar, and spelling | Information is very organized and demonstrates logical flow from research, planning, implantation, and evaluation sections. Meets page length and font, spacing and general format are correct.<br><br>There are 0-1 grammatical errors. | Information is organized and transitions are clear from each section. Page length and formatting is correct.<br><br>There are 2-3 grammatical errors. | Information is somewhat organized, but transitions and relationship between sections are unclear. Page requirement and formatting is incorrect or needs improvement.<br><br>There are 4-5 grammatical errors. | Information is not organized and difficult to follow and understand. Sections do not interrelate and appear disconnected. Page requirement and formatting are not met.<br><br>There are 6+ grammatical errors. |
| **Individualized, written feedback from instructor:** | | | | |
| | | | | **TOTAL:** X/35 |

| Rubric: Health Communication Campaign Presentation | | |
|---|---|---|
| **Criteria** | **Good/Satisfactory**<br>**(2-1 points)** | **Unsatisfactory**<br>**(1-0 points)** |
| Content (RPIE model) | All four elements of the RPIE process were included in the presentation.<br><br>Rationale and overview of research were provided. The planning process was discussed including goals, objective, audience, strategies, and tactics. Connection to the organization was clear.<br><br>Information about implementation, including timeline and budget, was discussed. Evaluative criteria were discussed and connection to goals and objectives was made clear. | One or more elements of the RPIE process were missing from the presentation. |
| PR Analysis/Rationale | Through each step of the RPIE process, the issue's pertinence to the organization was evident and clearly explained. The public relations rationale and approach were defined and pulled throughout the campaign from research, planning, implementation, and evaluation. | The campaign somewhat lacked cohesion and did not weave the organization's public relations needs throughout the presentation. Messaging was unclear and not clearly defined. Some elements of the RPIE process did not connect and the rationale was not pulled through. |
| Team Skills | Members worked together to discuss and present the health communication campaign. Each member equally contributed to the presentation and answered the audience's questions as needed. Overall, the team presented itself as knowledgeable and confident. | Team cohesion appeared lacking. Some team members were disconnected from the public relations campaign and did not support each other during the question and answer portion of the presentation. |
| Use of PR Skills and Abilities | Students demonstrated all of the following skills and abilities when presenting this campaign:<br>• Public speaking and presentation<br>• Critical listening skills<br>• Critical thinking, problem solving and negotiation<br>• Technological and visual literacy | Students lacked one or more of the aforementioned skills and abilities. |

| | | |
|---|---|---|
| Use of visual aid(s), organization, structure | Structure, flow, and organization of presentation were cohesive. Introduction, body, and conclusion were relevant and well-constructed. Transition statements guided the listener.<br><br>Use of visual aids did not detract from presentation content nor distract the audience. The text was minimal, with oral communication as the main form of communication and interaction. | Structure, flow, and organization of presentation were somewhat confusing. Introduction, body, and conclusion sections were present, but not easily identifiable.<br><br>Use of visuals was appropriate to the presentation, but the presentation appeared to be text heavy. |
| **Individualized, written feedback from instructor:** | | |
| | | **TOTAL:** X/10 |

Assessment rubric for Health Communication Case Study Assessment

| Rubric: Health Communication Campaign Paper | | | | |
|---|---|---|---|---|
| **Criteria** | **Excellent (5 points)** | **Good/Satisfactory (3-4 points)** | **Needs Improvement (2 points)** | **Unsatisfactory (1-0 points)** |
| Background Research and Content | Student provides strong and rich supporting information about the selected campaign. Detailed information describing the situation, organization and its relation to health industry is clearly presented and focused. Key issues are identified and explanation is provided about their value. Overall, the work shows the student completed an extensive amount of research and clearly understands the topic. | Student provides supporting details and illustrates a general understanding of the campaign selected. Information describing the situation, organization and impact on the health industry is presented and mostly focused. Key issues are identified. The work demonstrates the student completed informed research about the campaign and has a general understanding of the topic. | Student provides details about the campaign, but some information about the situation, organization and impact on the health industry is unclear or missing. Key issues are implied, but not clearly referenced in the material. The work shows some attempt of research and understanding of the campaign; however, additional details are needed. | Student provides little to no details about the selected campaign. Information on the situation, organization, and relation to health industry is missing. Key issues are not addressed, and the work does not appear to have been informed by related research. |
| Evaluation of Public Relations Approach and Summation of Takeaways | Student presented a detailed overview of the campaign's goals, strategies, and implemented tactics. Insights are provided on the value and cohesion of the campaign, especially within the health communication industry. Conclusions are drawn about why the campaign was (or was not) successful and best practices are identified. | Student presented a general overview of the campaign's goals, strategies and tactics. General insights are drawn on the public relations impact of the campaign, especially within the health industry. Best practices are identified and highlighted. | Student provides an overview of the campaign; however, information regarding one or more campaign elements is lacking. Some insights are drawn on the public relations value, but insights are not clear and apparent. Best practices are somewhat identified but not clearly stated. | Student provides little to no information about goals, strategies or tactics. There is no discussion of the public relations impact of the campaign. Best practices are not identified. |

| | | | | |
|---|---|---|---|---|
| Construction of Tactic | Proposed tactic is strategic and relevant to campaign goal and topic. The tactic integrates a visual component in a creative, unique way. Strategic reasoning is provided regarding why the tactic was selected and the role of the visual component as described. | Proposed tactic is relevant to campaign and topic. The tactic created involves a visual component in a creative way, and reasoning is provided about why it was selected. | Proposed tactic is somewhat relevant to campaign and topic – some areas seem slightly disconnected. A visual component is provided, but the reasoning is unclear or irrelevant. | Proposed tactic is not relevant to campaign topic and disconnected from the overall goal. Visual component was not incorporated. |
| Application of PR Skills | Student demonstrated all the following skills and abilities when creating this campaign:<br>• Writing proficiency at the basic level<br>• Writing ability at an advanced and specialized level, informative and persuasive level<br>• Mastery of language in written and oral communication in one language<br>• Has global awareness and monitors global news and issues<br>• Management of information and knowledge<br>• Critical thinking, problem solving and negotiation | Student demonstrated most, but not all, of the skills and abilities as listed to the left. | Student demonstrated some skills and abilities as listed to the left. | Student demonstrated little to no skills and abilities as listed to the left. |

| | | | | |
|---|---|---|---|---|
| | • Technological and visual literacy<br>• Applying contextual, cross-cultural and diversity considerations | | | |
| Sources | Research included 10+ sources, synthesized cohesively and cited correctly. | Research included 5+ sources, synthesized mostly cohesively and cited mostly correctly. | Research included 3+ sources, but sources were lacking cohesion and relevance. Citations were mostly incorrect. | The student consulted 1-2 sources. Sources are disjointed and irrelevant to the topic selected. |
| Organization, grammar, and spelling | Information is very organized and demonstrates logical flow from research, discussion of public relations approach and presentation of tactic. Meets page length. Font, spacing and general format are correct.<br><br>There are no grammatical errors. | Information is organized and transitions are clear from each section. Page length and formatting is correct.<br><br>There are 2-3 grammatical errors. | Information is somewhat organized, but transitions and relationship between sections are unclear. Page requirement and formatting is incorrect or needs some improvement.<br><br>There are 4-5 grammatical errors. | Information is not organized and difficult to follow and understand. Sections do not interrelate and appear disconnected. Page requirement and formatting are not met.<br><br>There are 6+ grammatical errors. |
| **Individualized, written feedback from instructor:** | | | | |
| | | | | **TOTAL:** X/25 |

Assessment rubric for Class Participation

| Rubric: Health Communication Campaign Paper | | | | |
|---|---|---|---|---|
| **Criteria** | **Excellent (5 points)** | **Good/Satisfactory (3 – 4 points)** | **Needs Improvement (2 points)** | **Unsatisfactory (1-0 points)** |
| Presence | Student is always prompt and attends every class. | Student is rarely late to class, but regularly attends classes. | Student is late to class often and rarely communicates his/her absence in advance | Student is usually late to class and has a considerable amount of unexplained absences. |
| Preparation | Student is always prepared for class. It is evident the student has completed the reading and all assignments are completed on time. Student contributes substantive comments and questions during class discussion and activities. | Student is usually prepared for class. It is mostly evident the student has completed the readings and assignments are completed on time.<br><br>Student usually contributes to discussion and activities with relevant points and questions. | Student is rarely prepared for class. Student is often unfamiliar with class material and assignments are rarely completed on time.<br><br>Student shows little engagement in classroom discussion and activities with limited contribution. | Student does not prepare for class with required readings and assignments. Student shows little to no engagement in classroom discussion and activities. |
| Behavior | Student displays respect and sensitive interpersonal communication skills during discussion and activities.<br><br>Student listens critically to other students by his/herself or in groups. Student applies critical thinking to own ideas or builds off of the ideas of | Student is respectful and usually displays sensitive interpersonal communication skills when communicating with others. Student usually applies critical thinking to his/her own ideas or the ideas of other classmates. Student improves on solutions as suggested by others. | Student occasionally displays disruptive, nonconductive behavior during class.<br><br>Student rarely listens to others talk and does not take the time to critically think about the discussion. Student rarely suggests solutions or improves on those suggested by others. | Student is very disruptive during class, interfering with class time and schedule.<br><br>Student does not listen when others talk and interrupts when others are speaking. Student does not try to solve problems or tries to help classmates with their solutions. |

| | | |
|---|---|---|
| | other classmates. Student actively seeks and suggestions solutions to problems. | |
| **Individualized, written feedback from instructor:** | | |
| | | **TOTAL:** X/15 |