

Roundtable 1

Peer Review and the ‘Non-Specialist Reader’: Strategies for Developing Audience Awareness in the Writing for the Health Professions Classroom

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One of the first things I learned during my TA training was that I should help my students gain a sense of audience awareness. This constant imperative—teach students to write for their audience—has become a mantra of sorts for most writing teachers: audience, audience, audience. Six years after those early training sessions, I still find myself questioning *how*, exactly, to teach audience awareness. Technical and professional writing classrooms pose particular challenges as students from multiple sub-disciplines come together in one space to practice more specialized writing practices in preparation for future careers. How does one teach audience awareness in a class where writing for a broad “academic audience” is no longer an appropriate or helpful scenario?

In this paper, I focus on a Writing for the Health Professions course that I have taught twice at a large research university. I discuss how I have used peer review workshops to foster audience awareness among a diverse group of emerging professionals. I argue that such workshops transform what might be seen as a pedagogical challenge—students’ differing areas of study—into a unique opportunity for developing rhetorical skills as each student learns to write for individuals who may know very little about his or her area of expertise.

Writing for the Health Professions is a class that aims to help students gain writing skills that they can use in their future professional careers. Its enrollment ranges anywhere from 10 to 17 students, mostly upper-class undergraduates. Generally, the smaller class size allows the instructor to get to know each student's needs and goals, and it also fosters group discussions, in-class group work, and the ability for students to learn about each other's research areas.

Each class is typically diverse in terms of academic background and level of education. My Spring 2011 class contained 16 students (14 undergraduates, 1 graduate student, and 1 university employee). Their areas of study included biology (5), biochemistry (3), psychology (3), nutrition (2), chemistry (2), and biomedical sciences (1). Two students were also pursuing English as a double major, and two were on the pre-medical track.

This class has been redesigned several times over the past decade; usually, each new instructor makes changes to the syllabus, adding new readings, revising assignments, and making the class his or her own. The flexibility that instructors enjoy with this course is refreshing but also necessary because the student population is constantly in flux. During the two semesters I taught the course, I included four units: scholarly genres, clinical genres, public health genres, and professional advancement genres¹. Structured by genres in this way, the course invited constant consideration of the ways that writing tasks are situational and audience-dependent.

In this article, I focus specifically on the two writing tasks (one in the clinical genres unit, and one in the public health genres unit) that asked students to write for individuals outside their discipline. While many terms have been used to designate such an audience, I prefer the term “non-specialist” because it affords specialist, or expert, status to student-writers and suggests that

¹ For the full syllabus for Spring 2011, see Appendix A.

there is a gap between what the writer knows and what the reader knows. Such a designation is not intended to minimize the existing knowledge of non-specialist readers, but rather to emphasize the responsibility that a writer has to educate his or her audience in a clear and effective way. Two major assignments in my class—the informative document for patients and the public health document—allow students to write as experts for non-specialists as they seek to educate specific populations on health topics of their choice.

The informative document for patients asked students to create a text to educate individuals who needed help managing a specific condition after a recent diagnosis². My goal was to situate students as experts who needed to figure out how to translate important knowledge into terms that non-medical professionals could understand. I also wanted to set up a scenario in which such reader comprehension had an immediate and tangible benefit. Students realized and agreed that in educational health materials, lack of clarity, ambiguity, and misrepresentation of facts would make documents rhetorically ineffective as well as unethical. In class, we determined that we wanted to create documents that hypothetically would be used in a doctor's office or hospital; thus, a patient would be able to consult them for further information, supplementing in-person conversations with health professionals. Outlining the rhetorical situation in such a way is critical for helping students develop audience awareness; without a clear sense of their purpose and who they are writing for, even if the scenario is hypothetical, students feel like they simply are writing for everyone “out there” rather than a narrow, identifiable group of individuals with real and immediate needs.

² Most students were able to identify a condition that they could discuss in terms of management or improving one's quality of life. However, students whose areas of research did not align with this model crafted documents that focused on prevention or health awareness/education for a specific health concern and target population.

We set up similarly specific requirements for the public health document. The assignment asked students to accomplish the following task:

Using the same topic you've been researching, and drawing upon the readings on public health campaigns, adapt the knowledge you've gained toward educating a target segment of the general public. Specifically, you should inform your audience about a certain behavior related to your illness/condition and promote some form of behavior modification that will lead to better health...Your audience includes people who are "non-expert."³ Avoid using technical terms unless you can define them in your text. Remember that this document is meant to be encountered independently from medical advice; most public health campaigns exist outside of doctors' offices and can be found on college campuses, in magazines, on television, etc. Your goal is to raise awareness, instruct, or persuade your audience – in most cases, you will use a combination of these methods.

Many students used this assignment as a chance either to encourage or discourage a particular behavior or pattern of behaviors. For instance, one student crafted a document that educated young adults on safe sexual practices. Other students chose to raise awareness of certain health conditions or topics that may be misdiagnosed or misunderstood. For example, one student (with college students particularly in mind) created a flyer that identified symptoms of insomnia and encouraged readers to seek medical help or behavioral therapy to solve the problem. Another student created a brochure that attempted to persuade readers to purchase organic versions of certain fruits and vegetables; this document explained why certain foods ("the dirty dozen") are

³ In this class, I used the terms "non-expert" and "non-specialist" interchangeably.

more susceptible to contamination from pesticides, while other foods can safely be eaten if washed properly. This writer aimed to reach a more general audience, but she included a text box that spoke specifically to pregnant women and new mothers, suggesting that knowledge of these facts are important not only for individuals making their own choices but also for those responsible for the health of others.

While in many cases these students knew that their documents might not actually be read by their target audience, this assignment did have an added component of a university-wide presentation. This annual Celebration of Student Writing, sponsored by our department, brings together a large number of students from a variety of writing-intensive classes within one space at the end of the semester; it takes place in a large campus gymnasium and invites students and faculty from across the university to browse the many displays and talk to the participants about their work. Each class has its own table for displaying posters and multi-modal presentations of students' work. There are also opportunities for students to give separate presentations (20-minutes each) to a smaller audience. My students chose to put together a collaborative table; we displayed everyone's public health document on large tri-fold posters, and our survey box asked attendees to vote for the overall most persuasive document. While this large, more diverse audience was quite different than each student's more focused target audience, I believe that asking students to make some type of public presentation within the constraints given by the course and the university allows them to practice writing for a non-specialist audience; they need to provide clear explanations and use a limited amount of jargon to effectively communicate their messages.

To further promote audience awareness in both the patient and public health documents, I devoted several class sessions to holding peer review workshops. Students brought in drafts of their documents and spent the session reviewing at least one other person's work. I asked students to assess both the content and visual design of these documents. Most relevant to the current discussion are the following questions:

Does the text seem to be aimed toward a non-specialist reading audience (i.e. it is easy to understand and free of scientific jargon)? If jargon is used, is it defined and explained adequately? Circle any areas in the text that are confusing or need more explanation.

Here, students had to put themselves in the position of an actual reader as they considered how well they could understand the content as presented. During class, I emphasized the importance of recognizing jargon when it is used and understanding how to define such terms for an audience unfamiliar with technical health writing.

It is this translation of jargon into layman's terms that most interests me when teaching this class (as well as other technical writing courses). I believe it is our duty as writing instructors to challenge students to think beyond their own disciplinary boundaries and consider how their research affects others outside of their field. In a writing class for health professionals, often these connections are not difficult to make. Many students are interested in working directly with patients in clinical settings upon graduation; thus, they need to learn to communicate effectively with non-specialists. Yet, often students are so entrenched in writing for scholarly audiences of fellow insiders that they may struggle to view their writing from the perspective of someone without that same level of knowledge.

A class such as mine, enrolled by a diverse group of students, offers writing instructors the chance to model the types of writing and communication many students will actually do in their upcoming careers. Peer review workshops, in particular, provide students with non-specialist audiences who can gauge the effectiveness of a given text. While all students in the class are studying some aspect of health or medicine, their individual areas of expertise are far-ranging enough to allow them to serve as non-specialists for one another. If a classmate is confused by a certain phrase or explanation, then chances are that a potential patient or member of the general public would not understand it either. Mirroring real-world constraints in such a way, students participate both as writers and readers as they consider how technical information can best be explained to educate others.

Such workshops also help students think about organizational and visual design as essential aspects of effective communication. As Rune Pettersson states, “The goal of communication-oriented design of messages should always be clarity of communication. In information design the task of the sender or source is actually not completed until the receivers or interpreters have received and understood the intended information” (ix). According to such a model of communication, a student’s writing practices are inherently dependent upon someone else *receiving and understanding* their message. Thus, it is not enough for a student to create a document and submit it for assessment; if we are to mirror the situations students may encounter in their future jobs, then we must give them opportunities to have their writing “received and understood” by someone other than the instructor.

To facilitate such understanding among their readers, students need to make effective choices in both content and design so that their document can be easily read and navigated.

Incorporating discussions of color, white space, font choices, lines/boxes, images, and other visual elements into my class allows me to bring up those issues in peer review workshops. I have found that students who say they struggle with visual design often are able to point out areas for improvement in others' documents; as students talk about design in this way, they realize they intuitively know more about what makes a document well-designed and visually appealing than they had realized. They also realize how the presentation of information affects its overall rhetorical effectiveness.

In the example document draft I have included in Appendix B, we can see how the student attempts to explain a fairly complex area of medical research—a specific form of breast cancer treatment called Tamoxifen—to an audience of potential patients who are considering this line of treatment. The document was created as a three-panel brochure. This draft has many strengths in terms of both content and visual design; however, the workshop allowed other students to comment on issues of visual navigability and clarity of content. For instance, the justified alignment of text on the inner panels is not very readable, largely because the student did not allow for hyphenation. While some students preferred hyphenation, others suggested that using left alignment might be more effective.

In terms of content for a non-specialist audience, peer reviewers appreciated the definitions that this student provided; however, the explanatory paragraphs on cancer and breast cancer were viewed by some as unnecessary in a culture where most people are aware of these conditions and what they mean. Moreover, students talked about how a patient considering this line of treatment would already be more aware of cancer and breast cancer than most other non-specialists; thus, the space could more effectively be used to further discuss the treatment itself,

how it compares to other treatments, and actual patients' responses to it.

Asking students to serve as non-specialist readers, then, is not as simple as drawing a line between insiders and outsiders. The process involves scrutinizing a document's target audience and trying to read that document from their perspective. It involves consideration of what a potential reader already knows and what they want and need to know. Because students in such a class are often unfamiliar with each other's focused areas of research, though, they are able to provide a perspective on which concepts are clearly explained and which others are too jargon-heavy. None of the other students in this class had heard of Tamoxifen, but starting from their common cultural knowledge about breast cancer they were largely able to make sense of this brochure because it referenced familiar concepts such as treatments and side effects. In addition, the layout of the inside panels followed a format many non-specialists are accustomed to: weighing the pros and the cons. As students reviewed this document and others in the workshop, they considered not only which strategies were effective or ineffective but also *why* some strategies work better than others in particular situations. My goal here is to help students learn to assess the conventions of certain genres, a skill they can take with them after they leave the class and apply to future documents that they will need to read or create.

Through these practices, students engaged in the kind of collaborative learning celebrated by Rebecca Moore Howard and Anne Ruggles Gere. Howard explains that collaborative pedagogy aspires to make students active creators of knowledge rather than passive absorbers. It requires that teachers relinquish control as the lecturer and dispenser of knowledge, instead acting as a facilitator as students learn from each other (59). Gere's practical discussion of classroom writing groups emphasizes the significance of tasks with "real" implications (106).

This notion, also articulated in Clay Spinuzzi's concept of "pseudotransactionality," supports the importance of holding peer review workshops. Such workshops not only give students a chance for collaboration; they also provide students with an authentic audience other than their instructor.

These sessions helped my students to hone their audience awareness skills in a collaborative environment of discussion and targeted feedback. After students reviewed each others' documents in small group settings, we then spent time briefly discussing each document as a class so that students could learn from each others' insights and additional examples. Thus, revisions took place as a response to collaborative discussions centered on audience responses rather than evaluative critiques from the instructor centered on course assessment. By making writing tasks seem less like assignments and more like real rhetorical situations, my hope is that I am helping my students think about how to tailor every piece of writing to the needs of a particular audience.

Going forward, I am interested in how other writing instructors help their students develop a sense of audience awareness, particularly in professional and technical communication courses. While peer review certainly has its limitations (for instance, we have all had sessions where students are not as eager to participate), I do believe that promoting such peer-to-peer dialogue is an opportunity to capitalize on each student's area of expertise while promoting an atmosphere of collaboration and conversation.

Works Cited

Gere, Anne Ruggles. *Writing Groups: History, Theory, and Implications*. Conference on College Composition and Communication, 1987.

Howard, Rebecca Moore. "Collaborative Pedagogy." In *A Guide to Composition Pedagogies*.

Gary Tate, Amy Rupiper, and Kurt Schick, eds. Oxford University Press, 2001. 54-70.

Pettersson, Rune. *Information Design: An Introduction*. Philadelphia: Document Design Companion Series, 2002.

Spinuzzi, Clay. "Pseudotransactionality, Activity Theory, and Professional Writing Instruction."

In *Teaching Technical Communication: Critical Issues for the Classroom*. James M.

Dubinsky, ed. Boston: Bedford/St. Martin's, 2004. 337-347.

Appendix A

English 217B – Writing for the Health Professions Spring 2011

Course Information

Instructor: Ms. Mary Assad – mka23@case.edu

Office Hours and Location: Monday 3:00-4:00 and by appointment; Guilford House 411

Meeting Times: Mondays & Wednesdays, 12:30-1:45

Location: Nord 212

Writing Support: Writing Resource Center

216.368.3799

<http://www.casewconline.com>

Course Description

English 217B offers practice and training in writing for the health professions (e.g., medicine, nursing, dentistry). Recognizing the importance of analyzing audience and understanding the rhetorical situation, this course places emphasis on the entire writing process: from planning and drafting through revising and editing. Students will complete assignments that offer them guided practice in genres common to the healthcare professions. These assignments will be written for many different audiences, including other healthcare professionals, patients, the general public, and admissions committees. The class also emphasizes the importance of writing for an audience of “yourself,” and thus includes reflective writing as a semester-long habit. Students will begin the semester by identifying their individual areas of research, and they will further explore those areas through annotated bibliographies and literature reviews. Students will then adapt this research to the genre of informative patient literature as well as public health literature suitable for a general audience. Finally, students will craft resumes and personal statements tailored to their individual professional and academic goals.

Course Objectives

By the end of this course, you will be able to:

- Identify the appropriate audience for a given writing task and adapt your writing to the audience’s needs and expectations.
- Effectively navigate medical journals, databases, and other print- and web-based resources for your individual research purposes.
- Create clear and visually appealing documents to educate patients and the general public about a pertinent health topic.
- Articulate your qualifications and goals in a rhetorically effective resume and personal statement.
- Respond critically and thoughtfully to your peers’ writing.
- Accurately cite sources using the APA method.

Deadlines

All assignment deadlines are listed on the course schedule. If you have questions about these deadlines, you may contact me at any time. If you miss class, you still must submit any assignments due on that day (e-mailed to me).

Texts

REQUIRED:

An up-to-date APA style manual of your choice. Handbooks that include additional writing and grammar help are strongly recommended, such as *A Writer's Reference*, 7th edition, by Diana Hacker and Nancy Sommers.

All other readings will be provided as handouts and on BlackBoard.

You also need a 1-subject notebook to use for the journal assignment; no other work should be kept in this notebook because I will collect it regularly.

Course Policies

This class depends upon your regular attendance and active participation to be successful. Thus, I expect that you will come to class with your readings and homework assignments completed on the day they are due; also, you will be prepared to actively discuss and listen to the ideas that are shared in the classroom. The following policies support these goals:

1. **Laptop** use is not permitted in class. You are responsible for printing out your readings when they are posted on BlackBoard (they are most often quite short) and bringing them to class. Other times I will bring printed handouts for you. Laptops will be allowed on designated days announced in class.
2. **Cell phone** use is not permitted in class. This includes texting. If I see a phone being used during class I will not call attention to it, but rather quietly take note, and your participation grade will be affected.
3. Regular and prompt **attendance** is required. I will take attendance each day. We will begin class at 12:30, and if you are late, you may miss important announcements or information. You are allowed **two** "free" absences for any reason. Beyond that, medical documentation is required. Subsequent absences may reduce your final grade by one-half letter grade per absence. Moreover, arriving more than 20 minutes late will count as an absence, and excessive tardiness of any duration will negatively affect your participation grade.
4. **Food and beverages** are permitted as long as they do not interfere with your participation or distract others.

Assignment Submission

E-mail all of your assignments to me at: mka23@case.edu.

Each assignment should be attached to the e-mail as a Microsoft Word file (Times New Roman font, size 12, with 1-inch margins all around) that includes your last name and assignment name. For example, if I were submitting a literature review, I would name it: Assad_LiteratureReview

On days when we have peer review sessions, you should e-mail me your assignment and also bring printed copies to class (further details will be given before these class dates).

I do not accept late papers. It is your responsibility to make sure the work makes it to me on time, and it is my responsibility to return it to you in a timely manner. For most assignments, you will submit a draft and then a final copy. I will NOT assign a grade to the draft, but I will provide feedback to help you in revisions for the final copy. Even so, treat the draft as if it were graded; half-completed drafts or obviously sloppy work will not receive any feedback and will affect your participation grade accordingly.

Plagiarism

I expect that you will write your own work. Plagiarism is the unauthorized use of someone else's words or ideas. It is a serious academic offense with heavy consequences. Please remember that at no point in the writing process should the work of anyone else be represented as your own. All suspected cases of plagiarism will be referred to higher powers who will make final decisions about course failure or expulsion. Case's official Academic Integrity Policy and the Statement of Ethics can be found online:

<http://studentaffairs.case.edu/office/integrity/policy.html>.

If you have any questions about how to cite a source or credit someone else's ideas or words, talk to me rather than risk unintentional plagiarism.

Accommodations & Disability Resources

The Office for Disability Resources, located in Sears 470, offers services for students with documented disabilities. Contact the ODS at 368-5230. You can find answers to disability-related questions online:

<http://studentaffairs.case.edu/education/services/disability/faq.html>

If you have any concerns, please let me know and we will confidentially discuss your specific needs.

Assignments & Evaluation

Class Attendance, Participation & Homework – 20%

You are expected to attend and participate actively in all class activities, homework assignments, and discussions. Missing an excessive number of class sessions, lack of involvement in class, failing to turn in homework, or turning in work late will adversely affect your grade and your

ability to succeed in the course. Note that included in this grade are on-time submissions of drafts (e-mailed to me and brought to class for designated workshop).

Writing Resource Center appointments – 5%

Over the semester, you should complete two hour-long appointments with a writing consultant in the Case Writing Resource Center. These appointments may be used to address one of three writing concerns, at your discretion: timed writing practice for the MCAT (or similar); grant writing for a target grant application; or assistance with course writing assignments. Please see the WRC handout/log for more information. Note that you must complete at least one appointment prior to Spring Break.

Journal Assignment – 5%

Writers improve their writing by constantly *writing*. To help achieve this goal, you will be keeping a journal recording your thoughts, concerns, and reflections about your classes and professional work. I will collect these journals on the last class meeting of every month. You should write at least one entry (at least 1 page) per week, beginning the week of January 17. See the Journal Assignment handout for sample questions and topics to get you started.

Formal Written Assignments – 50%

You will receive detailed assignment sheets for each of the following assignments as they occur throughout the semester:

Annotated Bibliography – 15%

Literature Review – 15%

Informative Patient Literature– 10%

Resume – 5%

Personal Statement – 5%

Public Health Project and Presentation – 20%

You will create educational literature suitable for a public health audience. Moreover, you will present your research and literature at the annual Celebration of Student Writing to be held on Friday, April 15 from 12:00-2:45. Detailed assignment sheets for this project will be forthcoming.

The grading scale for all assignments, and for your final grade, is as follows:

100-90	A
89-80	B
79-70	C
69-60	D
59-0	F

Your final course grade will be calculated using the following formula:

Class Attendance, Participation & Homework = 200 points

Writing Resource Center Appointments = 50 points

Journal Assignment = 50 points
 Annotated Bibliography = 150 points
 Literature Review = 150 points
 Informative Patient Literature = 100 points
 Public Health Project and Presentation = 200 points
 Resume = 50 points
 Personal Statement = 50 points

TOTAL = 1000 points

ENGL 217B Course Schedule

Please note that this schedule is SUBJECT TO CHANGE!! As we move through the semester, new readings may be added, new topics for discussion may come up, and additional homework tasks may arise. Some readings/topics/tasks may be modified or replaced. You will be given verbal and/or written notice of all changes.

DAY	IN-CLASS TOPIC	READING (DUE ON THIS DAY)	HOMEWORK (DUE ON THIS DAY)
WEEK 1 Jan. 10 Monday	Introduction to the Course. Teacher/Student Expectations. In-Class Writing: <i>What do you hope to gain from the course?</i>		
Jan 12 Wednesday	Introduction (continued)	"Understanding Your Writers"	
WEEK 2 Jan. 17 Monday	MLK HOLIDAY; NO CLASS		
Jan. 19 Wednesday	Audience and Intro to Genre	"Audience Analysis"	Health Professional Interview
UNIT ONE: SCHOLARY GENRES			
WEEK 3 Jan. 24 Monday	Developing a Research Question; BRING YOUR LAPTOPS!		Informal Writing Due: What do you want to research in this class? What motivates you? What are you passionate about learning?
Jan. 26 Wednesday	Conducting Research	1) "AMA-Types of Articles"; 2) "Reading the Medical Literature"; 3) "What's Special About Medical Writing"	
WEEK 4 Jan. 31 Monday	Library Day; Meet at KSL Room 215 for session with Bill Claspy.		Bring at least 1 question about research for the librarian.
Feb. 2 Wednesday	Annotated Bibliographies	1) "How to Write an Annotation"; 2) "How to Write an Annotated Bibliography"; 3) "Efficient Reading"	

WEEK 5 Feb. 7 Monday	Annotated Bibliography Workshop		Bring at least TWO completed annotations to workshop in class.
Feb. 9 Wednesday	Writing for Clarity	1) "How to Write Effectively"; 2) "Style manual excerpt"	
WEEK 6 Feb. 14 Monday	Literature Reviews	1) "Guide to Lit Reviews"; 2) "Informative Review Paper" (webpage)	<u>DUE: ANNOTATED BIBLIOGRAPHY E-MAILED TO ME BY 11:00 P.M.</u>
Feb. 16 Wednesday	Literature Reviews (cont.)		Bring your journal for me to collect.
WEEK 7 Feb. 21 Monday	Grammar/APA Day		Don't forget to visit the WRC at least once before Spring Break.
Feb. 23 Wednesday	Literature Review Workshop		DUE: Lit Review Draft. E-mail to me by 12:00 Noon. Also, bring TWO printed copies of your lit review to class.
WEEK 8 Feb. 28 Monday	Ethics and Plagiarism	Reading TBA	
Mar. 2 Wednesday	Self-Editing		<u>DUE: LIT REVIEW E-MAILED TO ME BY 11:00 P.M. FRIDAY, MARCH 4</u>
WEEK 9 Mar. 7 Monday	SPRING BREAK; NO CLASS		
Mar. 9 Wednesday	SPRING BREAK; NO CLASS		
UNIT TWO: CLINICAL GENRES			
WEEK 10 Mar. 14 Monday	Charting/Abbreviations & Intro to Informative Patient Literature		
Mar. 16 Wednesday	Health Library Guest Speaker: Mike McGraw		Bring laptops!! Be prepared with any research Qs for librarian.
WEEK 11 Mar. 21 Monday	Patient Literature	"Patient Education – History" and "Life Stages of Patient Teaching"	Discussion Day; be prepared to talk about your chosen topics
Mar. 23 Wednesday	Document Design		

WEEK 12 Mar. 28 Monday	Patient Literature (cont.)		Bring in one example of informative patient literature
Mar. 30 Wednesday	Patient Literature Workshop; Introduction to Public Health		DUE: Patient Literature Draft. Bring TWO printed copies.
UNIT THREE: PUBLIC HEALTH GENRES			
WEEK 13 Apr. 4 Monday	Public Health	“Media Campaigns” and “Public Health – Intro”	Bring in one example of public health materials.
Apr. 6 Wednesday	NO CLASS – WORK ON YOUR ASSIGNMENTS		
WEEK 14 Apr. 11 Monday	Public Health Workshop; Intro to Resumes		DUE: Public Health Document Draft. Bring TWO printed copies.
Apr. 13 Wednesday	Putting together our posters; Intro to Personal Statements	“Barrons—Assess Your Audience”	<u>DUE: PATIENT LITERATURE AND PUBLIC HEALTH DOC. – BRING TWO PRINTED COPIES OF EACH TO TURN IN AT THE START OF CLASS.</u>
Apr. 15 Friday	CELEBRATION OF STUDENT WRITING – 12:00-2:45 – Adelbert Gym		
UNIT FOUR: PROFESSIONAL ADVANCEMENT GENRES			
WEEK 15 Apr. 18 Monday	Personal Statements		
Apr. 20 Wednesday	Resume Workshop		DUE: Resume Draft. E-mail to me by 12:00 noon. Also, bring TWO printed copies to class. DUE: Journals to submit; should have at least 6 more entries (of 1 or more pages each) since Spring Break.
WEEK 16 Apr. 25 Monday	Personal Statement Workshop / Conclusion		DUE: Personal Statement Draft. E-mail to me by 12:00 noon. Also, bring TWO printed copies to class.

FINAL RESUME AND PERSONAL STATEMENT DUE FRIDAY, APRIL 29, E-MAILED TO BE BY 12:00 NOON.

Appendix B

<p style="text-align: center;">Breast Cancer</p> <p>Cancer is a fatal disease characterized by uncontrolled growth of cells. It can be caused by either external factors, such as smoking, or internal factors, such as genetic inheritance. Today, though cancer can sometimes be treated, it can't be cured.</p> <p>Breast cancer negatively impacts the lives of countless individuals and families throughout the world. According to the American Cancer Society, breast cancer led to the deaths of an estimated 40,230 people in 2010. Generally, breast cancer will originate in the ducts that supply milk to the nipple or the lobules that supply milk to the breast ducts. These types of cancers are referred to as ductal carcinomas or lobular carcinomas respectively (American Cancer Society, 2010).</p>	<p style="text-align: center;">Tackling Breast Cancer Tamoxifen Treatment</p> <p style="text-align: center;">Phone: 419.XXX.XXXX</p> <p style="text-align: center;">XXXXX Cleveland, Ohio 44106 Abc123@case.edu</p> <p>References:</p> <p>American Cancer Society. (2010). <i>Cancer Facts and Figures 2010</i>. Atlanta, GA: American Cancer Society Inc.</p> <p>National Cancer Institute. (2008). <i>Tamoxifen: Questions and Answers</i> [Fact sheet]. Retrieved from http://www.cancer.gov/cancertopics/factsheet/Therapy/tamoxifen#top</p>	 <p style="text-align: center;">Tackling Breast Cancer Tamoxifen Treatment</p> <p style="text-align: center;">April 2011</p>
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ER+ Breast Cancer



Image Retrieved from: http://www.momlogic.com/2008/11/for_a_bunch_of_scholarship_boss_contest.php

ER+ means that patients with this cancer have something called the estrogen receptor (ER). ER status is very important when determining how to treat a specific breast cancer because it changes the way breast cancer cells respond to certain treatments. Presence of ER is often promising because it allows more treatment options. One of the most popular treatment options is Tamoxifen treatment. Tamoxifen is a drug that has been used to treat ER+ breast cancer for the last 30 years. As a patient suffering from ER+ breast cancer, Tamoxifen could be one of the most promising treatment options.

Tamoxifen BENEFITS

In ER+ breast cancer, cancer progresses through the production of estrogen, which acts on a protein called estrogen receptor. Some drugs work to block estrogen receptor, while others block estrogen. Essentially, Tamoxifen prevents estrogen from stimulating the growth of cancer cells. When taken for 5 years, Tamoxifen reduces the chance of the original breast cancer coming back in the same breast or elsewhere. It also reduces the risk of developing breast cancer in the other breast. When taken in combination with certain other drugs (this is called adjuvant therapy) Tamoxifen has shown to be even more effective. Even so, breast cancer is at most treatable, but cannot be cured, so Tamoxifen treatment does not work as a permanent fix. Over the course of ten years, breast cancer tissue generally becomes immune to Tamoxifen and adjuvant therapy, so other treatment options must be considered.

Tamoxifen COSTS



Image retrieved from: <http://www.glamour.com/health-fitness/2009/09/how-to-lower-your-risk-of-breast-cancer-today>

In general, the effects of Tamoxifen are very similar to the effects of menopause. Even so, Tamoxifen does put individuals at higher risk for some serious conditions. These include, but are not limited to stroke, uterine cancer, and cataracts. That being said, these side effects are very rare; for women, the most common side effects include hot flashes and vaginal discharge. Even though these side effects are annoying/uncomfortable at times, professionals in the field have determined that in when it comes to fighting the disease, the benefits of Tamoxifen usually outweigh the costs.