Rhetorics of Health & Medicine SIG:
Minutes from CCCC 2017 | Portland, OR

I. When Did We Meet?

Thursday, March 16, 2017, 6:30-7:30pm

II. Who Attended?

III. What Did We Discuss?

1. **Welcome** (Lisa Meloncon for Barbara Heifferon)

2. **Announcement: Voting**
   a. **Elections for President and Communication Officer**. Submit your nominations/self-nominations to Lora Arduser: ardusell@ucmail.uc.edu
      i. Over the next two weeks, we will post information for elected positions and a link to a ballott on our communication channels (website, listserv, social media). These positions rotate every two years.
   b. Changes to by-laws (Lisa Meloncon)
      i. We will vote on a change where one person does elections and one person does the panel.

3. **General Announcements**
   a. **Standing Group Panel for 2018** (Lora Arduser for Candice Welhausen)
      i. Proposal for our standing group panel/rountable is due a week before the regular CCCC CFP is due. If you don't get accepted to the roundtable, you can still submit to CCCC.
      ii. Our standing group panel is a roundtable this year so people can talk beyond the program.
      iii. Volunteers needed to review the proposals.

   b. **Liaison Work in International Settings** (Kirk St.Amant) – see the communication channels for updates
      i. Ireland, University of Limmerick, College of Communication: Public health campaigns for refugees. This college is trying to form a plan and looking for participants in the program. If interested, you can receive adjunct faculty status.
      ii. Ghana: Interacting in a public safety nuclear deregulation and public health campaign around cancer, radiation. This program aims to convince the public to not move to this treatment, and they need a campaign for this.
      iii. Belgium: TComm, German organization for TPC to standardize curriculum in health communication. They are holding a symposium in April.
      iv. Denmark: AALAP – language for specific purposes, i.e., tech writing,

health and med comm. in EU but based on linguistics. Look for a call within the next week.

c. **Communication Updates** (Liz Angeli)
   i. We (for Barbara Heifferon) thanked Michael Moore who set up the first medical rhetoric listserv in support of our Special Interest Group for Medical Rhetoricians in the late 1990's.
   ii. Thanks to Rachel Bloom-Pojar, Lori Beth De Hertogh, Maria Novotny, and Sarah Singer for their work on social media and Third Thursdays.
   iii. Current communication channels:
      1. Facebook: Flux group
      2. Twitter: @medrhet, #medrhet
      3. Website: http://medicalrhetoric.com/
      4. New listserv: http://medicalrhetoric.com/mailman/listinfo/rhm_listserv_medicalrhetoric.com, rhm_listserv@medicalrhetoric.com
   iv. Third Thursdays have been successful. Next one is Thursday, April 20 at 3pm across EST, CST, and MST time zones. We need volunteers to facilitate Third Thursdays. Don't need to be an expert, but should be able to draw from experience. Email Lisa (meloncon@tek-ritr.com) or Liz (elizabeth.angeli@marquette.edu) if you're interested.
   v. If you're interest in staying connected over summer via Twitter and Third Thursdays, email Lisa (meloncon@tek-ritr.com) or Liz (elizabeth.angeli@marquette.edu) if you're interested.

d. **Bibliography Initiative** (Lisa Meloncon)
   i. We will aim to organize bibliography. Keep an eye out for how to do this, like volunteering to do citations.

e. **Journal and Symposium** (Lisa Meloncon)
   i. *Journal* (http://upf.com/rhm.asp)*:* We have a journal of our very own at the University of Florida press. Blake Scott and Lisa Meloncon are editing. By April, we should have a website where you can submit pieces.
      1. The board seeks the following kinds of pieces:
         a. Co-authored piece with our partners, including patients, doctors, etc.
         b. Pieces that unpack methodologies
         c. Multimodal pieces
         d. Dialogues that take on current topics
         e. Persuasion briefs that will be open access so they can be pushed out to our stakeholder groups.
      2. Look out for a call for assistant editors on the journal website. The editors will help with robust web and social media presence for the journal.
      3. The journal will be a print on demand with two double-issues a year then will move to a quarterly journal.
      4. Ask your library for subscriptions, which—in addition to social media—is an important assessment tool at UFP. Encourage

           colleagues at medical and public health schools—especially given our focus on stakeholders with this journal.

5. What type of money is needed to sustain it? For the first 12-18 months, UFP wants 100 libraries to subscribe $150/year for a library subscription.
6. UF has an agreement with Johns Hopkins Press to help market. One reason UF agreed to it was because of the list—461 unique names who are interested in RHM.

   ii. *Symposium* (http://medicalrhetoric.com/symposium2017/): The third one of RHM. U of Cincinnati September 14-15, proposals due March 30. Let the committee know what you're trying to propose. Important part: it's for works in progress. Top papers from symposium automatically considered for journal by the symposium review board.

1. If not selected for symposium, it may be open registration for a degree. This year it's a similar model to years before that can allow 70 people. Will accept 45-50 through submission and the rest will be first come, first serve.

4. **Brief Introductions** (name, institution, 3 key words that describe your research interests)
   a. Lisa: technology, methodology, place
   b. Kirk: health and medical communication
   c. Stefan: rhetoric, PW, transnational
   d. Molly: chronic illness communication, methods,
   e. Dan: rhetoric of science, medicine, technology
   f. Sarah: technical communication, pedagogy, communication breakdown
   g. Raquel: global health, interdisciplinary, social action
   h. Jared: rhetoric, mental disability, advocacy
   i. Dan: technical communication, disability, brain injury
   j. Kasha: folk practices, community wellness
   k. Brian: bioethics, sustainability, end of life
   l. Marie: social justice, technical communication, identity politics
   m. Eric: feminism, technical communication, medical imaging
   n. Kelly: technology, touch, bodies
   o. Michelle: rhetoric, technical communication
   p. Blake: transnational, agency, circulation,
   q. Jordyn: embodiment, IDs, undergrad research
   r. Lora: diabetes, agency, wearables
   s. Jen: public health, biomedicalization, risk communication
   t. Andy: gender, technical communication, science, medical education
   u. Mary: empathy, readability, editing
   v. Heather: history, feminist work, folk medicine
   w. Hannah: lay people's everyday literacy practices
   x. Russell: shared decision making and bioethics
   y. Cynthia: type 1 diabetes, identity, digital writing
   z. Briana: heredity breast and ovarian cancer, rhetoric, feminist activist
   aa. Katherine: rhetoric of mental health care, recently contested conditions
   bb. Kash: technology, design, access
   cc. Susan: narrative, healthcare, doc design

dd. Steven: public health, narrative, identity
ee. Rachel: transnational, translingual, Spanishes
ff. Sarah: chronic illness of rhetoric
gg. Katie: RHM, advocacy, new media
hh. Lilly: disciplinarity, feminism, technology
ii. Spencer: pedagogy, traumatic brain injury, narrative
jj. Patrick: rhetoric, madness, neurodiversity
kk. Amy: hormonal women
ll. Kenny: anatomy, embodiment, Roman concept of inergia
mm. Liz: unpredictability, communication, urgency

5. **Evening Activity** (3-4 people in groups)
    a. What do RHM community members need and want from the community?
    b. Top need for community from each group:
        i. Reach and impact – listing grant opportunities on website
        ii. Roster on Google docs for keywords – two columns to identify condition/topic, methods, and theories; this will be good for press, too
        iii. Terminology, credibility, and diagnosis – resources for recruiting participants, bank of search terms for people who do similar things
        iv. Methodology for studying medical narratives, kind of work around for studying online health charts, approval process for IRB
        v. One-on-one mentoring session – open office hours
        vi. Space to find like-minded people
        vii. Reviving the listserv and making sure to use it – not everyone wants to use social media
        viii. Continue to foster diverse spaces
        ix. Teaching and need for syllabi repository
        x. Peer review groups
        xi. Bibliography organization – tagging for different topics, interdisciplinary tags (i.e., med humanities tags)
        xii. Diversifying the groups to reach out to people who are related to this group
        xiii. Access to medical practitioners, get feedback
        xiv. Diversify graduate programs, start in medical education
        xv. Award for best article of the year for journal? Pieces could be nominated for best of independent journals and the CCCC's award

6. **Networking**
    a. Attendees networked for the last 10-15 minutes to talk about possible panels for next year, to discuss Symposium topic ideas, potential journal submission ideas, or in general just to get to know each other better.
    b. Following our yearly tradition, s group of attendees went to dinner.

IV. Next Steps

- Email officer nominations to Lora: ardusell@ucmail.uc.edu
- Submit for standing group roundtable for CCCC 2018
- Organize panels for CCCC 2018 (http://www.ncte.org/cccc/conv/call-2018)

- Submit pieces to journal (http://upf.com/rhm.asp), symposium (http://medicalrhetoric.com/symposium2017/)
- Secure library subscriptions for the journal (http://upf.com/rhm.asp)
- Stay updated via the communication channels
    - Facebook: Flux group
    - Twitter: @medrhet, #medrhet
    - Website: http://medicalrhetoric.com/
    - New listserv: http://medicalrhetoric.com/mailman/listinfo/rhm_listserv_medicalrhetoric.com, rhm_listserv@medicalrhetoric.com

Respectfully submitted,
Liz Angeli

Medical Rhetoric Standing Group
Business Meeting CCCC 2017

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Sign In Sheet

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