

Preparing Physicians for Media Interviews Helps Them Communicate More Comfortably and Effectively

With the spread of managed care nationally, opponents have grabbed the media's attention with a torrent of criticism and accusations. One result is greater media scrutiny of HMOs and more skepticism.¹ In this environment, being able to effectively communicate with reporters to ensure our story is heard, understood, and conveyed to the public is a survival skill.

Because they enjoy high levels of credibility with reporters and with the public, Kaiser Permanente physicians are ideal spokespersons for the program. Education by Kaiser Permanente staff or by contracted teachers prepares physicians for the important job of representing the program in the media, whether the topic be announcing the success of a new vaccine or promoting research into the treatment of a common neurologic condition.

As Kaiser Permanente grows and assumes a more prominent leadership role on health care issues and on public policy, opportunities for physicians to speak with the media increase.

Sometimes these opportunities are positive, as when Kaiser Permanente pediatricians Stephen Black, MD, and Henry Shinefield, MD, told the world in 1992 that a newly licensed vaccine against haemophilus influenza type B had virtually eliminated diseases caused by the bacterium among our Southern California members.² And sometimes physicians have to discuss contentious or confusing subjects such as a tragic medical outcome, allegations of worsening patient care, or the merits of certain health screenings. In either case, the key to doing well is preparation.

What's At Stake

The Los Angeles Times health reporter David Olmos has written that "HMOs are under the media's microscope as never before."³ One reason has been a concerted campaign by opponents of managed care to raise doubts among reporters and the public about quality of care at HMOs. Coupled with questionable practices by some managed care organizations, this drumbeat of criticism and questioning has led to greater distrust of health care managers.

"Credibility for health care organizations is faltering," acknowledges Keith Sheldon, an adjunct professor of Public Relations at the University of Nevada at Las Vegas.

One result is that state legislators and the federal Congress have begun sowing a thicket of new regulations. Some, like mandating longer hospital stays for maternity patients, drive up health care costs for all consumers without any proof that they improve health outcomes.

A Role for Physicians

While the credibility of HMOs and their nonphysician managers is declining, doctors continue to enjoy a high level of trust among the public. A Gallup poll published in the March 1997 edition of *Oregon Business* magazine showed that 55% of the public rate doctors high or very high for honesty and ethics, exceeded only by druggists (65%) and the clergy (56%).

This represents an opportunity for Kaiser Permanente because of the role physicians play in our program. As partners in the program's management, Permanente physicians are uniquely positioned to address questions and concerns about strategic direction as well as quality of care.

It's no accident that leading journalists who follow health care, such as Janice Castro, senior editor of *Time* magazine's electronic edition, *Time Online*, have credited the organization's physician-CEO Dave Lawrence, MD, as among health care's most effective spokespeople.⁴ That's because as a physician he can respond about the medical impact of Kaiser Permanente's actions in a far more believable way than a nonphysician executive could.

Kathleen Barco, Director of Media Relations in Southern California for the California Division, states the importance of physicians as program spokespersons this way. "The first rule in public relations is if we don't communicate with the media—and to other audiences through the media—someone else will. We have to be willing to tell our story ourselves. And if we don't use a physician to talk about our quality of care, it comes across as a business issue rather than as a commitment to patients."

Understanding the Basics

Barco sends approximately ten physicians a year to educational sessions to improve their understanding of the media and how to effectively communicate in interviews.

1. For a good examination of the media and public criticism against managed care organizations read "HMOs Under Siege" by William Poole, *California Medicine*, June 1996.

2. The study showing that 94% of children younger than 18 months who received the Haemophilus influenza type B vaccine did not contract bacterial meningitis appeared in *The Pediatric Infectious Disease Journal*, August 1992. Drs. Shinefield and Black were highlighted in a widely distributed Kaiser Permanente news release about the effectiveness of the vaccine. "New Infant Vaccine Wipes Out Some Killer Diseases," November 4, 1992.

3. "Satisfaction Surveys Are Not Enough," by David Olmos, *California Medicine* (page 26), June 1996.

4. In remarks delivered at a conference of Kaiser Permanente media relations staff in Denver on October 19, 1995.

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JIM GERSBACH is a media and communications specialist who has worked in the Northwest Division since 1986. He has a degree in journalism from the University of Oregon.

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"This training is essential," says Barco. "Talking on camera with a reporter is not just a conversation. It looks like a conversation and it sounds like a conversation but it's not. To be effective in that setting, a physician needs to understand what the journalist wants and how to give it to him or her so the reporter also includes our message. A good trainer will teach you how to give both."

Barco contracts for this media education with former ABC-TV network news correspondent Aviva Diamond. Diamond's Los Angeles-based Blue Streak/A Communications Company conducts media training for executives from many Fortune 500 firms. She says, "The major difficulty that most physicians have in talking to the media is not realizing how little of their comments will actually be used. It takes a great deal of practice to make your point concisely in a positive manner so it can be taken out of context and still convey your message."

Diamond says interviewees can expect only one or two sentences to be quoted. "Learning how to get those sentences to say exactly what you want and yet sound natural takes practice and effort. A lot of physicians fear that training will make them sound stiff and robot-like. Actually, training helps you distill and condense your messages so that you can be comfortable and natural answering questions." Diamond says the program's physicians bring many strengths to interviews. "My experience with physicians at Kaiser Permanente has been that their caring and commitment to patients win a lot of credibility from journalists." She concentrates on giving them tips and techniques for feeling more in control during an interview. That translates into reduced anxiety, letting a physician's empathy, caring, and knowledge shine more easily.

Professor Sheldon also emphasizes that interviewees do better when they shed dispassionate demeanors and show more of their feelings. "Of the three factors that affect credibility, expertise is only one. Sincerity and charisma are the other two. If you don't have all three, you're less effective and less believable," says Sheldon.

Sheldon, whose Aztec Communications firm does media training, adds, "We don't just put someone on camera and tell them to take their hands out of their pockets. We ask them what their message is, what they represent, and why someone should care."

Less is More

Denise Harrington of Harrington and Associates in Portland, Oregon, has educated more than four dozen Kaiser Permanente physicians about media appearances in the past five years, including the Northwest Division's Medical Director, Al Weiland, MD.

"The big thing for physicians is learning to take what they know technically and turn it into lay terms," says Harrington.

Like location in real estate, she stresses that simplicity is everything when talking to reporters. "Simplify, simplify, simplify," she emphasizes. "Use the opportunity in front of the media to tell the story so that everyone understands. Use a metaphor, personal story, example, or analogy to explain your points. That's how you break a technical subject down to what someone else can digest and understand."

Harrington says a great example of someone using an analogy to make a point comes from Northwest Division internist John Bakke, MD. During a training interview in 1994 she asked him whether smoking filtered cigarettes was safer than smoking nonfiltered ones. "It's like fastening your seatbelt and then driving off a cliff," answered Dr. Bakke.

Also important, according to Harrington, is having a strong point of view about what you're discussing. "You should try to change attitudes or inspire someone with what you say. Bring in the passion. Show that you care. You have one moment to inspire people. That has to be the backbone of your conversation with a reporter. As soon as you tap into that, people will care about what you have to say. Always remember, it's the audience you're speaking to through the reporter."

Northwest Division doctors who have taken half-day classes from Harrington before making a TV appearance generally express that they felt more prepared and at ease.

"I had never been in a TV interview before, and I found the coaching lesson very helpful," remarks neurologist Gregory Clark, MD, who spoke on the aftermath of strokes. "Hints about avoiding distracting mannerisms on TV, using good voice modulation, and how to make succinct statements were all useful."

Navigating the National Spotlight

Another Kaiser Permanente physician who experienced the value of media training firsthand is Morris Maizels, MD. A family practitioner at Kaiser Permanente's Woodland Hills Medical Center in Southern California, Dr. Maizels attracted media attention when research he did on the use of lidocaine nose drops to treat migraine headaches was published in a national medical journal.⁵

He took advantage of the program's offer of media training from Aviva Diamond before facing interviews with all three national TV networks, CNN, *The Los Angeles Times*, *The New York Times*, radio stations, and a national morning TV talk show.

5. Maizels M, Scott B, Cohen W, Chen W. Intranasal lidocaine for treatment of migraine: a randomized, double-blind, controlled trial. *JAMA* 1996;276:319-21.



“The most important thing I got out of media training was that either I was going to get my message out or the media were going to get out theirs. The more I understood how the media report a story, the better I got about getting my message across,” says Dr. Maizels.

“If you don’t have a message that you can get across in a short space of words, reporters will come up with their own. So before facing the media, it is of supreme importance to know what message you want to get across.”

Dr. Maizels says there were a couple of messages he wanted to convey. One was that if his results could be repeated in a larger study it would be a major advance in the treatment of migraine. “I also

wanted to get a message out as well that this only applied to people who had occasional migraines and did not apply to people who had daily headaches,” he says. “If I had to come up with a message today, it would be something simpler like, ‘Lidocaine could replace aspirin in the treatment of migraines.’ ”

Dr. Maizels advises other physicians faced with a microphone to keep in mind that “The reporter’s job is not fact-finding, it’s telling a story. If you don’t give him a story that will interest readers or attract viewers, he will find one elsewhere.”

That means explaining research findings or changes in health care policies to a reporter so that the impact on people—or the potential impact—is clearly spelled out.

Eight Tips for Having a Great Media Interview

Being interviewed by a reporter is a very human experience. The dynamics inherent in any interchange between two people mean that no two interviews will be exactly the same. The following eight suggestions, however, have proved helpful to physicians, managers, allied health professionals, and others preparing for interviews with reporters.

1. Be prepared.

No matter how thoroughly you know a subject, it never hurts to think about what questions may be asked and how you’ll answer them. If you’re not certain about key facts or figures, look them up. If possible, find out in advance what the reporter wants to know, who else is being interviewed, and what the reporter’s attitude toward the subject may be. Kaiser Permanente’s media relations staff can usually find that information for you.

2. Expect off-the-wall questions.

Be aware of what else is going on in health care, since many reporters will toss in a question or two about current health issues even if they aren’t directly related to Kaiser Permanente or to your specialty. For example, obstetricians might be asked about cloning. Or a geneticist might be asked about the reliability of DNA evidence.

3. Speak in plain English.

Outside of scientific publications, don’t use jargon or big technical words unless you can immediately define them in terms understandable to people without medical training. For example, instead of “protease inhibitors,” try saying “new drugs that work to stop the AIDS virus from reproducing.”

4. Be concise.

Keep answers short. Twenty to 40 seconds is ideal. That’s about three or four medium-to-short sentences. Reporters will often pick the best 10-12 seconds from these short replies.

5. Guide the interviewer.

Don’t be led blindly along. Answer the reporter’s question but bridge back to your key points. And don’t be afraid to disagree with assertions a reporter makes or to correct misinformation you hear in a question or comment from a reporter.

6. Be interesting.

Kaiser Permanente’s National Media and Public Relations Director Dan Danzig says, “Getting quoted means taking complex ideas and making them real for the average person—and average reporter.” So include an interesting fact, analogy, or example to enliven and clarify your answers. It’s okay to use an example from your clinical practice, but avoid naming patients or providing so much detail that confidentiality would be violated.

7. Don’t guess.

If you don’t know the answer to a question, don’t be afraid to say “I don’t know.” A bluff could end up being quoted as fact. If you think you can get the answer before a reporter’s deadline, offer to call him or her back. Then do so promptly.

8. Nothing’s off the record.

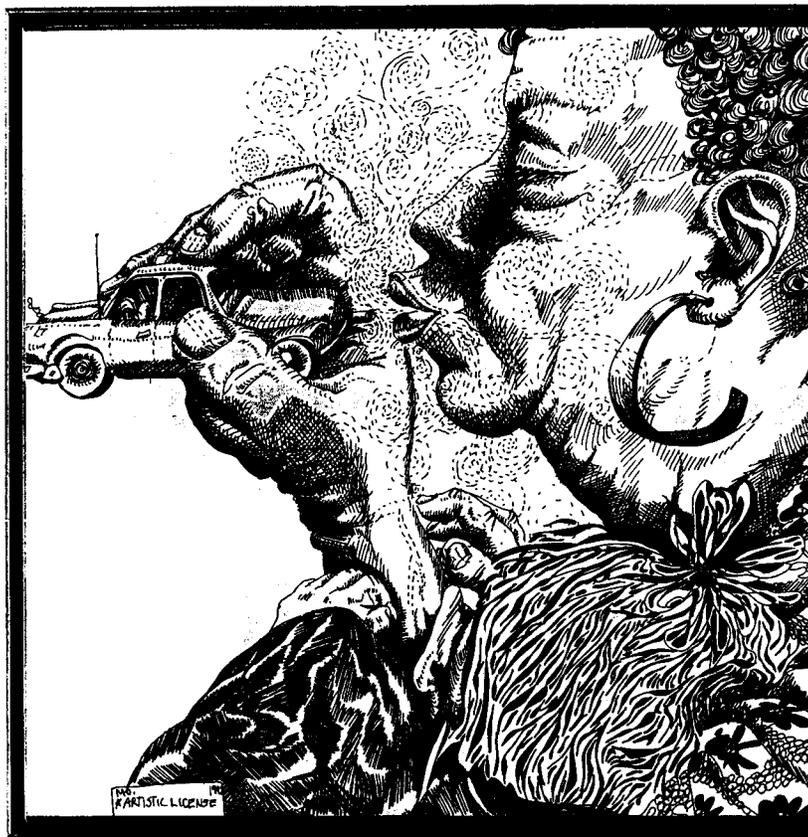
Never tell a reporter anything you wouldn’t want to see printed, televised, or broadcast over radio. If you’re not sure, that’s probably reason enough not to say it. And don’t be misled into thinking that just because cameras aren’t rolling or a reporter isn’t writing that what you’re saying is “off the record.” It isn’t.

Finally, remember that an interview is just an interview. If it ends up that a reporter misinterprets what you said, misquotes you, or quotes you saying something you wish you hadn’t said, it’s not the end of the world. Reporters are human and make mistakes just like the rest of humanity.

Dr. Maizels likens being interviewed to certain patient encounters. "You may be treating a very sick patient and the family corners you and asks questions that put you on the defensive. The principles of media training are very applicable, starting with, 'Don't be defensive.' There's a lot of spillover," he explains.

One of the important things he says Diamond taught him was to take control of the interview. He learned that he didn't have to limit his answers to what a reporter might ask but that he could springboard from almost any question into what he most wanted to discuss. It's a skill he's been able to draw on in forums other than media interviews.

"I used to dread giving talks in public, and now I really look forward to them because there's less anxiety. I'm much more confident that I can get my message across," concludes Dr. Maizels. "Once you've done a TV interview, a prepared public talk is a whole lot easier." ♦



"My Attitude to Smoking," by Evany Zirul, MFA, DO.

Another piece of her work can be seen on page 71.



EVANY ZIRUL, MFA, DO is an Ear, Nose, Throat and Facial Plastic Surgeon for the Permanente Medical Group of Mid-America, PA (PMGMA) in Kansas City, Missouri. She creates drawings, like the one above, and bronze sculptures. She states, "My art is figurative. It is realism expressing the maleness, femaleness and emotional nuances mirrored by our bodies."