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Facing the Press: Effective Media Training for Health Managers



Imagine you are a hospital manager about to appear on TV to answer allegations over lapses in patient safety. You have never been on TV before, but you pride yourself on your communication skills. (You really know your subject and have been invited to lecture all over the world.) In the studio, you find yourself competing for airtime against an earthquake in Chile, a world summit at the UN, the death of a Hollywood star and arms negotiations in Geneva.

You have only three minutes on air and feel upset because you make every possible effort to answer the questions – and explain the complex background to the story. But the correspondent isn't interested in this. Moreover, you spend so much time answering his questions there is no time to say what you want to say. He has a different agenda. This is a common experience. Effective media communication means turning what you do normally on its head and forgetting conventional structure – “beginning, middle and end”. A news story will almost invariably begin with the “conclusion”. There is a good reason for this. If every news story included background information of the kind many managers routinely provide by way of introductory information in presentations, we would need wheelbarrows for our daily newspapers and the average broadcast interview would last 10 – 15 minutes. Enough news already arrives each day at any large media outlet to fill four or five fat novels and flood column and air space several times over.

Know Your Subject

Thus, the interviewee needs not only to know his subject, but how much the audience needs to know. Think of this page as representing the sum total of your specialist knowledge. Now take a pin and insert it into any one of the words of the last sentence. That tiny pin-prick will probably represent all you need for a typical consumer media interview. For example, take a BBC TV interview with a haemophilia specialist about a 12 year old boy who had a blood transfusion from a donor with Creutzfeldt-Jakob disease (CJD). The interview ran for two minutes 20 seconds (452 words). The doctor had 238 words to explain “this terribly distressing case”. (By way of comparison, this paragraph contains 79 words). His problem was compounded by interruptions and the need to correct the interviewer twice.

Emphasise the Key Points

Communications and media training programmes are designed to identify which pinpricks of knowledge are needed for particular audiences. Consumer audiences, for example, will want to know about the benefits rather than features. This critical distinction between features and benefits will become apparent when you think how we react as consumers.

For example, your interest in a new oven will probably be restricted to the benefits it produces in terms of cooked food, whether it is safe, what it looks like, how much it costs and whether it will fit into your kitchen. You will probably not be interested in its internal features, such as how the gas gets to the saucepan or how the design varies the intensity of the heat. Similarly patients are not interested in the features that make up the day-to-day professional lives of hospital managers. They will not be interested, for example, to hear that you have read this article. Their concern is for patient care and safety.

Media Training Programmes

A typical media training programme includes:

- Introductions: participants describe their media perceptions and experience
- How the media operates and what makes news?
- Key messages and sound-bites
- Preparing for an interview
- Filmed interviews with participants, followed by analysis.

The introductory session: Most participants feel nervous about “performing” in front of colleagues. Training can actually be more nerve-wracking than a live interview in a TV studio or outside a hospital, but this session usually helps to break the ice and allay fears – but some anxiety is inevitable and indeed desirable.

What makes news? We all know what makes news, but what about why it does so? It is not always enough to have a compelling story. News does not occur in a vacuum. Each published story should be seen within the context of the daily news agenda. There will only be so many stories about medical advances or hospital administration on any one day. A story which is “big” in the late afternoon may quickly become “small”. A story I wrote as a UK national newspaper medical correspondent was to have been the page one “splash” or “lead story”. In the event, the “splash” was a tragedy which claimed 31 lives – a fire at the King’s Cross railway station in London. My story was reduced to just five column inches on page 57.

Key messages: A key message is a take home message, ideally short, snappy and simple. Think of “the elevator test” – getting your message across between the first and third floor of a hotel, when the person you are talking to will get out. Allow 10-15 seconds or so per message. Stick to two or three key messages in an interview. Key messages can either be simple statements of fact or wrapped up in sound-bites – a short summary of the story. A vivid sound-bite may provide a headline or a broadcast clip. The paradox is that preparing simple key messages can be notoriously difficult and time consuming. Many scientists and healthcare professionals and administrators spend far more time preparing for lecture presentations than for media interviews, even though they have significantly more control over the former (until question time). Key messages should be supported by evidence.

Preparing for an interview: Most interviewees are “one-dimensional” and think what’s in it for me? Good interviewees think in three dimensions: What’s good for the journalist? What’s good for the audience? What’s good for me? No, of course, you cannot please all the people all of the time. But one dimensional- thinking is unlikely to please anyone.

Everyday conversation conditions us to answer questions – and, overall, we try to do an honest job. A common error is to treat a media interview like an everyday conversation even though you may have only two or three minutes to get your key messages across. Your time will run out if the journalist has a different agenda to you and you try to answer his/her questions in full. A large part of our training programmes is dedicated to techniques to help interviewees drive their agenda and put across their key messages.

Interviews: Performance analysis takes up most of the time. Interviews are usually filmed. This may seem inappropriate because about 90% of media interviews are done on the phone, but the camera is widely recognised as a highly effective training tool, and it gives sessions an invaluable sharp edge.

Training interviews last about four minutes even though most print interviews last much longer. The idea is to encourage participants to get their key messages across quickly, simply and succinctly. Participants are given their film clips. On seeing her father on screen at home, the daughter of one trainee asked: “Daddy, why is that man being so horrible to you?” Do we try to be ‘horrible’? The emphasis is on a broad spectrum approach embracing the three main styles of interviewing: ‘collaborative’, ‘informational’ and ‘confrontational’. Overall, we try and make the sessions a little harder than they are likely to be in a live interview. Preparation is the key to success. It is hard to prepare unless you know what you are being prepared for – and it is best to prepare for the worst possible scenario.

Risk Benefit Ratio

Irresponsible reporting and the constraints of working with the media discourage good potential spokespeople, but think of the risk-benefit ratio. Overall, publicity works and generates significant benefit. This is why governments and industry all over the world invest so much time and money on it. Moreover, what would happen if hospital managers and executives were to turn their backs on the media?

The answer is summed up by London psychiatrist Dr. Philip Timms, who warned: “Psychiatrists should not be discouraged from talking to or writing for the media. If we do not represent our position, it will be misrepresented by the media.” What he said is as true for any other discipline as it is for psychiatry, but dealing with the media does not come naturally to most people. Healthcare and the media are disparate cultures. The right kind of preparation and training can help to bridge the gap.

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