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The Long-Term Care Media Marriage

Preparation, promptness, reason, and respect enable physicians to enjoy interactions with members of the media

by Joanne Kaldy

Your facility has a salmonella poisoning outbreak. You are busy handling the situation when the phone rings. A reporter from your local newspaper is on the line. She starts asking pointed questions, and your hands begin to sweat.

See Also: [Successful Media Relations for Medical Director](#)

Is this how you imagine encounters with the media? While the historical relationship between long-term care industry and the news media has often been adversarial, facility medical directors and other team leaders can enjoy positive interactions and mutual respect with news report editors, and producers. By treating the media with respect, being prepared and informed, and having systems to address "newsworthy" situations, interdisciplinary leaders can envision positive encounters that are dreams instead of nightmares.

Step One: Take the First Step

Reporters and other members of the media are less intimidating if you know the players. Therefore, Michael O. Schwager, president of Worldlink Media Consultants, Inc. in Fort Lauderdale, Fla., suggested being proactive in meeting the press and establishing relationships.

"Find out who the health editor of your local newspaper is and who the health or medical producers and reporters are at area television and radio stations," he offered, suggesting practitioners call these individuals, "introducing yourself and offering to help them if they have questions about your area of expertise."

Of course, it is important to know the media protocol of your facility or organization. Many facilities have staff specifically designated to handle media relations. For instance, Helene King, communications coordinator for Levindale Hebrew Geriatric Center and

Medical directors and other interdisciplinary team leaders actually can relax and enjoy interviews with journalists if they follow the tips:

- **Stay on topic.** Keep your key messages handy and refer back to them when answering questions or when there is a lull in the conversation.
- **Don't be passive.** "Too many people look at interviews as just answering questions," said Dunlop. "In fact, there should be an exchange of ideas. If you just answer the questions passively, you don't open the reporter's horizons." Encourage more you answer questions thoughtfully and/or by introducing themes the reporter wasn't expecting, the more control of the interview you will feel.
- **Be realistic.** Don't expect a journalist to let you review the article prior to publication. However, if any discussion is time-sensitive, you can ask the reporter to sign a nondisclosure agreement prior to the interview. This stipulates that any information discussed cannot be released.

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Hospital in Baltimore, is the media contact at her facility.

"Everything goes through me first," she explained. "I arrange for reporters to speak with our physicians or others, as appropriate."

Many facilities have specific policies about dealing with the media and/or granting interviews. Some, such as Illinois-based Presbyterian Homes, have decision-making trees identifying individuals who are authorized to make statements or speak for the organization.

Recognizing Opportunities to Inform, Educate

Getting the press to recognize a facility or individual as a source of expert information calls for outreach, and this requires the ability to see opportunities for newsworthy stories. For example, when actor Christopher Reeves died from a wound infection last year, King contacted reporters to "pitch" the idea for a story about her facility's dedicated wound care team and how it works with paralyzed patients to prevent pressure ulcers and subsequent infections.

Using news to make news is a common and effective way to develop ideas for possible articles and to encourage the media to see a physician or other individual as an expert voice. "Medical stories are occurring all the time," said Schwager, who suggested going to the "Health" section of www.cnn.com or similar Web sites to keep "your finger on the pulse of what's in the news that you might personalize to your facility or patients."

While pitching stories can be effective, Schwager cautioned physicians and others to use this technique sparingly. "If you call several times with weak or marginal story ideas, reporters are likely to stop taking your calls after awhile," he explained.

Journalists use specific criteria to determine if you have a story. These include the originality, immediacy, and potential of the idea to affect a large number of people. It is important to be cognizant of the reporter's time when pitching an idea.

"Don't hound reporters with lengthy pitches. You just need a couple of sentences that capture the story's essence and catch the journalist's interest," said Schwager.

Don't get discouraged if an editor or a reporter turns down an idea. "If you approach journalists with a good story idea and they decline, you haven't lost your chance to approach again," explained Schwager. "At the least, you have established a relationship on which you can build

until an agreed-upon date.

- **Know who you're talking to at a times.** Ask what media outlet the reporter represents. If you're unfamiliar with the publication or program, ask for more information. Inquire how the journalist got your name.
- **Try to ascertain if the reporter has a grasp of the topic.** "If not, gently suggest that he read up on it," offers Monte Levinson, MD, CMD, vice president of medical affairs, Presbyterian Homes, Evanston, Ill. "Otherwise, you spend time educating him on something he should know."
- **Stand united.** Particularly in emergency situations, discuss with facility leadership, legal representatives, or other appropriate parties what you can or cannot say. All comments from stakeholders interviewed should be consistent with the organization's messages.
- **Never respond to a confrontation with another confrontation.** Dr. Levinson recalled an interview in which he had to use such an approach. "I was interviewed about HMOs long ago when they were still a new concept. The television reporter starting making statements that started with, 'It is well known that...' I finally had him stop the camera." Dr. Levinson then calmly explained that he wouldn't respond to "set up" questions or efforts to create news.
- **Fully explain yourself.** The main reason people are misquoted is that "they don't speak in full sentences," cautioned Dunlop. "Answering with words or phrases can get you in trouble because they easily can be taken out of context."
- **Don't try to wing it.** "If you don't know something, say so. You will grow in stature if you say 'I don't know,'" says Dr. Levinson.

These steps will increase the chances that an interview is constructive and that the interviewee will be quoted accurately and appropriately. Nonetheless, there are no guarantees. Misquotes or inaccurate information are not entirely avoidable. When these happen, alert the reporter or media outlet to the error.

"If I had a bad interview, I would let that individual know specifically what the problem was," suggested Dr. Levinson.
--JK

See the pitch as an investment in your relationship with the media.

Keep Problems from Becoming Bad Press

Unfortunately, dealing with the media often occurs during times of crisis, accidents, or other problems. The good news is that these experiences don't have to result in negative press or embarrassment for facilities or individuals.

When confronted with a crisis, "there are several elements to consider in dealing with the media," said Steve Dunlop, president of Dunlop Media, Inc., York City, and a former newspaper, radio and television reporter. These include:

- Compassion--put the human element first. Express sympathy and compassion for individuals who are wronged or affected;
- Cooperation--affirm that you are cooperating with appropriate authorities; and
- Commitment--emphasize commitment to core principles.

There are two additional elements Dunlop suggested for handling a "highly acute" crisis:

- Contrition--be apologetic as appropriate; and
- Correction--admit when a mistake is made and emphasize what is being done to correct and resolve the situation and prevent the same mistake from happening in the future.

It's important not to ignore or avoid the media when a negative situation or crisis develops. Let the situation escalate to the point where you get ambushed in the parking lot by a news reporter offered Dunlop. "Ninety-five percent of the time, such ambushes occur because the reporter cannot get information in a conventional way--by an interview being granted or telephone contact returned."

Turning Bad News into Opportunities

Crisis situations are less likely to result in unfair or damaging news reports if the facility leader has established good relationships with area media representatives.

"If you have a good relationship, reporters are more likely to come to you before publishing something negative or potentially damaging," suggested Cheryl Phillips, MD, CMD, medical director for Sutter Health in Sacramento, Calif.

Nonetheless, "don't expect a reporter to just take your word that an allegation is untrue. It takes time to produce some evidence to back up what you say," offered Dunlop.

Good community relations also can help during a crisis. "Third parties in the community can help you," said Dunlop. "Nursing homes in many communities have these kinds of networks and relationships. Know who your supporters are and if and when it's appropriate to contact them for endorsements."

Crises can be positive. "The Chinese character for crisis is really the combination of two characters--danger and opportunity," he said. "Be alert for opportunities to communicate something positive that relates to the crisis. If the problem involves unsafe practices, it is an opportunity to look at your own safety record and--assuming it's good--emphasize that."

Last Step: Follow-Up

Relationships with media don't necessarily end with an article or television segment. In fact, they are likely to be ongoing if "you keep commitments, speak respectfully--without offensive language--and provide consistently accurate information," suggested Dr. Phillips. "These things start the relationship, and the relationship builds on experience and comfort."

One Physician's Media Experiences

Dr. Phillips doesn't hesitate to answer the phone when a reporter from the Sacramento Bee or other local media outlet calls.

"As physicians, we're not often well trained in media management," she admitted. Yet she developed a mutually respectful relationship with the press.

Preparation is key. "Before you talk to the media, make sure you have three or four key message points," she explained. "These are messages that you want to get across during course of the interview. This way, you can give honest answers, but you bring them back your message."

Don't be afraid to be proactive with the media when problems occur. For example, one of Phillips' facilities discovered that it wasn't storing pediatric vaccines the way the Centers for Disease Control and Prevention recommends.

"We sent out letters recommending revaccinations, and we alerted the media to the situation she recalled. "We acknowledged the mistake, but also emphasized that it was not an uncommon one and that we care very much about quality. We also used this as an opportunity to address the importance of vaccinations."

As a result, the media coverage of the situation was generally positive.

Even situations that seem negative at first can become opportunities to educate the public. Phillips remembered a scenario where an emergency room physician noticed bruises on a nursing facility patient and reported suspected abuse to the police. In reality, the bruises were from attempts to insert a catheter and not from abuse; the facility was cleared of any wrongdoing. Still, the press was "all over the story." Dr. Phillips explained the reasons for bruises and then took the opportunity to emphasize the importance of addressing elder abuse.

Dr. Phillips doesn't have nightmares about reporters catching her by surprise.

"Even if it is a sudden, unplanned interview, I take 30 seconds to think about what I want to say," she said. When she receives a call from a reporter, she seldom says no to requests for interviews. Instead, "As soon as I say yes, I ask the reporter to frame the topic for me and give me a minute to consider it. I try to visualize a message box with my core messages--those three or four supporting statements I can bridge back to during the course of the conversation."

Even reporters on deadline are generally happy to give someone a minute or two to prepare, she stressed. "It's in their best interest as well," said Dr. Phillips. "They don't want someone who is fumbling around. They want someone with clear, cogent thoughts."

--JK

Joanne Kaldy has been writing for Caring since 2000.

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