

## Meeting the media: friend or foe?

### 應付傳媒：是友是敵？

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For various reasons, the emergency department is an area of interest for the media. As a result, emergency physicians have to prepare for the occasions of being interviewed by the media some day in their career. It is natural to have some anxiety and fear in meeting the media, especially for the inexperienced. However, developing a good relationship with the media would not only benefit the organisation and the specialty, but also the general public as well. This is a review of the preparation, techniques, tricks and pitfalls in dealing with the media, especially in regard to television interviews. (*Hong Kong j.emerg.med.* 2006;13:116-119)

由於種種原因，急症室是一個引起傳媒興趣的地方。故此急症科醫生應有準備在他們的職業生涯中，會遇上接受傳媒訪問的場合。對於接觸傳媒而懷有一些焦慮及恐懼，是很自然的事，尤其是沒有經驗者。但是，與傳媒建立一個良好的關係，不單使所屬機構及專科得益，也可以使公眾受惠。本章評論應付傳媒的準備、方法、技巧及陷阱，尤其是以電視訪問而言。

**Keywords:** Communication, communication media, interview, radio, television

**關鍵詞：**溝通，溝通媒介，訪問，無線電廣播，電視

## Introduction

The emergency department (ED) is a news gathering arena. It is the first receiving station for victims of major accidents, mass casualty incidents and disasters alike. It is also a sentinel or collection point for disease epidemics, as infected patients will then flood into the ED. On the other hand, health crisis may strike anybody at any time, and celebrities are no exceptions. The ED is commonly their first point of contact with the hospital. Fighting between life and death is a daily

ordeal here, and the story and process may be dramatic at times. In addition, the ED is a high-risk area of patient care. The overwhelming workload, the overcrowded condition, the multiple distractions, the distraught patients and families, the high-tension atmosphere, and the undifferentiated case-mix including the drunk, the drugged, the psychotic and the criminal, all contribute to risks of clinical errors, violence, complaints and lawsuits – all of which may have special attraction to the media in terms of “public interest”. It is very common to see press reporters stationed at the ED entrance, waiting for the firsthand version of red-hot news. In addition, it is not uncommon for medical emergency teams or medical control officers to be called to sites of accident or disaster, to resuscitate under the camera. Emergency physicians in Hong Kong are also heavily involved in rescue missions of the Government Flying Service and overseas mass casualty incidents involving Hong Kong

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residents. As emergency physicians, you have to prepare for the occasions of being interviewed by the media some day in your career. You might not like this encounter, but you need the media to pass information to the public and the public needs them to get information from you.

As most emergency physicians have not been trained in the medical school or the hospital in this special type of communication, it is natural to have some anxiety and fear in meeting the media. Unknown questions, pointed questions, embarrassing questions, hostile questions, saying the “wrong” things, being misquoted as you cannot control the media’s message, and stage fright are possible worries. Certainly, there might be occasions of hassle when the media intrude into patients’ privacy in the excitement of their journalistic process. There might be unhappy experiences with aggressive and hostile reporters during a crisis. There might also be incidences of queries by supervisors or colleagues when views have been reported fragmentarily and selectively. However, on the positive side, the common goal of the media in general is to elicit information and fact, and not to make a fool of the interviewee. They can be your allies in promoting publicity, community awareness, and even appeal for funding. The “threat” can be turned into an “opportunity”, with a win-win outcome. Developing a good professional relationship with the media will not only benefit your organisation and your specialty, but also the general public as well.

The media includes newspapers, magazines, radios, televisions and even the Internet. There are different formats of media interviews: press conference, on television, over the radio, over-the-telephone, in-person or even written correspondence.<sup>1</sup>

There are different occasions that you may have to meet the media, either actively or passively. The commonest occasion is to pass information of public interest to the media, e.g. after a major incident or epidemic, health advice. There might be occasions when you wish

to announce new research findings to the public or when the media consider your journal publication having public interest. You might be invited to give comment or supplementary information as a medical expert. Finally but worst of all, you might need to face a crisis and to explain to the media if a clinical error or complaint of sufficient seriousness has been alleged.

## **Before the interview**

If a journalist calls you out of the blue, have initial enquiries on his or her identity and purpose. Tell the journalist you need a few moments to consider your response and promise to return call within a specified time frame, say, within 30 minutes. If you don’t know the answer, help the interviewer find someone who does.

As with all interviews, preparation and practice are the keys to success. Identify the needs of the media or the public – facts, background information, standard operating procedures, policies, services, contingency plan, remedial plan, professional opinion, personal opinion, etc. Determine your objectives, and the desired outcome. Find out information such as the format, the host, the audience, the guests and allotted time. Ask if the program will be broadcast live or recorded and if there will be call-in questions. Make a list of anticipated questions. Most questions are in fact predictable or may sometimes be passed to you beforehand. Prepare the background material, graphs and charts and have the best answers ready. Prepare the core message points you want to deliver. Know your subject well. Be careful with confidentiality and patient privacy information.

The most challenging and demanding interview is certainly on live television. However, appearance and behaviour are also important in other interviews, since photographs are commonly taken at the same time. Once the skills are mastered, the occasion can be enjoying and rewarding (Table 1).

**Table 1.** Summary of skills when meeting the media

<b>Dos</b>	<b>Don'ts</b>
Be prepared	Be unprepared
Be natural	Have heavy or shiny make-up, lots of jewelleryes
Be relaxed and calm	Be anxious
Be confident and assertive	Be argumentative
Be energetic	Be passive
Be positive and polite	Be negative and defensive
Be honest	Be evasive or speculative
Be brief and concise	Be talkative
Be focused on the interviewer	Be inattentive or distracted
Be discreet	Breach confidentiality

## At a television interview

### *The appearance*

The make-up should aim for the “natural” look. Use a matte finish make-up to reduce shine (including lipstick). Have a conservative, professional dress style. Plain subdued or midtone colours are best. Black and white do not work well, especially when worn together. Dark or bright-coloured clothes can make your face look extremely washed out or dark under the television studio lighting. Strips and checks can shimmer on screen. Your blouse or shirt should have a place to clip a microphone.

Do not wear light-sensitive glasses. Studio lighting will make your glasses darker; and the audience would not be able to see your eyes. Wear only a few jewelleryes. Avoid “clunky” or dangling jewelleryes that reflect lights. Have short necklaces as long ones may rub against clip-on microphones. Avoid wearing anything distracting, e.g. an odd tie, a security pass. Be sure your nails are manicured and always shave or trim your beard.

Sit up still and stop your shaking legs. Keep good eye contact with the interviewer, not the camera. Look at the person who is asking questions. Look and sound confident, energetic and enthusiastic. Remain calm,

and smile when appropriate. Never chew gum or play with your pocket change or keys. Don't look at notes, but you can refer to them when needed.

### *The communication*

Listen carefully to questions. Clarify questions, if necessary. Think before you speak. Pause before answering a question, but just long enough to formulate an outline of the answer. Explain your most important point first. Be organised, stick to the fact, and avoid speculation. Always tell the truth. If you don't know the answer, just admit it and offer to find it out later. Misleading the press or withholding critical information can backfire and reduce credibility. Avoid negative words or comments. Once again, be careful with confidentiality and patient privacy information.

Very few people concentrate 100% on the television screen. Keep message points clear and simple. Say clearly, concisely and interestingly, with examples, facts, or stories for credibility. Restrict your answers to around 30 seconds or less. Use gestures, facial expressions, hand motions and body language to add vitality to your words but be careful not to overdo it. Avoid jargon or unfamiliar words. Avoid fillers such as “uh”, “ah”, “well”, “yeah”, and “you know”. Show your sense of humour.

Pause after complete statements. The interviewer will appreciate these breaks during the editing process. When you are satisfied that you have answered a question adequately, don't feel compelled to keep talking simply because the interviewer has a microphone up to your mouth. Just sit in silence. If the opportunity allows, summarise and repeat your main points at the end. Stay seated when the interview is over. Wait for the finish signal from the interviewer.

### *Avoid “off the record”*

If you say something to a reporter, expect that it will end up in print. If you don't want it printed, don't say it. Anything can, may, and will be done to attract readers' attention and interest. Don't say anything

you don't want to hear on the news or read in the newspaper the next morning.

### ***Avoid "no comment" answers***

It sounds as if you have something to hide and try to cover up mistakes.

## **Strategies for handling special interviewers and questions**

### ***The "machine gunner"***

The interviewer may ask so many questions that you don't know which one to answer first. Jot down the points and deal with them one by one systematically.

### ***The "paraphraser"***

The interviewer may try to put words into your mouth. Correct false statement or incorrect information immediately.

### ***The "interrupter"***

The interviewer may jump in before you have a chance to complete your response. Stay cool, and don't get mad.

### ***The "hypothesizer"***

You don't have to answer a question that is hypothetical or conditional.

### ***The "absent party trapper"***

Don't get trapped into being a spokesperson for another individual, discipline, or organisation or into criticising an absent person or organisation.

### ***The "either/or trapper"***

When the answer is not "yes or no", say so.

### ***The "digresser"***

The interviewer may ask inappropriate questions. Use "I don't think that is a relevant question", or "What is more important to me is..." and stay focused.

### ***The "unprepared"***

Be patient, positive and helpful with the unprepared interviewer.

## **Dealing with a crisis**

Get the facts immediately. Write everything down. Centralise information and designate one spokesperson. Take the offensive, be active, tell all and tell it fast. Tell only the truth about what you know to be fact. Stay "on the record".

## **After the interview**

When the interview is over, thank the interviewer and offer contact information for any further clarification. Review and reflect on your programme and performance. Lessons learned today will be useful for improvement in the future. The more interview you tackle, the more seasoned and effective you become.<sup>2</sup>

## **Summary**

Developing a good working relationship with the media will not only benefit the organisation and the specialty, but also the general public as well. Emergency physicians should make efforts to improve their skills in communicating with the media. The keys to success are "preparation", "practice", and a "positive" attitude.

## **References**

1. Whitman A. Meeting the media. Community Tool Box [cited 2006 March 22]. Available from: [http://ctb.ku.edu/tools/en/sub\\_section\\_main\\_1275.htm](http://ctb.ku.edu/tools/en/sub_section_main_1275.htm)
2. Chung CH, Cameron PA. The way to a successful employment or promotion interview for doctors. Hong Kong J Emerg Med 2003;10(2):113-9.