Reflections From a Resident's Immersion in the World of Mass Media

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I was in the December doldrums during my second year of residency in internal medicine, when an e-mail came to me. "Subject: "VERY cool opportunity w ABC news—need quick response"

The e-mail text revealed that ABC News in New York City was looking for resident physicians to rotate for 1 month in their medical unit. Residents chosen for this role would review newly released medical studies and could work on pieces for internet, radio, and television. I had elective time available, and the thought of spending another summer in New York (my first had occurred 9 years earlier, when I met my wife) was enticing. I provided the "quick response." Before I knew it, I was signed up for the following July.

Of course I went to New York for reasons other than a reprieve from the usual residency rotations. I had long wondered how mass media decided what made medical news. Prior to my medical training, I recall being confused by conflicting stories on whether hormones were good or bad for women, or whether I should or shouldn't be trying to get more vitamin E into my diet. During my training, my confusion turned into frustration: Why couldn't the media provide the public with higher quality information? Why did they not focus on what I thought was important? I went to ABC looking for answers to these troublesome questions.

The opportunity for me to be there in the first place was created by Roger Sergel, who has more than 30 years of experience as a health journalist and created the ABC News Medical Unit in 1996. After losing an assistant medical editor when he was working in Boston, he enlisted the help of resident physicians to evaluate news releases and medical studies. Resident participation dwindled when he moved from Boston to New York, so he made a nationwide appeal to nearly 100 residency directors in late 2011. Within 2 weeks he had booked 3 residents a month (including me), for nearly all of 2012.

In the medical unit, we resident physicians, whose presence was requested because we were the "medical experts," quickly realized that as health journalists, we had a lot to learn. I did not feel like an expert when reviewing the breadth of studies we encountered, with topics ranging from genomes and molecular pathways, which appear in journals like *Science*, *Cell*, and *Nature*, to epidemiologic studies and multisite clinical trials commonly found in journals like the *New England Journal of Medicine*, *Lancet*, and *JAMA*. Despite my undergraduate degree in biochemistry, 3 years of full-time basic science research, and 6 years of medical training, I found myself relying heavily on the expertise of others (usually authors of the studies and other experts in the field) to help me put study findings in their appropriate context.

This breadth of material also came in staggering quantity. Every day, each of us vetted hundreds of press releases sent by academic medical centers, pharmaceutical companies, and peer-reviewed journals vying for media attention.

And all this occurred in the fast-paced atmosphere fostered by the fiercely competitive media industry. Indeed, the mix of scientific complexity, the number of tasks to complete, and the extreme sense of urgency I felt during some days at ABC reminded me of working in the intensive care unit.

After I was immersed in the media working environment, it was not hard to understand why health journalists sometimes write stories after reading only a press release, rather than reviewing the full study,[1] or why journalists themselves report they lack the expertise they need[2] and are unhappy with their own ability to provide high-quality health reporting.[1] In fact, after sampling the system in which they practice, I developed a great respect for the quality of reporting that health journalists are able to produce.

This experience also helped me recognize the incredible potential that high-quality health news reporting offers for patient education and well-being. Before this, I had been used to helping 1 patient at a time. By comparison, 1 blog article I wrote (on physician reaction to approval of a weight loss drug) reached over 13 000 readers in a 24-hour period, and it was the 50th most popular article on the website! ABCNews.com has over 15 million unique users daily, and ABC World News attracts over 7 million viewers each night.[3] Weekly Twitter chats hosted in the medical unit could occasionally garner over 1 million followers.

To improve population health, physicians have historically partnered with government. Many millions of dollars are spent lobbying for legislation intended to provide better patient care. Laws that restrict unhealthy behaviors, such as

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smoking, or encourage healthy choices, such as posting calorie information at restaurants, hold promise for improving population health. Public health departments, while still significantly under-resourced, remain valuable centers of health information and outreach locally.

At the same time, physicians have historically had a love-hate relationship with the media. Most agree that the media is important, but commentaries on the media in the medical literature (present for at least the last 100 years)[4] are by and large critical of health news reporting.

However, to truly impact the sociobehavioral factors that underlie society's burden of chronic illness requires a shift in culture, and the media has the ability to impact culture in ways that the physician community and government cannot. Patients pay attention to the media, and studies have shown that they change their behavior based on media coverage.[5] As the profession of medicine embraces the team approach to care, we should not neglect the media's role as a member of our patients' health care team. Partnering with media may in fact be the best way to create the culture of health needed to stem the tide of epidemics driven primarily by unhealthy behaviors.

Engaging with the media reaps educational benefits for physicians as well. I do not plan to become a health journalist, but I am struck by how much I learned during my media immersion. I have a greater understanding of how health news is made, and I am more credible when I counsel patients who have questions about health topics they read online or saw on TV. I also developed general skills that will make me a more effective physician. For example, reviewing so many studies and assessing their scientific merit and importance improved my competency in evidence-based medicine. The variety of topics we reviewed helped me better integrate basic and clinical science. Working with journalists and writing for a lay audience improved my communication as I was forced to be succinct and simple without being simplistic.

Certainly not every resident can spend 1 month in the medical unit of a national media outlet, but similar educational benefits might be realized from shorter interactions with large media outlets or by working with local media. Other opportunities for physicians to interact with media abound; internet communities and other social media provide ways for physicians and media professionals to collaborate in patient care.

Even in the absence of direct collaboration with media professionals, physician training programs or medical schools could develop exercises that simulate aspects of these experiences. For example, trainees might field mock phone calls from journalists asking them about their research, or they might be approached by a standardized patient asking about a recent study or article. In evidence-based medicine courses, they might write a 3- to 4-sentence summary of an article in lay terms, forcing them to distill the essential points in understandable language, or they could compose blog articles that provide practical medical advice based on scientific evidence.

After spending July in New York at ABC News, I have come to believe that having media and health professionals work more closely together has tremendous potential for improving both physician competence and patient health. If this potential could be realized, it would be "VERY cool" indeed.

References

1 Schwitzer G. The state of health journalism in the U.S.: a report to the Kaiser Family Foundation. March 2009. http://www.kff.org/entmedia/upload/7858.pdf. Accessed October 17, 2013.

2 Voss M. Checking the pulse: midwestern reporters' opinions on their ability to report health care news. *Am J Public Health*. 2002;92(7):1158–1160.

3 Pew Research Center. Project for excellence in journalism. The state of the news media 2012. http://stateofthemedia.org/2012/overview-4/. Accessed October 17, 2013.

4 Reiling J. JAMA 100 years ago: medical matters in newspapers. *JAMA*. 2013;309(15):1565.

5 Grilli R, Ramsay C, Minozzi S. Mass media interventions: effects on health services utilisation. *Cochrane Database Syst Rev*. 2002;(1):CD000389.