

Speaking in Sound Bites

Every leader needs to know how to speak the media language

By Lisa LeMaster

Most of us understand the purpose and meaning of the "sound bite." The term originated in television newsrooms where editors are asked to grab a "bite" of sound from an interview or a speech. Generally speaking, the "bite" is supposed to summarize or clarify a point. Until recently, references to sound bites were uttered only among TV and, sometimes, radio reporters in discussions about the sentence or phrase, spoken by the newsmaker or interviewee, that would be used in a broadcast report. The shorthand might be: "What bite are you going to use from the Bush news conference today? Or: "What cut (as in what edit) will you take out of the interview?"

In the early and mid-'80s, however, sound bites became a part of political lexicon when so-called spin doctors (a word also introduced during the Ronald Reagan years) began evaluating presidential debates in a new way. Instead of discussing the overall performance of Ronald Reagan and Walter Mondale, for example, advisors and analysts reviewed the effectiveness of a candidate's quotes and quotations during the debate.

There are many famous sound bites from politics and government:

- "I did not have sex with that woman."
- "Mr. Gorbachev, tear down this wall!"
- "Senator, I knew Jack Kennedy, and you're no Jack Kennedy."
- "Read my lips. No new taxes."
- "We must fight the terrorists abroad so that we don't have to fight them here at home"

And, I don't even need to identify who made those statements because you already know.

Even though executives understand that communications success is defined much differently today than in the '90s, I find that many still resist preparing sound bites or quotable quotes for presentations to employees, customers, peers or the news media. They argue that people want (and need) to hear the whole story. Trust me: They don't. People want to know what they need to know and not everything you know.

So, how can you produce effective sound bites?

Don't over-answer. You probably have associates who, when asked how work is progressing, proceed to tell you about every phone call, action, memo, and meeting held on the project. All you really want is a "summary" of the situation. Practice summarizing your points.

As an editor in a radio news room, I asked every reporter to summarize his/her story in one sentence. If they couldn't do it, they could not go on the air.

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Today, I ask clients the same question, and I ask for a definition of what they are for and what they are against. If those questions are unanswerable, the client is not ready for prime time.

You must answer the question. Then prove your point. Too many people construct their replies by offering proof and then they provide the answer. This causes audiences and reporters to "edit you out of context." They don't hear an answer so they mentally record the first interesting thing you have to say, and it may or may not be what you want them to remember.

Simplify and lose the jargon. Ask yourself: How can I say this so that I will be heard understood and believed? Instead of saying: "There is an excess of deaths and a related increased prevalence of chronic illnesses in the county," you can simplify. Try this: "Too many people are dying and too many are sick for too long."

Be current. If you can use an analogy from a hot topic, it will make you more memorable. If asked about childhood

obesity: "We want every child to know that there's no such thing as an ever-available chocolate factory." On immunizations: "Back to school means back to the doctor's office." On pricing: "Automobile dealers can sell cars at 'family' prices. But because of insurance providers, hospitals have to sell services at different prices to different patients, and sometimes we don't get paid at all."

There are many other ways to speak so that you will be heard. Stay tuned for further tips.

Lisa LeMaster is the president of The LeMaster Group, a Dallas-based company specializing in crisis communications, perception management and media coaching. This year marks her 25th year in the business. For more information, you can visit: www.lemastergroup.com



What if...?

By Paula Butterfield, Ph.D.

I coach executives. The ones whose organizations are doing well are the ones who are *leading*, not the ones trying to hang on by *managing*. The distinction is critical.

Managing focuses on organizing and controlling the complexity of work. It involves planning and expanding what we want, and fixing or getting rid of what we don't want. Managers are experts at preserving the status quo. Their work bounces from fix it to restore it to maintain it and back to fix it.

But organizing, fixing, and controlling are not sufficient for creating new direction and helping people discover strategies to get there.

That's what *leading* is about: defining a new future. It's grounded in *what if...* rather than *what now* thinking. It looks forward rather than back. It protects the future rather than preserves the status quo. Powerful leading inspires with a promise of greatness and anchors us in the world of possibility. And people are hungry for it.

When times are tough, most of us fall back on what we know best. We revert to patterned behavior that's familiar and got us through tough times before. For harried executives, that means falling back on tried and true management

practices. But times are changing. Management isn't getting the job done. It desperately needs leaders to set the course.

If you want to take up the challenge, start with the following.

Coaching tips:

- *What if* you could create the ideal experience for patients coming into your health care system or practice? Imagine it for a minute. Then get out your Mont Blanc and jot down some responses to the following (yes, longhand; something about scripting letters brings them to life and increases the likelihood of moving them from fantasy to reality):
 - What would the ideal experience look like from your patients' vantage point?
 - What systems and processes would need to be different?
 - How would employees *be* (as opposed to what would they *do*)?
- Now add more detail. Imagine what your patients and

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employees might imagine. Then leave the executive suite and get their views.

- Next, work your way through these first-cousin questions:
 - *What if* your health care system became THE system of choice in the industry? What would it look like? What would exist that doesn't exist now?
 - *What if* each employee believed in and was committed to working backward from the patient's experience?
 - *What if* all the people in your organization could realize their potential?
- Now imagine what would happen if you asked yourself questions like these every morning on your way to the hospital or clinic. *What if* you asked the same of patients, employees, and one another?
- What if you developed the habit of asking, "*What if...*" rather than "*What now...*"?

- *What if* you paid close attention to when you're managing and when you're leading? And to how and when people's behavior is aligned with what you're all striving to create?
- What if '*what if...*' became your theme song?

That's how I see it. What about you? Email me at btrfield@columbus.rr.com.

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Connecting to the Purpose of Our Work

By Dorothy (Dolly) Bellhouse

Many of us entered health care to serve others. Doing work that directly, or even indirectly, benefited patients was satisfying. You felt like you were making a difference. You may have entered management because you wanted to make the system even better.

As we assume more and more management responsibilities, we tend to get farther and farther from the patient. We often console ourselves by thinking that doing the business of healthcare maintains the vitality of our hospitals, clinics and nursing homes so they can continue to serve patients. But sometimes, the business becomes the work. Endless meetings. Government regulations. JCAHO. Hundreds of e-mail messages daily. Patient complaints. Employee issues. The budget. The doctors concerns. It becomes overwhelming.

So, when was the last time you felt truly connected to the work at the point of care in your organization? When was the last time you derived deep satisfaction from knowing that you were making a difference for patients?

Most healthcare organizations have mission and vision statements that espouse service to patients. Business plans, strategies and tactics are developed to further the mission. But what really is the purpose of our healthcare organizations? Why do they exist? The simple answer is to serve patients; to meet patients' needs in a customized fashion.

So, how far away from the point of care are you? Are you focusing on patients every day? You may have seen a spoof on Bingo that looks something like this:

Best Practice	Empowerment	Quality
Alignment	Collaboration	Synergy
Strategy	Cost Reduction	Prioritization

The purpose of this version of Bingo is to listen for these words at a meeting or conference and see how quickly you get "Bingo".

Rather than play Bingo, write the word "patient" down on your note pad at your management meetings. Make a hash mark by the word each time you hear the word "patient". I hope you have more marks than a colleague of mine who tried this. She went through almost a week of management meetings without making one mark! Even though our mission statements, vision statements and business plans espouse service to patients, day to day challenges can pull us away from focusing on the patient. It is hard to maintain a focus on patients if the management team

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rarely talks about the patient as they conduct their collective business.

The management of a Midwest domestic violence center where I volunteered, made a practice of having one of their counselors come to every Board meeting for 10 minutes to tell a story of one of the clients the Center served. Adopting a practice of having one of your caregivers talk about how she or he is meeting patient needs at senior management meetings would certainly set the tone for the agenda items to follow.

Even though talking about patients every day at every meeting is a way to start connecting or re-connecting to the purpose of your work, it will not sustain you or your organization. It is difficult to be connected to the patient when you are tucked away in a meeting room with executive colleagues even though you and some of your colleagues may be clinicians as well.

While you're conducting the "business" of healthcare, begin to think about how what you are doing affects the patient. What problem are you and your colleagues solving for the patient specifically? Are you making the system more capable and responsive to deliver what staff need to serve the patient? Are you building the capability of your staff to be ever better at discerning and meeting the patient's needs? How do you know?

When I was part of the senior management team, we all would do management rounds to the floors. However, the amount of time spent in any given area was brief, since our daily schedules were packed with meetings and we wanted to touch base in many areas. And, of course, the floors were busy, so we did not want to interrupt their work. But what was the purpose of this work of "rounding." In my case it was to be "visible" and to thank staff for their hard work. We (senior managers) were not focusing on

meeting patient needs as we traveled the floors. And, I was not there to learn what patients needed.

What's happening at the point of care as you read this article? Are you comfortable that your staff are meeting patients' needs in a customized and timely fashion? Yes, you have the quality reports, CMS measures, and patient satisfaction data from last month or last quarter, but what's happening now? Maybe it's time to go look and see and learn. In coming issues, we'll explore ways to bring the needs of the patient into the business of senior management.

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