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From Medical Doctor to Medical Journalist

WHAT ITS LIKE TO BE A MEDICAL JOURNALIST AS WELL AS A PRACTICING PHYSICIAN

Its not uncommon for someone to change careers after many years in 1 field, but not too many physicians make the decision to change careers, particularly to become a medical TV journalist. How hard will it be for you to change careers. You are listening to ReachMD XM157, The Channel for Medical Professionals.

Welcome to the Clinician's Roundtable. I am your host, Dr. Mark Nolan Hill, Professor of Surgery and Practicing General Surgeon, and our guest today is Dr. Maria Simbra, Medical Reporter for KDKA TV, a CBS Network Station in Pittsburgh, a member of the KDKA News Team since 2002, Dr. Simbra is also a practicing board-certified neurologist.

DR. MARK NOLAN HILL:

Welcome Dr. Simbra.

DR. MARIA SIMBRA:

Its great to be here Mark.

DR. MARK NOLAN HILL:

We are discussing what its like to be a medical journalist as well as a physician. Dr. Simbra was it difficult to make that transition to medical journalism on television live from being a practicing board-certified neurologist?

DR. MARIA SIMBRA:

It was tough Mark and I only think I realize that in retrospect looking back at what I was like when I first started. I mean I was very much the doctor. I had the doctor haircut. I actually made the





DR. MARK NOLAN HILL:

What is the doctor haircut?

DR. MARIA SIMBRA:

You know the very short, no fuss, no mess sort of you know hairstyle ... not much style to it at all and they had me wear the white coat, you know I was still very much the doctor and it took a while to get used to reading teleprompter conversationally and getting into the whole rhythm of TV.

DR. MARK NOLAN HILL:

Well that brings up an interesting question that popped into my head. On television, do they want you to maintain that doctor look or do they want you to look like what you see on Gray's Anatomy and much more glamorous.

DR. MARIA SIMBRA:

I think there is a little bit of both in that Mark and I think it is a fine line you walk. I remember I went to the medical communications conference maybe 2 or 3 years into my TV career and I just wanted to get to the next level and I had a one-on-one session with one of the faculty there, and I wanted her to look at my tape. I said here look at my tape, tell me what I can do better and she just looked at me up and down and she said, she just wanted me to change my look, you know grow my hair a little bit longer, wear high heels, I am a petite woman, so she wanted me to increase the axis between my face, so she said you know wear things a little bit lower cut, not to be sexual in any way, but just for aesthetics on TV. So I thought that was all very helpful advice and at first I thought Oh! this isn't going to work, but it really did. I came back to the newsroom, I took all of her advice to heart and people looked at me differently. Almost like with a little bit more respect, like she really belongs here.

DR. MARK NOLAN HILL:

Now its one thing to write a piece, its another thing to be on television live and present it. Where did you get the experience and knowledge to be able to present live in front of a camera to millions of people?

DR. MARIA SIMBRA:

Its synchro swim Mark, they just throw you out there and you either do well or you flop. I mean you learn every time you do it, I think, but there is no training. They don't tell you what you need to do. Its just something you go out and you do.

DR. MARK NOLAN HILL:

How much freedom are you given in terms of saying what you want to say?





Well it depends on the topic for instance and hopefully I don't get in trouble for telling you this story, but I had to do a piece on recreational use of erectile dysfunction drugs amongst teenagers, and I was told that I was not allowed to say the word 'penis'. So okay well I thought lets get around this a little bit. The sound byte the doctor gave me, you know, one of the cautions was that prolonged erection could lead to permanent damage to the penis and I thought very strongly about keeping that entire phrase to the penis and they wanted to end with permanent damage, because then the viewer is thinking well what kind of permanent damage, so I left that sound byte up there. I did not say the word penis myself, the doctor said the word penis and no sooner than I had finished that piece, my news director was storming up to the newsdesk and he said to me, Maria we do not say that word on the air and I was flabbergast, I wanted to say to him at that moment what word would have rather me say.

DR. MA	RK NOLA	AN HILL:	
I wonde	r why?		

DR. MARIA SIMBRA:

Well I think its in the air where you know after Janet Jackson, stations are very, very nervous about the FDC cracking down on them for anything that could even remotely be seen as indecent.

DR. MARK NOLAN HILL:

Even though you are a physician?

DR. MARIA SIMBRA:

Even though it's a clinical context, I am not using the word salaciously. I think its you are responsible to use words like penis you know what. Apparently my bosses think otherwise.

DR. MARK NOLAN HILL:

Well lets get into a little bit more about that. Are there a lot of politics in your job?

DR. MARIA SIMBRA:

Well I think in any jobs, there is going to be politics.

DR. MARK NOLAN HILL:

How do you compare it to medicine?





Well I think you just have to sort of be respectful of the hierarchy as you are in any organization. I mean there is a hierarchy in medicine. There is a hierarchy in the newsroom. We have reporters and producers who do the bulk of the work. You have executive producers who are over both of those groups, who help to coordinate and manage the news of the day. Above them you have the assistant news director, who kind of determines what news we are going to cover and in what order and helps out here and there amongst all the other roles and then there is the news director, who has ultimate say over everything.

DR. MARK NOLAN HILL:

If you have just joined us. You are listening to the Clinician's Roundtable on ReachMD XM157. I am your host, Dr. Mark Nolan Hill, and our guest today is Dr. Maria Simbra, Medical Reporter for KDKA-TV, the CBS Network Station in Pittsburgh and a practicing board-certified neurologist. We are discussing what its like to be a medical journalist as well as a practicing physician.

Dr. Simbra you mentioned about the hierarchy at the television station. In practice as you know very well, the physician is the captain, the physician is the quarterback. The final say, the final say for diagnosis, the final say for therapeusis, the final say for where that patient is going to go comes usually from the physician. Certainly this is very, very different than what you stepped into in your medical reporting career.

DR. MARIA SIMBRA:

It is very different, but in a way what I like about the television station is that I am part of the team. It is very much a team sport. You know what the reporter does, that is just one fingerprint on the final product that is the report at the end of the day. I am in-charge of coming up with the information, writing the piece, but I also work with a photographer, who has to get excellent video to go with what I write and I have to write to the excellent video. We have editors who put the words and the pictures together. We have producers who oversee how the product comes together. You have the directors and the people behind the scenes making the newscast go. You have the teleprompter operator. If any one of these people drop the ball, the piece doesn't work. So its kind of neat to be in that atmosphere where all of those people come together and put together something really good.

DR. MARK NOLAN HILL:

Do you ever review all the medical television shows that are on?

DR. MARIA SIMBRA:

Oh! there's so many.

DR. MARK NOLAN HILL:

But is this ever part of review and they bring up a medical condition, lets say on the television show, House, or the television show Gray's Anatomy. Are you ever asked or is it ever appropriate for you to discuss whether that's valid or inappropriate or just not right.



Yeah! You know there does tend to be a tendency, Mark for cross-promotion within a network. So if I would work for an NBC station for instance, it wouldn't surprise me if I would have to cover some medical topic that was being featured on ER that night. For example, CSI is a very popular CBS show and I know that our night-side reporters, they'll go to the crime lab and do a story about something that might be featured on CSI that night.

DR. MARK NOLAN HILL:

As a medical television reporter, do you have one or two interviews that you are really most proud of or that you have enjoyed most?

DR. MARIA SIMBRA:

Yeah! There are a couple of stories that I am proud to have been a part of that I followed 2 local women here in the Pittsburgh area. One was a nail stylist and she donated her kidney to her customer, which I think was a very altruistic thing for her to do. So I followed her from the beginning, like before they did the transplant and I showed the 2 women together. Their families and what their families thought about this and it turned out to be a very complicated saga. The day the transplant was supposed to occur, the recipient had a stroke, so then they had to cancel the surgery. So there were lots of ups and downs in the course, but they finally did do the transplant, and both women are doing great. It was a really wonderful, wonderful story both medically and personally. It had all the elements.

There was another story where I followed a soldier. He was serving in Iraq. A roadside bomb literally blew off half of his head. So he went to Walter Reed Hospital and had massive reconstruction done, so I followed him through that. I actually went to Walter Reed and interviewed him there and his doctors there and then followed him at home in Pittsburgh. He is from the general Pittsburgh area and showed him with his new head.

DR. MARK NOLAN HILL:

If I could snap my fingers and give you 1 wish, anyone you would really want to interview, who would it be?

DR. MARIA SIMBRA:

Oh! you know who I would really like to interview if it would be possible now, is Randy McCoy, because I followed him while he was sick and he made such a, I guess I could say it, now miraculous recovery. I mean I was really pessimistic at the time just considering what he had been through. How his recovery would ultimately go, but he has done pretty well. He has had a child since the accident. It would be neat to see how he is doing now.

DR. MARK NOLAN HILL:

Let's say it's the end of the evening. You have had a particularly long day. You go home, grab something to eat. You are just tired as could be. Do you ever have any regrets about changing from full-time neurology practice to large part medical TV reporter?





No regrets at all Mark. I love what I do now. This is truly right for my soul. I think the fact that it was such an agonizing decision to change careers, especially after investing all that time and energy into becoming a doctor. I learned a lot, going through medical training and being a doctor and I wouldn't trade any of that. I mean I think that knowledge is invaluable, but I am passionate about what I do as a journalist.

DR. MARK NOLAN HILL:

Where do you see yourself 10 years from now, 15 years from now?

DR. MARIA SIMBRA:

Oh! who knows Mark. I mean it would be nice to work for a network someday or maybe a cable station, but you know what. This is a pretty good gig I have at KDKA. This is very it is. I am completely okay with that.

DR. MARK NOLAN HILL:

So all of the physicians now listening are thinking in the back of their head of all the other interests that they have <_____>, I could go into another area, maybe I would be happier, maybe the other areas career would be more suited to me. What advice would you tell anyone, specifically in the medical field, who thinks, maybe this isn't for me and maybe there is another career out there and I am just a little bit afraid to break out.

DR. MARIA SIMBRA:

Well I think you have to make the decision wisely. Look at everything in your life that has been very meaningful to you. Things that have just lit your world on fire and try to figure out what the common elements are amongst all of those things and then try to sit back with a profession that would incorporate all of those qualities and all of those things you truly find meaningful and then don't hmm and ha about it. If you really want to change careers, go out and do something. Even if it is just joining a career changing workshop in your area. If it's reading a book about career, do something, but don't just sit there and whine about how miserable you are, but go out and do it.

DR. MARK NOLAN HILL:

Fair enough.

I want to thank our guest, Dr. Maria Simbra. We have been discussing what it's like to be Medical TV Reporter as well as a Practicing Physician.

I am Dr. Mark Nolan Hill and you have been listening to the Clinician's Roundtable on ReachMD XM157, The Channel for Medical Professionals. Be sure to visit our web site at ReachMD.com featuring on-demand podcasts of entire library. For comments and





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