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My Thoughts/My Surgical Practice

Building a department of surgery communications program

One of the keys to successful leadership is communication. To build a thriving surgical department, we believe a fully functional communications team is imperative. A communications team adds value by serving as a faculty resource, promoting the department's accomplishments and lobbying for institutional reputation.

Often the tasks and responsibility of disseminating information fall on administrative staff. This tactic can be effective at times. However, there is a stark difference between pushing information to faculty and staff via department emails and crafting a well-rounded communication plan with goals, strategies and executable tactics. For the latter, you need a communications professional at the helm. According to Ndonye (2014), a communications manager is someone "who creates messages, edits content, decides which messages and content is fit, makes selection of the channels and decides the audiences fit for the messages."[1]

Communications and marketing professionals are trained to fully grasp the who, what, when, where and why of any situation and to develop content that maintains a consistent brand for the organization, ensuring a meaningful relationship between brand name and brand mark.[2] This skill set becomes crucial when an organization must communicate with many different audiences. For academic departments, these audiences can include patients, referring providers, hospital leadership, potential donors, the lay public, news media, faculty and trainee recruits, and internal staff. A competent communications professional is able to develop a branded *voice* for the department in each of these realms. These professionals carry this voice not only into written stories and press releases, but also into visual avenues that include printed promotional materials, social media posts and digital graphics. This ability to craft and maintain an identity and cohesive brand is essential to the success of the department.

Throughout this paper, we hope to provide you with a step-by-step process for hiring, structuring and empowering your communications team for success. Here are our tips:

Build an expert team: structure of support

As many professionals know, the world of communications often bleeds into marketing and public relations. However, these are all very different disciplines and require different strategies.[3] Depending on the institution, there may be one or more teams dedicated to marketing and PR on behalf of the institution at large. Specifically, marketing for surgical providers usually encompasses promoting clinical services to potential patients and referring providers with the goal of increasing volume or reputation for the institution. Whereas, public relations is tasked with maintaining a favorable public image for the department or institution. This includes nurturing relationships with local and national media and responding to or anticipating negative or positive press. While an academic department communications team should advocate for the department in both of these areas, these professions work with a different lens than that of a departmental communications team.

That is not to say that you cannot build your communications team with individuals from these varying backgrounds. In fact, you should. Often, communications professionals begin their professional careers in marketing and public relations. Furthermore, bringing your institution's existing marketing and public relations leaders to the table during the hiring process can often lead to the creation of a strong, well-rounded departmental communications team. In the study, "High-Performing Corporate Communications Teams: Views of Top CCOs," respondents repeatedly indicated the need for diversity of expertise on the team.[4] These marketing and public relations specialists know the skills you should look for and the red flags you should steer clear of when selecting a communications professional for your department.

At the University of Alabama at Birmingham (UAB) Department of Surgery, we have taken this a step further and solidified these partnerships. For example, our communications team reports directly to the chair or the administrator of the department via a "solid-line" reporting structure, but also reports to a communications director in the School of Medicine via a "dotted-line" reporting structure. This reporting structure mirrors that of our matrixed academic medical center, provides support and opens channels of information sharing between the institution and the department. According to the IABC Handbook of Organizational Communication, the overall communication function might not be effective unless it is integrated into the overall management processes of an organization.[5] It is important to take note of your institution's structure and how an effective reporting structure for the communications team may seek to mirror that structure and to involve people outside the department itself.

Direct management reporting structures and open channels of information sharing are instrumental for all organizations, but especially organizations who have new or relatively small communications teams. This relationship is vital in times of crisis management when a department must disseminate facts quickly and efficiently.

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Lay the groundwork: standardization and branding

For a department communications team to be successful, it is important that both communicators and department leaders understand the brand standards and expectations of the institution. This cohesion and mutual respect for the identity of the organization allow the department communications team to use the reputation of the institution to further develop the reputation of the department. Communications professionals should understand the value of maintaining a consistent voice, tone and visual identity across all the individual units within a larger institution, as well as how to work *with* an institution's existing brand to accomplish the goals of their department or unit, instead of *against* it.

To the untrained eye, it is tempting to differentiate or seek name recognition for a particular department or unit by departing from the standards of the institution. For example, a unit might create a unique name or logo for a specific program in an attempt to bolster the individual reputation of the program, rather than the collective reputation of the division, department or institution that houses the program. This only confuses audiences and dilutes the overall power that comes with an institutional brand. Bélanger, Syed and Mount noted that, of the 89 tertiary education experts who were surveyed, most experts' institutions used a top-down approach for branding guidelines.[6]

Instead of focusing efforts on developing new colors, logos or type-treatments, we suggest identifying a department's brand through its actions and selective content creation. That is, the stories you tell about a department are what should define that department's reputation and internal culture. For example, equally showcasing stories that accomplish the goals of the department – such as academic advances, examples of clinical excellence and research innovations – illuminates the balance of a well-rounded department. An effective communications team seeks out and develops content to define the visual and written identity of the department and properly showcases its mission. The team also considers the audiences who will be reading or engaging with the content. Perhaps some materials need to use a scientific or clinical character for medical colleagues. Meanwhile, others might need to use a mix of layman's terms and marketing for patients, and yet others might need to take a persuasive tone for potential donors. Understanding and adjusting written and visual content to these audiences is key to creating a robust and effective communications strategy.

With a thorough understanding of your institution's brand and with your department's communications goals set, the next step is to define your main channels of communication and to start generating content. This is the fun part! In the UAB Department of Surgery, we categorize our channels into "owned" and "earned." Owned channels are platforms such as a weekly or monthly email newsletter or social media account that we personally manage. Earned channels are those that we have identified inside and outside the institution that can add value or help execute our goals. These could include anything from institutional podcasts to local and national media.

After defining your channels, think through the frequency with which you want to communicate via these channels. Research best practices, understand the amount of support needed to perform the job well and use your data to adjust your process. For example, after implementing a new digital marketing automation software and email service provider, the UAB Department of Surgery communications team used open and click-through rates to determine the optimum amount of content for email newsletters and the best time to deploy the email to the department. These metrics also drive the editorial calendar for the week and thus how much support staff time is needed for this particular channel.

Setting simple rules or guidelines for each channel will help maintain an active but targeted approach to communications. Quantity in this case does not trump quality. Five well thought-through pieces of content that speak to the mission of the department will generate far more engagement than 10 pieces that have no strategic relevance. A good rule of thumb is to feature stories about staff, trainees and faculty. This allows the stories to represent a variety of voices and can act as positive reinforcement for employees, as well as motivate employees to work together as a community.

More than for community comradery and motivation, it is important to offer an inclusive platform of news-considering all voices that comprise the department-in order to develop a robust library of high-performing content. For instance, in an analysis conducted on the American of Women Surgeons blog, the three tags that elicited the most pageviews were "residency (16.95%)," "medical students (12.12%)," and "family life (10.38%)."[7] Before counting out a new topic or idea for a piece of content, it might be worthwhile to run the campaign and observe its performance for future strategy decisions.

However, if faculty or staff believe they are not adequately represented in your communications or if access to the communications team is not clear to everyone in the department, the above strategies will not achieve their goals. That is why laying the groundwork for what the communication team does, who they support and how to contact them is so important. At UAB, we have simply created a dedicated email inbox for publicity requests. For example, if a faculty member needs assistance with promoting a specific event, they can easily email our team, at which point we would work with those involved to develop the best plan for accomplishing the goals of both the faculty member and the department as a whole.

Although not a small task, laying this groundwork is essential to the success of your team. Once the groundwork is laid, the communications team can begin to build trusted relationships between their own team and department faculty and staff.

Nurture relationships: lobby for your department

Perhaps the most rewarding part of a communications professional's job is the opportunity to champion those who make a difference. In the field of academic surgery, this is a perk that can motivate a communications team to go above and beyond. Whether it is educating the public on the life-saving care and research available at your institution or celebrating a staff member's 40 years of service, your communications team should be energized by the accomplishments of the department. This energy can be applied to lobbying for the department through its earned communications channels, which, as we have previously discussed, are channels that are not directly managed by your department's communications team but are available avenues for information dissemination to which your communications team should have a standing relationship.

Realizing the strengths of others in your institution and community and building strong partnerships with those teams breed collaboration and support your extra-departmental colleagues. A successful communications team knows that building and supporting a healthy network of partners is far more important than acting territorially or trying to do it all because, unless your team has access to an unlimited budget or unlimited resources, the responsibility of developing and maintaining an effective communications strategy is not a job that can be done alone. This is especially true in an environment where a communications team is smaller.

Taking a genuine interest in your partnerships – understanding their workflows, editorial calendars and timelines – and respecting

these processes will make all the difference when it comes time to pitching your department accomplishments. This strategy expands the scale of the communications footprint of the department without substantially adding to your team's workload or taking unnecessary time away from other responsibilities.

At the UAB Department of Surgery, we have found that using a project management system is logistically the best way to keep track of department accomplishments and partnership opportunities. A cloud-based platform allows team members to share story ideas, projects and key information with one another in real time. This strategic approach allows the team to easily marry the department's accomplishments with the appropriate channels to extend the reach of the team's communications efforts.

Tools, such as a project management system, will help the team feel confident when pitching the endeavors of the department's surgeon-scientists and dedicated staff to key stakeholders. A successful team must be enthusiastic and invested in the overall success of the department.

Earn trust, get buy-in

At the UAB Department of Surgery, the communications team adopts customer service traits when working with our providers and internal and external partners. For example, if a provider gives us an idea for a piece of content, we spend a significant amount of time researching the topic on our own and only engage with the provider to ask questions about the topic after this initial research step is done.

One of the skills often required of communications specialists, particularly those with a journalistic focus, is the ability to thoroughly investigate an idea or a story in order to acquire an "interactional" kind of expertise. This means that those communication professionals essentially specialize in interactions with their source experts on one hand- and can understand their expertise-while still catering to audiences needs on the other.[8] In an academic and clinical environment, we use investigative methods out of respect for the providers' time and to ensure the quality of our work. To this end, we also intentionally keep our emails to providers short and pointed. These are very simple concepts, but they generate results by placing the burden of work on the communications team, rather than the busy provider. Ultimately, it stands to reason that providers are more likely to work with us if our team is easy to work with. Explore these customer service traits and incorporate them into your workflow because, ultimately, the end goal is to build trust. If a communications team has proven time and again that they deliver quality work through a process that is easy for the department to engage with, the culture of the department will slowly shift.

For some people, talking about their accomplishments is uncomfortable or foreign and is very much a personal experience. A communications team should understand this and initiate conversations with providers about trust and what their goals are. For example, a news interview can be nerve-wracking for some, especially those who are not familiar with being on camera. In situations like this, we reassure our providers that we are there to protect their reputation and support them throughout the process. From our perspective, acting as a cheerleader and an advocate for faculty members in potentially stressful times has proven successful in building trust between faculty and our communications team.

None of this can occur without buy-in from our department chair and administration. These key leaders are instrumental in echoing the mission of the team and the processes that should be followed. Department leaders make it a priority to build a reputation for the department and solidify the value of the communications team by consistently involving them in the high-level operational strategy of the department.

Your lead communications professional should be viewed as a member of your department's leadership because the communications team must understand the department's overall goals and objectives in order to tailor messages to further those objectives. For example, in the UAB Department of Surgery, the communications director attends the department's monthly leadership council meetings that the chair holds for division directors and vice chairs. Having a seat at the table during these high-level meetings allows your communications team to operate confidently and effectively. In fact, about 70% of all Fortune 500 companies have a communications liaison who sits in on C-suite level meetings.[9]

Because the UAB Department of Surgery is such a large department, our communications team cannot participate in all department meetings all the time, but members of the department's core leadership advocate for communications in our stead. Department leaders often think through how to best position programs, projects and new faculty to help promote the department and build its reputation. Staff and junior and senior faculty see this sentiment from department leaders, as well as division directors, and often mirror it, learning to trust in our communications team's abilities and standard processes and to lean on us for support.

Be a resource, not a barrier

In the world of health care, our faculty are often met with many challenges and barriers when practicing medicine or conducting research. This can lead to a disengagement with the institution and, ultimately, burnout. In our communications office, we feel it is extremely important to minimize the number of obstacles our faculty face when working with us.

A large part of this strategy is flexibility. As mentioned before, it is important to define goals, set strategies and navigate your team using a strategic roadmap. However, it is also important to think creatively and adjust course if a request does not fit perfectly into your plans. While all initial ideas shared by faculty may not align exactly with communications "best practices," it is important to keep an open mind and avoid building unnecessary barriers. Coming together to collaboratively develop an idea has brought about the most successful of projects, in our experience.

One example of acting as a resource rather than a barrier is through the realm of social media. Often, there is uncertainty when it comes to establishing "best practices" and guidelines for surgeons and other healthcare providers on social media. Our institution has guidelines for social media that we intentionally share with every established and onboarding faculty. With our institution acting as the higher power on guidelines, we are able to spend more of our time brainstorming or researching- and then sharing-the ways in which social media can be a wonderful tool for our faculty. For instance, social media serves as a valuable tool to enhance the networking and mentorship of surgeons, particularly for women in surgical specialties who may lack exposure to same-sex mentors at their own institution.[10] So, while there may be necessary social media guidelines that we are required to share with providers, it can also be a great opportunity to provide additional resources, helpful ideas and ways in which the platform can benefit them.

Additionally, maximizing efficiencies is imperative to maintaining a high standard of support. To do this, a communications team will need a certain set of tools and a solid operational plan. Reliable hardware and creative software, such as the Adobe Creative Suite and Creative Cloud, can add value to any communications team by improving the quality and consistency of the materials the team can produce. However, depending on the resources available at your institution and the communications team's design skills, other cloud-based subscription and software options can also be

just as effective. Your institution's communications and marketing leadership can provide a wealth of knowledge in this realm, as they have likely tried many of these available tools.

Logistically, developing an operating procedure means taking the same project management approach that has been previously discussed to each request received by the communications team. Whether the request is a story idea or large patient education event, below is a tactical list of how our communications team approaches any project:

- Fully understand the details of the request. No request is too small.
- Discuss and shape the goals of the project with the provider.
- Use communication and marketing best practices and baseline knowledge from your own channels to build and adjust the plan for the project with the provider.
- Review your plan with the provider, providing well-planned, supporting data.
- Set forth a timeline that is agreed upon by all parties.
- Take this information back to the rest of the communications team and devise executable tasks. Engage the provider only when needed and give status updates as the project progresses.
- As the project concludes, ensure the provider is happy with the end result.
- Without the provider, discuss with the communications team the wins and losses of the project and if any parts of the process can be adjusted for greater success in the future.

Closing thoughts

Our hope is that this information and advice for health care communications will propel surgical departments into a more transparent and successful position. When communications are prioritized and incorporated into a department's leadership team and overall strategy, the department's accomplishments and culture are celebrated by the community at large. Honor the mission and goals of the department with thoughtful promotion and a unified voice for your surgical team.

Declaration of competing interest

The Authors have no conflicts of interest to disclose.

References

1. Ndonye MM. *Disambiguating the Terms "Communication" and "Communications"*. Njoro Kenya: Academia.Edu: Egerton University; 2014: 54–61. https://www.academia.edu/8868319/Disambiguating_the_Terms_Communication_and_Communications_.
2. Klink RR. Creating meaningful brands: the relationship between brand name and brand mark. *Market Lett*. 2003;14:143–157. https://doi.org/10.1023/A:1027476132607.
3. Bischoff S Marketing. Public relations, communications: what's the difference?. https://conservationimpact-nonprofitimpact.com/marketing-public-relations-communications-whats-the-difference/; 2015.
4. PenningT Bain M. High-performing corporate communications teams: Views of top CCOs. https://prjournal.instituteforpr.org/wp-content/uploads/2.-High-Performing-Corporate-Communication-Teams-.pdf; 2018.
5. Gillis T. The IABC Handbook of organizational communication: a guide to internal communication. *Publ Relations, Market Leadership*. 2006;5. fourth ed. https://books.google.com/books/about/The_IABC_Handbook_of_Organizational_Comm.html?id=0xL_cHiMfLoC
6. Bélanger C, Syed S, Mount J. The make up of institutional branding: who, what, how? *Tert Educ Manag*. 2007;13(3):169–185. https://doi.org/10.1080/13583880701502133.
7. Zhao JY, Romero Arenas MA. The surgical blog: an important supplement to traditional scientific literature. Retrieved June 24, 2020, from https://www.sciencedirect.com/science/article/pii/S0002961019302612; 2019, July 18.
8. Reich Z. Journalism as bipolar interactional expertise. *Commun Theor*. 2012;22(4):339–358. https://doi.org/10.1111/j.1468-2885.2012.01411.x.
9. Culp E, Culp R, Ragas M. *Business Essentials for Strategic Communicators: Creating Shared Values for the Organization and its Stakeholders*. 2014.
10. Luc JGY, Stamp NL, Antonoff MB. Social media in the mentorship and networking of physicians: important role for women in surgical specialties. *Am J Surg*. 2018;215(4):752–760. https://doi.org/10.1016/j.amjsurg.2018.02.011.

Marissa Cabrera Keppley
Department of Surgery, University of Alabama at Birmingham, Birmingham, AL, USA

Emma Harchanko
Department of Surgery, University of Alabama at Birmingham, Birmingham, AL, USA

Anna M. Waters
Department of Surgery, University of Alabama at Birmingham, Birmingham, AL, USA

Megan McSwain Yeatts
Department of Surgery, University of Alabama at Birmingham, Birmingham, AL, USA

Britney Corey*

* Corresponding author. Kracke 429, 1720 2nd Avenue South, Birmingham, AL, 35294, USA.
E-mail address: blprince@uabmc.edu (B. Corey).

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