



EPISODE 102

Getting the best of medicine and media with Dr. Amber Robins

See notes at: www.drberriepierre.com/LLP102

Dr. Berry:

Alright, again thank you Lunch and Learn community. Get ready for another amazing episode today. We have Dr. Amber Robins which I can talk about the introduction and she knows, she gonna take us through her journey of how she got to where she's at and most importantly the role of media in healthcare, which I know a lot of you guys are in bind off, right? Like some of you love it and some of you hate it, right? So let's figure out. I know a little bit about a lot of things, right? But let's figure it. Let's bring the expert on. We will talk about media and obviously, if you listen to the bio this is Dr. Perry. So again, Dr. Robbins, thank you for coming to the Lunch and Learn podcast.

Dr. Robins:

Yah, thank you for having me. I'm so excited and this is one of my favorite topics.

Dr. Berry:

I love it, love it. So let's bring. I wanna bring us back, right. I definitely want us to get where you at now but can you talk about Dr. Robbins - the medical student, right? Because I am very interested in your journey. Again I started blogging when I was in medical school for various reasons like I want to know what you are thinking about when you said, you know what, this is the route I eventually want to go or are when that actually kinda occur.

Dr. Robins:

Yah, so for me I actually was trying to do something that was not medical. Believe it or not, because, in medical school, you get so stressed out, around other stressed-out people. All the students, you know when test time, you know, my goodness, I tried to run away from medical students. I wanted to do something different and so really I was going to one of my advisors in medical school and I wasn't thinking about writing. I wasn't thinking about blogging. I just want going to the office, just to talk with. And on the way there I saw her door, next to her door. There was a magazine called the Journal for minority medical students.

And I was like, let me pick this up because it's talking to me. You know reminding you I am a medical student and I even know it existing. So I went and talked with my advisor then left with the magazine, ask her if I can take it. Of course, because I don't wanna...why did you bring my magazine? And she said it was fine. When I went through it, I noticed they had a place there where they were looking for writers and for there, and I emailed the journal and asked him, hey you know I'm interested in just writing one piece.

From there, I got on the phone with the editor and she said what I want you to write more than one piece. I want you to write a whole column and that's how I know right. It was random like that. It was during my first year of medical school. I just randomly kinda fell into it and hey I just wanted to find something to do outside of the stressful. You know, going to class, taken a test studying, you know that routine. And then I also knew that I love to write, I started writing when I was young and continued on in college and I took enough class - that was a Biology major, but I took enough English classes, where if I could took one more?



**LLP102: Getting the best of medicine and media
with Dr Amber Robins**
www.drberriepierre.com/LLP102

Then I could have been an English minor. So I thought I knew I wanted to use that outlet in different ways and so that's really how it started, just you know a lot of people wonder how things are, really asking the question, asking the question, can lead to so many opportunities and that's how it started for me so I started writing in the journal minority medical students in the diary of a medical student where I told my experiences as a student.

Dr. Berry:

It is interesting because I know a lot of my physician colleagues, writing is definitely not what other things, right? It's...we usually go the math and science route, we're pretty strong on that. But when it comes to writing, we really try to avoid as much as possible. So that was very interesting that you not only were embracing even before medicine. But while in medicine, you so you know I still want to pick up the pen and continue going.

Dr. Robins

And you know what, I find that a lot of doctors, a lot of people in healthcare, do know how to write, we just lose it along the way because when you write, you note, you don't write complete sentences. You trying to get the note, get essentials and when you need your billing and then move on the next thing. And so I tried when I talk to people interested in these. I try to bring them back to right when you wrote your personal statement even though a lot of time, you pull your hair out and still hard.

Dr. Berry:

In the community, she said a bad word and now you bring up personal statement just usually bad memories come into it right? Especially as a program director, I read a lot of personal statements from potential residents and course to give medical, I almost shudder at the topic.

Dr. Robins

Yeah, right. But you know what, you did it right? And all of us do it. We have the skillset. It just really getting into the routine of doing over and over again and the more you do something, just like the more you practice medicine the easier it gets overtime.

Dr. Berry:

What's interesting especially as a physician not only because there are some people who embrace really, you know I like to write but you actually women did a fellowship in that. First of all, I don't even know the word fellowship for so you have to enlighten us on that. But what made you go that extra step?

Dr. Robins

Yeah, so I will step back into when I was in residency because that's really where it happened. So of course, I continue to write through medical student during, right at medical school and then during residency and then my program director, assistant program director tapped me and said hey Amber I think you could be on television. And I'm like, what?

In my eyes, I have no time but ok this is something you can do and so they had me start on local tv news and then they actually had me set up to go to ABC News in New York and I said, like in a one month rotation there and that's when I started thinking I really like this. I really like writing script, really like research and trying to and trying to figure out which study should be on television, which will be good for that so during that rotation. I actually said okay I want to learn a little bit more about this or a lot more about this.

And the way I can focus in is by doing a fellowship. So I did a fellowship at Georgetown. After I finished residency and it was a one-year fellowship where I worked in Georgetown and I have patients, would be attending a supervising physician. So I had residents and I worked in outpatient, in-patient setting. And I also worked the PBS news hour, so I worked there two days a week. I was able to work with producers.

I was able to work with digital online presence did different live streams, was able to be on the national news. I was able to bring learn and grow myself into what media is and was even able to pitch a two-part series of medical statement on bill alcohol spectrum disorder so kinda learning that whole thing but just got me excited. Media is a way for us to get the patient. You know, a lot of the patients who really do come in, they all went they don't come in or don't have access to medicine.

Dr. Berry:

Especially here on listening, we don't always, we know something I don't like become see us which is okay but we definitely understand. Some of us some a lot of people just don't have the ability right, at to test on them, a lot of us, a lot of patients don't have the ability to come see a physician when they want to.

Dr. Robins

Yeah, I mean even hearing stories from people, our colleagues, some of them didn't grow seeing doctors so you know it doesn't mean that you may not have finances, so it may mean you don't have finances, it may mean that you just don't go to the doctor. I can say there was a time in my life, I just didn't go to the doctor.



**LLP102: Getting the best of medicine and media
with Dr Amber Robins**
www.drberriepierre.com/LLP102

Just because life happens. So by putting, by putting ourselves into media, medical doctors into media where a lot of things go haywire as you have seen over the years. It's really a good way to get good medical information the patient so I can embrace all of that. I really said okay this is what I have to do figure out how to incorporate it into my day-to-day job as a family physician as well as a medical expert and you know really a medical journalist.

Dr. Berry:

Is this something that when you pick up a journal or something that you can envision eventually cause I know kinda surprised hey I think you should be on tv? But did you have an end goal or was it something more like an outlet at the time you first started?

Dr. Robins

It was more of an outlet I would say, and also I am a big advocate with other people see your gifts. You have to say okay let me kinda check it out and see because a lot of people see things in you that you don't see in yourself and I can say that a lot within my lifetime. So it was one of the things I had a curiosity about it. I'm done public speaking in the past is nothing that is necessary for super new to me.

But actually going on as a doctor brings a whole another complexity to it because you have to make sure that, number one you're representing medicine well, our colleagues well, you giving good information so it was a little pressure. In the beginning, no, I don't see behind the scene. A lot of people know that I don't like to be on the way on camera. Believe it or not. And so I had to get was someone had to give me that push. So I said, ok do it.

Dr. Berry:

When you think about especially 'cause you're on the scene right? In fact, like you actually the scene. How does that translate from a patient's standpoint? Did you feel that patients looked at it as a positive or negative? What were some of the patient reaction when they would see you also on tv but now you're standing in front of them in the main office?

Dr. Robins

A lot of my patient says oh you're really similar to how you act on television. I try not to change myself that much. You know, my professional self, my outside of medicine self, it's kinda the same thing. I try to be approachable. But you know, a lot of time I find being on minority doctor. A lot of patient says, I really glad that you're on television so you could show people that you can be a young female doctor and also a minority so it really a part of mentoring people in a different way too so a lot of my patient said thank you for doing that, continue doing that and when we can see on television next?

Dr. Berry:

I will tell you, especially in this day and age right? Where you have such wide access to information that patient didn't have before and now there is almost push and pull where our community, some of us feel that patient have too much access. Like talk about web MD, they talk about quote and quote "Doctor Google". They have criticism for a physician like yourself that who are in media, like Dr. of the world, sometimes they don't like when they see a physician on media. What's that like, hey I'm the physician I bring health news but I'm also in the media as well. Obviously, there is a couple of pushes and pulls that may not align sometimes.

Dr. Robins

I tried myself to my own lane. I do that because in medical school I didn't do that. I tried myself into other people and or emulate other people and it didn't work for me so I'm in my own lane. I don't compare myself to Dr. Ross or anyone else on television. I just try to do what I do and do the best that I can. And so the way that I try to come back is by giving good medical information. I don't try to hook a crook.

I'm not trying to sell anything. If anything that I try to sell you on having a healthy life, a healthy lifestyle. And the information I get, I make sure that boxed by an entity like the CDC or WEFP. Making sure that is boxed by medical society or medical group that is reputable so by doing that I mean it just the way disseminate information. Is not about selling anyone on anything. I think a lot of people look at doctors on television like that, try to get something from you, get money from you. I just wanna make sure, I just wanna make sure people are healthy.

If you know me or if you contact me with me whether on television, social media or whatever. I always bring my authentic self and everybody doesn't necessarily, everybody just like anyone won't necessarily like you, won't necessarily love you. But you will have people who will hear whatever you have to say so my hope like if one person gets what I'm saying, that's good enough.

Dr. Berry:

I love it and I think that is so important because we all know, unfortunate, this day and age, because information is so widely accessible. Sometimes, I talk about on some physician, who fell that, I went to all of this, to medical school. I went amazing program and still my patient rather listen to a video or read or read a blog on their medical vice before coming to me meet and I think honestly, that's why a lot of criticism for quote and quote "Dr. Google" which is a funny term, so I Google all the time.



**LLP102: Getting the best of medicine and media
with Dr Amber Robins**
www.drberypierre.com/LLP102

Dr. Robins

Yeah, me too. It is helpful.

Dr. Berry:

Definitely. I think for us as physicians, I think one of the biggest things, I try to tell my patients is, the internet is not a bad thing, right? Having access to this information is not a bad thing, have been, you know? People who really look like us, right? Like yourself, right? Is not a bad thing. We just gotta know where to look, and I think sometimes that's why our patients get in trouble. They don't really know where to look, right? You gotta mentioned AFP, you gotta mentioned CEC, they don't really know who are the reputable things to go after so, is like when, whenever someone put on camera on. Hey, I do 20 jumping jacks and you know, your cholesterol goes down.

And they just have to believe it because a lot of people happen to view that video. I'm definitely thankful for people like you who are able to come to be in that light, and you really direct the conversation because I think that's important. Now, as a physician, do you ever run to any stripe, especially when your media partner saying I wanna talk about this and this in a certain way and they like uhmm. Can we talk about a different way? Is there ever any push and pull in that regards or are you usually have more free arrange especially since you are the head expert talking about health care?

Dr. Robins:

Sure, so I'm just thinking about sometime when I was working in PBS news hour, they would ask me if there are certain things presented in the right way and I would get feedback on that, because you know, is like when we went to school and we trained in all this, to understand information, medical information and even sometimes I still try to figure it out. So I try to imagine someone who doesn't have that background.

So usually, I have found that those in the media are very very very open. Now again I worked with the news mostly. So they always want to, for the most part, give you good information that's accurate. So you know, I've been with a lot of people, a lot of producers, who say, can you read my script? ...and make sure that when we have this, these words in, the anchor says if this is correct. So I really haven't had much of an issue with that. If anything they ask, where more doctors like you who can talk to us about these things. Because the people in media, you assume that they also health experts, they're not.

They're journalists who specialized or have learned more about health but they don't necessarily know the nitty-gritty of it, so they need help like that so have I found some people wanted to say certain things in a certain way for interviews and some things. Yeah, and then I spin around and say, well. Actually, this is how, I think we should talk about this or take it, that's it, back up a little bit and talk more about whatever I think is important that patients should know. So there are tricks to the treat, too. But on the backside, on the producing side, when you're writing a script, writing different medical segments, things like that, then yeah, there are great opportunities to really change the narrative.

Dr. Berry:

You know, what's interesting especially from a patient standpoint, they see you on TV, they read a blog. They do all these things here. Is there any way for them to know, right? Again, it is easy for us to know when something may not be 100% as factual as it could be. When I say not, they're trying to do it intentionally. If I'm just a general patient, you know, that doesn't really know here talking about high blood pressure, like how do I know, like with even what you're saying, Dr. Robbins is actually correct.

Dr. Robins:

Right. Is really hard to know. I mean, I will admit that. And I think, even...I guess another mission of mine is to make sure that we have good health literacy. Meaning that, from when you're a little kid, all the way up to, when, you know, one of the elders in our community that you have a good understanding of health at all, outside of when you go to the doctor. And most healthy people only go once a year so it does make it really, really, really hard to decide for.

If this, you know, a lot of times it sounds too good. Yes too good to be true, and in medicine, usually the way to treat products, most products is through exercise, routine, also with the good diet. But they have a lot of things in there that try to make things a little easier for the patient, something could be healthy, other things aren't. So it is really hard to decide for through.

That's why it is helpful if every person has their own doctor and when they do hear those things to go to your doctor, go to your health provider, they say hey I'm thinking about doing such and such. What do you think about these and have a conversation. So not just taking a broad-brush thing, whatever that thing is, worked for everyone. No, you have to make sure that whatever it is. So a lot of patents talking about keto, they talk about the keto diet. Ok, we gonna have a conversation about keto diet and see if this does fit you or if you already have a cholesterol issue, I do not want you to eat that.

Dr. Berry:

Talk to people on the back. Keto is very popular right now. I love that you say that, you know what we are not as literate as we're meant to be and at the end of the day you should be talking to your physician, right? You should be talking to someone to kinda confirm what you wanna do and have a coach.



**LLP102: Getting the best of medicine and media
with Dr Amber Robins**
www.drberriepierre.com/LLP102

As a physician that's really why we are here for. We are here to educate and guide our patients to prosperity, especially in health and if they're not getting that secondary fall back, that's where the problems kinda arise.

Dr. Robins:

Yeah, but I would say I'm sure a lot of your listeners probably would say as well that a lot of people don't see a doctor like that. A lot of people see doctors as "pill person", my medicine. I am in the group where, a group of doctors are saying, "ok, we're doing this, we start to take the pill and if this is for high blood pressure, how are we gonna deal with this issue.

Can we figure out if we can lose some weight? If we can lose some weight, we may not need a pill. A lot of patients are afraid of us frankly because they just think of, oh they just gonna tell me something that's wrong and they gonna add on medicine and then gonna add on another medicine. People going to the next patient not listening to me.

So a lot of it has to do with how we are perceived and all people, all... all doctors aren't as welcoming as others, but you need to find someone who fits you. And if that doctor doesn't fit you, find someone else. Because again we're coaches, you know, you want to coach you can inspire and do better, we all need that.

Dr. Berry:

You gonna eluded to it earlier about when you're in the space that you're in, especially when you're doing media and the lack of. The lack of colleagues who you know train to talk about health but the producers look around and they can't find anybody. Has that been always been an issue? Is that's something that's improving? What is the state of that? Just a lack of health expert to really talk about health.

Dr. Robins:

Yeah, I think it goes back even to what you are asking before. So a lot of medical doctors aren't really look favorably on, if they do media. I think it may be changing though because we have so much social media going on. So newer attendings or doctors are looking to do podcast like yours, and looking to do videos and write more.

I think there's a shift there but still when you think about it within academic medicine field. The structure of academic medicine is not the thing that you be like "yeah, I will push all of my residents to do that". So everybody doesn't do that. So, I think there is more, yeah slightly but mindset is still there within medicine that, hey, that's not necessary something we want to do. If patients want to get good information, they can just talk with one-on-one basis.

Dr. Berry:

Speaking of one-on-one, I know you do coaching, right? We definitely talking about two of those things there, but a part of your coaching is getting doctor ready for like media. I'll be honest, I do podcast, I do blog, but you tell me, I gotta go on tv, right like, ahhh, I don't know. That's Dr. Robbins. I'm not sure if wait, that ready.

Is there a big step especially when, we assume they are, 'cause you are on TV national right? I assume like all these eyes are on you that you have to be live in more prepared than most. What are some things you tell some of your coaching clients that want to come to be where you're at, right because they see that there's a void there. They want to educate their patients. They want to empower their patients with good health information, but they feel like they can't.

Dr. Robins:

By the way, I think you probably do just well, just fine on television. I don't think you have any issues but it's a mindset, right? It's a mindset thing. Even when someone taps me and said go on television, we think you'd be really good at it. I have to change my mindset and say, okay let me step back and really see this could be something that I'm good at, or could this be another way even if I'm not good at it. Sure you could be on television and still be dry, whatever, good information and the point is they're getting information, right?

Patients are getting information so for me, that's the first thing when I coach medical doctors, people in healthcare to change that mindset and say okay I can do this and then when you're going and preparing for television. Honestly, talking to the..first you wanna talk to the person who interview. But just thinking that it's talking to another patient in the office. We do this every day, every day, you can practice to the patient every day. We do it every day, we talk to people every day. So you perfecting that craft and if you continue to do it, you can do it on television too.

It may take one or two times, a couple times, to get used to the camera being there. But honestly, once you get engrossed into the conversation, you forget everybody else around. If someone asking me a question like okay, well Dr. Robbins tells us about what's going on with the flu season, this season. You know are there more cases? Oh, I have patient asking that all the time. Should I get flu shot? Oh yeah, you should get a flu shot, because of the health, because of da da da.



LLP102: Getting the best of medicine and media
with Dr Amber Robins
www.drberriepierre.com/LLP102

You know, we said these things all the time to our patient. So usually what happens is, when you're on the television, is the same conversation. The way you practice it is by practicing with your patient and then when you see the patient asking them to give you feedback on how do I do? Did you understand that? You know. Can I change how I talk with this and we go through that routine, it makes it much easier.

Dr. Berry:

Do you find some of your clients, I talked to patients before, you know, why they rely on other sources of media versus like just a regular physician and a lot of them they say what I find those other people look more credible. Do you find physicians, especially the one you worked with, almost feel like they are almost impostor? When they trying to do media, when they really putting themselves out there to the public, like yeah I'm a board-certified internist family physician cardio. I'm a board-certified blank, but I'm not sure if I'm that good enough to be on TV talking about. Do you ever find like that's an issue with some your clients?

Dr. Robins:

Yeah, impostor syndrome. Yeah, I had it. And sometimes I definitely still have it. What am I doing here? I'm talking to this person, like what? But then you came with so much value, right? Because we've gone through a lot of trainings and for some people, I'm fairly medicine so I think about neuro-psychology colleagues, my ginsic, a lot of trainings for years and years and years. So you come with a different skillset and I can say on the media side, talking to reporters, and everything like that. They are intimidated too.

Like okay, I wanna make sure, yeah they are. I wanna make sure asking the right questions. I wanna make sure that I know the right information because they have to do background research too before interviews. Make sure they're asking the right thing at the right time and they don't look dumb, honestly. And so it's always interesting that physicians do feel that way. I don't quite understand it. Actually, I don't know for some that's embedded in us to feel that way because of maybe, you know, with training you get asked a whole bunch of questions and if you don't answer the question right, then you're bad resident or you're bad medical student.

So maybe that's a part of it. But honestly, you know, yes, a lot of people do have that impostor syndrome, like, "what am I doing here?" But the thing that I try to emphasize that, you know, you're trying to do the same thing you're doing when you see patient. You're giving them good information, you're giving them information to make sure they're healthy so, so yeah, unfortunately, that I do. I mean that's usually the first thing that we talk about is, you know, I don't feel like I'm supposed to be here. I didn't either. The first, the first interview that I had was on dental health. Now you know. I'm not, I'm not in dental health. I don't feel that they talking about dental health. Now I know a lot, but I don't know as much about necessarily, I am not an expert on dental health. A dentist is an expert on dental health.

Dr. Berry:

They couldn't find a dentist so they have to ask you right?

Dr. Robins:

No. I pitch the topic to talk about dental health. So I definitely felt like I was an impostor. Who am I sitting here and I'm a resident. So then I'm like, ahhh, they couldn't get someone outside of training. But I stopped there, I talked about it nice and well, and you know at the end of the day, I think, anybody would say the same, "brush your teeth, make sure, you know, make sure you floss. You know, a simple thing that we think are simple but things people need to be reminded about. But I was able to talk about that and I got over it. I said you know what, get over it. Keep doing what you're doing, you gonna learn from it. And then, I got I was able to get to where I am and still learning.

Dr. Berry:

I love it. Especially I gonna talk about, get into where I am. We're talking about, you'd be on TV but from your resume, you actually quite an accomplished author as well, right and I know you kinda started out with the writing but what led you to...again I read, Lunch and Learn community, I'm just researching some of books already with, thus far. And I said books with an "s" right: The Right Prescription, Women Innovators, Empower Now, Chronicles Women in White Coats, Seven Things I Learned about Medical Writing like that's an impressive resume for a family physician who specializes in media.

Again, the CV is pretty long for you right now. I know you just come in getting started. Why books right? What about the writing kinda drew you into that connect the world. I gotta books here and there, whoah, she's definitely got, she's got a couple one ups on me so I definitely love to hear your thought process behind it.

Dr. Robins:

Sure. I would say, it comes to my mom because she always reminded me as I grew up. She said Amber you have a book in you. Now I know Disney book. Amber you have a book in you and just continue to live, continue your story, telling your story and you know it really help people. So a lot of those books actually, all of them, only one that isn't like this is the one about writing and how to write, but all of them are about the experience of whether it by minorities, minority professionals, whether be women who are in medicine.



LLP102: Getting the best of medicine and media
with Dr Amber Robins
www.drberriepierre.com/LLP102

It really tell our stories and so the reason why I got into that because I talked to a lot of medical students. A lot of people wanted to become doctor one day and a lot of minorities wanted to be a professional whether they want to get a Ph.D. or you know I doctorate. So they didn't see people like me. It gonna goes with the same thing. They didn't see people like us. And when I was growing up I didn't have access to minority doctors like that. So what is a way that I can get the people and if I can't physically be there?

How can I get to people and let them know, you can do this. You can do whatever you put your mind to. And here are the steps to do it and so writing a book or books. I was away that I thought would be able to do that and get our word out and get our stories out there. There are so many so many wonderful people doing amazing things and so I wanted to be able to compile that. The first book was "The Right Perspective" was actually based off of what I wrote for the journal minority medical student, so it was my experience as a first-year medical student. I put description out there. I put area where you can journal in there and that I did enter my intern year when I was referred to ICU.

Dr. Berry:

I love it. You see, she said ICU too. For those who are not in the know, ICU probably gonna be one of the toughest rotations wherever you're at, probably one of the more the demanding one and she still put a book out while doing that, so I definitely give her props, on top of everything else she's done.

Dr. Robins:

And it's because it's heart rotation. It's the hardest stuff and goes someone in the intensive care unit. You see some good things happened but you see a lot of bad things happened. So another thing was an outlet for me. I was able to also talk to a lot of my attending, one of my attendings during the rotation was actually in his 30s and he was coming back from leave because he was diagnosed with lung cancer and he inspired me by saying Amber if you want to do anything.

Don't wait until you know, 10, 20 from now. Do it now because you don't know what life has in store for you later on down the road. But if you have time now, which again, I might have, we have time in residency. We don't. But he is like anything that you dream of anything you wanted to do it. He also inspired me to get my MBA, which was crazy as well, but I did that in residency. And I still was able to have time doing stuff but you know it's just, like lip of the day, you have no idea what happens tomorrow. If you try to live the best life that you can today, at least you can say, "yeah I did what I wanted to do". In residency you do a lot of stuff you don't want to do. So this...

Dr. Berry:

I can tell you as Program Director, I do make my resident. Do a lot of stuff that day...I know that they hate before but they love me for like 5 to 10 years. But now, they like...

Dr. Robins:

Again? Do our work. But we come back for more every day.

Dr. Berry:

Yes. As a physician who is really doing all of these things. I say a lot because I'm comparing you to the general physician. Should patients really demand you know, more? Should they require more? As far, could you just be a clinical physician who doesn't really put themselves out there who just goes in clocks in, clocks out but versus the physician who writes, who does a video, who does a blog? Maybe not to be national TV but just some type of way to continue educating.

Should patients gravitate to that position more? Like, what would you feel? Obviously, you are not side way, you are that person doing it. If I'm a patient right, again, you've done enough to establish your credibility. You've done enough to say, you know what, she was smarter than my personal be here. Clearly, look at the stuff she's doing. Because unfortunately, that's how patients are feeling these days, right? If you are not out there, doing extra, where you were in residency doesn't matter. Where you want to medical school doesn't matter. It's like when I Google search you like, do you pop up? Should patients demand more other than physicians?

Dr. Robins:

I think the answer is you go to whoever you naturally connect with. I can have... you can be a doctor, who does all this stuff and then I come into your office and you don't pay attention to me. Well, what would I do? Does not going to do about me other than saying "oh, I went to the doctor but I don't have a personal connection with the person who really has my life in their hand". So I don't necessarily think that is mandatory. I do think that on the doctor side and I'm actually working on something for doctors specifically for this that we would be able to have that because I am aware, especially with millennial's, they do try to Google everyone try to look them up and then they start telling you stuff you do. Wait a minute, this is the first time I meet you. Why do you know where I was born?



LLP102: Getting the best of medicine and media
with Dr Amber Robins
www.drberypierre.com/LLP102

Dr. Berry:

I think I remember I did in medicine, by the time patient walking to my office. They already read a blog, watch the video. They had already known much more about me included. I know about them. All I knew was on they hold on the paper, the intake form. But they, ohhh, yah, great smile, ya this, ya that, I loved your blog on marijuana because I did, no I did, I did a video about marijuana.

They already know because I feel like again, the quote and quote bad word, Dr. Google. If a patient sees like, oh Dr. Berry is my PCP. Like I gotta see who Dr. Berry actually is. And I think that more patients are doing that and honestly, I feel like it does putting more onus on physicians to have to do more if you want to stand out.

Dr. Robins:

Right and that's what that's exactly why I'm trying to work on something specifically for doctors because of that. Being able to put yourself out there. Whether be social media or doing blogging or videos of what not or local news. It's important that you're able to represent yourself well, especially because patients can also write different comments about their experiences of you and everything that.

It's important to have a balance of all that together and it's also important for you to connect with the patient, that's another. Again it comes back to how you connect with patients. How you get medical information. And if someone able to connect with you through video or they are able to connect with you through the blog. Oh, I really think this might be the right doctor for me. So it is helpful next and that space as well. I do it, I honestly do it when I look for doctors. I look and see, ok, let me see if I can think about where, first I look at where to go to school but I think about, that's just where.

And I think, okay what is your background? Will they be able to connect with me? You know, will I be able to have candid conversations with them? Are they relatable? You know, are they my kind of person? People look for that. I mean you think about that we look for. I mean, any type, because we do get re-service. But if you think about type of service we have to relate with people you think about that you look for that you look for those things. So I think it's natural, I think just the way that people think now.

Dr. Berry:

I love it. I love it. Obviously, before I let you go, I wanna know, how can someone who, first of all, I have two couple audiences, general patient, right? The general patient, who maybe, we got from where you at. How can I get in touch with Dr. Robins? How can I be a patient of this person who feels, oh this might be the connection I'm looking for to get my health in order?

Dr. Robins:

You know, I love it that...so I'm practicing in the Washington, DC area so you can find me that way. I'm actually, do you want me to practice to? Sure. I make stuff and patient so come on over. I'll be one medical group at Union Station. So I'm happy to see you and your family. I love family medicine and be able to see the whole family unit and of course, you can find me, my website is amberrobinsmd.com and you can find me on Facebook and Instagram at Dr. Amber Robins. So I'm always excited to connect with people. Also excited about mentoring people. As you can probably tell the reason why I do this is so that I can connect the little girl you know, little boys just like me who may be interested in being in medicine and inspiring them to do it. In medical student too, I talk to a lot of them this week because of mass week. My prayers are for everyone. I hope everyone does well and for the people who do not match, you know, God has a way of working things out for you. So that yes so that how you can connect.

Dr. Berry:

I'm a fan of those scare physician, who still kinda suffer from the impostor syndrome. Regardless of all of these degrees and everything, hang up on my wall like what can you do for me. Again, it is Dr. Robbins. Do I get in touch with you?

Dr. Robins:

Yeah, I also coach people one on one coming out with the course specifically to the group. Because I think you know group, you don't feel as nervous, because you can talk to people and see that other people go through other things. We transform together. We collaborate and work together so I'll be coming up with the course that will come out really soon so keep on the lookout for that.

Dr. Berry:

Most definitely will. Again for those maybe listening on the run, network, all of the links and so everything she gotta talk will be definitely in the show notes as well. So please, you won't be worried about writing it down now and make sure you got access to it. Before you leave I gotta ask one last question like how can what you do, the model, the show for better health. Of course, you help and empower us through media. How can..what you do empower others to really take better control in health in general.

Dr. Robins:

Yes. I said, keep it simple. Get a good exercise routine. The hope is that you can exercise moderate exercise, meaning walking, dancing, having fun, 150 minutes a week and making a habit good diet. Getting a lot of vegetables. Vegetables are good. Fruits are good too. Really, keep it simple. Medicine, it can be simple if you do those things.



**LLP102: Getting the best of medicine and media
with Dr Amber Robins**
www.drberriepierre.com/LLP102

So I always encourage people just you think about it. If not simply to incorporate it sometime in your day-to-day, but I just try to get 10,000 steps a day. Method bit reminds me. I try, that's a thing. I try, but keep trying every day. I think if you keep at the forefront of your mind that you're trying and go to your doctor. Talk to us. We will help you.

Dr. Berry:

So again, Lunch and Learn community, Dr. Robins was gracious, gonna spent time with us and really educate us on the importance of keeping it simple. The importance of media can really help benefit our health, not deterrent. Despite all the critiques I read on the blog. It's not a bad thing, to be in, follow media and allowed media and help guide us.

Because there are plenty. I know the bad sources usually get the publicity but there are much more positive sources, much more, a great avenue to kinda learn about your disease course other than negative. So again, Dr. Robins, I wanna thank you for joining here on Lunch and Learn with the whole community here.

Dr. Robins:

Thank you for inviting me on and yeah, this has been a great conversation.



LLP100: Getting to the root of Disease with
Dr. Lauren, The Culinary Doctor
www.drberypierre.com/LLP100