

Video Content Strategy and Production Brief

Patient-Facing and Organizational Overview Series

PORTFOLIO WORK SAMPLE

Liz Sahadi Smith

Collection

Institutional Voice

Engagement Type

Video Content Strategy, Production Planning

Organization

Healthcare Nonprofit, Phoenix, Ariz.

Document Type

Working production document – field guide for videographer

Series

Patient-Facing and Organizational Overview Video Series

How to Read This Piece

Work Submission

This is an original work submission: a working production shot list and interview guide written for a videographer covering a multi-site organizational overview series. It is included in this portfolio because visual narrative architecture – knowing what footage tells the story, what questions generate usable patient testimony and how to sequence locations across sites – is a distinct communications competency.

What This Shows

Video content strategy, multi-site production planning, patient interview architecture, B-roll editorial direction, organizational storytelling at the scene level and the ability to translate institutional narrative into visual guidance that a production team can execute without a communications staff member on-site.

Why Production Documentation Belongs in an Executive Portfolio

A communications leader who can brief a videographer — providing location priorities, B-roll specifics, interview questions calibrated for emotional truth rather than organizational talking points and site-by-site logistics — is not managing production. She is directing it narratively.

This production brief governs what gets captured, which means it governs what story the final video can tell. The shot list is not a technical document. It is a **narrative architecture document written in production language.**

Series Overview

Purpose: Produce a multi-video patient-facing and organizational overview series for use across the organization's digital channels, donor communications and partner presentations.

Series Structure

Video 1

Organizational mission and patient care overview

Flagship

Video 2

Street medicine and mobile outreach

Field-focused

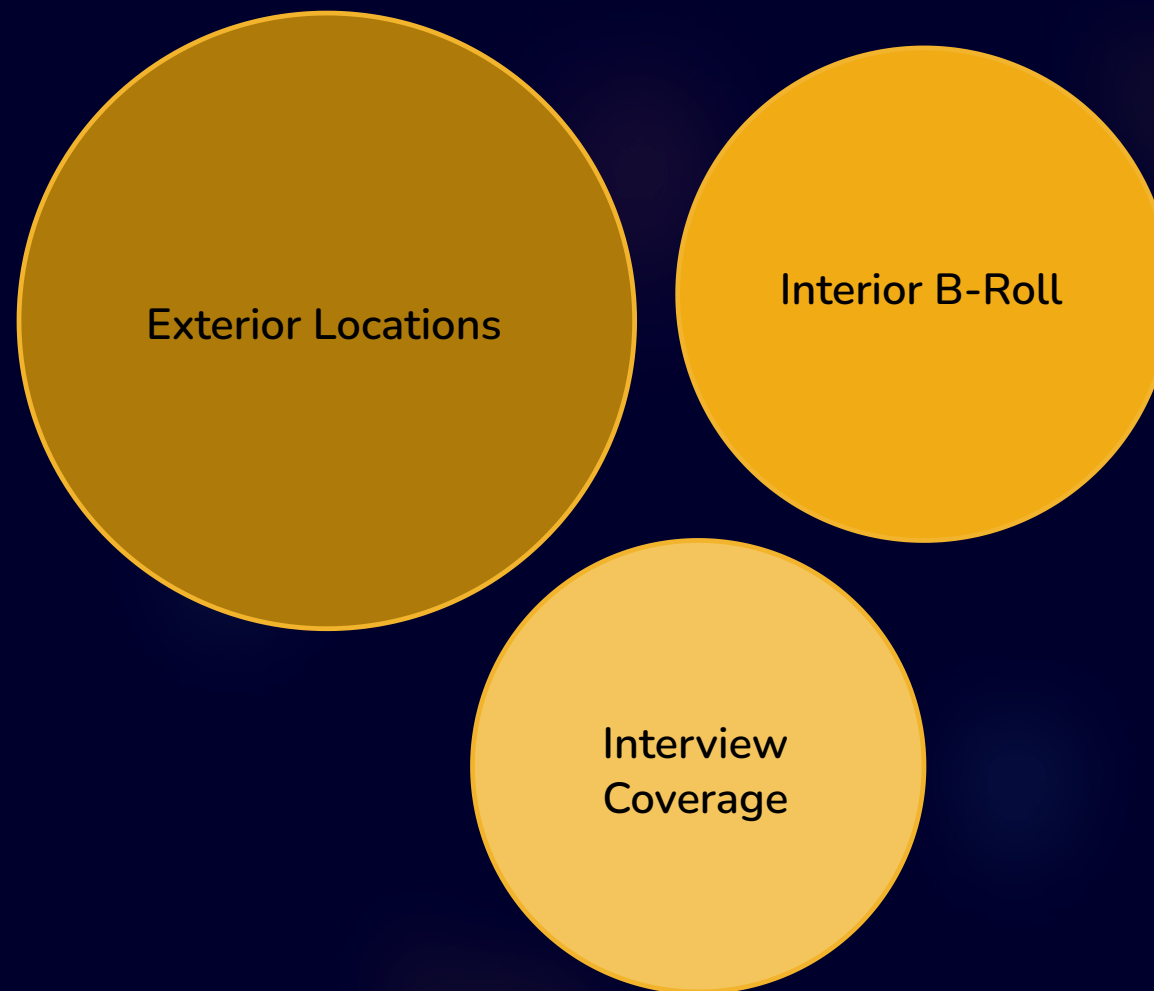
Video 3

Respite care, clinical services and community partnerships

Facility-focused

Video 3 — Production Shot List and Interview Guide

B-Roll and Interview Coverage – All Locations



This shot list governs all location coverage across exterior, interior, and interview settings for Video 3 of the series.

Exterior Locations

Location	Notes
Main campus – purple exterior facade	Establish organizational identity; morning light preferred
Medical respite centers	Exterior approach, entrance signage
Regional Technology Philanthropist Foundation Campus and signage	Partnership visibility
Mobile medical units	Units staged for departure or in the field

Interior B-Roll

Shot Direction	Notes
Kitchen staff interacting with patients	Capture natural sound – conversation, activity
Lunchroom – patient conversations about meals	Participants welcome; warm, communal framing
Library	Empty and occupied; sense of quiet and access
Patient living areas – men’s and women’s wings	Include one to two patients with pets if available
Staff working at desks and interacting with patients	Mix of focused work and human interaction

Clinic and Intake Locations — Interior B-Roll

Shot Direction	Notes
Nursing station	Active, not staged
Waiting room	Patients present; dignified, unhurried environment
Exam rooms – patients receiving treatment	Consent confirmed before filming; focus on care interaction
Staff-patient interactions	Authentic exchanges; avoid posed shots
Patients completing intake forms	Entry point into the system – establish process

 Intake video footage previously captured is approved for use.

Partner Site

- ✔ Existing exterior footage approved for use – no new exterior shoot required.

Mobile Unit — Additional B-Roll and Interviews

Shot Direction	Notes
Patient intake on the mobile unit	Show the process from approach to care
Patient treatment – interior	Close-up care delivery; focus on the hands-on moment
Staff working – interior and exterior	Range of tasks; documentary style
Staff interview (if available)	Focus question: the philosophy of meeting people where they are

Interview Guides — Staff Interview Questions

The goal is **operational clarity delivered in human language** – what the program does, who it serves and where the boundaries are.

1

Question 1

What can patients expect when they first come in?

2

Question 2

What types of care do you provide – outpatient, critical care, wound care?

3

Question 3

What can you help with, and what are the limits of the program? (Help and referrals, not housing – this distinction matters for viewer understanding.)


- ☐ Allow staff to answer fully before following up. The most usable clips come from the second or third sentence of a response, not the first. Let the answer breathe.

Patient Interview Questions

Coverage across multiple patients in multiple settings: mobile unit, respite center and clinic.

The goal is **authentic testimony** – not organizational endorsement. Questions are structured to draw out specific memory and sensory detail rather than general praise.

- 1 Where did you receive treatment – on the mobile unit, at the respite center or at the clinic?
- 2 What makes this program necessary in our community?
- 3 What did treatment and food access mean to you?
- 4 What did care look like before you connected with us?
- 5 Why do the mobile units matter to you?
- 6 What difference has getting treatment made overall?
- 7 How did you hear about us – what's the word in the community?
- 8 How important is this work?

 Questions 4, 6 and 8 tend to generate the most emotionally resonant responses. Give extra time after those. Do not rush to the next question.

Aftercare Patient Interview — Next Setting

One patient, filmed in their current living situation following program completion.

This is the most powerful sequence in the video. The location change — from clinic or shelter to a private space the patient now occupies — is a visual before/after without any narration required.

Tell me about your life before you connected with the program.

What does your life look like now?

What changed health-wise — and how did that change the rest of things?

What did the staff mean to you during this time?

- 📌 This interview requires a slower pace than facility interviews. The patient is in their own space, which creates vulnerability and trust. Let silences stand. Do not fill them.

Production Notes



Consent

All patient participants require signed HIPPA video release forms before filming begins. Consent forms should specify use across digital channels, donor communications and partner presentations without a sunset date.



B-Roll Priority Order

Mobile unit field footage, aftercare patient interview setting and respite center living areas carry the highest narrative weight. If time is compressed on-site, these three take priority over any other location.



Sound

Natural sound is preferred throughout. Avoid background music during filming – this gives the editing team maximum flexibility in post.

Liz Sahadi Smith

Strategic communications executive with 25 years of experience architecting institutional narrative, governing AI-era brand reputation and building resilience infrastructure for organizations operating under high public scrutiny.

Narrative Arbitrage — Category Engineering

Engineered the climate-adaptive healthcare category to bypass political friction and generate \$18M in earned media value. The category was adopted by partner organizations statewide.

Algorithmic Brand Governance

Architects organizational Share of Model strategy, ensuring authoritative citation status in AI-generated outputs and governing how institutional reputation is synthesized across media and information platforms.

Resilience Architecture — Reputational De-risking

Designs crisis communications infrastructure that outlasts staff transitions and survives narrative hijacking. Built systems that achieved 143% positive sentiment across 113 consecutive days of record heat and contributed to the first heat death decline in a decade.

Relational Capital Stewardship

Manages high-value media and institutional relationships as balance-sheet assets — PBS/WETA documentary feature, coverage in The New York Times, Reuters, AP, NPR, BBC and Politico. 91% award win rate — 20 wins from 22 submissions.

lizsahadismith.com