Social Networking—Good News, Bad News?

by Luana R. Lamkin, RN, MPH

A re you, like me, finding it difficult to make eye-contact with a lot of teenagers? Their heads always seem to be down looking at iPhones and texting. And it's not just teenagers that are multitasking—

texting and talking. When people of any age talk on their cell phones or text while driving it is downright dangerous.

On the plus side, these technologies have given us new ways to communicate and stay connected, challenging us to keep up with a seemingly endless flood of innovations. And these technologies are even changing *how* we communicate. Today, for better

or worse, we can now communicate with thousands of people simultaneously through social networking sites such as Facebook or social media such as Twitter. These social media may have begun life as entities for purely "social" communication, but—as we are seeing—the usefulness of social media for business networking and marketing communications has led to their widespread adoption by the business world.

For associations, social media appear to be a natural fit. After all, associations are, by their very nature, "communities." Social media, such as Facebook and LinkedIn, can offer one more way for ACCC to connect with its membership and for our members to connect with each other.

In this way, social networking can be used for the common good. ACCC's recently launched blog—ACCCBuzz is a good example. The goal is to engage our membership, fostering both community and thoughtful dialogue about current issues facing us in oncology. Blog posts from ACCC's recent National Oncology Economics Conference kept readers informed about pre-

sentations on healthcare reform, benchmarking, and the promises and challenges of oral chemotherapy. For those of you with an interest in social networking, you will find ACCC on both Facebook and LinkedIn. The

ACCC page on these social networking sites is designed to encourage community building among ACCC members. They offer an opportunity to share information about innovations at your cancer programs such as new facility construction, expanding services, and new programs. By posting information via Twitter, ACCC offers brief, up-to-the-minute updates

on news of interest to our community. Links to all of these social media are available on ACCC's website, www.accc-cancer.org.

On the downside, the use of social media can also create challenges. At our cancer center, we recently had a very sad experience involving a social networking site. A 425-pound patient was incensed that none of our radiation therapy machines could safely accommodate his weight for his treatment. Options were offered, and he accepted. But his anger drove him to a social networking website where he named his radiation oncologist, our cancer center, and our phone numbers. He asked all readers/viewers to "flood" our phones with complaints. We received only eight calls, but the damage was done. The fact is, whether we like it or not, this is the way many people—and patients communicate now.

Like the Internet, social networking is here to stay. Like the Internet, social networking has the potential to be used for positive or negative outcomes. So whichever we find ourselves dealing with, we'd better get prepared to join the conversation.

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