

Social networks *en passant*

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The winter having just gone by, summer is taking its toll with the ruthless heat all over and temperatures soaring high. The heat is not only on the weather front but also on the professional front, which we keep you abreast with in issue after issue.

Keeping one in sync with the latest progress requires timely communication, a primary tool that never ceases to exist even with the changing times. Like in any other field, to be on the move a radiologist must also continue communicating with people, or he/she would not survive. In an era of social networks like Facebook and Twitter, it is necessary to make people know what a radiologist does; failing to communicate would put a radiologist in a precarious situation. This is a finding from an important study conducted by Dr. William Aufferman, PhD, Emory University School of Medicine, USA.^[1] Working patterns, updates, newer dimensions—all are linked to social networking, which keeps the radiologist connected and also enhances his/her research prospects. It has significant impact on how we practice radiology and on medicine as a whole. In an era of PACS, there is not much personal interaction between referring physicians and radiologists. Social networking modalities for instant reference have become key. Patients can have a fantastic time with the radiologist beyond clinic visit-based discussions. Education and research have come a long way with these connecting mechanisms, which have helped take research to a new level, with frequent interactions between radiology colleagues. Apart from this, networking can be seen as an excellent modality for professional connectivity. One of the major thrust areas has been the opening up of newer avenues and jobs on websites like Facebook and Twitter.

Professional interaction between the referring clinician and the radiologist occurs after reports. In cases of high volume, where room consultations are not possible, social networking comes as a great boon. One of the

most significant aspects would be to have discussion of cases pertaining to remote areas, as the digital platform operates sans boundaries. Where cases are tweeted, re tweets from other colleagues can be of immense help. This also helps in interacting with representatives of other industries, similar to an online chat, to have inputs on non-health care industries. Physician-specific websites are available where a large volume of cases can be discussed, in lieu of room consultations. Email exists, but social networks present a high-end capacity to access, read, and respond to images. Questions can also be forwarded to the handheld device of a radiologist, for which answers can be obtained on these sites.^[2] The principle of personal attention gets priority on social networking sites, especially for surgical oncologists with their large base of tumor cases.

Doing away with the involvement of the referring physician as the primary mode of contact for the patient, networking sites provide patients with an excellent opportunity for direct interaction with the radiologist. These sites also prove to be of immense help to the general public with respect to the latest trials and developments in radiology, as they also help the public to enroll for such trials, if they are interested. One basic tenet that needs to be always remembered is that social networking can never replace personal interaction, which should never be bypassed. Sometimes, due to non personal interaction, misinterpretations can mislead the progress of a case and reports thereof. Another major point would be to prevent sharing of any classified health information that is otherwise forbidden.

One important aspect to be noted here is that a radiologist should not disclose his or her private information and should protect patient privacy, which can be never compromised. Permission settings are to be carefully looked up before circulating such information.^[3] Slow and simple interaction would help, spending few minutes a day, and, slowly a radiologist can understand the technique and become adept. For such busy practitioners, time is an important factor. After the initial effort, relatively much less time is required to keep going. Before taking the plunge, a radiologist must see if the technology suits him/her.

Legal aspects can always be a deterrent to better communication. One must confirm the legalities before

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moving ahead. Patient modality approach could have a legal consequence for the radiologist, if the same were to be discussed online, but a small amount of networking is vital in today's era to stay connected and to grow.

In our continued pursuit of offering specialized issues to our learned members, with colleagues acting as Guest Editors for dedicated issues, we have "Imaging in Oncology-Recent Advances" in this issue, which is edited by Dr. Supreeta Arya. The issue features leading contributors with the latest concepts.

References

1. Online Social Networking for Radiology. Available from: <http://www.dx.doi.org/10.1016/j.acra>. [Last accessed on 2014 Jul 21].
2. Successful Social Media Campaigns in Radiology. Available from: <http://www.diagnosticimaging.com/practice-management/successful-social-media-campaigns-radiology>. [Last accessed on 2015 Mar 02].
3. Choy G, Krishnaraj A, Uppot RN, Mueller PR, Sahani DV. Patient-Centered Radiology: Radiologists Answering Patient Questions via Electronic Messaging. Chicago, IL: Radiological Society of North America; 2011.