The Importance of Connectivity

BY RANDALL A. OYER, MD



reetings from ACCC. With so many challenges occupying our minds, our time, and our activities, I'd like to pause and reflect on the importance of connectivity. During times of extreme

stress (what some might call 2020) connectivity is even more critical. Connection, of course, comes from many sources. Some connections are personal; others are professional. Connection is two neighbors stopping to talk while walking their dogs. Connection is also an entire country mobilizing around critical issues like equity and voting.

Finding connection today is challenging. Many of us are feeling its oppositeisolation—which only compounds our stress and deprives us of life-supporting connection. If you didn't hear the opening keynote at the ACCC 37th [Virtual] National Oncology Conference, it's available on demand, and I urge you to take a listen at courses.accccancer.org/p/ACCCNOC. Leadership guru Greg Heibert does a wonderful job sharing how to turn difficult experiences into positive learning and growth for yourself and others. Greg suggests that the term "social distancing" is the wrong messaging and that what we are really being asked to do is better called "physical distancing." Remember, though Zoom and Microsoft Teams are great tools to keep you connected, at a physical distance of 6 feet or more, you can still enjoy making safe in-person connections.

I wanted to mention here the connections that have been important to me at a professional level, chief among them my ACCC connections, especially with all of you, my fellow ACCC members. Whether you know it or not, I value each of you and your organizations, because I know that we are connected in something that is meaningful and essential to our nation: the continued provision of high-quality and compassionate cancer care for all. During this extraordinary and difficult time, ACCC members have connected across the United States, with

ACCC as our convener and connector. I urge you to leverage this shared connection, and here are a few ideas to get you started.

- Join the conversation. ACCC hosts a COVID-19 Discussion Group in its ACCCeXchange online community. If you have an account, you can log in with the email address and password you used previously to access ACCCeXchange and the ACCC eLearning portal. If you don't have an account (or don't know if you have an account), go to accc.force.com/login, click "Reset Password," and use your work email address to create an account. From the "My Profile" page, view and update your contact information. Click on "Groups" at the top of the screen to get to the ACCCeXchange home page. Then click on the "COVID-19 Discussion" link.
- Share your successes. In September, eight of your colleagues shared their innovations at the ACCC 37th [Virtual] National Oncology Conference. More than 700 people registered to hear their presentations! The 2021 ACCC Innovator Awards open in December. Look for an email, share it with your team, and apply and be recognized on a national platform for all of the great work you do on behalf of your patients.
- Subscribe and listen to the ACCC podcast.
 CANCER BUZZ is on Apple Podcasts,
 Spotify, or wherever you else get your podcasts. Hear your colleagues share insights on timely topics such as closing the gender gap in oncology. If you are short on time, try one of ACCC's minipodcasts to hear topics like how surgical oncology has been impacted by the coronavirus pandemic and how programs are adapting to fluctuations in staff availability.

Remember, the ACCC membership message is "Together We are Stronger." Those words have never been more true and more needed. Thank you for taking a few moments to read this column and thank you for staying connected to ACCC. Your membership and your engagement are everything. As always, we welcome your ideas for program and resource development. Tell us about your practice, your program, your community, and your needs. Let's stay connected.

Coming in Your 2020 ONCOLOGY ISSUES

- Avoidable and Unavoidable ER
 Utilization by Cancer Patients
 on Systemic Therapy
- Remote Work Program for Hospital-Based Cancer Registrars
- Use of Pharmacy Informatics to Standardize Pharmacist Review of Oral Oncolytic Medications for Hospitalized Patients
- Management of Hospital
 Admissions for Checkpoint
 Inhibitor Immune-Related
 Adverse Events at a Regional
 Cancer Center
- Medication Transitions in Hematologic Malignancy
 Patients at a Safety Net Hospital
- An Investigation of Self-Determined Work Motivation Among Young Adult Central Nervous System Cancer Survivors
- Bringing Phase I Trials to a Community Practice: Highland Oncology Group's Research Program
- Transportation: A Holistic Approach to a Systemic Problem
- Tailoring Distress Screening in Oncology Populations: Timing Distress Screening in Surgically Resectable Esophageal Cancer
- Leveraging a 3D Lung Nodule
 Educational Tool to Reduce
 Patient Distress
- Utilizing Technology to Identify Patient Co-morbidities and Reduce Hospital and ED Admissions
- Onboarding Experienced Nononcology Nurses to Address Staffing Shortages: Miami Cancer Institute's Oncology Training Academy