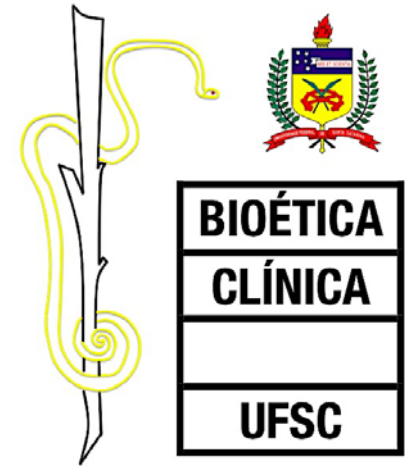


Mídias sociais

Ylmar Corrêa Neto | UFSC



**31 MAIO
A 2 JUN
2018**

XIX CONGRESSO SUL-BRASILEIRO
DE GINECOLOGIA E OBSTETRÍCIA
IV JORNADA SUL-BRASILEIRA
DE MASTOLOGIA



Potenciais conflitos de interesse |

Ylmar Corrêa Neto | CREMESC 5603 | 2016-2018

Consultório Particular

Universidade Federal de Santa Catarina

Professor Ajunto 20 horas

Conselho Regional de Medicina

Conselheiro Titular | Primeiro Secretário

Coeditor da Revista do CREMESC

Conselho Federal de Medicina

Comissão de Revisão do Código de Ética Médica

Comissão de Integração do Médico Jovem

Academia Brasileira de Neurologia

Conselho Deliberativo | Representante da Região Sul

Educação Continuada | Honorários por aulas

Nada a declarar

Educação Continuada | Apoio Parcial

Roche | Torrent

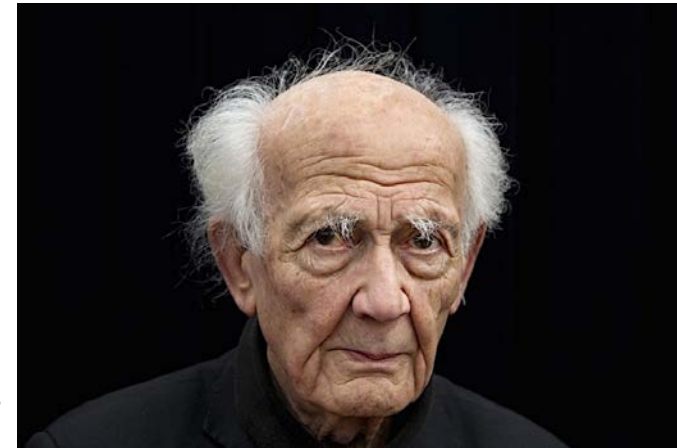
“Hoje, o mundo com seus habitantes e seus costumes, suas crenças, suas organizações — suas graças e seus problemas — entra por nossos olhos, mentes, casas e empresas, através do celular, da internet, da televisão. Ninguém escapa do Outro.”



“Mas, como esse é um cenário relativamente recente, estamos inseguros sobre como nos comportar, **uma vez que ainda não há uma etiqueta que contemple o mundo globalizado e conectado. A verdade é que o código dessa outra convivência está sendo escrito agora — por nós — passo a passo, clique a clique, gafe a gafe, acerto a erro.**”

Tempos Líquidos | Zygmunt Bauman | 2006

[Tradução Carlos Alberto Medeiros. Rio de Janeiro: Jorge Zahar, 2007]



1925-2017

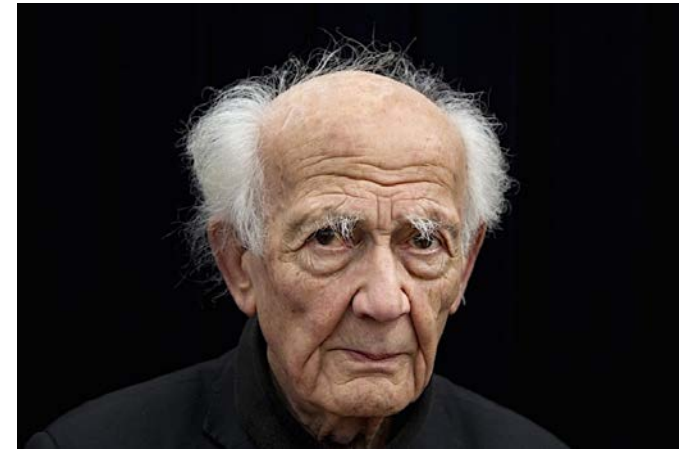
“Pelo menos na parte “desenvolvida” do planeta, têm acontecido, ou pelo menos estão ocorrendo atualmente, algumas mudanças de curso seminais e intimamente interconectadas, as quais criam um ambiente novo e de fato sem precedentes para as atividades da vida individual, levantando uma série de desafios inéditos.”

Tempos Líquidos | Zygmunt Bauman | 2006

[Tradução Carlos Alberto Medeiros. Rio de Janeiro: Jorge Zahar, 2007]



“Em primeiro lugar, a passagem da fase "sólida" da modernidade para a "líquida"- ou seja, para uma condição em que **as organizações sociais** (estruturas que limitam as escolhas individuais, instituições que asseguram a repetição de rotinas, padrões de comportamento aceitável) **não podem mais manter sua forma por muito tempo** (nem se espera que o façam), **pois se decompõem e se dissolvem mais rápido que o tempo que leva para moldá-las e, uma vez reorganizadas, para que se estabeleçam. ...**”



Mídias sociais

Ylmar Corrêa Neto | **UFSC**



Mídias Sociais | [Oxford Dictionary](#)

Websites and applications that enable users to create and share content or to participate in social networking.

Websites e aplicativos que permitem aos usuários criar e compartilhar conteúdo ou participar de redes sociais.



Telemedicina

Dorsey et al. | Nature Review Neurology | 2018

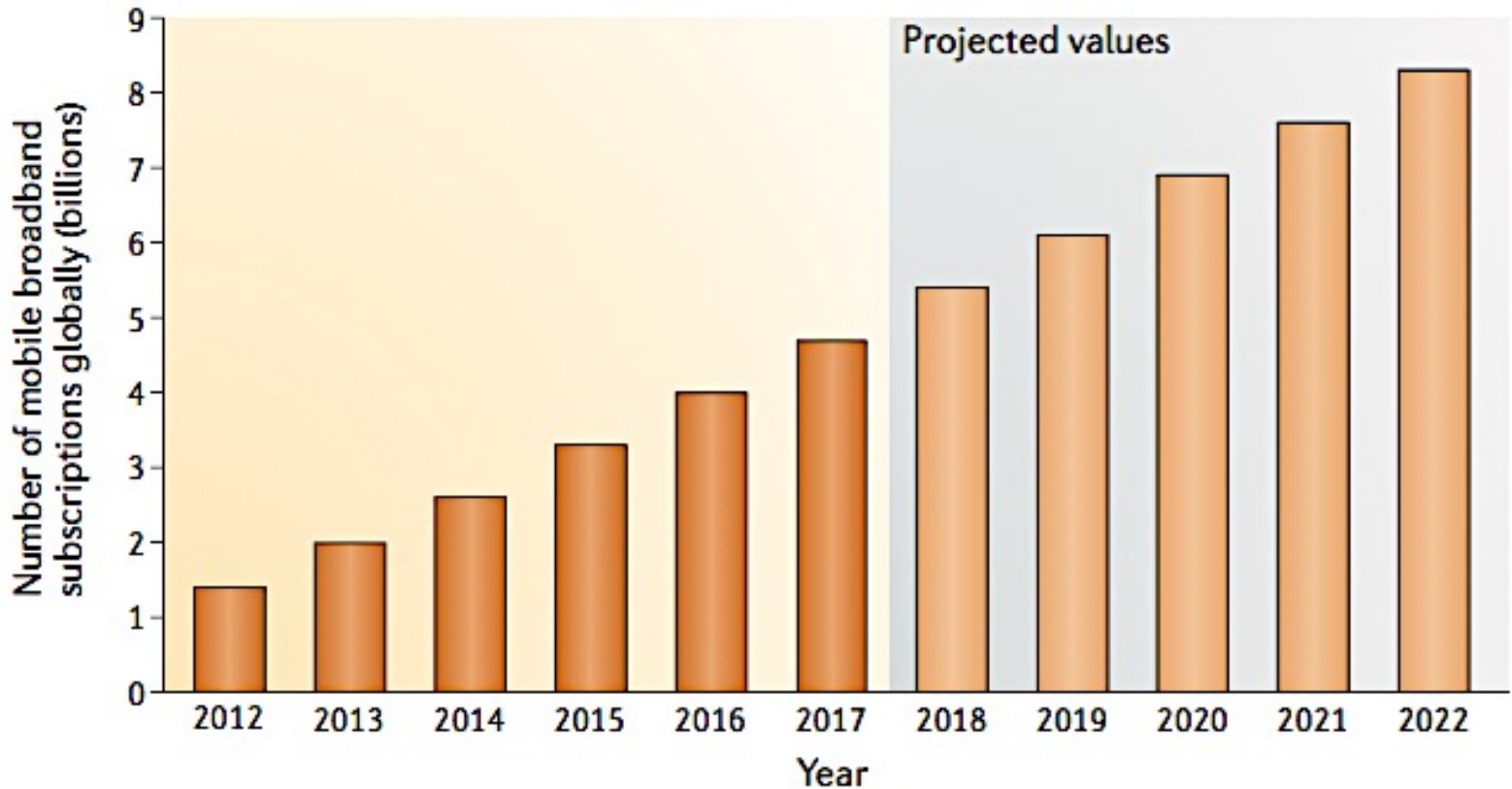
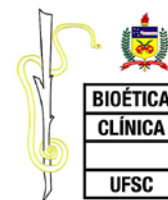


Figure 3 | Number of mobile broadband subscriptions, globally. A graph of smartphone ownership (measured by number of global broadband subscriptions) from 2012 to 2022. Smartphone ownership rates have steadily increased; by 2020, 70% of the world's population is projected to own a smartphone¹⁹³.

Facebook e Twitter

Hopkins et al. | Am J Obstetrics Gynecology | 2018



Expert Reviews

ajog.org

To the point: medical education, technology, and the millennial learner



Laura Hopkins, MD; Brittany S. Hampton, MD; Jodi F. Abbott, MD; Samantha D. Buery-Joyner, MD; LaTasha B. Craig, MD; John L. Dalrymple, MD; David A. Forstein, DO; Scott C. Graziano, MD; Margaret L. McKenzie, MD; Archana Pradham, MD; Abigail Wolf, MD; Sarah M. Page-Ramsey, MD

TABLE

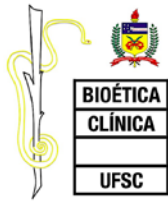
Generations categorized by time, cultural and character context

Generation	Birth years	Current age, y	Defining cultural events	Character traits
Baby boomers	1946–1964	53–71	Vietnam War, civil rights, prosperity	Self-centered, driven, judgmental
Generation X	1965–1976	41–52	Personal computer, cable television, human immunodeficiency virus, women's rights	Adaptable, independent, impatient
Millennials	1977–1995	22–40	Internet, 9/11, mobile communication devices, “smart” devices; lesbian, gay, bisexual and transgender rights	Optimistic, techno-savvy, needy for feedback, collaborative

Hopkins. Medical education, technology, and the millennial learner. Am J Obstet Gynecol 2018.

Uso de Mídia Social | Adolescentes | Holanda

van den Eijnden al. | Computers in Human Behavior | 2016



482

R.J.J.M. van den Eijnden et al. / Computers in Human Behavior 61 (2016) 478–487

Table 1
The most popular social media (N = 1325).

	Total users	Users on smartphone ^a	Daily posts (≥ 1 post)	Daily posts (> 10 posts)
Facebook	83%	68%	46%	1%
WhatsApp ^b	82%	82%	82%	32%
Instagram	54%	51%	41%	1%
YouTube	53%	43%	33%	1%
Twitter	34%	26%	19%	2%

Note: ^aProportion of the total sample (N = 1325); ^b WhatsApp was measured only in survey 3 (N = 601).

Telemedicina

Dorsey et al. |
Nature Review Neurology | 2018

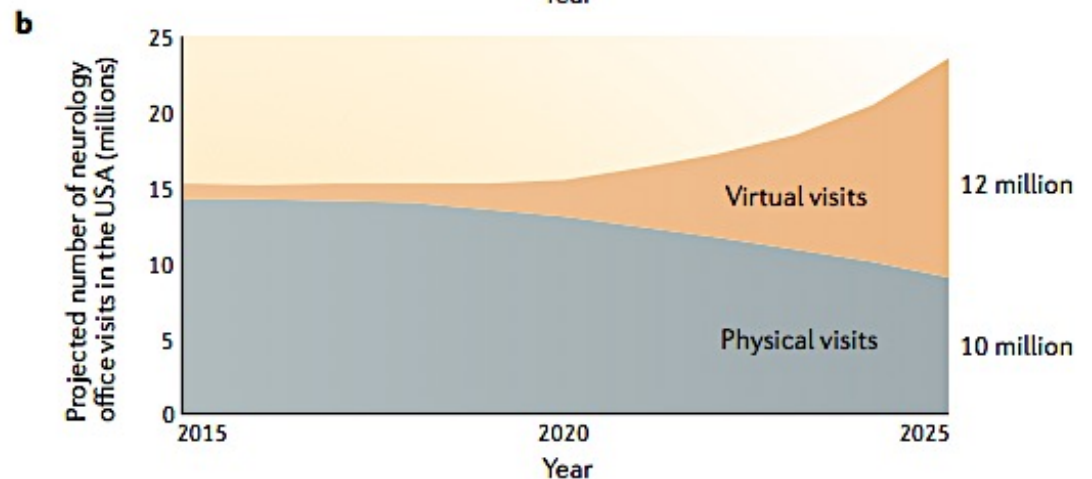
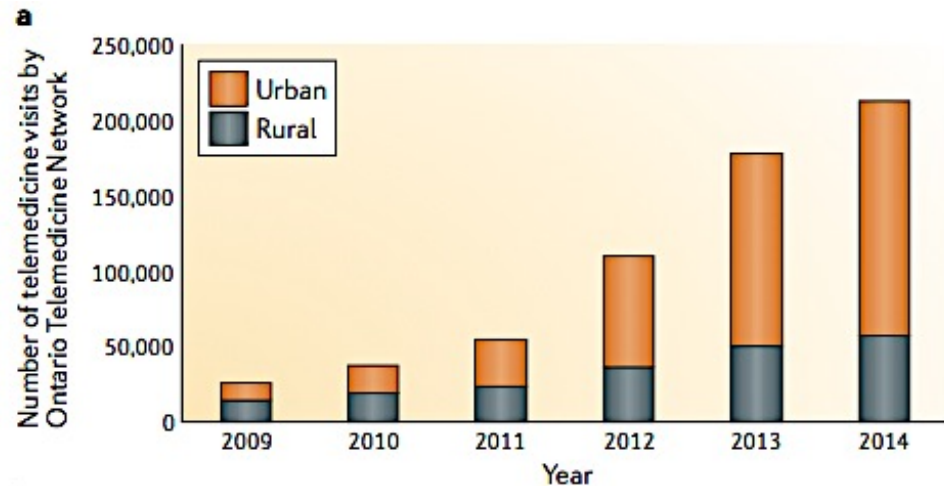


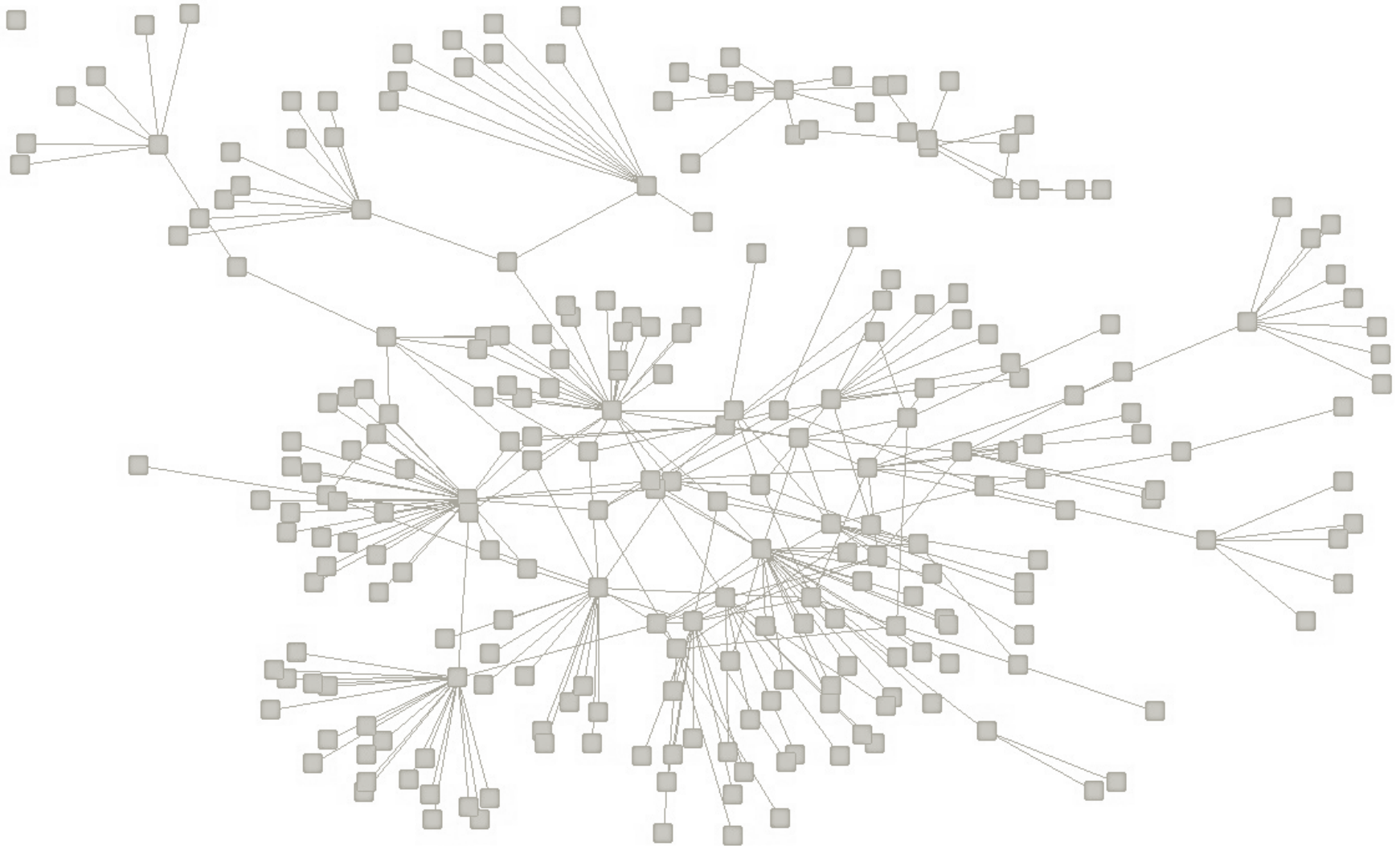
Figure 4 | Rise in number of telemedicine visits. a | A graph of the number of telemedicine visits in an integrated care network (the Ontario Telemedicine Network in Canada) between 2009 and 2014. This growth exemplifies the rapid adoption of telehealth. Although initial telehealth visits were mostly in rural areas (grey), the number of urban visits (orange) has increased exponentially and now dominates. Excludes those reported as 'missing location', which accounted for <1% of all visits¹⁹⁴. **b** | A graph estimating the number of US virtual and conventional physical neurology office visits from 2015 to 2025 (REFS 195, 196). Virtual visits could outnumber traditional in-clinic visits by 2025.

Imperador Trump, o que você diria àqueles que noticiaram que o senhor não está usando roupas.

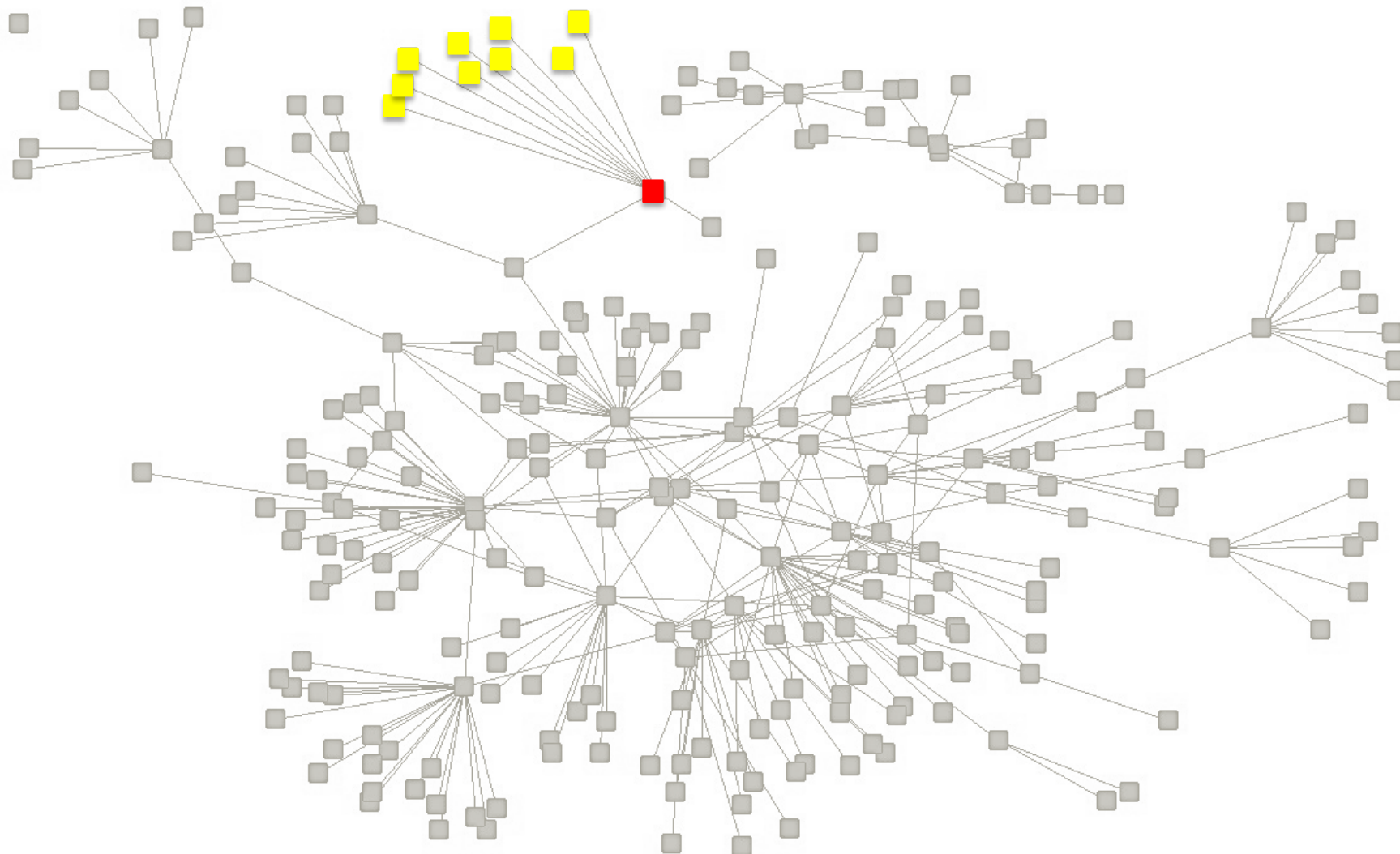
Fake news.



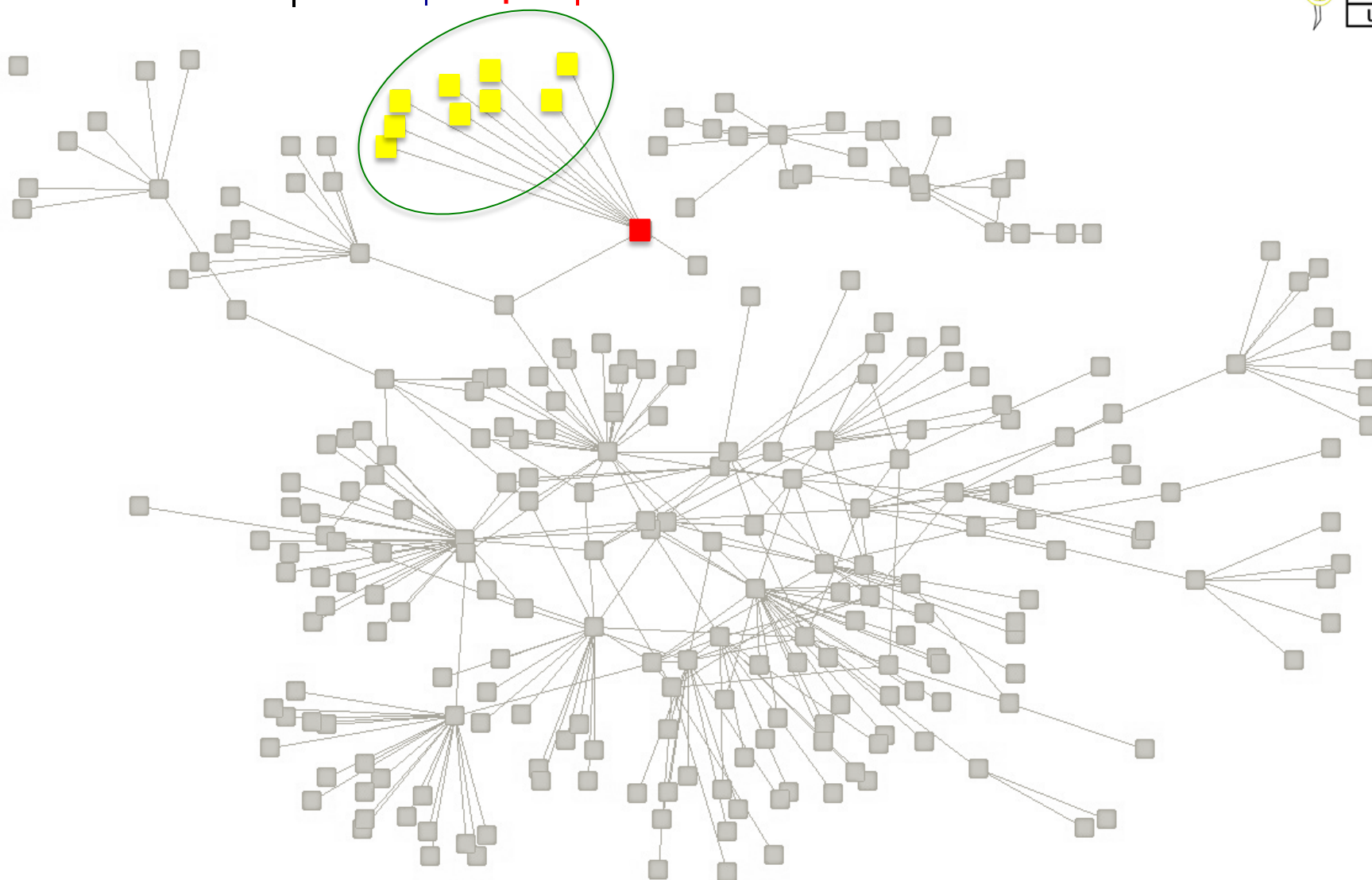
Mídias sociais | Redes



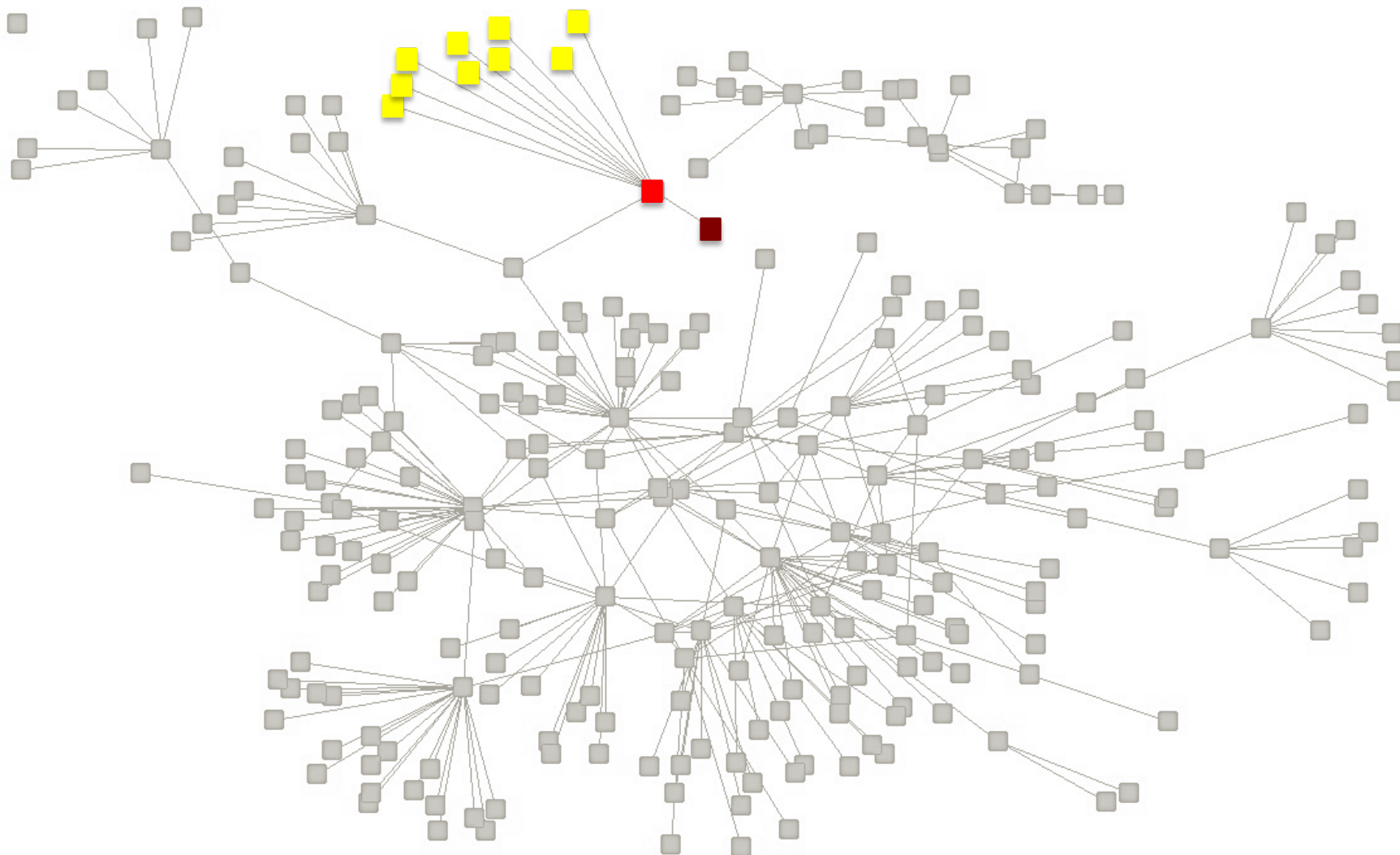
Mídias sociais | Redes | Grupos



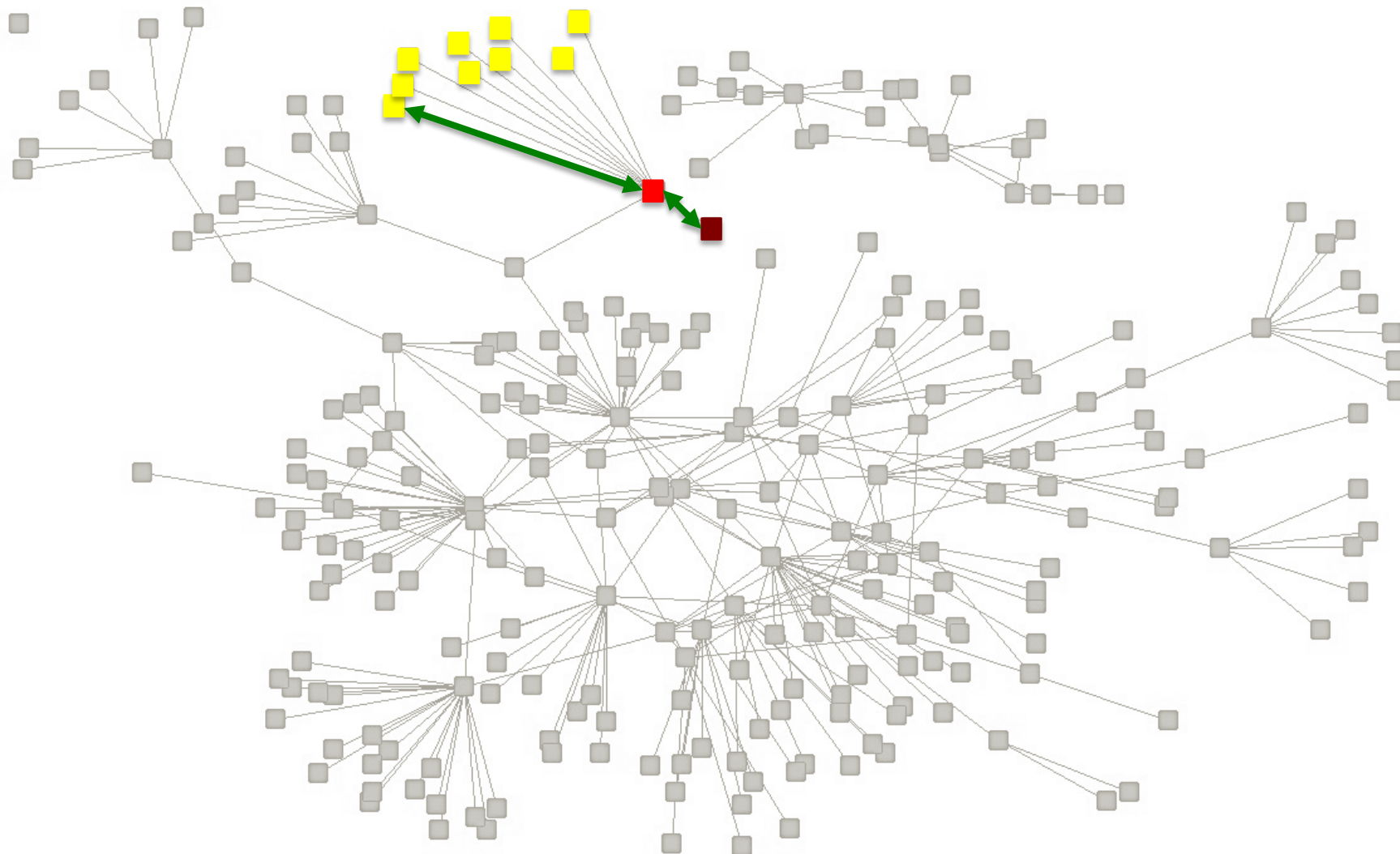
Mídias sociais | Redes | Grupos | Identificáveis ou não



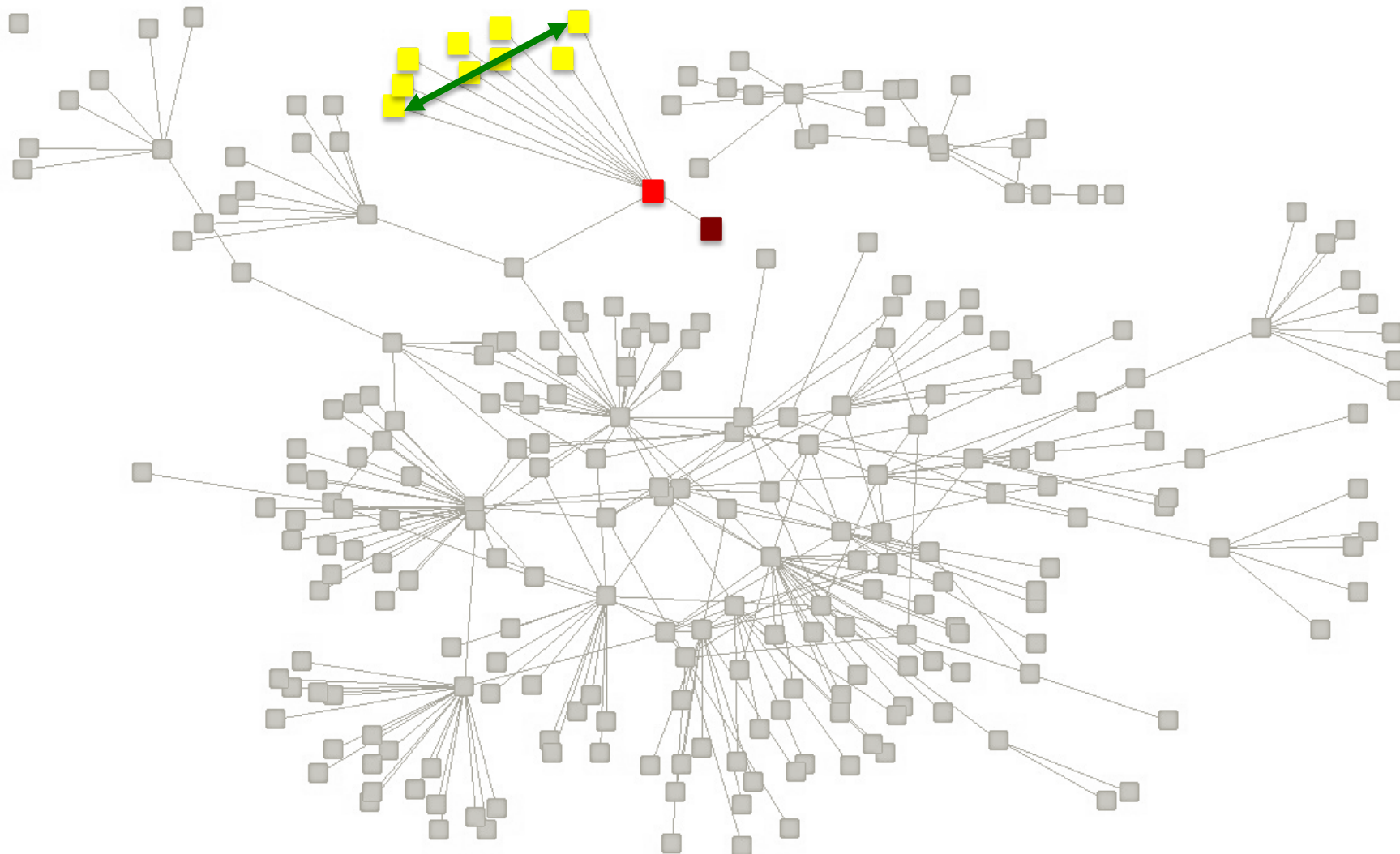
Mídias sociais | Redes | Relações Interpessoais



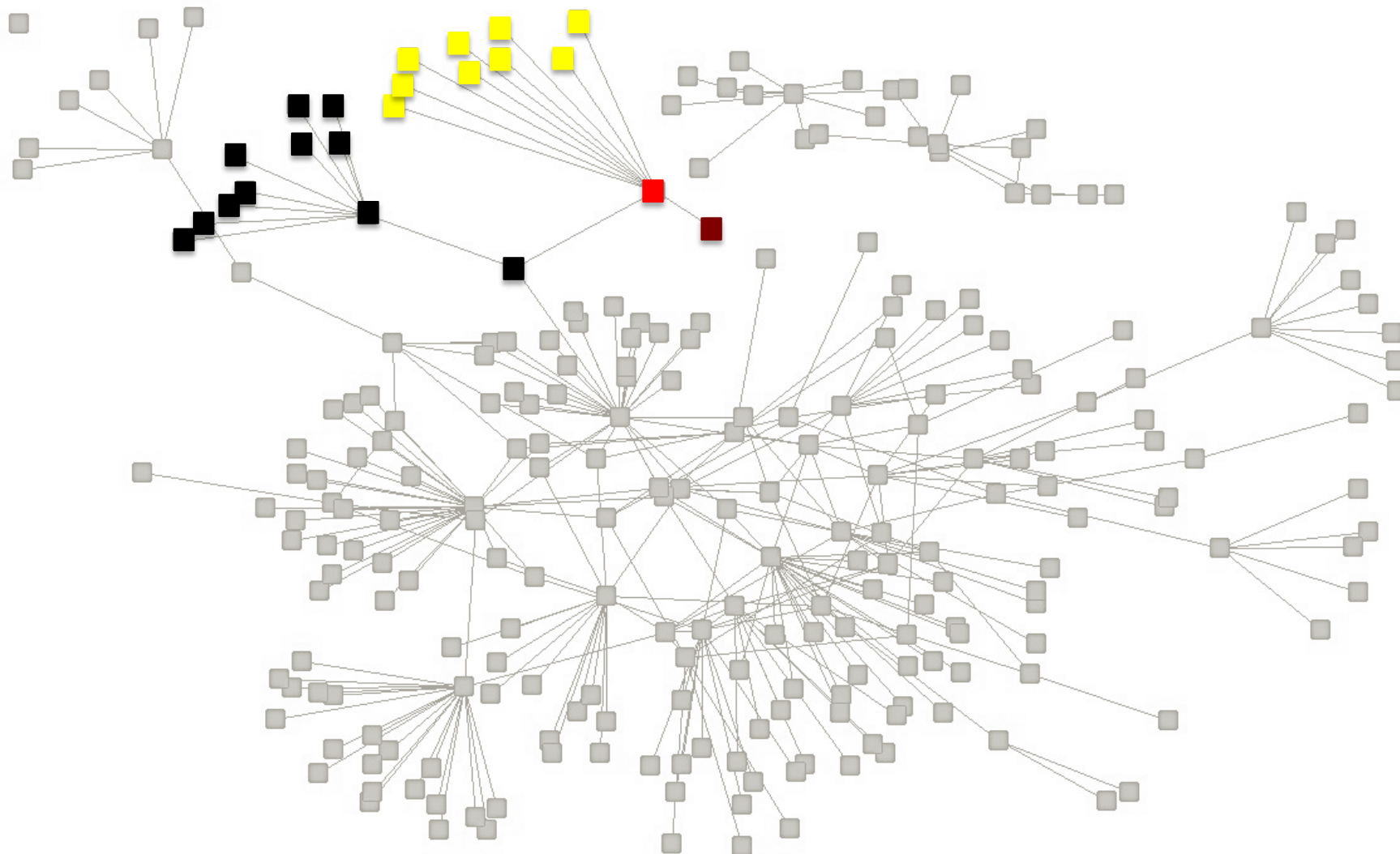
Mídias sociais | Redes | Reciprocidade



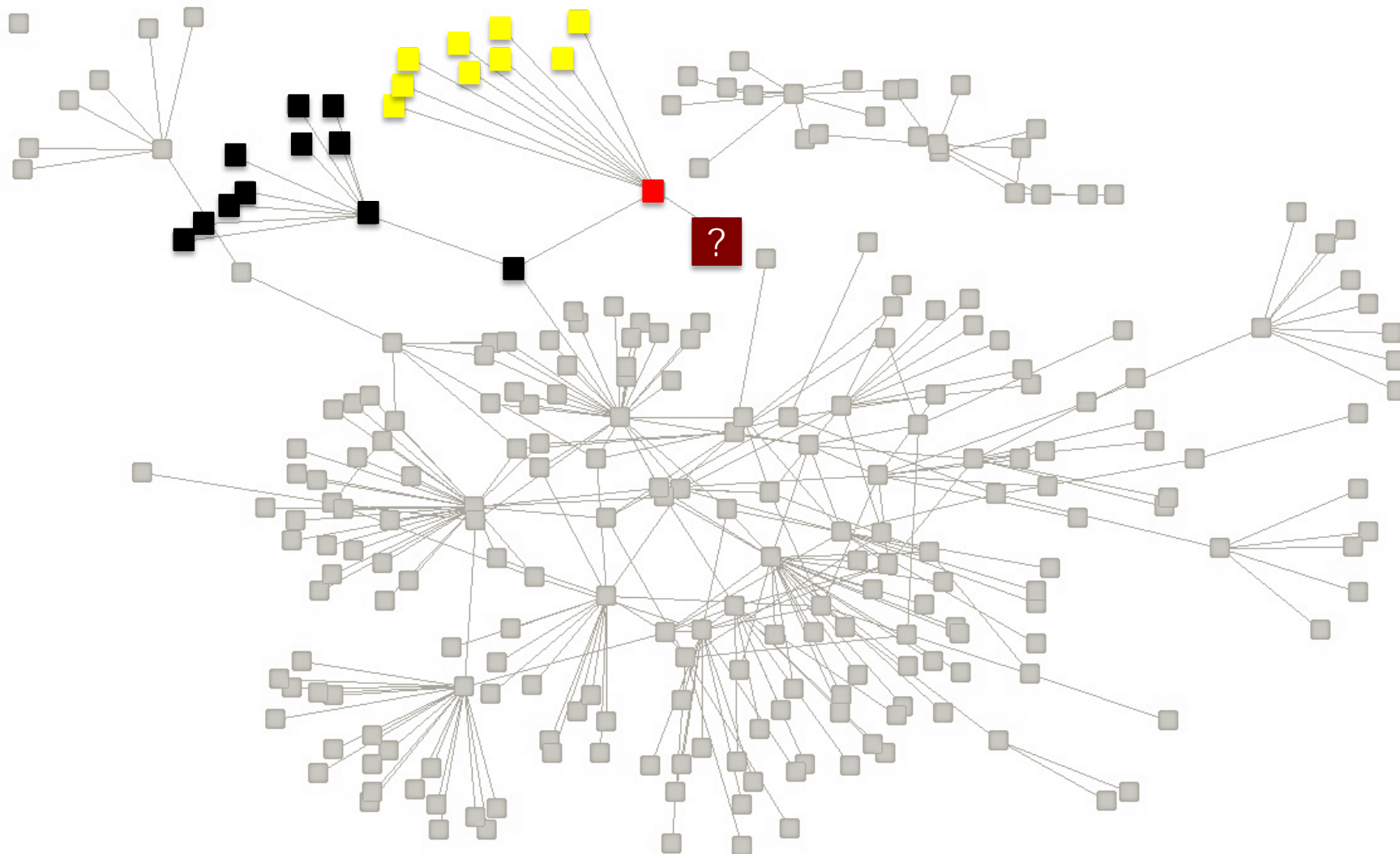
Mídias sociais | Redes | Reciprocidade Paralela



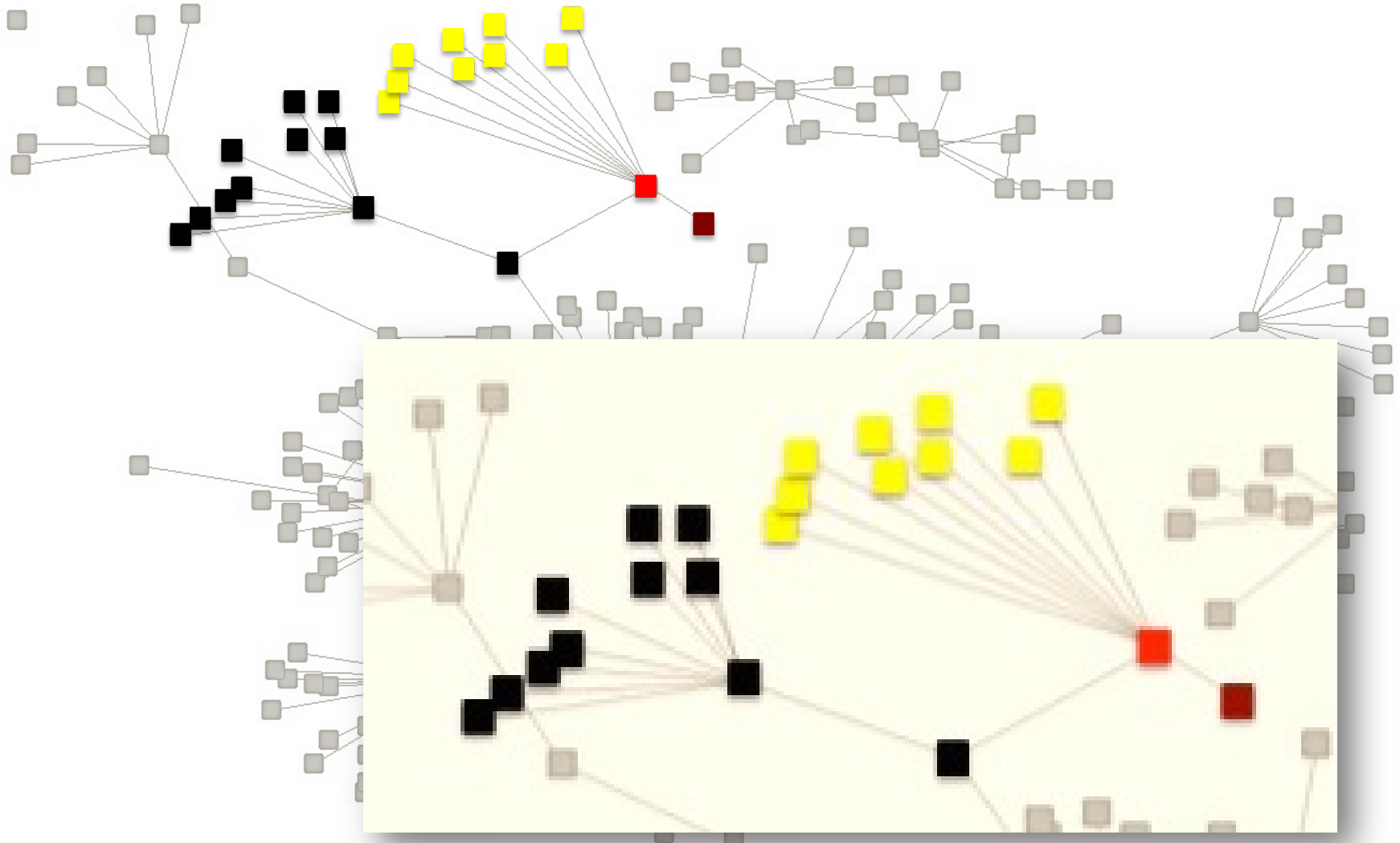
Mídias sociais | Redes | Compartilhamento



Mídias sociais | Redes | Identidade



Mídias sociais | Redes | Perenidade





**Online Medical Professionalism: Patient and Public Relationships:
Policy Statement From the American College of Physicians and the
Federation of State Medical Boards**

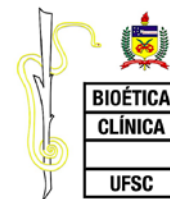
- Comunicações com pacientes usando e-mail, texto e mensagens instantâneas.
- Uso de mídia social para reunir informações sobre pacientes.
- Uso de recursos educacionais on-line e informações relacionadas com pacientes.
- Blogs produzidos por médicos, micro blogs e publicações por médicos de comentários de outros.
- Postagem pelo médico de informações pessoais em mídia social pública.
- Uso médico de sites digitais (por exemplo, texto e web) para comunicação com colegas sobre atendimento ao paciente.



2018



TABLE 1. The Health on the Net Foundation Code of Conduct (HONcode) and the Journal of the American Medical Association (JAMA) criteria



HONcode^a

1. Authoritative: Indicate the qualifications of the authors

VIEWPOINT

The Good, the Bad, and the Ugly of Medical Information on the Internet

Ryul Kim, MD,^{1,2} Han-Joon Kim, MD, PhD,¹ and Beomseok Jeon, MD, PhD^{1*}

¹Department of Neurology, Seoul National University Hospital, College of Medicine, Seoul, Republic of Korea

²Department of Neurology, Aerospace Medical Center, Republic of Korea Air Force, Cheongju, Republic of Korea

8. Advertising policy: Clearly distinguish advertising from editorial content

JAMA criteria

1. **Authorship:** Authors and contributors, their affiliations, and relevant credentials should be provided.
2. **Attribution:** References and sources for all content should be listed clearly, and all relevant copyright information noted.
3. **Disclosure:** Website "ownership" should be prominently and fully disclosed, as should any sponsorship, advertising, underwriting, commercial funding arrangements or support, or potential conflicts of interest. This includes arrangements in which links to other sites are posted as a result of financial considerations. Similar standards should hold in discussion forums.
4. **Currency:** Dates that content was posted and updated should be indicated.

^aDetails about the HONcode are available on the following website: <http://www.hon.ch/HONcode/Pro/Conduct.html>.

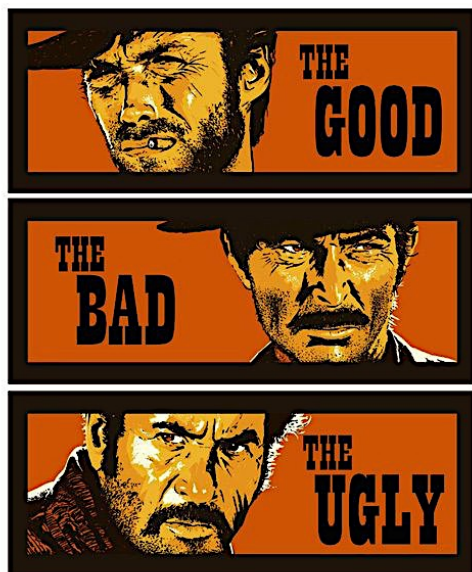
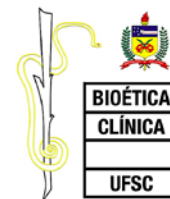


TABLE 1. The Health on the Net Foundation Code of Conduct (HONcode) and the Journal of the American Medical Association (JAMA) criteria



Critérios do JAMA | 1997

Autoria

Fontes

Transparência na propriedade e financiamento

Atualidade

HONcode^a

1. Authorship: Indicates the qualifications of the authors

the doctor-

ata submit-

and medi-

nd

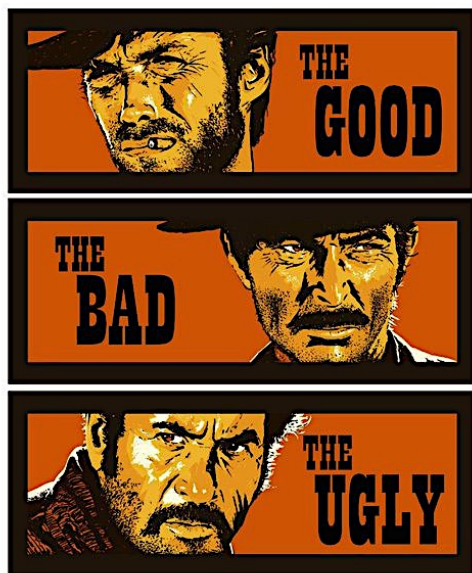
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al content

JAMA criteria

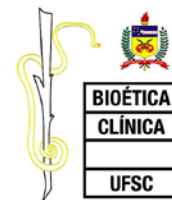
1. **Authorship:** Authors and contributors, their affiliations, and relevant credentials should be provided.
2. **Attribution:** References and sources for all content should be listed clearly, and all relevant copyright information noted.
3. **Disclosure:** Website "ownership" should be prominently and fully disclosed, as should any sponsorship, advertising, underwriting, commercial funding arrangements or support, or potential conflicts of interest. This includes arrangements in which links to other sites are posted as a result of financial considerations. Similar standards should hold in discussion forums.
4. **Currency:** Dates that content was posted and updated should be indicated.

^aDetails about the HONcode are available on the following website: <http://www.hon.ch/HONcode/Pro/Conduct.html>.





Padrões da Comunidade | 2018



Os objetivos dos Padrões da Comunidade é incentivar a expressão e criar uma comunidade segura. ...

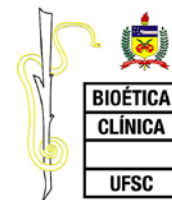
Todos no Facebook tem um papel na manutenção da segurança e respeito na plataforma. ...

As consequências da violação dos Padrões da Comunidade variam de acordo com a gravidade e com o histórico do usuário do Facebook. ...

Os Padrões da Comunidade , que seguiremos atualizando com o tempo, servem de guia sobre como se comunicar no Facebook. ...



Padrões da Comunidade | 2018



Segurança: As pessoas precisam sentir-se seguras para construir uma comunidade. Assumimos o compromisso de remover conteúdo que promova riscos no mundo real, inclusive (entre outros) danos físicos, financeiros e emocionais.



18. Notícias falsas

Reduzir a disseminação de notícias falsas no Facebook é uma responsabilidade que levamos a sério. Também reconhecemos que essa é uma questão desafiadora e delicada. Queremos ajudar as pessoas a se manter bem informadas sem deixar de lado o discurso público produtivo. Existe uma linha tênue entre notícias falsas e sátiras ou opiniões. Por esse motivo, não removemos notícias falsas do Facebook, mas, em vez disso, reduzimos significativamente sua distribuição, mostrando-as mais abaixo no Feed de Notícias.

SOCIAL MEDIA AND THE MEDICAL PROFESSION

**A guide to online professionalism for medical
practitioners and medical students**

**TAKE CONTROL OF
YOUR PRIVACY**

**CONSIDER THE DESTINY
OF YOUR DATA**

**BE CAREFUL ABOUT WHAT YOU
SAY AND HOW YOU SAY IT**

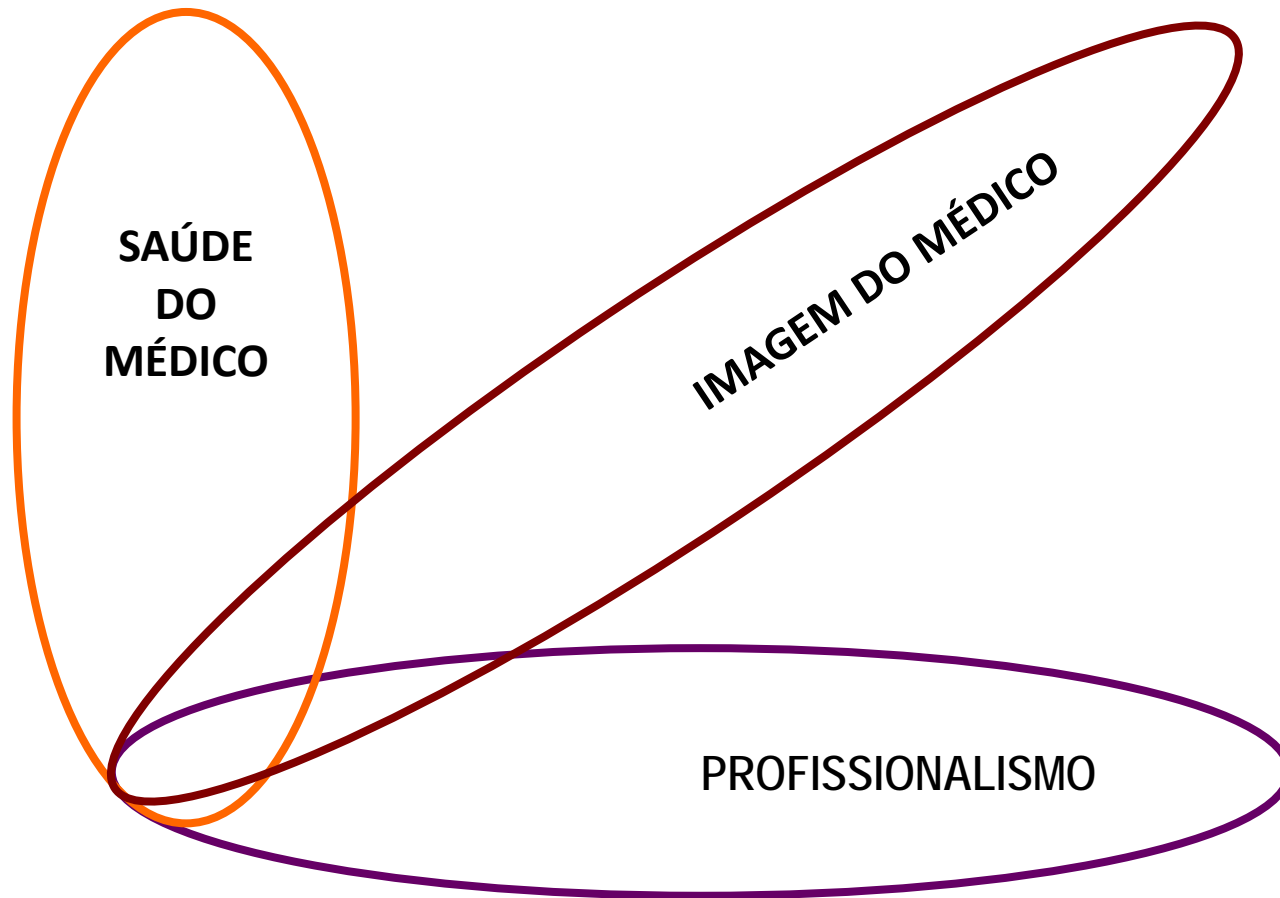
**KEEP YOUR FRIENDS CLOSE AND
OTHERS ... NOT SO CLOSE**

ARE YOU MAINTAINING PROFESSIONAL STANDARDS ONLINE?

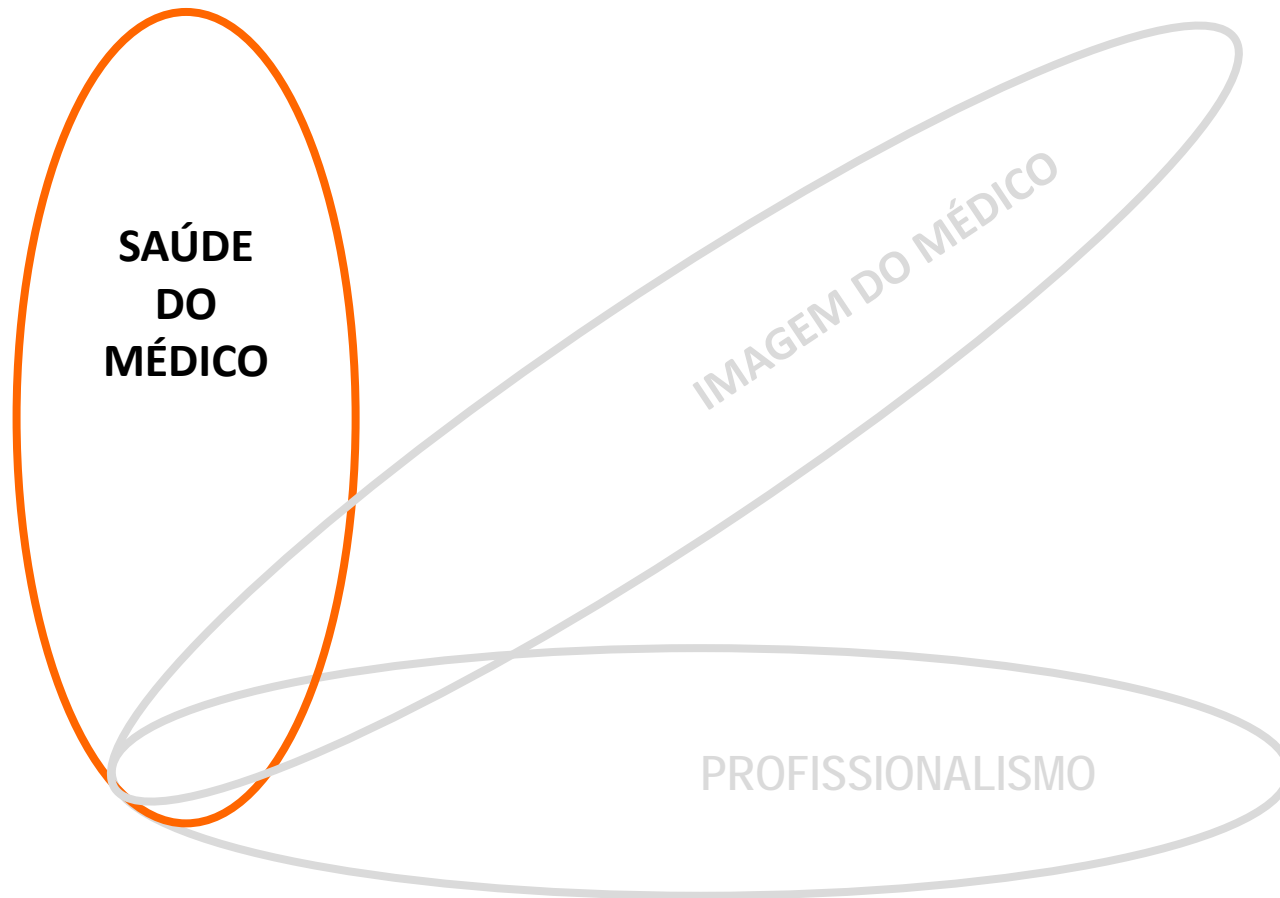


A joint initiative of the Australian Medical Association Council of Doctors-in-Training, the New Zealand Medical Association Doctors-in-Training Council, the New Zealand Medical Students' Association and the Australian Medical Students' Association

Mídias sociais



Mídias sociais



Médico(a) | Segunda a Sexta-feira



TURNO MATUTINO

TURNO VESPERTINO

RECADOS, RECEITAS E OUTROS

TELEFONEMAS

TURNO NOTURNO

Médico(a) | Segunda a Sexta-feira

PROFISSIONAL

TURNO MATUTINO

TURNO VESPERTINO

RECADOS, RECEITAS E OUTROS

TELEFONEMAS

E-MAILS

WHATS UP

MÍDIAS SOCIAIS



TURNO NOTURNO

PESSOAL

OUTROS

TELEFONEMAS

E-MAILS

WHATS UP

MÍDIAS SOCIAIS

Médico(a) | Segunda a Sexta-feira

PROFISSIONAL



TURNO NOTURNO

PESSOAL

OUTROS

TELEFONEMAS

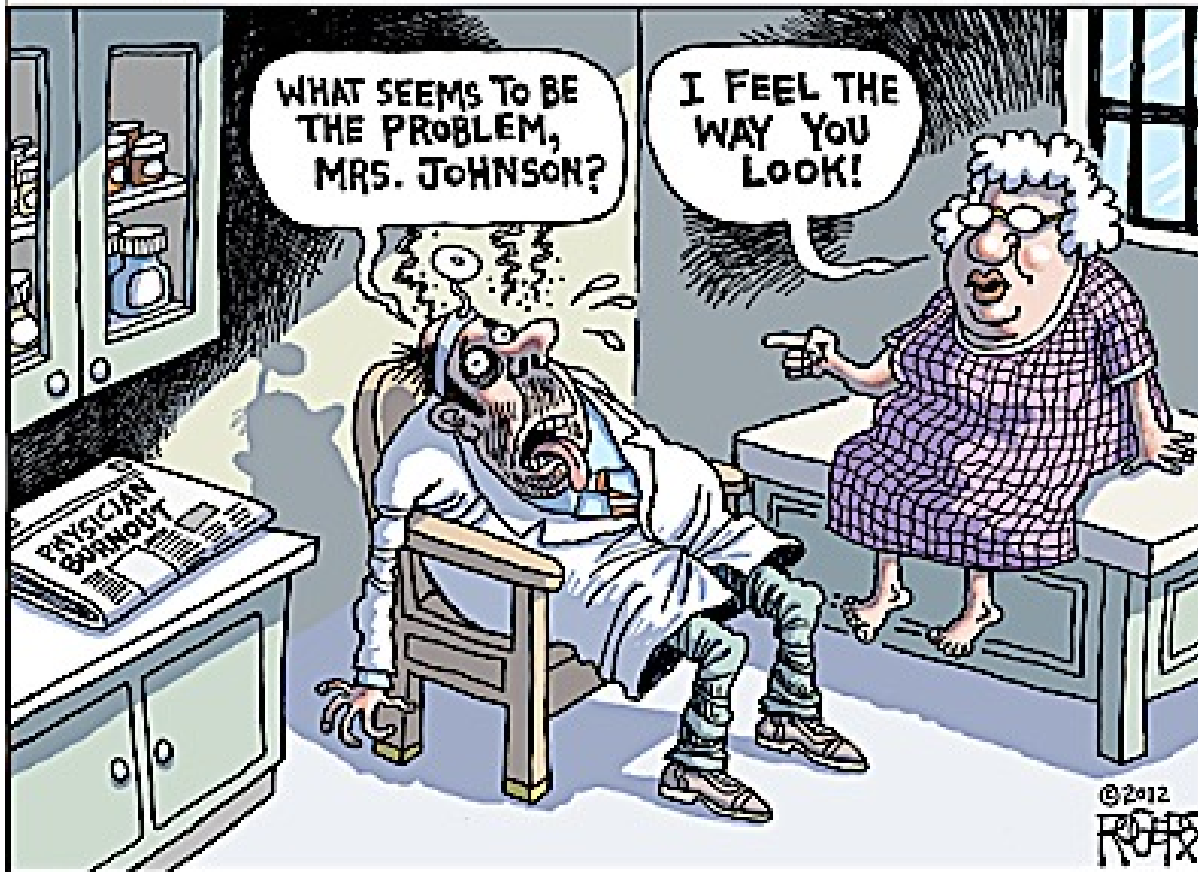
E-MAILS

WHATS UP

MÍDIAS SOCIAIS

SECOND OPINION

BY ROB ROGERS



Qual o seu problema, Sra. Johnson?
Eu me sinto do jeito que o senhor aparenta.

Burnout | Esgotamento

©Cartoonbank.com



*"The doctor will see you now, Mrs. Perkins.
Please try not to upset him."*

O doutor lhe atenderá agora, Sra. Perkins, por favor não lhe incomode.

A B S T R A C T

Introduction: Social media use is central to the lives of emerging adults, but the implications of social media use on psychological adjustment are not well understood. The current study aimed to examine the impact of time spent using social media on anxiety symptoms and severity in emerging adults.

Methods: Using a web-based recruitment technique, we collected survey information on social media use and anxiety symptoms and related impairment in a nationally representative sample of 563 emerging adults from the U.S. (18–22 years-old; 50.2% female; 63.3% Non-Hispanic White). Participants self-reported the amount of time they spent using various social media sites on an average day, and responded to anxiety questionnaires

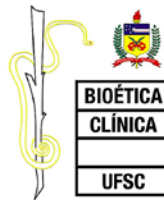
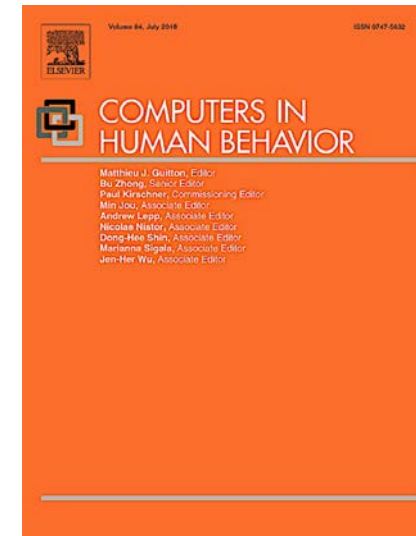
Results: Hierarchical regression revealed that more time spent using social media was significantly associated with greater symptoms of dispositional anxiety ($B=0.74$, 95% CI=0.59–0.90, $p < 0.001$), but was unrelated to recent anxiety-related impairment ($B=0.06$, 95% CI=0.00–0.12, $p=0.051$), controlling for age, gender, race/ethnicity, and education level. Logistic regression also revealed that more daily social media use was significantly associated with a greater likelihood of participants scoring above the anxiety severity clinical cut-off indicating a probable anxiety disorder (AOR=1.032, 95% CI=1.004–1.062, $p=0.028$).

Limitations: Study limitations include the cross-sectional design and reliance on self-report questionnaires.

Conclusions: Given the ubiquity of social media among emerging adults, who are also at high risk for anxiety disorders, the positive association between social media use and anxiety has important implications for clinicians. Gaining a more nuanced understanding of this relationship will help to inform novel approaches to anxiety treatment.

Escala de Transtorno relacionado à Mídia Social

van den Eijnden al. | Computers in Human Behavior | 2016



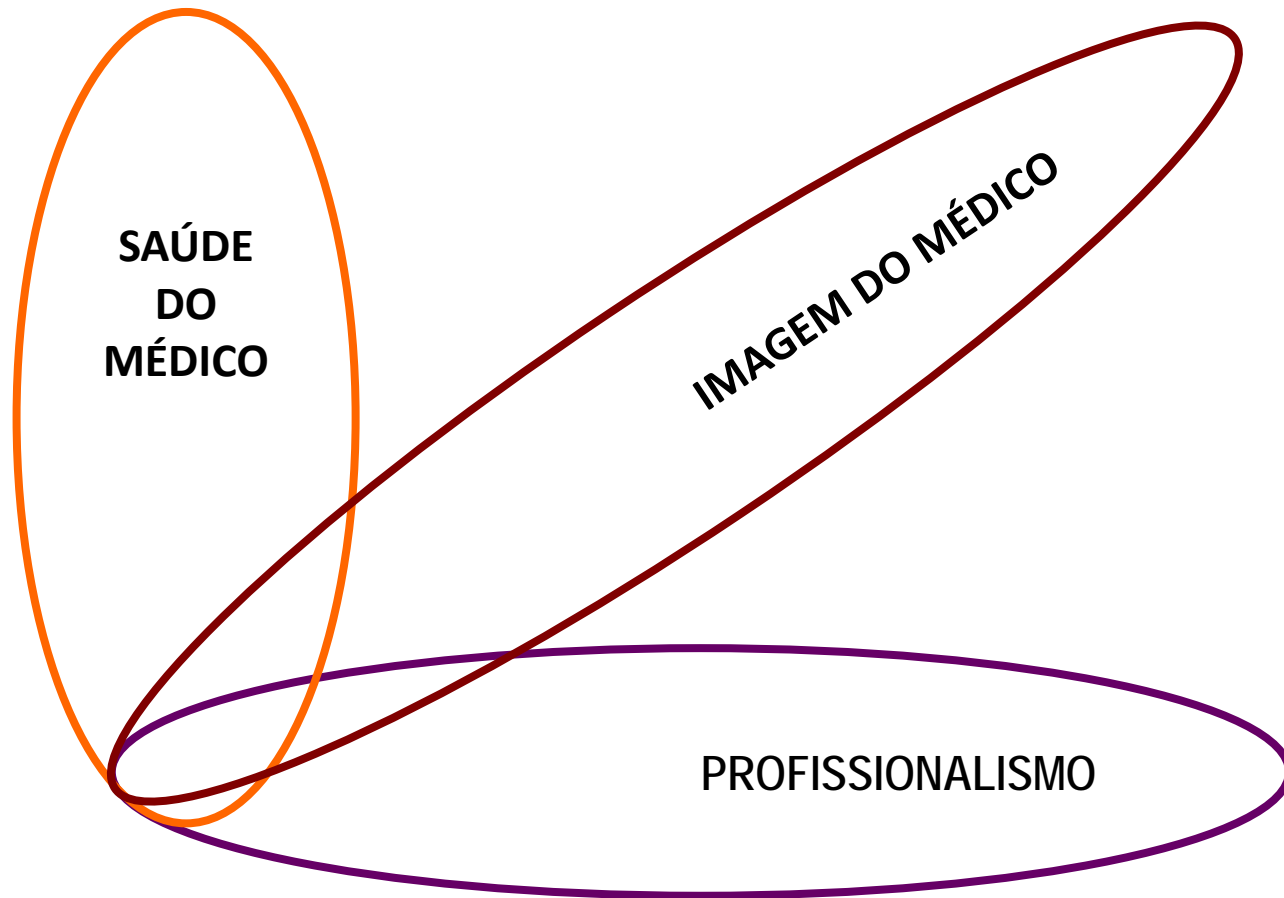
R.J.J.M. van den Eijnden et al. / Computers in Human Behavior 61 (2016) 478–487

483

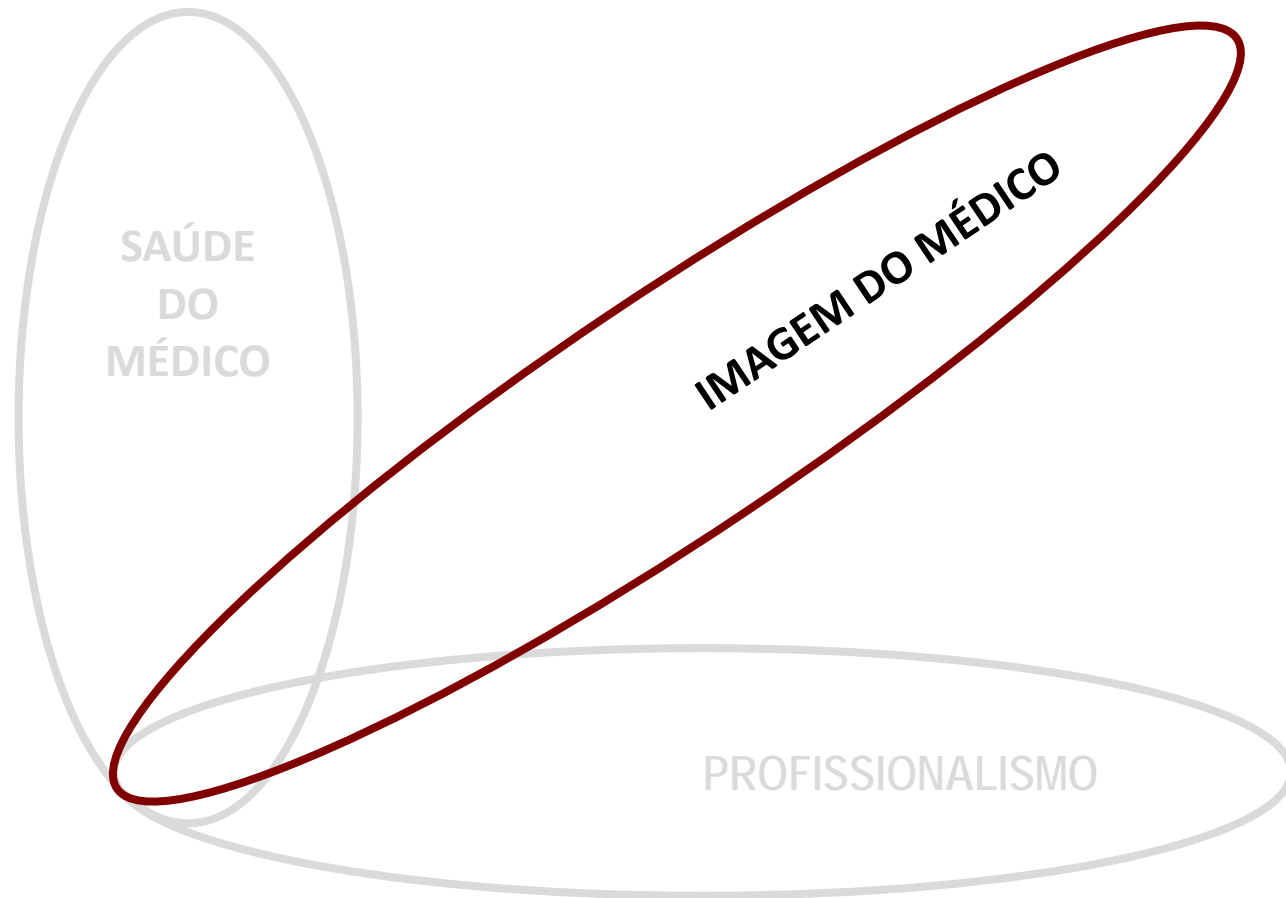
Table 3
The 9-item SMD scale.

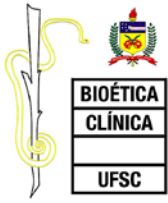
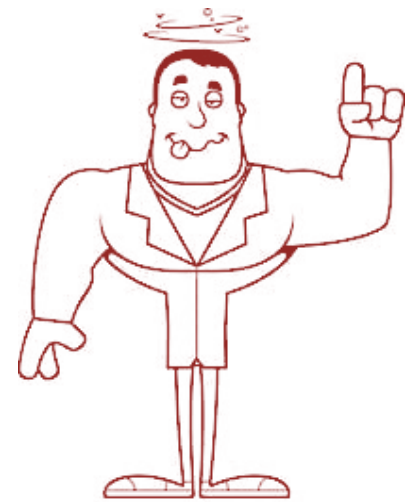
Criterion	During the past year, have you ...
Preoccupation	... regularly found that you can't think of anything else but the moment that you will be able to use social media again?
Tolerance	... regularly felt dissatisfied because you wanted to spend more time on social media?
Withdrawal	... often felt bad when you could not use social media?
Persistence	... tried to spend less time on social media, but failed?
Displacement	... regularly neglected other activities (e.g. hobbies, sport) because you wanted to use social media?
Problem	... regularly had arguments with others because of your social media use?
Deception	... regularly lied to your parents or friends about the amount of time you spend on social media?
Escape	... often used social media to escape from negative feelings?
Conflict	... had serious conflict with your parents, brother(s) or sister(s) because of your social media use?

Mídias sociais

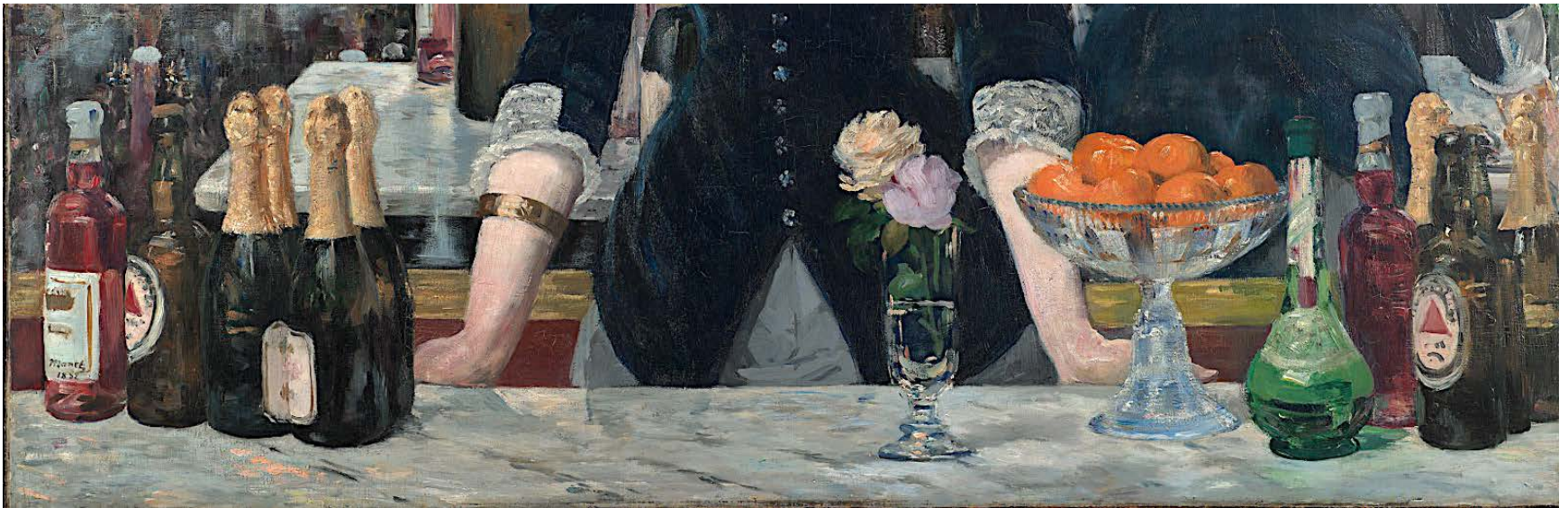


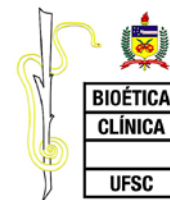
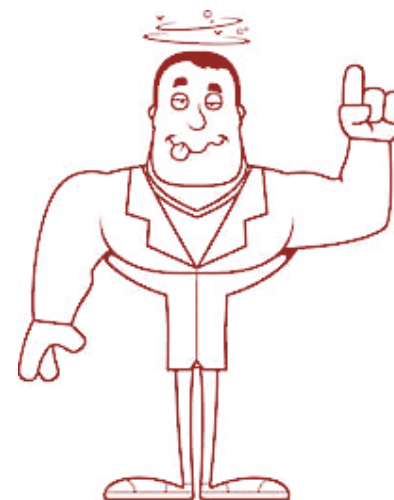
Mídias sociais





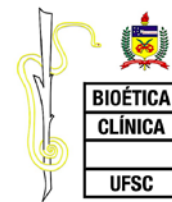
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| 2017





| 2017



BJOG

An International Journal of
Obstetrics and Gynaecology

Fetal brain imaging, pathology and Zika virus

- 15** Squier W, Jansen A. Polymicrogyria: pathology, fetal origins and mechanisms. *Acta Neuropathol Commun* 2014;2:80.
- 16** Judkins AR, Martinez D, Ferreira P, Dobyns WB, Golden JA. Polymicrogyria includes fusion of the molecular layer and decreased neuronal populations but normal cortical laminar organization. *J Neuropathol Exp Neurol* 2011;70:438–43.

- 17** Barkovich AJ. Current concepts of polymicrogyria. *Neuroradiology* 2010;52:479–87.
- 18** Leventer RJ, Jansen A, Pilz DT, Stoodley N, Marini C, Dubeau F, et al. Clinical and imaging heterogeneity of polymicrogyria: a study of 328 patients. *Brain* 2010;133:1415–27.

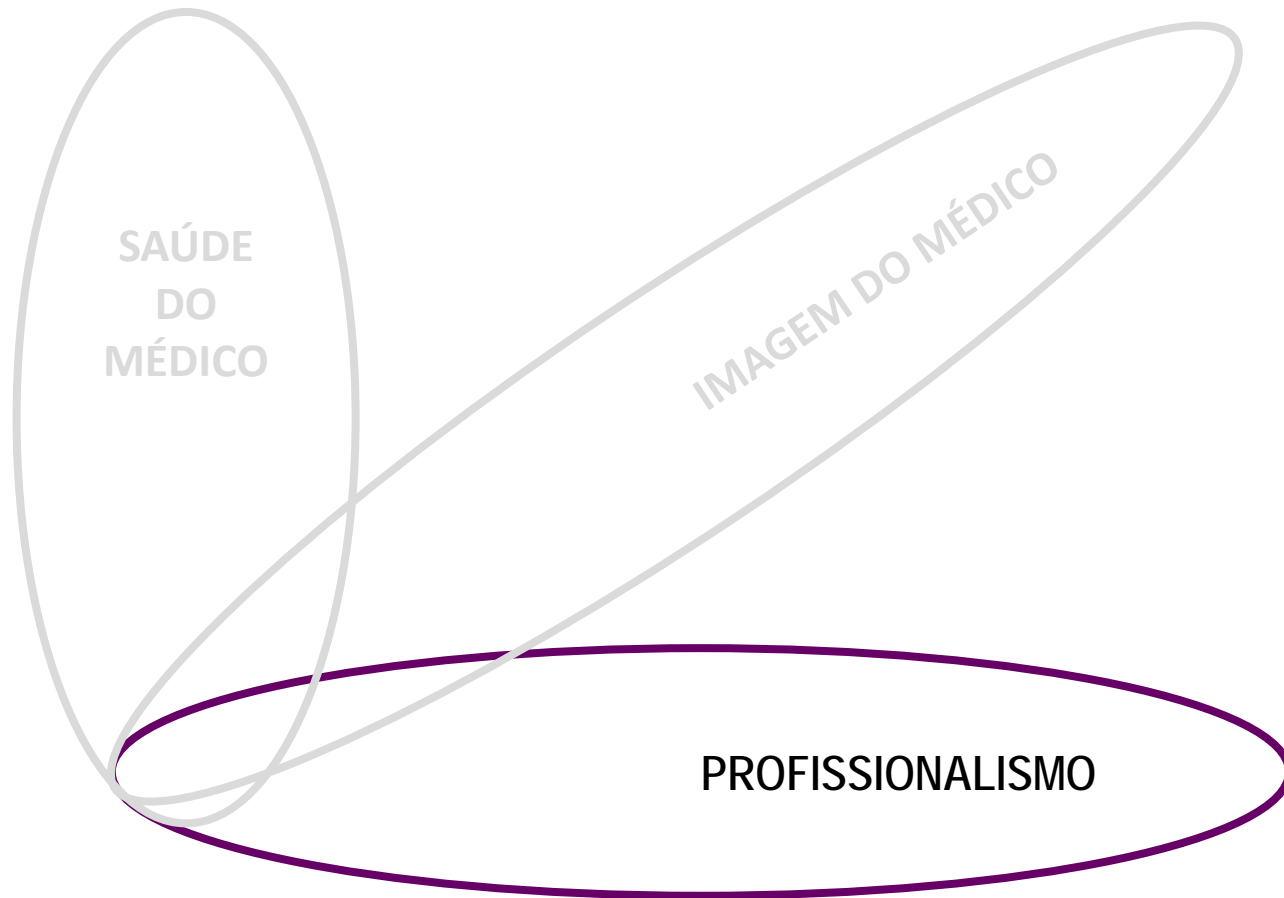


Social media: the bane of practitioners?

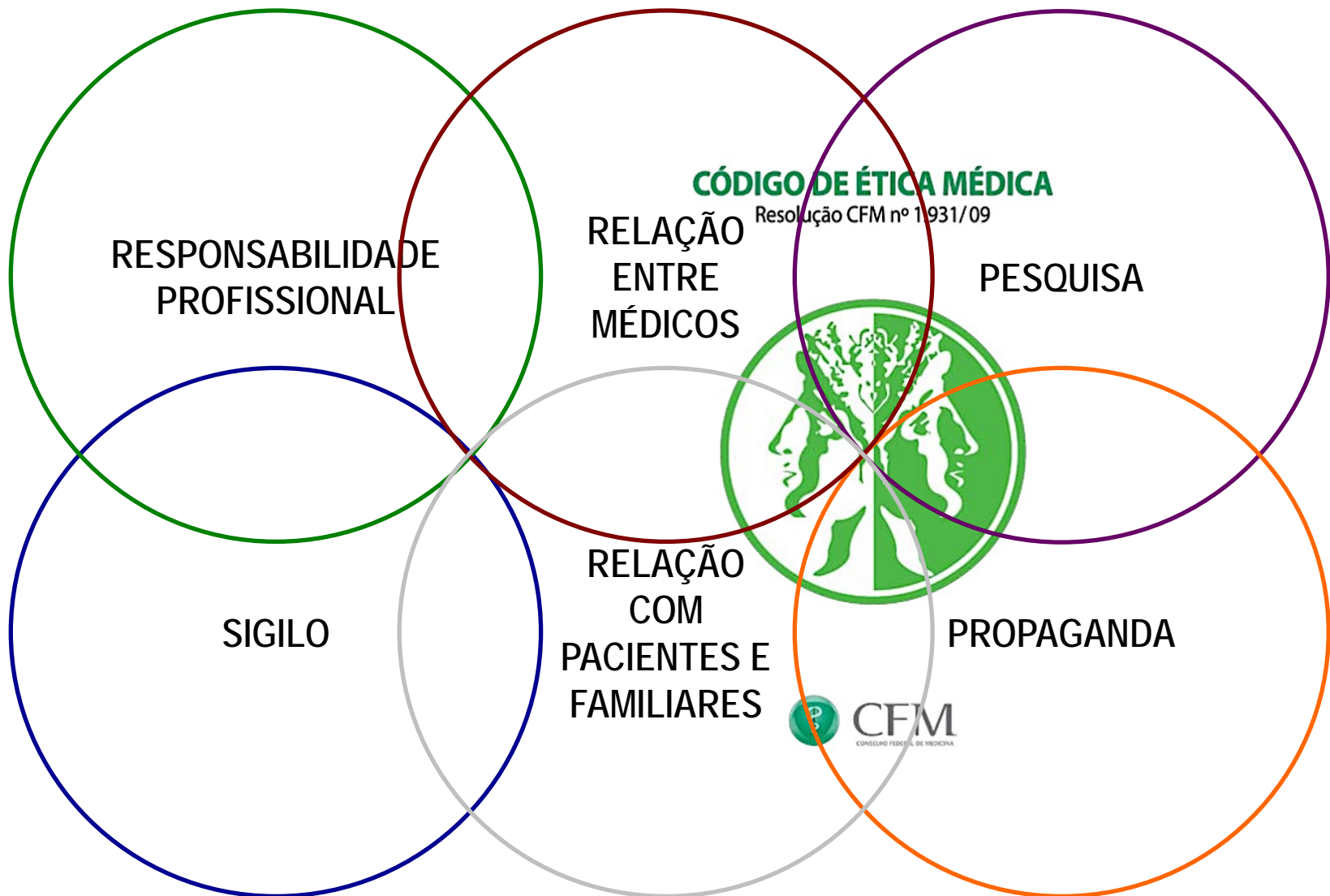
DHINESH BHASKARAN, LAWYER SHEARN DELAMORE & CO.,
MALAYSIA

BJOG
PERSPECTIVES

Mídias sociais



Mídias sociais e o Código de Ética Médica | 2008 e 2018



Responsabilidade profissional

É vedado ao médico

Art. 1º. Causar dano ao paciente, por ação ou omissão, caracterizável como imperícia, imprudência ou negligência.

Art. 2º. Delegar a outros profissionais atos ou atribuições exclusivos da profissão médica.

Art. 3º. Deixar de assumir responsabilidade sobre procedimento médico que indicou ou do qual participou, mesmo quando vários médicos tenham assistido o paciente.

Art. 6º. Atribuir seus insucessos a terceiros e a circunstâncias ocasionais, exceto nos casos em que isso possa ser devidamente comprovado.

CÓDIGO DE ÉTICA MÉDICA
Resolução CFM nº 1.931/09



Mídias sociais e o Código de Ética Médica | 2008



Direitos humanos

É vedado ao médico

Art. 23. Tratar o ser humano sem civilidade ou consideração, desrespeitar sua dignidade ou discriminá-lo de qualquer forma ou sob qualquer pretexto.

Relação com pacientes e familiares

É vedado ao médico

Art. 35. Exagerar a gravidade do diagnóstico ou do prognóstico, complicar a terapêutica ou exceder-se no número de visitas, consultas ou quaisquer outros procedimentos médicos.

Art. 37. Prescrever tratamento ou outros procedimentos sem exame direto do paciente, salvo em casos de urgência ou emergência e impossibilidade comprovada de realizá-lo, devendo, nessas circunstâncias, fazê-lo imediatamente após cessar o impedimento.

Art. 38. Desrespeitar o pudor de qualquer pessoa sob seus cuidados profissionais.

Art. 40. Aproveitar-se de situações decorrentes da relação médico-paciente para obter vantagem física, emocional, financeira ou de qualquer outra natureza.

CÓDIGO DE ÉTICA MÉDICA
Resolução CFM nº 1.931/09



Relação entre médicos

É vedado ao médico

Art. 50. Acobertar erro ou conduta antiética de médico.

Art. 51. Praticar concorrência desleal com outro médico.

Direitos humanos

É vedado ao médico

Art. 23. Tratar o ser humano sem civilidade ou consideração, desrespeitar sua dignidade ou discriminá-lo de qualquer forma ou sob qualquer pretexto.

CÓDIGO DE ÉTICA MÉDICA
Resolução CFM nº 1.931/09



Sigilo profissional

É vedado ao médico

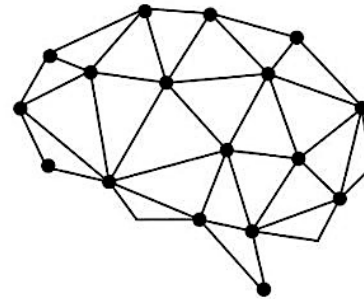
Art. 73. Revelar fato de que tenha conhecimento em virtude do exercício de sua profissão, salvo por motivo justo, dever legal ou consenti- mento, por escrito, do paciente.

Art. 74. Revelar sigilo profissional relacionado a paciente menor de idade, inclusive a seus pais ou representantes legais, desde que o menor tenha capacidade de discernimento, salvo quando a não revelação possa acarretar dano ao paciente.

Art. 75. Fazer referência a casos clínicos identificáveis, exibir pacientes ou seus retratos em anúncios profissionais ou na divulgação de assuntos médicos, em meios de comunicação em geral, mesmo com autorização do paciente.

CÓDIGO DE ÉTICA MÉDICA
Resolução CFM nº 1.931/09





Cambridge
Analytica

Mídias sociais e o Código de Ética Médica | 2008



Documentos médicos

É vedado ao médico

Art. 87. Deixar de elaborar prontuário legível para cada paciente.

§ 1º O prontuário deve conter os dados clínicos necessários para a boa condução do caso, sendo preenchido, em cada avaliação, em ordem cronológica com data, hora, assinatura e número de registro do médico no Conselho Regional de Medicina.

§ 2º O prontuário estará sob a guarda do médico ou da instituição que assiste o paciente.

Ensino e pesquisa médica

É vedado ao médico

Art. 100. Deixar de obter aprovação de protocolo para a realização de pesquisa em seres humanos, de acordo com a legislação vigente.

Art. 101. Deixar de obter do paciente ou de seu representante legal o termo de consentimento livre e esclarecido para a realização de pesquisa envolvendo seres humanos, após as devidas explicações sobre a natureza e as consequências da pesquisa.

CÓDIGO DE ÉTICA MÉDICA
Resolução CFM nº 1.931/09



Mídias sociais e o Código de Ética Médica | 2008



Publicidade médica

É vedado ao médico

Art. 111. Permitir que sua participação na divulgação de assuntos médicos, em qualquer meio de comunicação de massa, deixe de ter caráter exclusivamente de esclarecimento e educação da sociedade.

Art. 112. Divulgar informação sobre assunto médico de forma sensacionalista, promocional ou de conteúdo inverídico.

Art. 113. Divulgar, fora do meio científico, processo de tratamento ou descoberta cujo valor ainda não esteja expressamente reconhecido cientificamente por órgão competente.

Art. 114. Consultar, diagnosticar ou prescrever por qualquer meio de comunicação de massa.

Art. 115. Anunciar títulos científicos que não possa comprovar e especialidade ou área de atuação para a qual não esteja qualificado e registrado no Conselho Regional de Medicina.

Art. 116. Participar de anúncios de empresas comerciais qualquer que seja sua natureza, valendo-se de sua profissão.

Art. 117. Apresentar como originais quaisquer ideias, descobertas ou ilustrações que na realidade não o sejam.

Art. 118. Deixar de incluir, em anúncios profissionais de qualquer ordem, o seu número de Inscrição no Conselho Regional de Medicina.

Parágrafo único. Nos anúncios de estabelecimentos de saúde devem constar o nome e o número de registro, no Conselho Regional de Medicina, do diretor técnico.

CÓDIGO DE ÉTICA MÉDICA
Resolução CFM nº 1.931/09



Mídias sociais e o Código de Ética Médica | 2008



CFM
CONSELHO FEDERAL DE MEDICINA

RESOLUÇÃO CFM Nº 1.974/2011

(Publicada no [D.O.U. 19 de agosto de 2011, n. 160, Seção I, p. 241-4](#))

[\(Alterada pela Resolução CFM 2.126/2015\)](#)

[\(Alterada pela Resolução CFM 2.133/2015\)](#)

Estabelece os critérios norteadores da propaganda em Medicina, conceituando os anúncios, a divulgação de assuntos médicos, o sensacionalismo, a autopromoção e as proibições referentes à matéria.



CFM
CONSELHO FEDERAL DE MEDICINA

RESOLUÇÃO CFM nº 2.126/2015

(Publicado no [D.O.U., 01 de outubro de 2015, Seção I, p. 131](#))

Altera as alíneas “c” e “f” do art. 3º, o art. 13 e o anexo II da [Resolução CFM nº 1.974/11](#), que estabelece os critérios norteadores da propaganda em Medicina, conceituando os anúncios, a divulgação de assuntos médicos, o sensacionalismo, a autopromoção e as proibições referentes à matéria.



CFM
CONSELHO FEDERAL DE MEDICINA

RESOLUÇÃO CFM nº 2.178/2017

(Publicada no [DOU de 28 de Fevereiro de 2018, Seção I, p. 138](#))

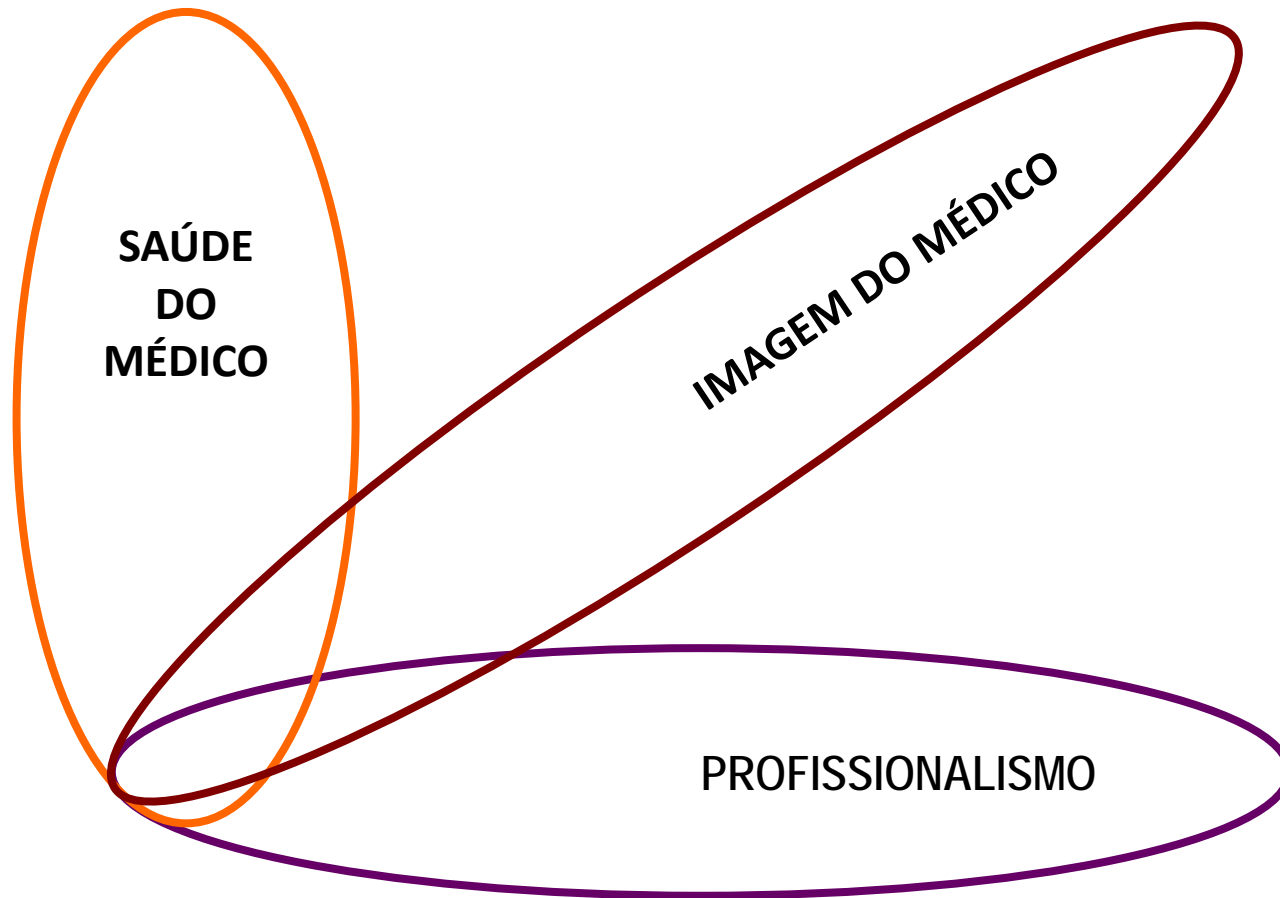
Regulamenta o funcionamento de aplicativos que oferecem consulta médica em domicílio.

CÓDIGO DE ÉTICA MÉDICA
Resolução CFM nº 1.931/09



CFM
CONSELHO FEDERAL DE MEDICINA

Mídias sociais

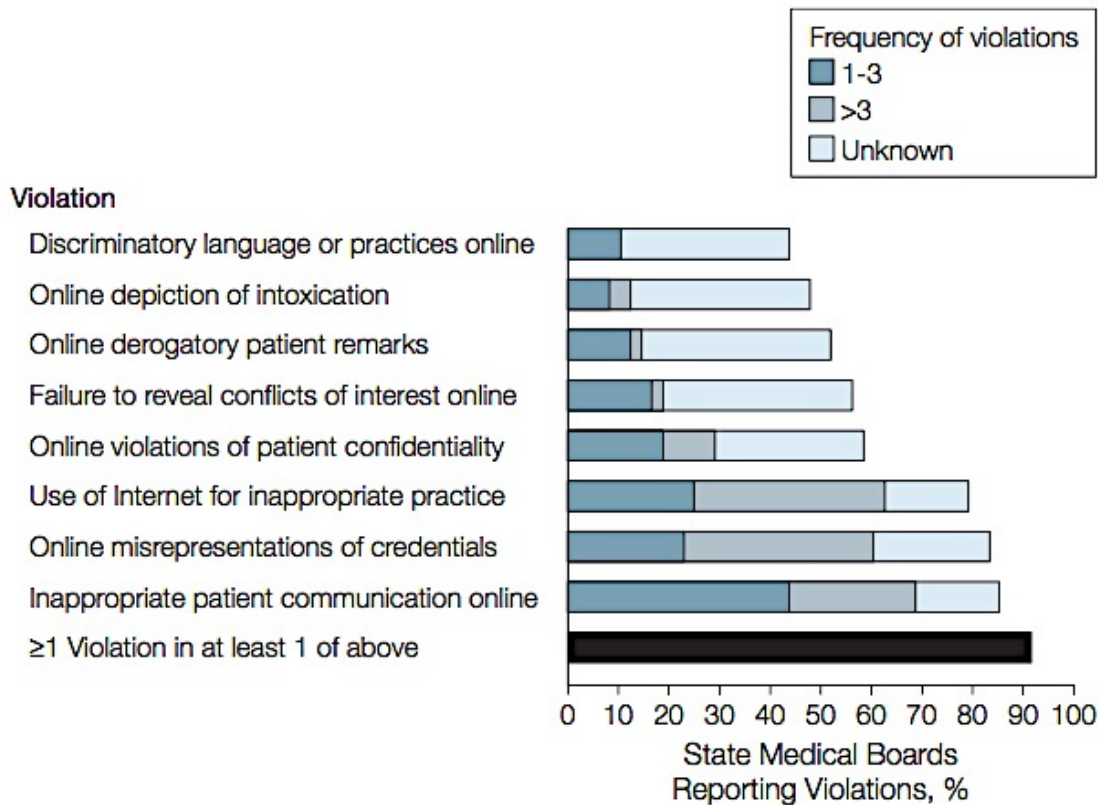


CRM símile, EUA | 2012

Greysen et al. | JAMA | 2012



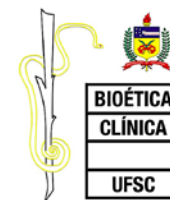
Figure. Prevalence of Online Professionalism Violations Reported to State Medical Boards (N=48)



Bar length indicates total frequency for each violation type.

CRM símile, EUA | 2012

Greysen et al. | JAMA | 2012



Subsequent outcomes of disciplinary proceedings

Any serious action (restriction, suspension, or revocation)	27 (56) [44-68]
---	-----------------

Letter of reprimand	23 (48) [36-60]
---------------------	-----------------

Restriction of license	21 (44) [32-56]
------------------------	-----------------

Mandated education or community service	19 (40) [28-52]
---	-----------------

Monetary fine	16 (33) [22-44]
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Suspension of license	16 (33) [22-44]
-----------------------	-----------------

Revocation of license	10 (21) [11-31]
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Probation	4 (8) [2-14]
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Actions pending (active investigations)	4 (8) [2-14]
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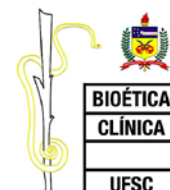


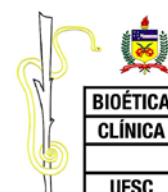
Table 3. Frequency with Which Undergraduates from a Brazilian Medical School Have Witnessed Ten Examples of Unprofessional Online Behavior by Medical Students or Physicians (N=336)

Examples of unprofessional online behavior investigated	Nº yes/total (valid%)
1. Violation of patient's privacy	46/336 (13.7)
2. Reference to patients in a negative tone	67/336 (19.9)
3. Reference to the medical profession in a negative tone	201/336 (59.8)
4. Reference to the medical school, colleagues or doctors in a negative tone	228/334 (68.3)
5. Sexual or sexually suggestive content	141/336 (42.0)
6. Use of foul language	262/335 (78.2)
7. Apology of alcohol use	270/336 (80.4)
8. Photos depicting consumption of alcoholic beverages	287/336 (85.4)
9. Photos suggesting alcohol intoxication	247/336 (73.5)
10. Pictures in bathing suit	280/336 (83.3)

Obs.: Missing data ranged from 1 (question 6) to 2 (for question 4)

Estudantes de Medicina, Salvador | 2014

Rocha and Castro | JGIM | 2014 | UFBA



JGIM

Rocha and de Castro: Brazilian Medical Students' Opinions on Online Professionalism

761

Table 2. Opinions of 336 Undergraduates of a Brazilian Medical School Regarding the Potential Implications of Posts in Social Media by Medical Students and Physicians

	Scale n/total (valid%)						Median
	0	1	2	3	4	5	
1. Level of concern with the impact of your posts on your career*	48/335 (14.3)	20/335 (6.0)	52/335 (15.5)	71/335 (21.2)	71/335 (21.2)	73/335 (21.8)	3
2. Impact posts might have on the image of institutions†	17/335 (5.1)	14/335 (4.2)	52/335 (15.5)	66/335 (19.7)	82/335 (24.5)	104/335 (31.0)	4
3. Impact posts might have on the opinion of potential employers‡	25/334 (7.5)	32/334 (9.6)	51/334 (15.3)	65/334 (19.5)	78/334 (23.4)	83/334 (24.9)	3
4. MS need to be more concerned with the appropriateness of their posts than other students§	71/334 (21.3)	27/334 (8.1)	27/334 (8.1)	62/334 (18.6)	64/334 (19.2)	83/334 (24.9)	3
5. Doctors need to be more concerned with the impact of their posts than other professionals	52/332 (15.7)	20/332 (6.0)	25/332 (7.5)	48/332 (14.5)	74/332 (22.3)	113/332 (34.0)	4

Obs.: MS = medical students. Percentages may not add up to 100 % due to rounding. Missing data ranged from 1 (for questions 1 and 2) to 4 (for question 5).

Original survey questions:

*1. What is your level of concern with the repercussions of your posts in social media on your career? (0 to 5 Likert scale, where 0 = absent; 5 = maximum)

†2. What is the level of repercussion you perceive posts in social media by medical students or physicians might have on the image of the institutions to which they are affiliated? (0 to 5 Likert scale, where 0 = absent; 5 = maximum)

‡3. Do you consider that posts in social media by medical students or physicians might influence the opinion of potential employers? (0 to 5 Likert scale, where 0 = absolutely not; 5 = most definitely)

§4. Do you think that medical students need to be more concerned about the appropriateness of their posts in social media than students of other areas? (0 to 5 Likert scale, where 0 = no; 5 = yes, much more concerned).

|| 5. Do you think that doctors need to be more concerned about the appropriateness of their posts in social media than professionals of other areas? (0 to 5 Likert scale, where 0 = no; 5 = yes, much more concerned).

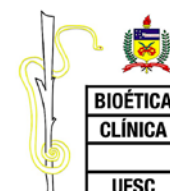


Table 4. Opinions of 336 Undergraduates from a Brazilian Medical School on the Appropriateness of Ten Examples of Unprofessional Online Behavior if Carried out by Medical Students (MS) or Medical Doctors (MD)

Examples of posts/behaviors	Author	Level of appropriateness scale, n/total (valid%) (-3 = max. inappropriateness; 0 = neutral; 3 = max. appropriateness)							Median
		-3	-2	-1	0	1	2	3	
1. Violation of patient's privacy	MS	292/334 (87.4)	7/334 (2.1)	3/334 (0.9)	23/334 (6.9)	1/334 (0.3)	3/334 (0.9)	5/334 (1.5)	-3
	MD	298/331 (90.0)	8/331 (2.4)	2/331 (0.6)	13/331 (3.9)	1/331 (0.3)	2/331 (0.6)	7/331 (2.1)	-3
2. Reference to patients in a negative tone	MS	268/332 (80.7)	18/332 (5.4)	9/332 (2.7)	26/332 (7.8)	2/332 (0.6)	1/332 (0.3)	8/332 (2.4)	-3
	MD	288/331 (87.0)	12/331 (3.6)	5/331 (1.5)	16/331 (4.8)	0/331 (0.0)	2/331 (0.6)	8/331 (2.4)	-3
3. Reference to the medical profession in a negative tone	MS	145/332 (43.7)	25/332 (7.5)	37/332 (11.1)	105/332 (31.6)	7/332 (2.1)	3/332 (0.9)	10/332 (3.0)	-2
	MD	210/331 (63.4)	29/331 (8.8)	21/331 (6.3)	54/331 (16.3)	5/331 (1.5)	4/331 (1.2)	8/331 (2.4)	-3
4. Reference to the medical school, colleagues or doctors in a negative tone	MS	172/332 (51.8)	52/332 (15.7)	35/332 (10.5)	60/332 (18.1)	7/332 (2.1)	2/332 (0.6)	4/332 (1.2)	-3
	MD	225/328 (68.6)	30/328 (9.1)	19/328 (5.8)	39/328 (11.9)	4/328 (1.2)	5/328 (1.5)	6/328 (1.8)	-3
5. Sexual or sexually suggestive content	MS	166/330 (50.3)	38/330 (11.5)	35/330 (10.6)	72/330 (21.8)	9/330 (2.7)	3/330 (0.9)	7/330 (2.1)	-3
	MD	206/330 (62.4)	27/330 (8.2)	27/330 (8.2)	57/330 (17.2)	3/330 (0.9)	4/330 (1.2)	6/330 (1.8)	-3

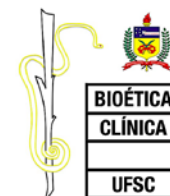


Table 4. Opinions of 336 Undergraduates from a Brazilian Medical School on the Appropriateness of Ten Examples of Unprofessional Online Behavior if Carried out by Medical Students (MS) or Medical Doctors (MD)

Examples of posts/behaviors	Author	Level of appropriateness scale, n/total (valid%) (−3 = max. inappropriateness; 0 = neutral; 3 = max. appropriateness)							Median
		−3	−2	−1	0	1	2	3	
6. Use of foul language	MS	106/333 (31.8)	33/333 (9.9)	64/333 (19.2)	109/333 (32.7)	11/333 (3.3)	3/333 (0.9)	7/333 (2.1)	−1
	MD	157/331 (47.4)	41/331 (12.4)	39/331 (11.8)	78/331 (23.6)	6/331 (1.8)	3/331 (0.9)	7/331 (2.1)	−2
7. Apology of alcohol use	MS	109/332 (32.8)	55/332 (16.6)	50/332 (15.1)	101/332 (30.4)	9/332 (2.7)	2/332 (0.6)	6/332 (1.8)	−1
	MD	176/330 (53.3)	44/330 (13.3)	41/330 (12.4)	58/330 (17.6)	3/330 (0.9)	3/330 (0.9)	5/330 (1.5)	−3
8. Photos depicting consumption of alcoholic beverages	MS	87/332 (26.2)	45/332 (13.6)	45/332 (13.6)	133/332 (40.1)	12/332 (3.6)	5/332 (1.5)	5/332 (1.5)	−1
	MD	130/330 (39.4)	40/330 (12.1)	49/330 (14.8)	96/330 (29.1)	5/330 (1.5)	4/330 (1.2)	6/330 (1.8)	−2
9. Photos suggesting alcohol intoxication	MS	135/331 (40.8)	49/331 (14.8)	44/331 (13.3)	87/331 (26.3)	8/331 (2.4)	4/331 (1.2)	4/331 (1.2)	−2
	MD	184/330 (55.8)	43/330 (13.0)	37/330 (11.2)	54/330 (16.4)	2/330 (0.6)	3/330 (0.9)	7/330 (2.1)	−3
10. Pictures in bathing suit	MS	49/333 (14.7)	22/333 (6.6)	34/333 (10.2)	179/333 (53.8)	16/333 (4.8)	7/333 (2.1)	26/333 (7.8)	0
	MD	94/330 (28.5)	35/330 (10.6)	32/330 (9.7)	131/330 (39.7)	12/330 (3.6)	6/330 (1.8)	20/330 (6.1)	0

Obs.: Percentages may not add up to 100 % due to rounding. Missing data ranged from 2 (for question 1 for MS) to 8 (for question 4 MD)

Estudantes de Medicina, Salvador | 2014

Rocha and Castro | JGIM | 2014 | UFBA

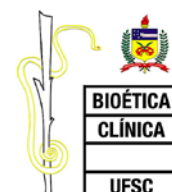


Table 5. Opinion of Students from a Brazilian Medical School on the Appropriateness of a Hypothetical Case Vignette (N=336)

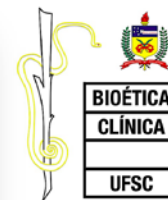
Case vignette	Author	Level of appropriateness scale, n/total (valid%) (-3 = max. inappropriateness; 0 = neutral; 3 = max. appropriateness)							Median
		-3	-2	-1	0	1	2	3	
Photos of patients (children and neonates) posted in social media*	MS [†]	46/334 (13.8)	30/334 (9.0)	39/334 (11.7)	112/334 (33.5)	29/334 (8.7)	33/334 (9.9)	45/334 (13.5)	0
	MD [‡]	59/333 (17.7)	34/333 (10.2)	42/333 (12.6)	103/333 (30.9)	25/333 (7.5)	30/333 (9.0)	40/333 (12.0)	0

Obs. [†]Medical student; [‡]Medical doctor. Percentages may not add up to 100 % due to rounding. Missing data was 2 for MS and 3 for MD

*"We have encountered pictures on the Facebook profiles of medical students, in which they were dressed as clowns while performing playful activities with hospitalized children. We also observed the publication of pictures of students holding newborns during academic activities in the neonatal unit." Question 1: How appropriate do you consider the publication of these pictures in social media by medical students? Question 2: How appropriate do you consider the publication of similar pictures in social media by physicians? (Likert scale from -3 to 3, where -3 = max inappropriateness; 0 = neutral; 3 = max. appropriateness)

Conclusion

Digital and social media are not only acceptable for the modern practicing physician, but have become necessary elements for relating to patients and practicing medicine. Knowing how to monitor your digital presence and practicing low-risk behavior will substantially assist you in limiting your professional online exposure to liability.



COMMITTEE OPINION

Number 622 • February 2015

Committee on Professional Liability

This document provides risk management information that is current as of the date issued and is subject to change. This document does not define a standard of care nor should it be interpreted as legal advice.

Professional Use of Digital and Social Media

ABSTRACT: Digital and social media quickly are becoming universal in modern medical practice. Data sharing, online reviews and ratings, and digital privacy concerns likely will become a part of most every physician's practice, regardless of his or her use of social media. The widespread use of social media in the United States brings unprecedented connectivity that opens new horizons for physicians, ranging from interactions with patients, to communication with peers and the public, to novel approaches to research.



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 715 • September 2017

CREOG Education Committee Social Etiquette Work Group

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Council on Resident Education in Obstetrics and Gynecology (CREOG) Education Committee and the Social Etiquette Work Group in collaboration with committee members Mark B. Woodland, MS, MD; Amanda B. Murchison, MD; Rebecca P. McAlister, MD; Karen Adams, MD; Erica E. Taylor, MD; and Expert Work Group member Lee Learman, MD.

Social Etiquette for Program Directors and Faculty

ABSTRACT: Educators in obstetrics and gynecology work within a changing clinical learning environment. Ethnic, cultural, and social diversity among colleagues and learners have increased, and methods of communication have expanded in ever more novel ways. Clerkship, residency, and fellowship directors, in partnership with chairs and senior faculty, are urged to take the lead in setting the tone for workplace etiquette, communication, and social behavior of faculty and trainees to promote a high standard of civility and citizenship. The Council on Resident Education in Obstetrics and Gynecology (CREOG) Education Committee has promulgated recommendations that can be used to help address professional relationships, professional appearance, and social media usage. These recommendations also address communications pertinent to educational processes such as interviewing, teaching, evaluation, and mentoring.

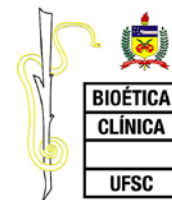
Recommendations

The American College of Obstetricians and Gynecologists (ACOG) Council on Residency Education in Obstetrics and Gynecology (CREOG) Education Committee makes the following recommendations regarding social etiquette in interactions involving residents or prospective residents:

- Program directors can help ensure that faculty members have the tools they need to be successful mentors. Program directors are encouraged to discuss with their institutions specific needs for faculty development by doing the following:
 - Provide education for residents and fellows regarding institutional dress codes or policies applicable to professional appearance.
 - Educate learners about policies to ensure professionalism.
- As part of the standard curriculum in a new digital age, faculty are encouraged to model professionalism and decorum, teach learners about potential pitfalls, and facilitate and maintain professional relationships by doing the following:
 - Remind faculty and residents that their digital footprint represents not only themselves, but also their institutions, specialty, and the obstetrics and gynecology profession at large.
- Educate participants in the student, residency, and fellowship interview process regarding potentially biased or discriminatory remarks or questions and encourage the interviewer to focus on determining the applicant's ability to successfully complete residency training.
- Program directors can help educators become more effective teachers by making them aware of the following specific characteristics of adult learners:
 - Many of today's learners prefer information to be delivered individually, or through available technology as well as group discussions. Program directors may need to look at creative ways to provide their curriculum to today's learner.
 - Today's learners are typically positive about their careers and respectful of authority. They desire frequent, personal, and focused feedback.
- When interacting with learners in a social environment, faculty members still are seen as role models—and to a certain extent, professionalism must follow them into their private lives. Program directors and other faculty who mentor residents are advised to involve their graduate medical education (GME) office for advice and support if the mentoring relationship extends beyond career advising.

Social media, ethics and professionalism BMA guidance | 2017

British Medical Association



- 1 Você continua sendo um médico ou um estudante de medicina nas mídias sociais.
- 2 Proteja a confidencialidade do paciente.
- 3 Siga as orientações do *General Medical Council* antes de tirar e compartilhar fotos de pacientes ou onde você trabalha.
- 4 Mantenha limites profissionais.
- 5 Pense antes de compartilhar.
- 6 Pense se você deseja postar anonimamente, como um médico ou se identificar.
- 7 Seja cauteloso ao dar conselhos médicos em mídias sociais.
- 8 Seja transparente sobre quaisquer conflitos de interesse.
- 9 Gerencie suas configurações de privacidade e conteúdo.



Online Medical Professionalism: Patient and Public Relationships: Policy Statement From the American College of Physicians and the Federation of State Medical Boards

Jeanne M. Farnan, MD, MHPE; Lois Snyder Sulmasy, JD; Brooke K. Worster, MD; Humayun J. Chaudhry, DO, MS, SM; Janelle A. Rhyne, MD, MA; and Vineet M. Arora, MD, MAPP, for the American College of Physicians Ethics, Professionalism and Human Rights Committee; the American College of Physicians Council of Associates; and the Federation of State Medical Boards Special Committee on Ethics and Professionalism*

User-created content and communications on Web-based applications, such as networking sites, media sharing sites, or blog platforms, have dramatically increased in popularity over the past several years, but there has been little policy or guidance on the best practices to inform standards for the professional conduct of physicians in the digital environment. Areas of specific concern include the use of such media for nonclinical purposes, implications for confidentiality, the use of social media in patient education, and how all of this affects the public's trust in physicians as patient-physician interactions extend into the digital environment. Opportunities afforded by online applications represent a new frontier in

medicine as physicians and patients become more connected. This position paper from the American College of Physicians and the Federation of State Medical Boards examines and provides recommendations about the influence of social media on the patient-physician relationship, the role of these media in public perception of physician behaviors, and strategies for physician-physician communication that preserve confidentiality while best using these technologies.

Ann Intern Med. 2013;158:620-627.

www.annals.org

For author affiliations, see end of text.

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Online Medical Professionalism: Patient and Public Relationships: Policy Statement From the American College of Physicians and the Federation of State Medical Boards

Position 1 | *Use of online media can bring significant educational benefits to patients and physicians, but may also pose ethical challenges. Maintaining trust in the profession and in patient–physician relationships requires that physicians consistently apply ethical principles for preserving the relationship, confidentiality, privacy, and respect for persons to online settings and communications.*

O uso das mídias online pode trazer benefícios educacionais significativos para pacientes e médicos. Manter a confiança na profissão e na relação médico-paciente exige que os médicos apliquem consistentemente princípios éticos para preservar o relacionamento, a confidencialidade, a privacidade e o respeito pelas pessoas às configurações e comunicações on-line.



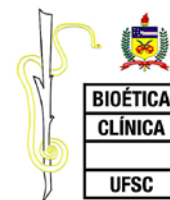
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Position 2 | *The boundaries between professional and social spheres can blur online. Physicians should keep the 2 spheres separate and comport themselves professionally in both.*

As fronteiras entre as esferas profissional e social podem se confundir online. Os médicos devem manter as duas esferas separadas e comportar-se profissionalmente em ambas.



| 2009



BECOMING A PHYSICIAN

Practicing Medicine in the Age of Facebook

Sachin H. Jain, M.D., M.B.A.

In my second week of medical internship, I received a “friend request” on Facebook, the popular social-networking Web site. The name of the requester was familiar: Erica Baxter. Three years earlier, as a medical student, I had participated in the delivery of Ms. Baxter’s baby. Now, apparently, she wanted to be back in touch.

Despite certain reservations, I clicked “confirm,” and Ms. Baxter joined my list of Facebook “friends.” I was curious to hear about the progress of her baby

girl, but I wondered about the appropriateness of this interaction. Was Ms. Baxter simply a grateful patient interested in sharing news about her child — as a follow-up to our professional interaction — or did she have other motives that weren’t apparent to me? In confirming this patient as my “friend” on Facebook, I was merging my professional and personal lives. From my Facebook page, Ms. Baxter could identify and reach anyone in my network of friends, view an extensive collection of per-

sonal photographs, read my personal blog, and review notations that others had left on my “wall.” The anxiety I felt about crossing boundaries is an old problem in clinical medicine, but it has taken a different shape as it has migrated to this new medium.

Over the past 5 years, social-networking sites have evolved from a preoccupation of high-school and college students to a mainstream form of social interaction that spans divisions of age, profession, and socioeconomic status. At the hospital where I’m



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Position 3 / *E-mail or other electronic communications should only be used by physicians in an established patient-physician relationship and with patient consent. Documentation about patient care communications should be included in the patient's medical record.*

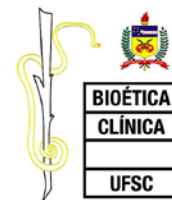
E-mail ou outras comunicações eletrônicas só devem ser usadas por médicos em um relacionamento medico-paciente estabelecido e com consentimento do paciente. A documentação sobre as comunicações de cuidados ao paciente deve ser incluída no prontuário do paciente.



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Position 4 | *Physicians should consider periodically “self- auditing” to assess the accuracy of information available about them on physician-ranking Web sites and other sources online.*

Os médicos devem periodicamente considerar avaliar a veracidade das informações disponíveis sobre eles em sites de classificação profissional e outras fontes online.



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Position 5 | *The reach of the Internet and online communications is far and often permanent. Physicians, trainees, and medical students should be aware that online postings may have future implications for their professional lives.*

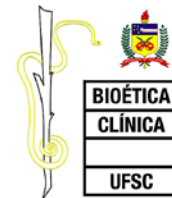
O alcance da internet e das comunicações online é permanente. Médicos, estagiários e estudantes de medicina devem estar cientes de que as publicações online podem ter implicações futuras para suas vidas profissionais.

Mídias sociais | AMA Code of Ethics [a-c] 2014-15



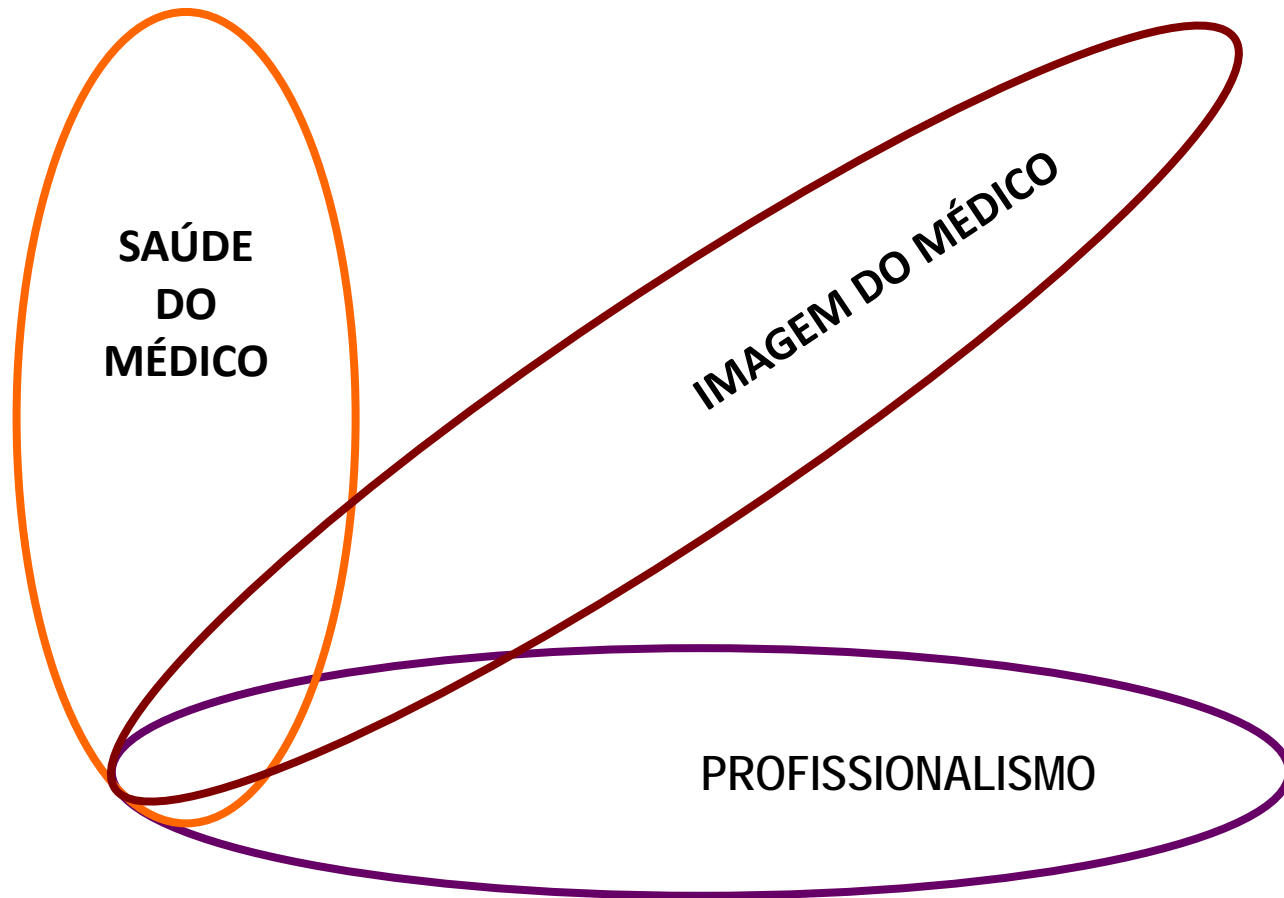
- a. Os médicos devem estar cientes da manutenção dos padrões de privacidade e confidencialidade do paciente, inclusive online, e devem se abster de publicar informações identificáveis do paciente online.
- a. Ao usar a internet para interação social, os médicos devem utilizar configurações de privacidade para proteger informações e conteúdo pessoais, na medida do possível, mas devem reconhecer que as configurações de privacidade não são absolutas e que, uma vez na internet, o conteúdo é permanente. Assim, os médicos devem monitorar rotineiramente sua presença na internet para garantir que suas informações pessoais e profissionais em seus próprios sites e, na medida do possível, o conteúdo postado sobre eles por outras pessoas, sejam precisas e apropriadas.
- b. Se eles interagem com pacientes na Internet, os médicos devem manter os limites apropriados da relação médico-paciente de acordo com as diretrizes éticas profissionais, exatamente como fariam em qualquer outro contexto.

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- d. Para manter os limites profissionais apropriados, os médicos devem considerar a separação de conteúdos pessoal e profissional online.
- d. Quando os médicos veem o conteúdo postado por colegas que parecem pouco profissionais, eles tem a responsabilidade chamar a a atenção do individuo sobre esse conteúdo, para que ele possa remove-lo ou tomar outras ações apropriadas. Se o conteúdo violar significativamente as normas profissionais e o individuo não tomar as medidas adequadas para resolver a situação, o medico deve relatar o caso as autoridades.
- e. Os médicos devem reconhecer que as ações online e os conteúdos publicados podem afetar negativamente suas reputações entre pacientes e colegas, podem ter consequências para suas carreiras medicas (particularmente para médicos em treinamento e estudantes de medicina), e podem minar a confiança do publico na profissão.

Mídias sociais

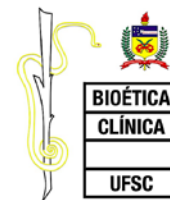


Mídias sociais

Ylmar Corrêa Neto | **UFSC**

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