

Shaping the Future of the Next Generation of Physicians in Brazil: Strategic Recommendations for Continuing Medical Education and Healthcare Resilience

Context → Problem → Expert insights → Future capabilities → Technology/AI → Ecosystem → Equity/resilience → Recommendations → Roadmap

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Purpose

This white paper provides strategic recommendations to strengthen the development of early-career physicians in Brazil. It synthesizes convergent expert insights on educational quality, learning measurement, digital innovation, continuing medical education, and multistakeholder collaboration as interconnected drivers of physicians' capabilities development as enabler for improved healthcare quality, equity, and healthcare system resilience.

Executive Summary

Brazil's rapidly expanding and diversifying physician workforce is entering a healthcare environment shaped by scientific complexity, population ageing, chronic disease, rising patient expectations, digital transformation, and artificial intelligence (AI). Although the country has increased physicians' formation in recent years, major inequalities persist in specialist training, geographic distribution, educational quality, mentorship, digital readiness, and institutional infrastructure. Workforce growth alone will therefore not ensure healthcare quality, equity, or resilience; early-career physicians—defined here as those within ten years of graduation—need sustained opportunities to convert knowledge into clinically relevant capabilities that transform care.

A multidisciplinary expert panel convened by AstraZeneca identified a consistent gap between the abundance of educational content and the development of practical competence. The panel concluded that quality and applied experience matter more than content volume, continuing medical education is an essential extension of formal training, and future engagement depends on personalization, trust, technology, human connection, and the discoverability of credible science. Six priority capability domains emerged: clinical competence and evidence-based decision-making; critical thinking and scientific reasoning; digital and AI literacy; communication and self-leadership; multidisciplinary collaboration; and

patient-centered care and shared decision-making. AI literacy should be treated as a core professional competency, with emphasis on source transparency, critical appraisal, uncertainty, bias, and responsible clinical use.

The white paper recommends five coordinated priorities: shift from content delivery to capability development; build trusted, AI-ready learning ecosystems; design education around learner experience and the science of learning; measure impact beyond engagement; and establish multistakeholder coalitions involving universities, residency programs, scientific societies, healthcare organizations, technology providers, policymakers, industry, patients, and early-career physicians themselves. Progress should be assessed across the pathway **Reach → Engagement → Learning and Retention → Behavior Change → Decision-Making → Clinical Impact → Patient Outcomes**. Implementation is proposed in three phases: establish quality standards, learner-needs assessment, AI-literacy principles, discoverability, and common measurement within 6–12 months; scale capability-based, hybrid, personalized, experiential, and mentorship models over 1–3 years; and build a nationally connected, equitable, AI-enabled continuous learning ecosystem over 3–5 years. Together, these actions position continuing medical education as strategic infrastructure for a more adaptable physician workforce and a more resilient Brazilian health system.

Summary

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1. The Changing Landscape of Physician Development in Brazil

Healthcare systems worldwide are undergoing unprecedented transformation. Advances in biomedical science, increasing patient expectations, growing healthcare demand, digital technologies, and AI-enabled tools are changing how healthcare is delivered and how physicians acquire, interpret, and apply knowledge [1,2,3,4].

These global changes intersect with a uniquely Brazilian context. Over the past decade, Brazil has experienced substantial expansion in medical education capacity and a rapid increase in the number of physicians entering practice. Simultaneously, the country continues to face important challenges related to unequal geographic distribution of physicians and specialists, heterogeneous educational quality, regional disparities, varying levels of digital maturity, and substantial differences in institutional infrastructure [5;6].

The development of early-career physicians has therefore become a strategic priority for healthcare systems seeking to maintain quality care while adapting to evolving societal and epidemiological demands.

The New Demography of Brazilian Physicians and Health Workforce Transformation

Brazil has experienced rapid growth in its physician workforce during the last two decades. Recent analyses indicate that physician density increased substantially following workforce expansion policies implemented and related educational reforms in the country. By 2023, Brazil had nearly doubled its physician workforce compared with the early 2000s and reached approximately 2.77 physicians per 1,000 inhabitants. This expansion has contributed to increased access to healthcare in several underserved regions, although major geographical inequalities remain [5,6].

The profile of Brazilian physicians is also changing. Medical schools are graduating increasing numbers of women, who now represent the majority of new medical students. Greater racial and socioeconomic diversity has also emerged among medical trainees, reflecting broader educational inclusion policies. However, significant disparities persist regarding access to high-quality training opportunities and subsequent specialist formation [5].

According to the 2025 Medical Demography Report, Brazil had approximately 597,000 registered physicians in 2024, of whom 59.1% held specialist qualifications and 40.9% remained general practitioners. Specialist distribution remains highly uneven, with concentration in the Southeast region and major urban centers, while underserved areas continue to face workforce shortages [6].

How should Brazil prepare its next generation of physicians for a healthcare environment that is increasingly complex, digital and AI-enabled?

Brazil's healthcare context combines expansion in the number of medical schools with heterogeneity in training quality, unequal distribution of physicians and specialists, concentration of expertise in major urban centers, regional disparities, and wide variation in digital and institutional infrastructure. These realities reinforce the central role of the Unified Health System (SUS), the importance of strengthening care outside large centers, and the need

for continuous education after graduation and residency. Brazil's policy approach in recent years has delivered a substantial acceleration of its medical workforce through a combination of public and private sector interventions, but there's still caveats with respect to the quality and diversity implications of such acceleration [5,6].

Within this landscape, accelerating both the pace and depth of medical education remains particularly challenging. Curriculum reform must be grounded in sound pedagogical design while also reflecting the healthcare system, medical labor market, and institutional context in which training occurs. Its long-term success therefore depends on each institution's capacity to implement and sustain new teaching models that respond to local health-system priorities and workforce needs [7]. Medical education is an essential component of healthcare quality and requires sustained investment across the professional lifecycle. A resilient healthcare ecosystem depends not only on workforce numbers, but also on clinicians who can interpret evidence, adapt to new technologies, and make context-sensitive decisions [1; 2].

Brazil began adopting active-learning approaches in medical education in the mid-1990s, when Problem-Based Learning (PBL) was introduced in medical schools; simulation-based training using manikins followed approximately a decade later. These developments marked important advances, but meaningful clinical education must extend beyond the adoption of specific methodologies. Active learning and clinical reasoning should be embedded from the undergraduate years onward, because PBL was conceived as a foundation for lifelong learning. Developing reasoning skills early—rather than concentrating them around final examinations—better equips physicians to integrate new knowledge, adapt to evolving practice, and sustain learning throughout their careers [7; 8; 9].

Therefore, the challenge for the next decade is not simply to expand the medical workforce, but to ensure that early-career physicians continuously develop the competencies needed to work effectively in a healthcare system that is becoming more complex, digital, and dynamic [2]. In this paper, **early-career physicians** are defined as physicians within ten years of graduation, including those completing residency, pursuing specialist certification, or developing a defined area of clinical interest.

2. Approach and Convergence from Expert Panel

Recognizing the strategic importance of physician development for healthcare quality and health system resilience, AstraZeneca convened eight experts representing diverse sectors of medical education and healthcare innovation to discuss the future of physician training in Brazil. Participants were selected for their experience as physicians in fields including education, clinical, oncology, cardiology, and radiology, as well as for their contributions to undergraduate, postgraduate, and continuing medical education through academic institutions, professional communities, and technology-enabled learning platforms (Annex 11.1).

The discussion was structured around four complementary themes: the role of continuing medical education in strengthening physician training and healthcare delivery; the reliability,

accessibility, and technological evolution of medical and scientific information sources; innovative approaches to learner engagement, reach, and health equity; and the appropriate contribution of the pharmaceutical industry through credible education, hybrid events, and integrated digital platforms.

Table 1: Driving questions for expert panel Discussion

THEME 1: Continuing Medical Education and Physician Training for the Healthcare System 1. How do you assess the current continuing medical education landscape in Brazil, and what are the most significant gaps you identify? 2. How do you view continuing medical education as a complement to physician training in Brazil?
THEME 2: Sources and Reliability 1. What are the main channels and trusted sources of medical and scientific content that you currently use? 2. How do you assess the reliability and accessibility of these resources for early-career physicians? 3. Are there emerging technologies, such as AI and big data, that you believe could improve access to and the quality of these sources?
THEME3: Engagement and Reach 1. Considering new learning methodologies and forms of engagement, which innovations do you believe could transform continuing medical education? 2. How can stakeholders help create more engaging and accessible formats that expand reach and promote greater health equity, particularly through technologies such as telemedicine and digital learning platforms?
THEME 4: The Role of Industry and Hybrid Events 1. In your view, what is the ideal role of the pharmaceutical industry in medical and scientific education? 2. How can we encourage and support in-person events, such as the launch of the Virtual Hospital, to maximize their impact on the development of early-career physicians? 3. How can these events be integrated with digital platforms to broaden the reach and effectiveness of educational initiatives?

A central theme emerged throughout the discussions: while educational content has become increasingly abundant, significant gaps remain in practical experience, educator development, learner engagement, multidisciplinary integration, and access to trusted educational resources. Also, in the context of generative AI (artificial intelligence), user experience and ease of use could surpass quality considerations. Here follows the main findings:

Finding 1

Quality and applied experience matter more than content volume. Learners need opportunities to translate scientific knowledge into clinical judgment, practice, and reflection. In generative-AI environments, educational design must also account for

usability and convenience without allowing these attributes to displace scientific validity, transparency, or critical appraisal.

Finding 2

Engaging continuing medical education is an essential extension of physician training. Well-designed programs can help early-career physicians consolidate competencies, remain current, and connect learning with clinical practice. For Medical Affairs, this creates an opportunity to support credible, needs-based education while maintaining appropriate governance, transparency, and scientific independence.

Finding 3

Future engagement depends on personalization, trust, technology, human connection, and discoverability. Learning experiences must be relevant to physicians' contexts, easy to access, supported by credible experts and communities, and structured so that trusted knowledge remains visible in AI-mediated discovery pathways.

3. From Knowledge to Capability: The Future Physician

A recurring theme among experts was the need to rethink the purpose of medical education. Traditional educational models have focused primarily on the dissemination of information. Today, however, physicians work in an environment characterized by unprecedented information abundance. In this environment, the challenge is not only access to knowledge, but the ability to identify relevant information, manage cognitive demands, critically evaluate evidence, and integrate new knowledge into existing mental models and clinical decisions. Medical education should therefore increasingly incorporate principles from the science of learning rather than focusing primarily on content delivery. As a result, the educational challenge has shifted from knowledge transmission to capability development [4]. Physicians must be prepared not only to access information but also to critically evaluate evidence, apply knowledge appropriately, communicate effectively, collaborate across disciplines, and adapt to uncertainty.

Experts highlighted six categories of future-oriented competencies that should guide physician development during the next decade:

1. Clinical competence and evidence-based decision making;
2. Critical thinking and scientific reasoning;
3. Digital and AI literacy;
4. Communication and self-leadership;
5. Multidisciplinary collaboration;
6. Patient-centered care and shared decision making.

These capabilities support not only individual professional performance, but also the adaptability of the healthcare system itself. Healthcare systems become resilient when healthcare professionals can continuously learn, integrate innovation safely, and respond effectively to changing clinical and societal demands [1; 2].

AI and the New Medical Knowledge Environment

The emergence of generative AI may represent one of the most important shifts in physician learning since the widespread adoption of internet-based medical information [10]. Historically, physicians followed a mostly linear knowledge pathway, starting with the search, then identify sources, evaluate evidence, and apply findings to practice. Today, AI-enabled tools increasingly provide synthesized answers before the evaluation process occurs. This fundamentally changes how knowledge is discovered and consumed [2; 10; 11].

In traditional model:

Search → Find → Evaluate → Apply

In ai-enabled environments:

Ask → Receive synthesized information → Evaluate → Apply

While these technologies offer substantial opportunities to improve efficiency and access to information, they also introduce new risks [10; 11]. Convenience, speed, and user experience may become stronger determinants of information consumption than scientific quality or source validity [12]. Experts emphasized that physicians should be trained to critically assess provenance, transparency, limitations, uncertainty, and potential bias in AI-generated outputs.

Consequently, AI literacy should be considered a core professional competency rather than a technical skill. Future educational strategies must prioritize four interrelated principles:

1. Discoverability of trusted scientific information.
2. Transparency of sources and evidence.
3. Critical appraisal of AI-supported outputs.
4. Responsible implementation in clinical practice.

The key question is no longer whether AI will influence physician learning, but how can educational systems ensure that trustworthy science remains visible, understandable, and actionable within AI-mediated knowledge ecosystems [10].

4. The Role of Stakeholders in Physician development

Improving physician development requires coordinated action across multiple stakeholders. No single institution can adequately address the complexity of workforce transformation.

Universities and residency programs remain responsible for building foundational knowledge, professional identity, and clinical competence. **Scientific societies** define professional standards and scientific credibility. **Healthcare organizations** create opportunities for implementation and evaluation of learning in clinical settings. **Technology platforms** facilitate accessibility, personalization, and scale.

Policymakers and regulators establish frameworks that encourage quality, equity, and responsible application of emerging technologies. **Patients and patient organizations as partners in capability development.** As physician development increasingly prioritizes patient-centered care, patients should be recognized as active partners throughout the healthcare journey. Incorporating their perspectives into medical education can strengthen empathy, shared decision-making, accountability, and the humanistic foundations of clinical practice. As patients become more informed and empowered, meaningful involvement can help ensure that education remains relevant to real needs and supports shared decision-making and co-creation of health solutions. While the **industry** should act as a credible, transparent catalyst—connecting trusted expertise, technology, and learning experiences to strengthen medical practice and patient care.

Early-career physicians as co-designers. Experts emphasized that early-career physicians should actively participate in designing educational experiences. Their involvement can improve relevance, usability, and engagement while preserving the human dimensions of medicine that remain essential despite technological advances.

The future challenge is therefore not simply stakeholder participation, but stakeholder alignment around societal value, educational quality, and learner-centered design.

5. Building a Meaningful Learning Ecosystem as the transformation enabler

Experts challenged the assumption that physicians should continue adapting to educational models designed for previous generations. Instead, they argued that educational systems must evolve to meet contemporary learning behaviors and expectations.

Today's physicians, as modern learners, expect intuitive, convenient experiences shaped by their use of social media and other digital services. Medical education should meet appropriate expectations for accessibility and usability while remaining anchored in cultural context, societal value, scientific quality, and credible knowledge [10; 13].

A modern learning ecosystem should integrate:

- Hybrid learning experiences;
- Personalized learning pathways;
- Mobile and microlearning formats;
- Simulation and immersive training;
- Experiential learning opportunities;
- Mentorship programs;
- Peer communities and collaborative learning;
- AI-enabled interfaces for knowledge access.
- Patient Experience, Impact and clinical practice evaluation measures of learning outcomes

The objective is to create relevant, motivating learning experiences that are adapted to learner needs and explicitly connected to clinical practice, professional capability, and patient outcomes. Microlearning should be viewed as one component of a broader learning strategy rather than as a substitute for deeper, integrative learning. Content length should be determined by the learning objective, cognitive complexity, and need for clinical application. Importantly, engagement should not be confused with educational impact. While high participation and platform utilization are desirable, meaningful success should be evaluated through a broader impact chain that links educational activities to real-world outcomes. In a continuous learning model embedded in clinical practice, with the potential support from AI platforms, learning could happen during the clinical decision-making process, through a trusted knowledge source, based on context and actionable at point of care.

The panel proposed the following framework:

Reach → Engagement → Learning and Retention → Behavior Change → Decision Making → Clinical Impact → Patient Outcomes.

This approach shifts attention from educational activity toward measurable contributions to healthcare quality.

6. Expanding Medical Education Access and Equity for Healthcare Resilience

Increasing medical doctor density has been associated with improved health system outcomes [14], therefore expanding national medical workforces to increase population access to health services is a global preoccupation for governments in resources-constrained settings, and remains one of Brazil's most pressing healthcare challenges [5]. Although digital technologies can significantly expand access to education, technology alone cannot eliminate disparities. Educational opportunities continue to be influenced by specialist availability, local infrastructure, institutional capacity, protected learning time, mentorship opportunities, residency availability, and digital literacy [2].

For a continental country such as Brazil, continuing medical education may represent an important mechanism for reducing educational inequities and improving workforce capability at scale. Digital learning platforms can connect physicians in remote locations with up-to-date scientific content, specialist expertise, and professional networks previously concentrated in large urban centers.

However, equity requires more than reach. Educational programs must be adapted to local realities and designed with explicit consideration of regional differences in healthcare delivery, connectivity, resources, and patient needs. Health-system resilience ultimately depends on the capacity to support continuous professional development across all regions of the country, not only within major academic institutions [1; 2; 4].

7. Strategic Recommendations

Based on expert consensus, five strategic priorities emerged:

1. Shift from Content Delivery to Capability Development

Educational programs should prioritize application, judgment, adaptability, communication, and clinical decision-making rather than information transmission alone.

2. Develop Trusted, AI-Ready Learning Ecosystems

Educational content should be scientifically validated, easily discoverable, transparent in origin, and optimized for responsible use within AI-mediated environments.

3. Design Around the Learner Experience and the Science of Learning

Programs should combine personalization, hybrid learning, mentorship, community engagement, and continuous feedback while incorporating evidence-based principles such as cognitive-load management, retrieval practice, spacing, active learning, and contextual application.

4. Measure Educational Impact Beyond Engagement

Educational effectiveness should be measured through learning outcomes, behavior change, guideline directed decision making, reduction of variability in care, clinical implementation and contribution to patient care improvement.

5. Build Multistakeholder Coalitions

Universities, scientific societies, healthcare organizations, technology providers, policymakers, industry, and patient organizations should collaborate around shared quality standards and workforce development objectives.

Taken together, these recommendations position continuing medical education as a strategic infrastructure for workforce development. By aligning trusted science, learner-centered design, regional access, accountable governance, and measurable outcomes, Brazil can strengthen both physician capability and healthcare-system resilience.

6. A Roadmap for the Next Years

The future of physician development in Brazil will not be determined by the volume of educational content available, but by the ability of stakeholders to create a coordinated learning ecosystem that builds physician capability, supports adaptability, and strengthens healthcare-system resilience.

The expert panel identified an urgent need to move beyond fragmented educational initiatives toward a strategic, measurable, and collaborative approach to physician development. Achieving this vision requires implementation over different time horizons, balancing immediate improvements with longer-term structural transformation.

Phase 1: Building the Foundations (Next 6-12 Months)

The immediate priority should be improving the relevance, accessibility, and quality of educational experiences available to early-career physicians.

Stakeholders should focus on:

Establishing common standards for educational quality

- Define principles for trustworthy, evidence-based, learner-centered medical education.
- Promote transparency regarding educational content sources and scientific validation.
- Develop guidance for responsible AI-assisted learning and information consumption.

Better understanding early-career physicians

- Map learning preferences, educational barriers, unmet needs, and regional disparities.
- Incorporate young physicians as co-designers of educational programs.
- Create systematic feedback mechanisms to continuously improve learning experiences.

Enhancing content discoverability

- Improve access to trusted scientific information through digital channels.
- Optimize educational resources for AI-enabled search environments.
- Prioritize focused, cognitively appropriate, practical, clinically applicable educational content, with format and duration determined by the learning objective and learner expertise.

Success indicators

- Educational quality framework established.
- Early career physician needs assessment completed.
- AI literacy principles incorporated into educational programs.
- Clinical Practice Impact measurement framework adopted by participating organizations.

Phase 2: Scaling Capability Development (1-3 Years)

Once foundational elements are established, the focus should shift toward expanding capability-based education at scale.

Transform continuing medical education into capability development

Programs should progressively incorporate:

- Clinical decision-making skills.
- Critical appraisal of evidence.
- Digital and AI literacy.
- Communication and soft skills.
- Multidisciplinary collaboration.
- Patient-centered care.

The objective is to shift educational outcomes from knowledge acquisition to professional competence and adaptability.

Expand hybrid and personalized learning models

Educational initiatives should combine:

- In-person and digital learning.
- On-demand educational pathways.
- Mobile-enabled learning.
- Microlearning formats.
- Simulation and experiential training.
- Structured mentorship.

Strengthen educator development

Invest in preparing physician educators to:

- Apply modern educational methodologies.
- Leverage AI-enhanced teaching tools responsibly.
- Facilitate active and competency-based learning.

Build multistakeholder collaborations

Universities, residency programs, scientific societies, healthcare organizations, technology providers, industry, policymakers, and patient organizations should establish collaborative initiatives aligned around workforce development objectives.

Success indicators

- Expansion of capability-based educational programs.
- Increased participation from underserved regions.
- Growth in hybrid-learning adoption.
- Increased physician-reported preparedness in identified capability domains.
- Reduction of care variability
- Greater integration between educational and clinical practice environments.

Phase 3: Creating a National Learning Ecosystem (3-5 Years)

At this stage, efforts should move from educational interventions to ecosystem transformation.

Develop continuous learning pathways across the professional lifecycle

Education should no longer be viewed as a sequence of disconnected events, but as a continuous developmental journey extending from undergraduate training through specialist practice.

Integrate technology and AI responsibly

Establish frameworks that support:

- Trusted information discoverability.
- Ethical application of AI in learning.
- Verification of AI-generated content.

- Continuous development of digital-health competencies.

Reduce educational inequities

Prioritize access for physicians practicing:

- Outside major urban centers.
- In resource-constrained environments.
- Within underserved regions.

Technology should be used deliberately to narrow rather than widen capability gaps.

Connect educational outcomes to healthcare outcomes

Programs should increasingly measure:

- Changes in clinical practice.
- Adoption of evidence-based care.
- Quality-of-care indicators.
- Patient-reported outcomes where appropriate.

Success indicators

- National capability-development frameworks implemented.
- Reduction in regional disparities in educational access.
- Widespread adoption of AI literacy standards.
- Evidence demonstrating educational impact on clinical practice.

The success of this transformation will ultimately be reflected not by the number of educational activities delivered, but by the emergence of a physician workforce capable of adapting to scientific advances, technological change, evolving patient expectations, and future healthcare challenges.

7. Final Considerations

Brazil's physician workforce is expanding at a historical pace. Yet workforce growth alone will not guarantee healthcare quality, equity, or sustainability. The future requires educational systems capable of transforming knowledge into capability, capability into better clinical decisions, and better clinical decisions into improved patient outcomes.

Medical education must become more engaging, personalized, accessible, and digitally enabled while maintaining scientific rigor and professional credibility. Success will not be defined by the amount of content delivered but by the ability to develop physicians who are adaptable, scientifically grounded, patient-centered, and prepared to thrive in increasingly complex healthcare environments.

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9. Annexes

9.1 Expert Panel Participants

Cauê Gasparotto Bueno	Physician graduated from Faculdade de Medicina da USP (FMUSP), with a specialization in Medical Education from FMUSP; Founder of MBS (Medical Business School); Leader at Fundação Lemann; Young Medical Leader at Academia Nacional de Medicina; and Member of MIT Hacking Medicine in 2018.
Débora Maciel Santana Dornellas	Founder and CEO of Casa da Oncologia, the largest preparatory course for the clinical oncology board certification examination. Clinical Oncologist at Hospital Paulistano. Master's degree candidate in oncology and Clinical Oncologist at AC Camargo Cancer Center.
Ricardo Couto Moraes	Physician graduated from Faculdade de Medicina de Vassouras (2005); specialist certified by Sociedade Brasileira de Cardiologia and in Acute Coronary Syndromes by Instituto do Coração (InCor) do HC-USP; TEDx speaker; with MBA in Metaverse. Professor at Afya Educacional on health technology, the metaverse, and the medical market. Previously worked in the pharmaceutical industry and has clinical and hospital experience. He currently serves as Medical Director of Grupo Afya, Brazil's largest digital medical education institution.
Larissa Muller Gomes	Clinical Oncologist at Hospital Samaritano Higienópolis and Hospital Le Forte Liberdade. Co-founder of Oncoresidentes, a channel specializing in content for oncology residents and physicians interested in oncology residency. Graduated from UPF/RS, completed an Internal Medicine residency at PUC/RS and a Clinical Oncology residency at Hospital BP/SP.
Manoel Fernandes Canesin	Full Professor of Cardiology at UEL/PR; Fellow in Internal Medicine at London University; and Specialist and PhD in Cardiology from INCOR/USP. His work focuses on medical education, active learning methodologies, technology/AI, telemedicine, heart failure, and cardiovascular emergencies. Co-founder of Paciente 360 / Immerso, a clinical reasoning and case-based learning platform for undergraduate and postgraduate education.
Lilian Ishida Arai	Otorhinolaryngologist graduated from FMUSP, with a fellowship at Universidade de Tohoku in Japan. Recipient of the Prêmio Mulher Empreendedora and member of the Rede de Líderes da Fundação Lemann. Co-founder of HACKMED and the group "Apoio ao Aprendizado," and Medical Director of ABSS-Associação Brasileira de Startups de Saúde.
Daniel Linhares Cardoso	Abdominal Radiologist at Hospital Sírio-Libanês. Founder of DeuLaudo, a Brazilian continued education platform in radiology with national and international reach. Graduated in Medicine from Universidade de Fortaleza and completed a residency in Radiology and Diagnostic Imaging and a fellowship in Abdominal Imaging at Hospital Sírio-Libanês, where he also served as a preceptor.
Tiago Costa Bignoto	Physician graduated from UFJF. Specialist in Internal Medicine from Santa Casa de Misericórdia de Juiz de Fora-MG. Cardiologist and Echocardiographer trained at Instituto Dante Pazzanese de Cardiologia - SP and certified by Sociedade Brasileira de Cardiologia. PhD in Sciences from USP, with postdoctoral training at Instituto Dante Pazzanese de Cardiologia and a fellowship in Echocardiography at Johns Hopkins Hospital. Professor of Cardiology at Universidade de Santo Amaro and faculty member of the USP-IDPC postgraduate program. Founder of The Valve Club, an educational platform dedicated to disseminating knowledge and scientific evidence through articles on valvular and structural heart diseases.

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