

# OPINIÓN DEL EXPERTO

Sep 15th, 2024  
Accepted: Jun 01st, 2024



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DR. IGNACIO  
MORONES PRIETO



## **Celebrating Dr. Francisco Javier Valadez Castillo: Reflections From a Pioneer in Medical Education.**

**Wednesday March 06 of 2024**

**Interview done by Yahir Alejandro Chico Alcaraz and Christian Joshué Monge Ortega, students of the Autonomous University of San Luis Potosí.**

On this occasion, we celebrate the life and career of Dr. Francisco Javier Valadez Castillo, a renowned endocrinologist and professor of the Faculty of Medicine of the Autonomous University of San Luis Potosí, whose passion for teaching and commitment with the formation of future medical professionals have left a remarkable footprint.

Throughout his career, Dr. Valadez did not just impart medical knowledge in Endocrinology and Internal Medicine, he also inspired countless students and medical professionals with his expertise, empathy and dedication. In this interview, made in March, Dr. Valadez

shares his valuable thoughts on medical education, his experiences, his job and the lessons that he considers essential for the new generations. Through his words, we continue to learn and appreciate the legacy of a true pioneer in medicine.

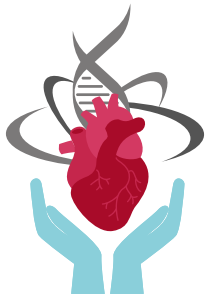
### **1. Could you tell us more about your career in medicine and as a professor of the Faculty of Medicine?**

I first entered the Faculty of Medicine in 1988 and I began working in the Biology



**Figure 1. Interviewers and interviewee.**





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of Reproduction Laboratory due to my previous studies: I was an Internist, studied endocrinology and a masters of science in investigations and a postgraduate in the University of Iowa in The United States. After some time, I became in charge of the program, which in that time was called "Nutrition, Growth and Development" which was Applied Biochemistry. So what we did was apply all of the biochemistry concepts to the clinical part with the intention that for the student studying biochemistry would become less dull, in the past, they would have to memorize the Krebs Cycle and things like that, concepts that the clinical physician has no use for, of course we must know and comprehend them but the important thing is to know how to apply them and extract information from those models and apply them in a clinical setting.

After that, in 1997, the opportunity came to found the Masters of Investigation in Clinical Sciences. Later on, with a group of professors who had masters from the faculty, an association was created with the Faculty of Stomatology and we founded the program of Masters in Clinical Investigation. The objective of this was to prepare the medical specialist in quality clinical investigations because one of the greatest problems that we saw in "everyday" medical publishings was that a lot of designs in the studies were wrongly prepared, badly evaluated or did not really look to

acquire reliable results. I worked on this for 27 years up until my retirement. Along with all of this, ever since I started working in the faculty I actively participated in the endocrinology and nutrition courses in the Faculty of Medicine throughout all these years.

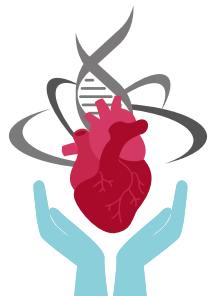
One of the other activities that I participated in was the first accreditation of the Faculty of Medicine in front of the COMAEM, which is an institution that endorses and gives a stamp of approval to the schools of medicine, which required a lot of work in its time.

Later, the directors in their corresponding periods invited me to coordinate efforts to modify the curricular plan. The process of articulating these subjects and analyzing their content, to see if they are congruent with the model of medic that we want to form, was what constituted the whole process of the curricular revision. Up until the year 2000 the same curricular plan had been carried out, which had not been



**Figure 2. Dr. Francisco Javier Valadez Castillo.**





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revised in decades, so the process to modify the curricular plan had started, eliminating some subjects and adding others. This brought about a drastic change in the way that medicine started being taught in the Faculty of Medicine in 2002. Subsequently we made another adjustment to the curriculum in 2013 and finally in 2019 so we could adapt to the more actual model. Before the career was 7 years, practically all of the other medical schools were doing it in 6 years. The justification for this, for many years, was that we wanted to form quality general physicians. The problem is that if you graduate as a general physician today, there is little success in finding a job: there are not many spots in hospitals for general physicians, nor in the public health institutes. So, what is the only way out if you are a general physician and do not have these facilities? You would probably have to face these not very favorable scenarios in the workplace. It really is an enormous struggle as a student, to face 7 years studying only to end up in these situations.

So it was once again, an attempt to adapt the subjects to modernity, for example, before a Pediatric Surgery course was taught in the 5th year of school, which was obsolete and not necessary for the formation of general physicians, which caused the general knowledge to become diluted and caused the student to forget a great deal of useful information, like knowing how to treat a hypertensive or

diabetic patient, recognizing a patient with a common infectious disease, treating a urinary tract infection or correcting a case of dehydration, etc.

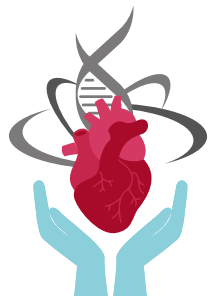
The idea is to make the preparation of the students sturdier everytime. 90% or more of the students who have graduated from the UASLP have become specialists, which was something that was heavily criticized for, it was said that we only formed medical specialists and not general physicians. This is why I proposed that as part of the criteria of evaluation, passing the exam, EGEL, would be taken into account. It would meet the standards of criteria that the country asks for in general physicians but would also give the students the sufficient tools to become specialists.

Regarding the time working with the students in the masters program, there were 135 articles published in indexed journals on a national and international level and when the CONACYT program existed, of rating the quality of programs, the UASLP always maintained its spot during the time I worked for them.

**2. What can you tell us about the recent changes that were made to the curriculum, do you consider that these changes have had a positive impact? To become quality health care professionals, What do you consider to be crucial for the medical students of the UASLP?**







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Regarding the results of the curricular adjustment of 2019, we do not know the results since we do not know the performance of the current generation.

Every year about fifty thousand applicants look for admission into specialty programs but only eighteen thousand actually get in. We have maintained a good number of alumni who ascend and approve the standardized testing and enter into specialty, which for now keeps us calm.

These days it does not all depend on the schools, it is also relevant that the student maintains consistency so they can master all of the knowledge, which is also not easy.

The big problem we have now is the students' previous education which is crucial. I consider that there are 3 fundamental elements in the preparation of students, which are:

1. Individual talent: innate aptitudes in each student, like one who is very fast in a marathon and is capable of beating anyone even if they have trained hard
2. Preparation prior to medical school: how was the previous academic preparation and the study skills
3. Willpower: the fact that very few students study consistently and only a handful of times do they come prepared to class. Many students just hope to pass

exams, this situation only causes them to have to work twice as hard when preparing for the CENEVAL exam.

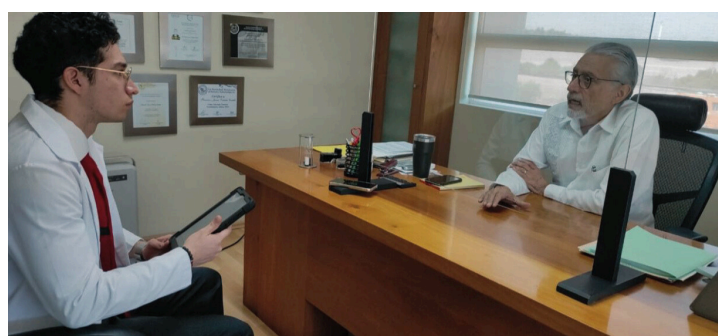
On behalf of the school, the support from the professors and the access to the libraries is key.

### **3. What were the pedagogical approaches that you used when teaching medical students?**

Having a clear curriculum with well defined objectives, to reach basic concepts I start exemplifying with clinical cases and go from there. All in an active class where the students prepare and have discussion sessions and talks with the information that they have found.

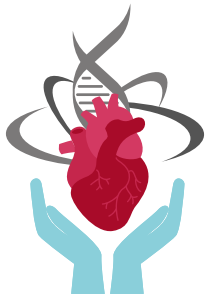
### **4. What motivated you to become a professor and to inspire students to become investigators?**

I am convinced that the only pathway that we have to improve is education. We at the moment need people that are open minded, analytic and propositional. It is valid to criticize only when one has a



**Figure 3. Interview.**





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proposition, but in the same way, if it is okay to criticize then one is obligated to have a solution. It is important to have people who will take action and generate solutions, therefore I have always been compromised with the education so that the surroundings improve, being influential like a professor and director of these curricular changes.

I believe that the educational process never ends, it requires continuous changes and with the current advances, there have been tremendous leaps. Which implies great effort to organize the current curricular plans that need updating. The professors and I seek that the faculty continue being a center of formation of medical professionals, with more reason that it is a public institution that provides opportunities for many to study, given that private schools are expensive. This helps to better the social conditions that the students live in, usually not socioeconomically high.

## **5. What aspects do you consider have been most important in your career as a medical physician and a professor?**

The 3 curricular changes that the university achieved under my coordination, the accreditation of the Faculty of Medicine and the foundation and permanence of the Masters in Science of Clinical Investigation program.

## **6. About these, which one do you consider that will have a greater legacy in the future?**

I believe that it would be the curricular changes, given that, we left an archive where it takes into account all of the changes that were made, so that future administrations will be able to access the information and the background of the work that we have done.

## **7. In your opinion, what do you consider were the greatest challenges that you faced during your career as a professor of the Faculty of Medicine of the UASLP?**

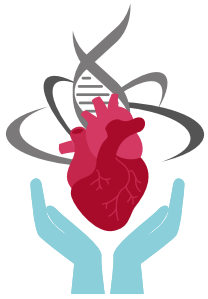
It would have to be the resistance to change from the professors and students alike. Some professors considered that the subjects that they taught were more important and discredited other subjects, mainly due to the generational changes where it is believed that the education should stay the same through time.

The biggest problem is the incapacity of the professors to properly communicate with each other.

## **8. Do you believe that the resistance to change is exclusively of the professors and physicians or is it also the students?**

I believe that it can be from anyone. The key problem in this case is that in the





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curricular change the resistance comes from the professors and their inability to communicate.

## **9. Do you happen to have an anecdote or memorable experience from your time as a professor that you would like to share?**

Maybe it would be the reaction the students had when we achieved the accreditation. We were worried that the students themselves were not conscious of what we were doing. So we started to meet with them little by little and we managed to motivate them.

I was very pleased with the response that they had: everyone wore the t-shirt, everyone helped out, (much more than the professors) and we were able to carry out the process. That was really notable because later when we tried to do it again for the 140th anniversary there was a different attitude from the students, demanding compensation for something. That was truly hurtful because we could see that the medical students had a very clear intention to charge, not money but other types of benefits. I believe it is a serious problem that people are now less willing to share their time.

## **10. What do you believe was the reason behind this?**

I am not sure, maybe it is the path society is evolving into. Maybe before there was

more willingness to cooperate and not just thoughts of what can the institution do for me but what can I do for the institution.

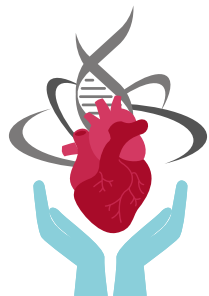
That is why I was glad when I was invited to this interview, I see that you are trying to do something with a purpose, contributing something new. You are investing your time in something that will be beneficial to the students and faculty in general.

## **11. What do you consider the most notable differences between the medical students of today and the students of the time where you started teaching?**



**Figure 4. Dr. Francisco Javier Valadez Castillo.**





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I believe it is that they started demanding without giving. It was like we were on an ascending line, we were on a level where there was more cooperation to volunteer and then suddenly we were on a slope in which the student just demands, wants things and is not willing to give anything for it. That was up until 2019 at least, when I had a much closer relationship with the students.

## **12. Nowadays it is considered that the technological tools are very important for medical students but do you believe that there is a downside to using them?**

They have definitely been a useful tool not only for students but also for the professors and healthcare professionals in general; however, I believe that the greatest downfall of these tools depends on the user and how they choose to utilize them. Not everyone knows how to use them in an appropriate and responsible manner.

## **13. What is your opinion on the current education system for the formation of medical professionals? What would you change?**

I believe it is good but it is not sufficient. I think that the most efficient models that I know are the ones that I applied in my Endocrinology course which I lead completely. There were about 20 - 30 students and I was free to organize my own classes and have my own rhythm

anyway I planned it. At least I knew their names. On the contrary, now there are classrooms with more than a hundred students where you do not even know their faces.

The classes are important and that is the way that medical congresses work but I believe that it is important to preserve the alumni-professor relationship. That would be something I would change.

## **14. Finally, based on your vast experience as a physician and professor, could you share a final comment or some advice that will last for a long time with the medical students during their formation and in the future?**

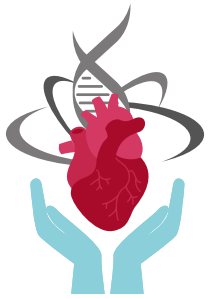
First of all I would tell them to "look inside them" and see if they really do love this profession. That is the first question I suggest to them and if they really are sure that this is the profession that they want for the rest of their lives then they should embrace it with all their might and all the talent possible. Do not set limits.

Do not ever be content with only having listened and repeated everything. You have to investigate, read and search. Get involved, medicine is like this.

If you are not completely in love with your profession, it becomes a very heavy burden. Only you and your conscience will tell you if you are really taking advantage of all of your time to the maximum extent in all the aspects in your life.







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Another recommendation that I would give is that everyone should ask themselves what is something that they are doing for their school, what do you contribute and what can you do as students so that the school may become better. Always keep in mind that if you love your profession and your career you are studying, the least you can do is leave your mark and I believe that is what you guys are doing.

We want to express our most sincere gratitude to Dr. Francisco Javier Valadez Castillo for giving us this valuable opportunity to carry out this interview. Ever since our first meeting, his faith in our project made us deeply honored. Throughout our conversations, which went way further than just the formal interview, Dr. Valadez generously shared his most notable experiences from his distinguished career as a physician and a professor of the Faculty of Medicine of the Autonomous University of San Luis Potosí. His wisdom and passion for teaching and medicine gave us profound comprehension and offered us an invaluable perspective. His dedication to

his profession and compromise with the formation of new generations of medical students will leave a footprint that will stay in everyone who had the privilege of knowing and learning from him. His legacy will continue to inspire and guide us in our professional career.



**Figure 5. Dr. Francisco Javier Valadez Castillo.**

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