Celebrating Dr. Francisco Javier Valadez Castillo: Reflections of a Pioneer in Medical Education

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ABSTRACT

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

On this occasion, we celebrate the life and career of Dr. Francisco Javier Valadez Castillo, a distinguished endocrinologist and professor at the Faculty of Medicine of the Autonomous University of San Luis Potosí, whose passion for teaching and commitment to the training of future healthcare professionals left an indelible mark.

Throughout his career, Dr. Valadez not only imparted medical knowledge in Endocrinology and Internal Medicine, but also inspired countless students and healthcare professionals with his wisdom, empathy, and dedication.

In this interview conducted in March, Dr. Valadez shared his valuable reflections on medical education, his experiences, his work, and the lessons he considers essential for new generations. Through his words, we continue to learn and appreciate the legacy of a true pioneer in medicine.

Keywords: interview, medical education, experience.

Could you tell us a little about your career as a doctor and teacher at the Faculty of Medicine?

I entered the Faculty of Medicine in 1988 and began working in the Reproductive Biology Laboratory, as my prior training warranted. I was an internist, I completed endocrinology residency, and I earned a Master of Science degree in research and postgraduate studies at the University of Iowa in the United States. After some time, I took charge of a course then called "Nutrition, Growth, and Development," which was Applied Biochemistry. What we did was apply all the biochemical concepts to clinical practice, with the intention of making the learning of biochemistry less tedious for students. Previously, we were made to memorize the Krebs Cycle and similar concepts, which are not really useful for clinicians. While it's important to see and understand them, the key is knowing how to apply them and extract information from these models to use in clinical practice.

Later, in 1997, the opportunity arose to found the Master's Program in Clinical Science Research. Later, with a group of professors who held master's degrees (from the faculty), we formed an association with the Faculty of Dentistry and founded the Master's Program in Clinical Research. Its main objective was to prepare specialist physicians to conduct high-quality clinical research, since one of the major problems we see in "everyday" medical publications is that many study designs are poorly prepared, poorly evaluated, or simply not suitable for obtaining reliable results.

I worked on this for 27 years until my retirement. Alongside all of this, since I entered the faculty, I actively participated in the Endocrinology and Nutrition courses at the Faculty of Medicine throughout those years.

Another activity I undertook was participating in the Faculty of Medicine's first accreditation process with COMAEM, an institution that endorses and certifies the quality of medical schools, which involved a significant amount of work at the time.

Later, the directors during their respective terms invited me to coordinate the efforts to modify the curriculum. The process of articulating these subjects and analyzing their content—that is, ensuring their consistency with the type of physician we wanted to train—constituted the entire curriculum review process. Until 2000, the same curriculum, which hadn't been revised for decades, was in place, so a process was initiated to modify it, eliminating some subjects and adding others. This led to a radical change in the way medicine was taught at the Faculty of Medicine starting in 2002. Subsequently, we made another curriculum adjustment in 2013 and finally in 2019 to adapt to the current model: we were offering a seven-year program, while virtually all other medical schools offered six-year programs. The justification for such long programs (seven years) had been, for many years, the desire to train high-quality general practitioners. The problem is that if you graduate as a general practitioner today, you have very little chance of job success: there are no openings for general

practitioners in hospitals or public health institutions. What options do you have as a general practitioner without these opportunities? You'll likely face unfavorable work situations. It's a significant effort for a student to spend seven years studying only to end up in such circumstances.

So, once again, the curriculum was adapted to modern times. For example, previously, a Pediatric Surgery course was offered in the fifth year, which was outdated and unnecessary for the training of a general practitioner. This led to a dilution of knowledge and caused students to forget a great deal of useful information, such as how to treat a hypertensive or diabetic patient, how to recognize a patient with a common infectious disease, how to properly treat a urinary tract infection, or how to effectively correct a case of dehydration, among other information.

So the idea is to make the preparation we give our students increasingly robust. Ninety percent or more of UASLP graduates become specialists, something that was heavily criticized years ago. It was said that we trained specialist doctors, not general practitioners. Therefore, I proposed that passing the EGEL exam be considered as an evaluation criterion to meet the standards required to be a general practitioner in the country, and that graduates have the necessary tools to become specialists.

Regarding my time working with the master's students, we published around 135 articles in nationally and internationally indexed journals, and when the CONACYT program for evaluating quality programs was in place, UASLP consistently maintained its accreditation throughout my tenure.

What can you tell us about the most recent changes made to the curriculum? Do you believe these changes have had a positive effect? What do you consider crucial for UASLP medical students to become high-quality professionals?

Regarding the results of the 2019 curriculum adjustment, we don't yet know because we don't know the final performance of this current cohort. Given that approximately 50,000 applicants apply to the specialization each year, and only 18,000 are accepted, we have maintained a good number of graduates from the faculty who have met these standards and are entering a specialization program, which keeps us calm for now.

However, it doesn't all depend on the schools; it's also crucial that students are consistent in order to master the knowledge, which isn't easy. The major problem we now face with students is that the preparation they've received in previous years is crucial. I believe there are three fundamental elements in student preparation:

- Individual talent: innate abilities of each student, like someone who is very fast in a marathon and is able to beat someone who trains a lot.
- Preparation prior to university: their prior academic training and study skills.
- Willpower: The fact that few students are consistent with their studies and rarely arrive prepared for class, with many simply focused on passing exams, means that they have to make a greater effort before preparing for the CENEVAL exam.

From the university's perspective, library support and faculty support are crucial.

What pedagogical approaches did you use to teach medical students?

Having a clear program with well-defined class objectives, using clinical cases as a starting point to arrive at the basic concepts. All in an active class where students prepare and participate in discussion sessions and talks about the information they gather.

What motivated you to become a teacher and to motivate students to become researchers?

I am convinced that the only path we have in this country to improve is through education. Currently, we need people who are free-thinking, analytical, and proactive. It's valid to criticize as long as you have a proposal, but likewise, if criticism is acceptable, then offering a solution is obligatory. It's important to have people who take action and generate solutions. For this reason, I have always been committed to education in order to improve my environment, influencing it as a professor and facilitator of these curricular changes.

I believe that the educational process never ends; it requires continuous changes. With current advancements, we have made incredible leaps, which implies great efforts to organize current curricula that need more active updating. Professors like myself strive to ensure that the faculty remains a leading center for training professionals, especially since it is a public university. This provides more young people with the opportunity to study, as private schools are prohibitively expensive. This helps improve the social conditions of students who usually come from a lower socioeconomic background.



Figure 1. From left to right: Christian Monge, Dr. Francisco Valadez, Yahir Chico.

What do you consider to be the most important aspects of your career as a doctor and teacher?

The three curricular changes that the university achieved under my coordination, the accreditation of the Faculty of Medicine and the foundation and permanence of the Master of Science in Clinical Research.

Based on the above, what do you think will have the greatest legacy in the future?

I believe that the curriculum changes are worthwhile, since we left a file where we documented all the changes, so future administrations can consult the information and background of the work we did.

In your opinion, what do you consider to have been the biggest challenges you faced during your career as a teacher at the Faculty of Medicine of the UASLP?

Resistance to change exists among both teachers and students. Some teachers consider their own subjects more important and tend to undervalue others, largely due to generational differences and the belief that education should remain the same as before.

The biggest problem is the lack of communication among the teaching staff, which hinders the development of collaborative work.

Do you believe that this resistance to change comes exclusively from the teaching staff or also from the student body?

I believe it can come from all of them; however, the most important problem in the case of curriculum change originates from the teaching staff and the inability to communicate among its members.

Do you have any anecdotes or memorable stories from your time as a teacher that you would like to share?

Perhaps the students' response during the accreditation process was the most striking. We were concerned that the students themselves weren't aware of what we were doing. So, we gradually began meeting with them and managed to motivate them. I was very pleased with their response: everyone got involved, everyone helped (much more than the faculty), and we were able to successfully complete the process.

This was particularly noticeable when we tried to repeat the experience during the faculty's 140th anniversary celebration, revealing a different attitude among the students, who demanded some kind of reward. It's painful to observe that medical students at that time already had a very clear intention of obtaining benefits—not financial, but benefits of another kind. I believe the most serious issue is the growing unwillingness to share their own time.

What do you think is the reason behind this?

I don't know for sure; perhaps society's own evolution is heading in that direction. It's possible that in the past there was a greater willingness to cooperate and a vision that wasn't limited to what the school did for the individual, but also included what each person contributed to their institution.

For this reason, I was pleased to participate in this interview, as I see that you are doing something proactive, contributing something new. You are investing your time in something that benefits the students and the faculty as a whole.

What do you consider to be the most notable changes among medical students from when you started teaching compared to today?

I believe that starting to demand without giving was like going from an upward slope, where there was a greater willingness to cooperate, to a downward slope where the student wants, demands, and doesn't contribute, at least until 2019, when I still maintained a closer relationship with the students.

Today, technological tools are considered important for medical students, but do you think there are any disadvantages to using them?

Undoubtedly, technological tools have been extremely useful not only for students, but also for teachers and healthcare professionals in general. However, I believe their main drawback is that their effectiveness depends largely on who uses them and how they use them, since not everyone knows how to use them appropriately and responsibly.

What is your opinion on the current educational system for medical training? What would you change?

I think it's good, but not enough. I believe the most efficient models I know are the ones I used in an Endocrinology course I taught entirely, with around 20 to 30 students. There, I could organize my classes as I wanted and keep the pace according to my plan. At least I knew everyone by name, unlike in classrooms with over a hundred students, where I don't even know their faces.

The lecture format is important; after all, that's how medical conferences work. However, I believe that in basic training, it's vital to nurture the student-teacher relationship. That's one change I would make.

Finally, based on your vast experience as a physician and teacher, could you share any valuable advice or final comments that will endure among medical students currently in training and for the future?

First, I believe it's essential to look inward and reflect on whether you truly love this profession. That's the first question I suggest you ask yourselves. And if you truly become convinced that this is the profession to which you want to dedicate your entire life, embrace it with all the will and talent you can muster, without setting limits.

Never be complacent after hearing and repeating everything. It's necessary to research, read, seek, and get involved. Medicine demands that level of commitment.

If you're not passionate about your profession, it becomes a heavy burden, and only you and your conscience will tell you if you're truly making the most of your time in all aspects of your life.

Finally, another recommendation I would give you is to constantly ask yourselves what you do for your school, what you contribute, and what you can do, as a student, to help make your institution better, remembering that if you love the profession and the degree you're studying, the least you can aspire to is to contribute, and I believe that's precisely what you're doing.

We wish to express our sincerest gratitude to Dr. Francisco Javier Valadez Castillo for granting us the invaluable opportunity to conduct this interview. From our first contact, his trust in our project deeply honored us.

Throughout our conversations, which extended beyond the formal interview, Dr. Valadez generously shared the most significant experiences from his distinguished career as a physician and professor at the Faculty of Medicine of the Autonomous University of San Luis Potosí.

His knowledge and passion for teaching and medicine enriched our understanding and offered us an invaluable perspective. His dedication to the profession and his commitment to training new generations of physicians leave a lasting mark on all those who had the privilege of knowing him and learning from him.

His legacy will continue to inspire and guide us on our professional paths.



In memory of Dr. Francisco Javier Valadez Castillo