The Map They Didn't Give Us: Navigating Student Incidence through AMMEF

Aarón Hernández Banda
LEMEP
hernandez.banda.aaron@gmail.com

Elisa Sofía González Sosa
LEMEP
cocotonmail@gmail.com

From the first day we decided to embrace the medical profession to the moment we received our degrees certifying us as professionals, one premise constantly echoed in the halls of our faculties and in the speeches of our mentors: studying medicine alone is not enough. We are warned that limiting ourselves to academic excellence in the basic and clinical sciences is a short-sighted vision if we aspire to make a real impact on the healthcare ecosystem. However, this warning often hangs in the air as an ambiguous imperative. What does "making a difference" really mean? More importantly, for a student immersed in the rigors of clinical rotations, how accessible is it really to start making that mark?

Often, it is precisely this search for a transcendent purpose that allows us to overcome the exhaustion of on-call shifts and the density of textbooks. However, the traditional educational system rarely offers us a clear map of where to start. We find ourselves at a crossroads between the desire to act and the lack of knowledge about the platforms that enable student advocacy.

The Awakening of Organizational Awareness

My first encounter with the structure of a Local Committee (LC) was a turning point. Initially, my perception of a student organization was simplistic; I imagined it as a group of enthusiasts coordinating occasional talks and events.

However, as I delved into the inner workings of a Project Committee and, by extension, the magnitude of the Mexican Association of Doctors in Training (AMMEF), the reality revealed itself to be much more complex and fascinating.

I discovered that behind every community intervention, every symposium, or health campaign, there is a technical planning architecture that the average student tends to ignore. It is not simply a matter of contacting speakers or securing an audience; it involves resource management, social impact assessment, and methodological justification that requires a rigor comparable to that of scientific research. This revelation made me understand that medicine has dimensions that are not visible within the walls of the classroom or the cubicles of the emergency room: medicine is also management, logistics, and, above all, a tool for social transformation through collective organization.

From Obligation to Purpose: The Road to FENAPRO

As is often the case in student life, sometimes the most significant challenges come to us in the guise of an administrative responsibility. My encounter with the National Project Fair (FENAPRO) was not born of a spontaneous epiphany, but of an institutional necessity. As local officers, we were urged to participate to secure our committee's "National Voting Right" (DaV).

At that time, I was already interested in implementing an activity that would merge three pillars that I consider fundamental: research, teaching, and advocacy. Although the initial motivation was to fulfill a requirement, the process of transforming that incipient idea into a formal proposal for the republic changed my perspective. I understood that participating in these fairs is not just a formality; it is an opportunity to replicate internal change on a macroscopic scale. It is the possibility that a concern born at a local desk will resonate with other students across the country, multiplying the impact and fostering a culture of medical proactivity.

Closing the Gap: Debate as a Clinical Tool

Traditional medical training is, by nature, technical and rigorous. We are trained to identify pathologies and execute protocols with surgical precision. However, 21st-century medicine requires us to navigate a sea of complex social determinants, bioethical dilemmas, and human realities that do not always fit into clinical algorithms.

This is where I identified a critical gap: the lack of formal spaces to cultivate critical thinking, public speaking, and argumentation. Medical education tends to be vertical, where knowledge is received but rarely questioned or defended in a peer forum. Under this premise, the “Health Debate” protocol was born.

The goal was not only to discuss medical issues, but also to professionalize controversy. We wanted medical students—and the general public—to be able to address current issues from a dynamic perspective.

Debate forces students to step outside their comfort zone, investigate scientific evidence from multiple angles, and develop the empathy necessary to understand divergent positions. At the end of the day, a doctor who knows how to debate is a doctor who knows how to listen, who knows how to negotiate with their patient, and who can defend public health policies with solid arguments.

The Writing Odyssey: Castles in the Air

Drafting a national protocol from scratch, with no previous experience in regulating such large-scale projects, was an exciting challenge. The writing process is often the biggest obstacle for the visionary student. In this regard, I would like to share some thoughts for those who, like me, feel they have a valuable idea but are overwhelmed by the blank page:

1. Team Synergy: Although an individual can be the driving force behind an idea, working with a colleague who shares the vision is essential. A partner not only lightens the operational load but also acts as a critical mirror that purifies ideas of personal biases and logical weaknesses.
2. The Metaphor of Imaginary Castles: Often, our ideas present themselves in the mind as a series of floating castles, majestic but disordered. The most common mistake is to try to “bring down” all the castles at once onto paper. The result is usually a disjointed and confusing text. My recommendation is to land one castle at a time. Focus on consolidating a structural idea, developing it fully, and leave technical language and style corrections for a final phase. Fluency of thought must precede rigor of syntax.

3. Resilience to Criticism: The protocol underwent multiple revisions. Learning to receive criticism, sometimes harsh, is as vital a professional skill as knowing how to suture. Each comment from an evaluator is not a personal attack, but a chisel that polishes the final work.
4. Romanticizing the Purpose: Amid bureaucracy, forms, and sleepless nights spent writing, it is easy to lose sight of the "why." It is necessary to fall in love again with the initial goal: to make a difference. Romanticizing the process—enjoying the construction of something new—is the fuel that prevents the project from being abandoned.

Conclusion

How affordable is it to leave our mark as students? The answer is: as much as we are willing to make ourselves uncomfortable. The mark is not only left in the hospital, but in the creation of spaces that improve the training of those who come after us.

My experience in creating this debate protocol taught me that medicine is a fertile field for student innovation. We don't need to wait for graduate school or a specialty to be agents of change. The infrastructure exists (such as AMMEF and FENAPRO), but it requires courageous students who dare to bring their "imaginary castles" down to the reality of a protocol, transforming a personal concern into a collective learning tool. In the end, leaving a mark is not about ego, but about building a bridge for others to go further.