

## Beyond the white coat: propaedeutics as the axis of clinical thinking in Mexico



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Throughout medical training in Mexico, from the earliest years of undergraduate education, we are taught the foundational principles necessary to aspire to clinical training. In this process, medical propedeutics occupies a fundamentally structural role: a focused medical interview aimed at gathering relevant information, a physical examination directed toward identifying signs, and finally, the integration of these findings through clinical reasoning that is refined with practice.

In a country characterized by wide social and epidemiological diversity and multiple healthcare settings, this set of skills represents one of the most valuable tools for the physician in training. However, it is limiting to assume that medical propaedeutics, and everything learned both theoretically and practically, has a single purpose or only one setting of application, namely the hospital environment. Today, medicine is not exclusively white; these competencies do not belong to a single sector but rather transcend into other areas of practice where clinical thinking remains indispensable.

From this perspective, it is essential to propose that the modern physician should not only be trained to treat disease, but also to anticipate it. Meaning that, a physician does not wait for propaedeutics to shout the diagnosis, but perceives it when it whispers.

The diversification of medical practice does not imply a fragmentation of the profession, but rather an expansion of its scope that is achieved particularly through clinical reasoning, which continues to serve as a central axis.

In the field of public health, especially in a country like Mexico, which is strongly oriented toward areas such as epidemiology, clinical reasoning allows us to identify patterns, risk factors, and social determinants of health that influence the development of both infectious and chronic diseases. Analytical capacity transforms the ability to reach an accurate and precise diagnosis into a tool that supports collective prevention.

Similarly, in medical research, clinical reasoning is translated into the formulation of relevant, critical, and context-sensitive questions capable of contributing new concepts, ideas, and perspectives, even in topics that have been previously studied. The clinical curiosity inherent to propaedeutics, far from being confined to the consulting room, drives a new generation of physicians toward knowledge with real impact on medical practice.

Likewise, areas such as teaching, management, and technological development require physicians who are capable of understanding disease beyond the immediate symptom.

Physicians must be able to interpret population needs and be involved in decision-making processes that affect the quality of medical care and comprehensive approaches to health, even when direct patient contact is not present.

Viewed in this way, the early diagnosis sought through medical propaedeutics ceases to be merely a clinical act and becomes a solid argument that supports a philosophy of medical practice. It begins with attentive listening to discomfort, a directed physical examination, and clinical judgment shaped by propaedeutics. A physician trained in this approach learns to recognize illness when it barely whispers, even in contexts where direct patient contact is absent, as often occurs across different levels of care within the Mexican health system.

Throughout our medical training, we are often taught that a “good physician” practices exclusively behind a consulting room desk and that success is measured by hierarchy, the number of on-call shifts, or the specialty chosen. However, this notion is mistaken.

The value of a physician does not lie in the setting in which they choose to practice, but in the consistency of their clinical reasoning, which is built upon medical propaedeutics. A solid education allows physicians to choose different paths from which to impact health across various fronts, without losing the professional essence of what it means to practice medicine with responsibility and humanity. Medicine does not lose value when it diversifies; it loses value when it is practiced without clinical reasoning.

During training, the influence of an educator committed to teaching clinical thinking is indispensable to learning and practicing medicine. Beyond teaching a sequence of steps or maneuvers, this approach focuses on learning how to observe, listen, and integrate patient information with sound judgment. From this teaching, it became clear that propaedeutics was not an academic requirement or a mechanical exercise, but rather a formative tool that allows us, as physicians, to practice medicine with depth, humanity, responsibility, and respect; regardless of the professional path chosen.

Finally, in a context such as Mexico's, where medicine need not be measured by settings, hierarchies, or singular career trajectories, it is essential to return to the foundations of medical training: propaedeutics and clinical reasoning. Clinical judgment enables physicians to anticipate disease and consciously choose the path from which they wish to impact health. Medicine is not limited to the white of a lab coat or to a single professional model; it comes in many colors, all equally valuable when grounded in clinical thinking. Training physicians who are capable of observing, listening, and integrating information not only strengthens clinical practice, but also broadens the reach of the profession into diverse areas of opportunity. That is why it is not where medicine is practiced that defines the physician, but how they confront disease.