

Asociación Mexicana de Médicos en Formación A.C.

SOYAMMEF

NORA'S MESSAGE
PG 96

NOMP'S MESSAGE
PG 52

**BURNOUT SYNDROME
AS A BREAKING POINT**
PG 126

**HEALTHY MIND,
COMPREHENSIVE
DOCTOR: THE ROLE OF
SELF-CARE IN MEDICAL
TRAINING**
PG 90

**MENTALI: AN INNOVATIVE TOOL,
AUXILIARY FOR THE DIAGNOSIS,
MONITORING AND FOLLOW-UP OF
THE MENTAL HEALTH OF MEDICAL
STUDENTS**
PG 14

BRAZIL AND ITS OPEN ARMS
PG 85

SPECIAL THEME:

MENTAL HEALTH



AMMEF
ASOCIACIÓN MEXICANA DE MÉDICOS
EN FORMACIÓN A.C.

Asociación Mexicana de Médicos en Formación, A.C. (AMMEF, A.C.)'s Magazine

AMMEF, A.C.;

It is an association that brings together more than 60 groups of medical students in Mexico. Founded in 1994, the AMMEF, A.C. - formerly IFMSA - Mexico, is a member of the International Federation of Medical Students' Associations (IFMSA), which represents over 1.3 million medical trainees in 127 countries across six continents.

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EN FORMACIÓN A.C.



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GESTIÓN 2023-2024



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OLIVA GARCIA

CHIEF EDITOR

EDITOR'S NOTE

Hello dear members of AMMEF, A. C., and readers who do not belong to this association.

Throughout this management, I have served as the Chief Editor of SoyAMMEF, and I must say, it has been one of the most successful and right decisions I could have made. Thanks to the magazine, I had the opportunity to meet wonderful people, individuals who were willing to open their minds to the magazine, and I could assist them a little in that process. An editorial team worked on the editions we produced, diligently recreating the ideas I had. Today, we present you with an english edition, the result of the collective effort of those who wrote for the magazine, the editorial team, the marketing teams, and yours truly. This marks the second english edition since the formation of this magazine, and it focuses on the special theme of mental health.

I want to express my gratitude for all the support given to SoyAMMEF by those who read it, share it, and contribute to it. Above all, I want to thank NOMP for giving us the opportunity to continue publishing the magazine and the editorial team that comprises it because, without any of the aforementioned contributors, this could not exist.



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The choice of the special theme for the 13th edition was not a random decision; mental health is a topic that has gradually gained importance in society, receiving the attention it deserves. It is no longer uncommon to hear friends or family members mention their visits to psychologists or psychiatrists. Recommending specialized care to someone in need is no longer taken as an insult. Now, we can be part of a support network for those who seek help, and we can reach out to our closest and most trusted ones to be our support network. With this new edition, we invite everyone to be part of this change, to refrain from judging those who seek help and to find help if needed.

Mental health, farewell messages to this management, experiences, and more can be read among the contributions that we present to you with much affection. Dear reader, I hope you enjoy this magazine, and it is once again an honor and privilege to have been part of this 13th edition. On behalf of everyone involved in the creation and publication of SoyAMMEF, we wish you enjoyable reading and a pleasant time.



Oliva del Carmen García González
Chief Editor SoyAMMEF 2023-2024



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*With words we can reach the
minds and hearts of others.*





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The logo for SOYAMMEF features the word in a bold, sans-serif font. The letters 'SOY' are colored red, while 'AMMEF' is black. Below the text is a thick black horizontal line that ends in a downward-pointing speech bubble shape on the right side.

"WRITE TO PERFORM,
PUBLISH TO *change* "

THIRTEENTH EDITION

JANUARY 2024

Index

Page 12

External Colaborations

14

Mentali: an innovative tool, auxiliary for the diagnosis, monitoring and follow-up of the mental health of medical students.

Dra. en C. Margarita de la Luz Martínez Fierro

Page 20

This is AMMEF, A. C.

22

THE IMPORTANCE OF IMPLEMENTING A COMPREHENSIVE DEVELOPMENT PLAN UN LOCAL COMMITTEES

Samantha Serna Fernández

25

SEJE'S MESSAGE

Lorena Guadalupe Pérez Solís

27

TENA'S MESSAGE

Eliezer Emanuel Preciado Gocobachi

31

THE SHARK EXPERIENCE: UNRAVELED

Liber Ramírez Bustamante

35

TRAINING WEEK AEFMUAC

Luis Alfredo Durán Mena

Joana Martínez Ortega

40

PROTOCOLIZE YOUR IDEAS IN DSE

Enrique Delgadillo Anaya

Page 46

We are SCOMErians

48

BURNOUT IN FUTURE DOCTORES: THE SILENT ENEMY

Francisco Vicente Santamaría Rodríguez

Page 52

We are SCOMPanions

54

NOMP'S MESSAGE

Marco Antonio Castañón Gómez

57

My journey as a researcher in the III Epidemiology and Research Team (ERT)

Iván Arturo Danton Medrano Robledo

Index

61

Eating Habits of Physicians in Academic Training: Exploring Challenges and Working on Solutions.

Jesús Javier Von Maldonado
José de Jesús Hernández Salvador
Génesis Yuritzí Sánchez Reyes
Eva Verónica Gómez Romero
José Eduardo Martínez Hernández
Kevin Amir Gaosso Delgadillo

68

STORIES HEADING TO:
INNOVATION, RESEARCH AND
ADVOCACY

Nayeli Esmeralda Ávalos Celis
Clio Montserrat García Escobedo
Grecia Zayaneth Días Ortíz
Bernalli Pérez Verlasco
Ana Carolina Gómez Carrillo
Nancy Lilibiana Bolívar Guizar
Michelle Alexandra Díaz Soto

Page 74

We are SCONExion

76

UNFORGETTABLE EXPERIENCES
IN MADRID

Alejandra Trejo Miranda

Page 80

We are SCOPEans

82

NEO OUT'S REFLECTIONS ON
SCOPE

Ana Carolina Cruz Alpuche

85

BRAZIL AND ITS OPEN ARMS

Francisco Manuel Ortega Villafuerte
Miguel López Alvarado

Page 88

We are SCOPHians

90

HEALTHY MIND,
COMPREHENSIVE DOCTOR: THE
ROLE OF SELF-CARE IN MEDICAL
TRAINING

Alex Ricardo Martínez Villa

Page 94

We are SCORAngels

96

NORA'S MESSAGE

Levi Rene Valenzuela

Index

Page 100

We are SCOREans

102

The duality of the psychopath:
genetics and environment
Sebastián Lecuona Meyenberg

Page 110

We are SCORPions

112

LETTER TO A MEDICAL STUDENT
Génesis Yuritzzy Sánchez Reyes

Page 120

Special Theme SoyAMMEF

122

DEPRESSION ABROAD
Miguel Ángel Palacios Garay
Miguel López Alvarado

126

BURNOUT SYNDROME AS A
BREAKING POINT
Pamela Yvette Sandoval Gómez

131

WHAT REALLY IS ANXIETY?
Alexis Uriel Barbosa López

136

THE MENTAL HEALTH OF
MEDICAL STUDENTS FROM
MEXICO: A DETAILED ANALYSIS
OF THE CHALLENGES AND
NECESSARY SOLUTIONS
Diego Franco Rojas

139

MENTAL HEALTH IN MEDICAL
STUDENTS
Aída Valencia Echeverría
Silvia Valencia Echeverría

142

MENTAL HEALTH IN HEALTH
PERSONAL
Aída Valencia Echeverría
Silvia Valencia Echeverría

146

MENTAL HEALTH IN HEALTH
PERSONAL
Aída Valencia Echeverría
Manuel Valencia Echeverría

Page 149

REFERENCES

External



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SOYAMMEF

JANUARY 2024

Colaborations

MENTALI: AN INNOVATIVE TOOL, AUXILIARY FOR
THE DIAGNOSIS, MONITORING AND FOLLOW-UP
OF THE MENTAL HEALTH OF MEDICAL STUDENTS.



Dra. Margarita de la Luz Martínez Fierro

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In the current context, mental health has emerged as a priority, especially for college students. For medical students, they face additional challenges including a high academic workload, high expectations, and the need to adapt quickly to a constant and demanding learning environment. All of the above has contributed to a significant increase in anxiety and depression disorders among this population group. Importantly, the COVID-19 health crisis has highlighted the need for more effective mental care strategies and it is in this scenario that the "Mentali" mobile application emerges, as an innovative tool for the primary screening of anxiety disorders and depression in young adults.

Mentali: An Overview

The Mentali App, created by a team of researchers and students at the Autonomous University of Zacatecas, integrates Beck's anxiety and depression inventories along with a mood module. Its intuitive design allows users to monitor and assess their mental health on a regular basis. The app allows for a thorough assessment, providing valuable information for understanding and addressing emotional challenges.

Mentali is an application that not only identifies anxiety or depression, but in combination with the referral of the student to psychological assessment, allows the identification of underlying factors and emotional variations over time in a comprehensive way. In addition, through its web platform,



Mentali allows efficient communication between mental health specialists, which is of utmost importance for patient follow-up.

Mentali assessment for the identification of anxiety and depression.

For the evaluation of Mentali, we conducted a pilot study that involved the voluntary participation of 155 first-semester medical students from the Autonomous University of Zacatecas, who were asked to use Mentali for one semester. At the end of the interaction, the students who accepted it received psychological and psychiatric interventions to confirm their primary diagnoses. The frequency of anxiety and moderate/severe depression was 62.6% and 54.6% among the study population. These data made it possible to evaluate the sensitivity of the application, which was 100% for detecting a mental health disorder, 95% for anxiety, and 43% for depression. These results allowed us to demonstrate, first of all, that Mentali is a useful tool for the timely detection of anxiety and depression and the importance of actively intervening in the mental health of medical students.



Mentali as a dynamic tool to measure mood throughout the semester.

The evaluation of mood monitoring during the academic semester demonstrated Mentali's ability to capture emotional fluctuations at different times of the school term. From the beginning to the end of the semester, a significant decrease in positive moods from 78.7% to 34.4% and an increase in negative moods from 7.4% to 34.4% was observed. In addition, the analysis of the presence of episodes of anxiety and/or depression throughout the semester showed significant changes in the prevalence of these conditions, underlining the importance of addressing mental health in a dynamic way in the different academic periods. In addition, knowing these moments in a specific way, in each academic program, allows the competent authorities to make decisions for the generation of timely interventions that in turn allow the generation of healthier academic environments for students.

Exploration of underlying factors

The analysis of family history and risk factors identified during the psychological assessment of students with positive screening by Mentali, provided a detailed view of the problems and challenges faced by the students. For example, our results showed that among the triggering factors identified in the study population are belonging to a dysfunctional family, being introverted, and having suffered bullying at some previous stage of academic life.

Considering the above, the impact of Mentali goes beyond just allowing a primary screening of anxiety and depression, as it also allows the identification of factors that affect the mental health of physicians in training by stage of life.



Conclusions and future expectation.

The integration of the results obtained highlights the versatility and efficacy of Mentali as a tool for the timely identification of mental health disorders, dynamic mood monitoring, and detailed exploration of underlying factors. In addition, the active collaboration between users and mental health professionals through Mentali, suggests a continuous commitment to the improvement, adaptation and evolution of diagnostic and treatment strategies through the use of technology. In the current panorama, Mentali App is an understanding and monitoring option for students who face emotional challenges and speaking specifically of the academic environment of medical students, it is undeniable the importance of ensuring the physical and emotional well-being of the future professionals who will be in charge of the care and care of our health and that of our family.

*Is **Mentali** only for medical students?*

While our study was focused on medical students, Mentali is designed to be used by young adults. It is important to highlight that this tool allows the automated evaluation of thousands of users at the same time, in an economical way, provides the option of support by a specialist, links the user with said specialist and also, as previously mentioned, favors communication between mental health specialists. Currently, Mentali is being routinely used by students at the Academic Unit of Human Medicine and Health Sciences of the Autonomous University of Zacatecas and is available in app stores for free for focus groups; In other words, if you consider that this mobile application can be useful for your school, university or institution, you can contact us to generate the link so that you can benefit from the possibilities provided by this technological development.

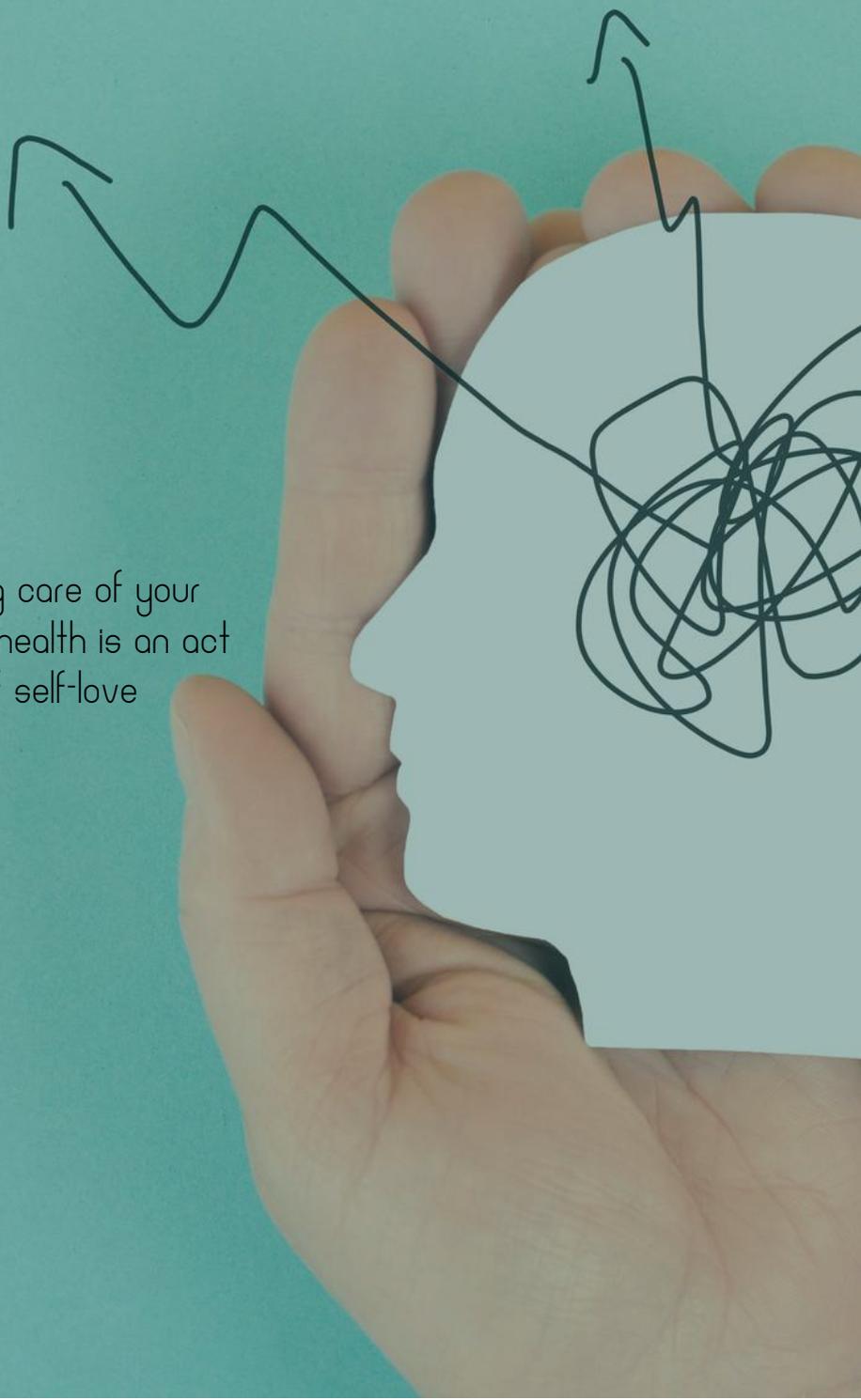
*Who is behind the development of **Mentali**?*

Mentali App and its web version were developed by Jorge Alfonso Solís Galván, Sodel Vázquez Reyes, Margarita de la Luz Martínez Fierro, Perla Velasco Elizondo, Idalia Garza Veloz, Alejandro Mauricio González, Aldonso Becerra Sánchez and Claudia Caldera Villalobos. The application is administered by a group of specialists from the Molecular Medicine Laboratory of the Academic Unit of Human Medicine and Health Sciences of the Autonomous University of Zacatecas.

If you want to know more about the results obtained by our working group through Mentali, you can visit the following link:

<https://doi.org/10.3390/brainsci12091223>

Taking care of your
mental health is an act
of self-love



This is



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THE IMPORTANCE OF IMPLEMENTING A COMPREHENSIVE DEVELOPMENT PLAN IN LOCAL COMMITTEES.



[Serna Fernández Samantha]

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In the context of medical care and the training of health professionals in Mexico, the effective implementation of national strategies is essential for growth and sustainable development in these areas. This is why within the Mexican Association of Doctors in Training we have been using a national strategy to guide our work for several years.

The Comprehensive Development Plan (PID) was created as an initiative to have a national strategy that will help outline a clear and precise guide in collaboration and resolution of challenges in the fields of health and medical education related to doctors in training.

Currently, the PID 2021-2024 has six central axes that focus on: training of human resources in health, non-communicable diseases, communicable and emerging diseases, internal support, comprehensive sexual education and maternal health, as well as education and global health. These encompass the mission and objectives that as an association we must have as our main focus when carrying out our activities and the impact we have on the training of health professionals in our country.

The Comprehensive Development Plan is a strategic tool designed to address health and medical education challenges in Mexico.

Despite being a national strategy, its success lies in the collaboration and active participation of various entities, among which local committees play a crucial role. The committees are the connection between national policies and local realities, allowing implementation adapted to the specific needs of each region.

The involvement of local committees in the implementation of the plan not only ensures appropriateness to local circumstances but also encourages the inclusion of diverse perspectives and experiences. In the case of the AMMEF, this means that health policies can be adapted to meet the particular demands of doctors in training, addressing the specific needs and challenges in each region.

Likewise, the implementation of activities based on the Comprehensive Development Plan has a direct impact on local communities by addressing specific problems that affect health

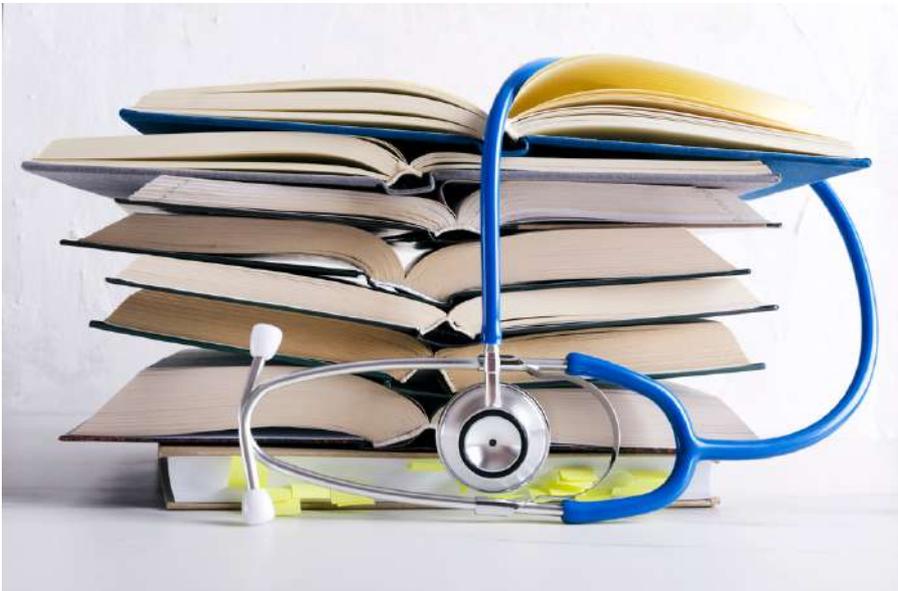
and medical training. For example, by focusing on the training of human resources in health, local committees can organize training programs that improve the quality of local medical care. Similarly, by addressing specific diseases and promoting maternal health, committees directly contribute to improving the health and well-being of the community.

The generation of statistical data from the implementation of the PID provides concrete evidence of the progress and success of the interventions carried out by the Association. These results not only validate the effectiveness of the strategies adopted but also inform opportunities for improvement.

By analyzing the statistical data related to the training of human resources, the addressing of specific diseases, and other axes of the PID, a comprehensive vision of the change generated is obtained. This evaluation not only highlights the achievements

made but also identifies areas that require further attention or innovation. That is why it is of utmost importance that local committees report their progress in the implementation of the Comprehensive Development Plan so that this evaluation reflects all the efforts of the AMMEF and the impact that our activities have together throughout the country.

In conclusion, the continuous commitment of local committees in disseminating, and carrying out activities based on the PID and reporting the results obtained, is essential for promoting a significant impact of the Mexican Association of Doctors in Training in the future. healthy and sustainable for future generations in terms of medical care and training of health professionals in Mexico.



SEJE'S MESSAGE



[**Pérez Solís** Lorena Guadalupe]

SEJE

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Dear readers of SoyAMMEF magazine, it is an honor for me to have the opportunity to share with you a little of my experience at AMMEF, A.C. during this administration.

My name is Lorena Pérez and I currently hold the position of Executive Secretary of the 2023-2024 management of the AMMEF, A.C, the question is: How did I come to occupy this position?, since as some of you will know I was not elected as SEJE in an ordinary way, for this I will talk a little about my training in the association...

I have been part of this great association since 2020 which was the year in which I became an active member of CEMECH, the local committee from which I come, throughout these years I developed positions as Secretary General and Vice President of Local Internal Affairs, being in this 2023 that I decided to apply to the national team of the Executive Secretariat and it was a success, since I obtained the position of general assistant, I held that position until July of that same year, but due to twists and turns, who held the position of SEJE decided to resign, which led to me being given the option of occupying the position on an interim basis, after analyzing it carefully since it was something very big and important, I decided to take on this new challenge that life put me and I accepted to take on the interim position.

At that time, many questions came to me, but the main one was: How do I adapt to having a national office? It was really something very difficult since not only did I have to adapt to the national position, I also had to continue with the work plan and respond to the pending issues that arose, but fortunately I had a great national team that gave me all the support and a great Executive Council that opened the doors and supported me in every doubt.

The main challenge I had was the XIV Ordinary National Assembly, all the preparations on the part of the secretariat as well as being at the table of the plenaries and directing several points, I faced endless new things that scared me but at the same time excited me, from July to September I occupied the interim of this wonderful position, with whom in just a few months I had already grown fond and adapted, that is why I decided to venture to apply to be the Executive Secretary in a formal way and thus conclude the management but with a work plan made by me.

Throughout these months, it has been difficult but very nice to adapt to this position, since there were many things that I had to learn and research on my own, however, all this has brought me enormous personal and professional growth, I have developed and improved many skills that at some point I thought I did not have, This position and the association have brought me many friendships and moments that will always be part of me, as well as many learnings that I will be able to put to use throughout my professional and even personal life.

In this space that was given to me to tell my experience in this management, I want to conclude by inviting you to venture into the challenges that life puts in front of you, to trust in the skills that each one of you possess and that everything you do, you do it with a lot of effort, dedication and passion, what matters most is that you believe in yourself.

Wishing you to have enjoyed this personal experience that was captured with so much emotion here, I say goodbye to each one of you, but not before reminding you that I am at your service in everything that can support you.

TENA'S MESSAGE



[**Preciado Gocobachi** Eliezer Emanuel]

TENA

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Dear AMMEF members,

I remember that when I entered medical school I did not fully understand what AMMEF was, much less its magnitude. I only remember that its causes and activities interested me very much. It was the phrase “forming health leaders” that convinced me to be part of it. At that time, there were 4 National Officers on my Local Committee, even so, I saw the possibility of being part of a National Board of Directors as something very far away, something almost impossible.

When I attended my first National Assembly, I realized the unity that exists in our association, in the elevators people spoke to you as if we had a friendship of years, the sense of belonging within the sessions was impressive and the dancing was as if we were all family at night. It was in San Luis Potosí where I realized how enriching experiences like these are, where we take a step in our constant search to improve, not only as people but as doctors in training.

For the Querétaro Assembly, I was part of a National Team and it was there where I really felt the support and trust from you, in one way or another, but always very grateful, I ended up being your National Treasurer.



Believe me, when I tell you that this year has not been easy, AMMEF forces us to evolve as people. A year ago the challenges I faced were totally different, a year ago I only worried about school or personal situations, but currently, my concerns range from government agencies to banking entities. Based on this, they constantly ask me the question: don't you stress a lot? And to be very honest, yes, but I must confess that all the good outweighs the bad.

Throughout my management, I have collected incredible memories, and I have made new friends and a new family: my national team. The truth is that I owe all the work we do to them, without their constant listening and support none of the activities we carry out in the treasury would be possible. Our motivation comes with the arrival of a new TELO or when they tell us that they did their first activity. Managing money is not an easy job, but it is extremely necessary, it is a very big responsibility that few dare to do, but all these little coins are what make possible the activities and mobility programs of many students in the country, so the TELOS I thank you with all my heart, for supporting a local committee, for listening to its members, and for always giving them what they need to build the future.

This year of management has made me rethink my belief system, ideals and convictions, belonging to such a large platform made me open my eyes to many problems that exist in every corner of the country and honestly, many of them I would not even have could imagine if I had stayed in my local context. This is where my motivation arose to continue one more year of management with you, in the last National Assembly I was elected as Vice President of Internal Affairs and if I am honest, it makes me nervous, but very excited about this new year, I hope that in this new management let's achieve much more than what we already do, I hope to create alliances with all of you, challenge our limits and exploit all our potential together, at the end of the day the local committees are the best support for AMMEF.

With all my heart, thank you for allowing me to leave a grain of sand in our society. A big hug, from one doctor in training to another.



“we make a living by what we get but
we make a life by what we give”



THE SHARK EXPERIENCE: UNRAVELED



[Ramírez Bustamante Liber]

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In the next lines, you're going to meet the epic adventures of the Teal Blue Blooded Team of AMMEF, and how this year has been the most exciting year for projects around the country (and maybe the World). Beware yourself, as if your eyes follow the next lines of this article, you may run the risk of getting bitten by the Sharkelous (sharky & marvelous) Jubilee. This period has been the most alluring and inspiring opportunity to revamp some PSD traditions over generations, such as the National Projects Fair, and from the start till the end of this year, we guarantee you'll be amazed by the activities we have for you to participate, learn, and amuse!

My father was a surgeon, and when I was 19 and had an opportunity to make a research summer abroad, he told me it was a time loss, and when I had chances to go to congresses and meetings, he reassured that he wouldn't be supporting me financially or morally to assist. Before meeting our organization, the idea of traveling and learning medicine outside med school and outside hospitals was nonexistent in my head, so that's why I cherish so deeply in my heart the moment I became face to face with another reality... who would said that a modest boy that fled from his turbulent home at 21 would be traveling all around the country in a period of almost 3 years, meeting brilliant and very much talented people from different med universities, learning and growing from the whole experience?

Getting close to our marvelous NMO gave me the power to flip up that situation and start doing something that every med student should do: going to student meetings, and congresses, getting their contact notebook fuller and fuller, and enjoying both the big and the small glimpses of joy in every opportunity.

The PSD became a deeply meaningful part of my student life when I noticed that being a LPD was the best opportunity for standing on a high hill and having one of the most interesting perspectives on the horizon; maybe, that's why, at least in my imagination, I think of us (active members of AMMEF & members of our NMO) as superheroes with unique powers and qualities, and as we unify our greatness and brilliance, everyone can observe we're accomplishing our goals of planting positive impact in the prosperous soil of the future tomorrow. All of our Standing Committees, Support Divisions, and Members of Executive Bureau hold the kindest and finest type of highly valuable people – no doubt our NMO holds the leaders of tomorrow that will transform the circumstances that threaten the most sensitive points of our medullar purposes.

To everyone thinking of becoming an LPD, I can reassure you that befitting a member of the Shark Family is an extraordinarily inclusive and diversifying experience. Our family is open to include all sorts of valuable members, such as sharkyningos, koalasharks, dragonsharks, pandasharks, sharkeagles... et al. It doesn't matter if we started in the shark's den or if we became sharks on the way; In the PSD, our mission is to train our members as high-yield leaders that transform brilliant ideas into effective actions and ways to work on our mission as NGO.

We're delighted to see the Projects Support Division (PSD) on the next level today, as after 10 years of existence, we have found the dare to make some changes that needed to be done from a long time ago; means innovating but not pacing down the rhythm of our work – honoring the hard work and the milestones of our former leaders but also walking forward.

The start of the term was the most explosive (and inherently, sometimes stressful) moment of my life after the pandemic. It was the joy of receiving all our valuable, and very well-appreciated new members the fuel of our hearts as our Division provides the perfect gaze to watch the passion injected in every activity and every campaign.



One of my deepest wishes to fulfill for this yearly period in AMMEF leading the PSD is aiming for the looking of transcendental motivations as the main propellers of every active member's actions: that our intentions and our projects shape the circumstances of tomorrow, and that we should always have in mind that we're not an ordinary NGO, because we're a Med Students Network all over the country and that we hold some special & unique powers that the majority of people out there are lacking; we have the power of medical and scientific education, providing us with evidence-based point of views that go out through the glasses of human values.

I'm deeply thankful for all the beautiful moments that our NMO has given to me; as the whole essence of our AMMEF hits on serious hard knots of my life –the positive impact in my life to be as well given and even multiplied to every med student willing to push their boundaries and expand their horizons. Thank you for the first plane flight in my life. Thank you for the most valuable friendships. Thank you so much for allowing me the honor of heading the PSD this year. I would also like to thank Marco, our dear NOMP, and all their Incredible National Team behind SCOMP, CIMMEF & SoyAMMEF, which is the home they've invited us to become part of on this edition, as having the opportunity to open our hearts and tell a little about what we've been doing these months is such a delightful experience. For tomorrow, I proclaim strength, stability, innovation, and direction as the foundations of the PSD, and even if this term comes to an end, I will be looking forward to seeing from a near distance how AMMEF and all the Support Divisions make magic in what we now best to do. A year is a finite concept, but remember that a Shark is always a Shark, and that Sharks are characteristic for their loyalty to other members of their bank; so you can count on us anytime with no doubt.



TRAINING WEEK AEFMUAC



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What can I say about this experience? I can classify it as a very heavy experience, it was something simple that by the mere fact of dealing with my own limits I wanted to take it further. The training week was an activity in which the importance of the DSE at the local and national levels was noted. The rules of the game were simple, we had to make 5 presentations in a week, that's all, there was no more.

In December 2022 I took the TITx, so I felt quite confident about being able to carry out this task. It wasn't until I met with my local committee that I realized that the real benefit of this activity on my committee would be if each day of the week provided more than one training per day.



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THE PROBLEM

The real problem was when I asked about the needs of my colleagues, I realized that a single training would not meet or cover the needs of my committee, so I decided to carry out two specialized trainings per day plus a basic DSE training, giving me a total of 15 training sessions in a week.

THE TEAM MEETING

The plan was made, and the goal was set. I just needed to gather the team that would help me do this feat, because if we think about it (writer's note: this boy decided to do a suicide mission) to carry out the plan. I needed people, trained in each of the committees, committed to her committees, and passionate.

I needed people, trained in each of the committees, committed to her committees, and passionate. I needed committed people and above all people close to me. Fortunately for me, my committee has many people who fulfill all these virtues, so I chose the following people: Iván Alejandro García Domínguez, member of the Dream Team and the Expert Team and current CHJL of my committee.

The first one I approached was him, many will know him as the assistant of the Dream Team, I should have known that maybe he was making a suicide plan (writer's note: yes, he was), when Iván told me that it was a lot of work, even so, he helped me with training.

Joana Martínez Ortega, current NT member and vice president of external affairs of my committee. Then I asked the assistant research coordinator of the Nerd Team for help, her presentations would have to be among the strongest, so she helped me with two presentations.

PUBLIC OPINION

Well, public opinion, in short, was "It's a lot of work", "it's too much" or "I don't think it can be put together." Writer's Note: We should have listened.

THE PLANNING

Once I had the team it was time to carry out the plan, this is how the order was; SCOPH, SCORA, SCORP, SCOMP, and the last day would be SCOME. However, here a new problem arose, I didn't really feel prepared to do SCORA talks, so I gathered the last person who formed this team: Sophia Islas, Deputy Commissioner of CHJL and member of the SEGE Team.



She is a very close friend of my entire committee, and we love her very much (Writer's note: Soph, we love you very much), she helped me with two presentations for SCORA day.

With all this ready, I only had to carry out the plan, everyone had their tasks and were ready to face this mission together with me.

THE EXECUTION

We had several obstacles, many of my faculty colleagues were in exams, my faculty's schedules were quite an issue, and it was difficult to find free hours between various groups to accommodate a presentation. With all these factors you can see that one of my biggest problems was attendance and participation. That strategy, although good, in my faculty does not work very well, really the window in which our MA's can attend is from 12:00 to 14:00 and I was stuck on them being in person. In addition to all this, we had to accommodate schedules with all the people who were helping me with basically a third of the presentations.

On the first day, the participation was minimal, we finished the preparations for this project very late in the day and we had to publish everything, so everything ended up being published quite late and the dissemination was not what we would have liked.

On the second day, led by Soph, the problem was that she could only really have the talks in the afternoon, outside of my faculty's peak attendance window. So she needed a plan to get them to stay in college. I think we've all dealt with this "How do you get MA's to attend activities?" Salvation came from the hand of a former DNRE, who is now a good friend and teacher of the subject of Pathology. León Bastián Padilla Leyer helped me by encouraging his students to attend through extra participation in the subject. And this is how this day was the one with the greatest participation.

(Writer's note: we had to change rooms due to the great participation there was).

Third day, SCORP day, where I was born, I started in SCORP so with love I wanted this day to go well. My committee's Current LORP helped me both to spread the word and to give them. The problem with this day was that we both had lectures on our subjects, so neither of us got much sleep. So we had to stick to the plan, the time, and everything, we couldn't have any mishaps.

Attendance was still a problem, we didn't have as much participation, so it occurred to me to talk to the psychopedagogy department to help us spread the word.

On the fourth day, SCOMP day, there are times when life puts you in difficult situations and laughs at you for not having prevented them, arguing that the clues were always there and that happened, because I was focused on making sure everything turned out well, I didn't realize I realized the dates

and my plans were once again ruined by tacos and cake because to the surprise of no one but myself, my college's birthday was on the 4th day of TW. So I had to cancel two presentations because the students were busy eating and no matter how much effort and preparation there was in my presentations, I couldn't compete against tacos and cakes. So my VAE and I gave up and went for tacos and cake (writer's note: the cake was very good, excellent service). The only training that day was "The winning poster" and it ended online, against my will.

They really liked the idea that not only did they encourage the first years, but after the TW ended they invited me to activities with them.





The fifth day, at this point, I was already more burned out than anything, there was only SCOME left, the last three and we were leaving. The first problem, one of my doctors decided to put an extra hour at the same time as the first training, so I had to trust that Joana could stick to the itinerary. I'll give you a little context for this. Jo had an exam before the presentation and after that, she had a presentation, so the presentation could not be extended. Jo is a very prepared person so everything went well. Apart from that, the SCOME day went very well, the participation and attendance was quite acceptable and our NT deputy research coordinator shined as is her custom.

For now, I laugh a little, my last presentation, with which I would close the TW was "Burnout and stress". In this way I would close with a flourish, a little ironic because at this point I was very born and my head was repeating over and over again.

This is how my TW ended, the truth is it was a lot of work, but I know I would do it again. I was never really alone, I was always surrounded by incredible people like my team, my suicide squad.

And to show that I don't learn when it's too much, I decided to make one last presentation on Saturday, online, together with SAMHUAZ.

PROTOCOLIZE YOUR IDEAS IN DSE



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To be part of the Training Support Division (DSE) is being part of a sorority, a fraternity, a family, this is the reason why the members of this Support Division have a special connection with each other, because we work to meet the same objectives, the same goals and the same ideals.

At IFMSA, Capacity Building is about improving the skills of volunteers through peer education. "Capacity Building does not merely support what we do: it is what we do"

The Training Support Division was born in Mexico with the aim of training coaches with the necessary "Skills" to be able to perform in the activities that make up the programs that are managed in the AMMEF.



Likewise, the people who belong to the DSE are characterized by providing basic or specialized skills training, in order to train leaders in the area of health, capable of facing and adapting to new challenges, increasing the improvement of their capabilities.



Basic skills training is governed by providing soft skills, while specialized skills training are those that are pertaining to a standing committee, a support division, or by the executive council itself.

Most of the trainings mentioned above have protocols already written and established by the DSE-AMMEF (Protocols help the facilitator with relevant information to be able to provide a training), these protocols are research projects which are written and drafted by members of the different local committees of the AMMEF in order to increase the number of protocols and to be able to help future generations to strengthen the field that encompasses the "Capacity Building".

The training protocols that are within our training base and those that are added annually, must first

go through the "FENAEN: National Training Fair", a national event that is held twice a year, in synchrony with the National Assemblies of the AMMEF; It consists of an event with 2 categories, the first is: "Creation of a new protocol", where the protocols that the members consider should be within the training base are received, since it helps to strengthen or provide a certain skill, which is not yet written within the existing protocols; The second is: "Protocol Update", which consists of updating existing protocols with current and relevant information, so that facilitators have quality protocols.

FENAEN is an extremely important and satisfying event mainly for the people who apply to this national event, as they help to strengthen the Training Support Division and the future generations of DLE's/

VpCB's, it is also gratifying because they write a research protocol, which is a formal document and finally, strengthen their knowledge with the topic exposed.

In this paragraph, I would like to address you to invite you to actively participate within the DSE, especially within the FENAEN, I assure you that it is an enriching experience and of great personal satisfaction, at least I, Henry, have participated in the FENAEN and I have obtained the 1st place of the event with the protocol "Self-knowledge and Proactivity", which I wrote with Joss from my local committee IIMP and



I assure you that it is very gratifying to see that other people from the different states of Mexico impart this type of skills, and it is enriching to know that the future doctors of the country get immersed into this knowledge that is not commonly taught to us in schools.

Likewise, if you don't know how to create a protocol, the first thing I recommend is that you visualize a skill or topic that you are passionate about or that you think is essential to be addressed.



I can also recommend the "Protocolization Campaign" an event of the DSE, which consists of a series of sessions, which will help you to delve into the protocols, so that you can learn and be inspired to create them. The basic principle of the campaign is to motivate people to create new training protocols, because we don't create new people, we make them realize what they are capable of and we help them to protocolize their ideas.

Finally, I would like to mention the Small Working Group: Creation and Updating of Trainings, the SWG CAE, is a small working group that is coordinated by the Protocolization Coord of the national DSE and is in charge of organizing and directing the Protocolization Campaign, the FENAEN and works associated with the protocols of the DSE.



This SWG opens every year along with the change of management of the DNE (National Training Division), and in the current 23-24 management I have the honor of directing it, and I say "honor" because it is exciting to see all the work that Sofi, Sina and Jess have done, the passion and commitment they make, both to create new protocols, update protocols, provide training and participate in the different activities of the DSE, I am very grateful to you for strengthening this great pillar that the DSE has, I could not have asked for better members of the SWG, I hope that this time in which we have worked has served your personal and academic growth, I personally take great learnings and very good friendships from Sonora, Yucatan and Veracruz.





*Humanity needs you healthy,
whole and at peace*

We are



JANUARY 2024

SCOMEdians

SOYAMMEF

BURNOUT IN FUTURE DOCTORS: THE SILENT ENEMY



[**Santamaría Rodríguez** Francisco Vicente]

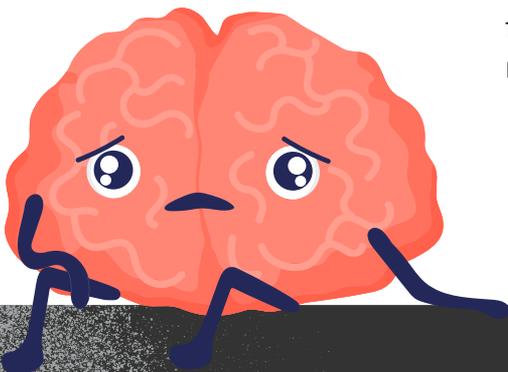
ATLAS

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The journey to becoming a doctor is an experience full of exciting moments and at the same time it can become an odyssey full of challenges and obstacles, among them, we have a silent enemy that goes unnoticed until we have it: burnout, a syndrome that is characterized by emotional exhaustion, distancing from tasks, and a feeling of low personal accomplishment has become a growing concern among medical students.

Causes of burnout

Burnout is a special type of work-related stress and manifests itself with physical and mental exhaustion. The causes of this can be very varied and in the case of medical students, the rigorous context of medical education contributes significantly to burnout. Overwhelming workloads, demanding schedules, pressure to perform and meet the expectations of our close social circle, as well as all stressful situations are some of the fundamental reasons that affect mental health in students.



As we know, the medical profession entails high levels of responsibility and the need to make crucial decisions which can generate additional stress on students. At the same time, the lack of time for self-care and not finding a balance between academic and personal life can often exacerbate these problems.

The impact of burnout

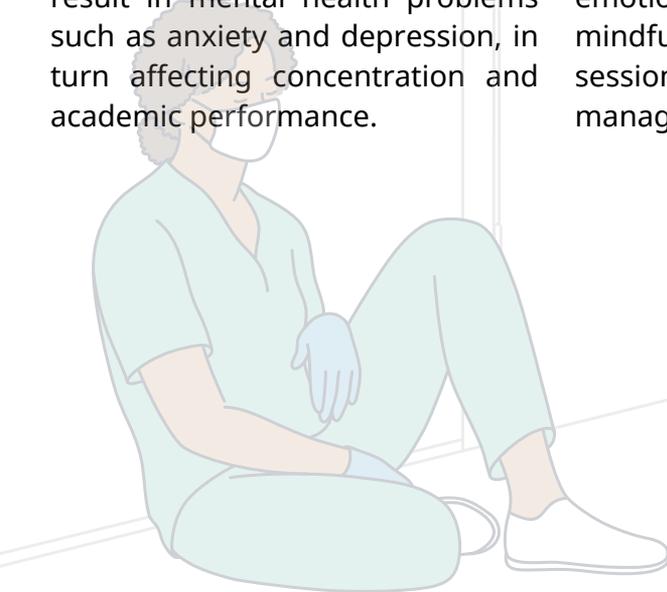
Talking about the impact that burnout can have on medical students is profound as it covers various aspects of their lives; aspects that include everything from physical to mental health, this exhaustion can be prolonged and undermine the quality of life, putting academic training at risk. Likewise, increased stress can result in mental health problems such as anxiety and depression, in turn affecting concentration and academic performance.

Another impact that burnout can cause is the loss of empathy towards patients, with depersonalization being a common symptom of burnout, interfering with the quality of medical care and the doctor-patient relationship.

How to deal with burnout?

Once we have seen what it is and the impact that burnout has on medical students and health professionals, it is important to be able to create strategies and products that address this situation.

This is why it is important to create learning environments that promote the well-being of students, as well as introduce emotional support programs, mindfulness and meditation sessions, and introduce stress management training.



On a personal level, it is important to foster a culture of self-care and find a balance between work and personal life. However, we must normalize the fact of seeking professional help to treat mental health problems such as burnout.

Burnout is a great problem that is being experienced in our society, medical students and professionals are not exempt from this, so it is not something that can be ignored and that requires a collective response that involves educational institutions, teachers, health professionals, and the students themselves. The importance of student well-being must be recognized and measures must be implemented to address burnout as it is essential to ensure that future doctors are not only prepared with all the medical knowledge, but also have the ability to care for themselves as they would with his patients.

The fact is that many times, despite all the knowledge that we have as students about health and prevention, it does not mean that it applies to ourselves, ignoring mental health is a big problem that we experience and whose consequences affect academic performance, and if not treated, it can end up being an obstacle in professional training, often leading to dropout from the career.

Ultimately, we must recognize that early action against burnout is essential as it benefits those who suffer from it and can contribute to more compassionate and quality medical care. Remember that the race will often be complicated and exhausting, so it is important to take a break and enjoy other things, not everything is about the race and if you or someone needs professional help do not hesitate to seek it, mental health is as important as physical health.

*Anyone has a setback, take
a breath and try again, life
is a continuous test*



We are



JANUARY 2024

SCOMPanions

SOYAMMEF

NOMP'S MESSAGE



Marco Antonio Castañón Gómez

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The main objective of the Standing Committee on Medical Publications (SCOMP) is to focus the members of the Mexican association AMMEF, A.C. on the use of evidence-based medicine; through a research culture which leads them to achieve a quality medical publication.

Because of this, our Committee seeks that the members participate in activities able to teach them how to make a correct search for information in databases, to ensure that they have basic principles of a critical and scientific reading and writing, as well as giving them the opportunity to generate one on their own.

The Committee's work plan includes developing contests and courses that promote research in local committees. One of the latest contests that has been implemented is "Innovation, research and advocacy", which aims to empower SCOMP officers to have basic tools to conduct research on their own, as well as to give them the opportunity to teach their local committee members.

The National Scientific Poster Contest, another of the Committee's most innovative initiatives, also seeks to get anyone involved in a research process, either in a project of their own or in conjunction with a tutor from their school, in addition to giving them the necessary tools to search for information in databases which provides recent information on topics of interest.

The objective of leading the members to carry out a critical and scientific reading and writing is fulfilled through the two SCOMP journals; "CIMMEF", the Mexican scientific journal for physicians in training, achieves to be the first research or bibliographic searches for the members, so they can have a publication where anyone can access it. And "Soy AMMEF", our medical-cultural journal, also provides tools for a publication that motivates members to continue researching and writing.

Our Committee also fulfills the function of bringing updated information on the most current issues that are happening in the country or in the world, that is why it works directly with any other Standing Committee or Support Division, as each of its activities can be coupled without problem to the search for recent and reliable information.



One of the Committees with which we have more common work is SCORE, who takes the members of AMMEF, A.C. on a research exchange. It is here where SCOMP's main activities lay the bases for members to carry out an exchange and have as final work a research project developed during that period.

CARPIS (trainings for the doing and publication of health research) is another one of the most recent activities carried out in the Committee, it involves a series of training that offers the basic concepts of research methodology, making it available to any member of the association who seeks to implement their knowledge in this area.

Through videos and easy to understand texts, any member can reinforce their knowledge about evidence-based medicine or take what they need to start a project that will lead them to submit a scientific article to the Committee's own journals or even outside the Committee.

Basically, SCOMP is the ideal place when a person seeks to start getting involved in research, as well as the space that provides the opportunity to publish their results in a national journal that reaches every corner of the country.

The phrase that characterizes us is: "From publication to public action", because we have the ideal that any interest in evidence-based medicine can conclude with a publication with the power to make a real change in our environment.



MY JOURNEY AS A RESEARCHER IN THE III EPIDEMIOLOGY AND RESEARCH TEAM (ERT)



[**Medrano Robledo** Iván Arturo Danton]

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The Epidemiology and Research Team ERT aims to have medical students implement a research protocol within the framework of the national assemblies, coordinated by the Standing Committee on Medical Publications (SCOMP), this effort provides a unique opportunity for medical students to engage in research experiences, ensuring an alignment with the broader goals of the association in advancing medical research and publications.

Throughout my medical education journey at university,

research has emerged as a cornerstone, notably embodied in the subject of Medical Research that spans the initial four years at my university. Since the first semester, research got my attention, becoming one of my favorite subjects. Yet, despite the theoretical foundation in research provided by the university, the translation of this knowledge into practical applications often proves to be a formidable challenge. Some of the primary limitations faced by medical students engaging in research are the lack of time and the lack of mentors (1)

This is where the significance of the ERT comes into play. I had the privilege of being part of the III Epidemiology and Research Team during the XIV National Assembly in Torreón, Coahuila, serving as an onsite affiliated researcher. Joining the team was an easy decision, I knew this experience would make my participation, in my very first National Assembly even more enriching.

I had the privilege of being part of the III Epidemiology and Research Team during the XIV National Assembly in Torreón, Coahuila, serving as an onsite affiliated researcher. Joining the team was an easy decision, I knew this experience would make my participation, in my very first National Assembly even more enriching.



Our project delved into the "Use of Tobacco and Vaporizers on lung function among Medical Students", a subject intrinsically linked to sociomedical issues and public health. The initial phase of the EIE unfolded with the release of a call for participation, extending invitations to all association members, in-person (for assembly attendees) and virtual modalities.



Subsequently, the ERT involved an immersive exploration of literature, laying the groundwork for the formulation of our study protocol, with the guidance and mentorship provided by the team leaders and members from the national team of SCOMP, who played important roles for our research.

The following phase provided training, delving into various papers on the technique and safety measures for conducting spirometry accurately, a key component of our project. The culmination of this phase marked the commencement of the National Assembly and the

initiation of our fieldwork on the 14th of September, 2023. The team strategically divided responsibilities, with some members compiling personal health records, while others performed spirometry to assess lung capacity, establishing crucial correlations with tobacco or vaporizer use. Our study sample was fellow medical students who attended the National Assembly and voluntarily joined our study.

Engaging in this research team not only presented an intellectual challenge but also unfolded as a journey of personal and professional growth.



Collaborating with medical students from across the country opened avenues to diverse perspectives. This experience facilitated meaningful connections with other Local Officers, members from SCOMP, and even members from other committees, building connections in different social settings significantly strengthened my academic network. The work of the III ERT is ongoing, and the writing of the manuscript remains in process.

Through the ERT, I transcended the theoretical limits, translating fundamental knowledge acquired during my medical education into practical application. This experience not only solidified my understanding of research processes but also reinforced my belief in the importance of interdisciplinary collaboration and participatory research in the field of medicine.

I hope that my narrative inspires colleagues to participate in similar research initiatives. Creating a culture of dynamic and collaborative research within our student community is not just a goal; it's a shared responsibility that shapes a future where research plays a vital role in developing dedicated medical professionals. Involving Local Officers in these activities can inspire them to replicate the EIE methodology, providing them with the tools to apply it locally in their committees. This collective effort aims to break down the barriers that researchers often encounter in our country.



EATING HABITS OF PHYSICIANS IN ACADEMIC TRAINING: EXPLORING CHALLENGES AND WORKING ON SOLUTIONS.



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The long hours of study and work, coupled with the academic demands, are one of the most complex challenges in the lives of us as medical students; Therefore, the following question is inevitable for any reader to answer: Have you neglected your diet at some point in your life, prioritizing speed over nutritional quality?

This tendency is often seen among medical students at different stages of their academic training, because as already mentioned, it is the same factors mentioned above that lead to impulsive and practicality-focused food decisions.





In Mexico, obesity occupies the first place of eating disorders that affects all ages in most social strata, thus evidencing the lack of knowledge about nutritional health and, therefore, bad habits, acquired mainly by social determinants and the context in which we live. As medical students, there may be a lack of knowledge and even a reluctance to apply the knowledge gained during medical training to modify eating habits. Despite the recommendations provided by the World Health Organization (1) that highlight the importance of nutrition education and the creation of environments that encourage healthy choices, the reality demonstrates the lack of awareness about these aspects.

Thus, the contrast between the available information and its applicability in daily life underscores the need to address not only eating habits, but also the resistance to changing them.

On the other hand, there are factors that have been shown to be highly associated with unhealthy food selection; According to a study in Kuwait (2), if they stay in rental houses or university residences, the lack of resources and time makes a student more vulnerable so that he or she develops eating habits that result in a high-carbohydrate diet. On the other hand, a constant sedentary lifestyle and prolonged fasting result in the establishment of overweight and obesity, which favor the development of direct harmful effects on cognitive functioning and, therefore, correct learning.

Eating habits in medical students:

Food is essential for the development of every person, since thanks to it we can carry out various cognitive functions such as: thinking, learning, paying attention, among many more, so it is essential that every person has a correct diet.

We are aware that a traditional diet should not be just eating for the sake of eating, we must be careful of the right proportions and of consuming foods that are beneficial for our health. Thanks to various studies we know that medical students do not have a correct diet, when we are supposed to be the model to follow, however, many times the conditions are not optimal for it.

But how do we optimize our diet to fulfill our duties in the medical-student field? As an example, we give undergraduate and resident interns: many times, due to overwork and lack of time, they do not have the availability or access to a healthy diet, which is why they resort to foods rich in fats, carbohydrates and sugars, since they are their only option, without forgetting our foreign undergraduate colleagues in faculty. In exam season, giving it your all with a junk food-based diet (or at least most of us do).



Medical students tend to leave food as one of the last priorities and due to the burden, they tend to eat food that is quick and easy to access, usually food rich in fats, carbohydrates and sugars, but not very nutritious.

The Important Need to Understand Nutritional Choices:

We all remember the health situation caused by COVID-19, which affected the population in various aspects of life, mainly in the physical and mental aspects due to the fact that during the SARS-Cov-2 pandemic, isolation was the preventive measure to avoid contagion. However, all of the above led to the development of bad habits, such as physical inactivity and the consumption of unhealthy foods, in addition to increasing problems of anxiety, sleep disturbances, depression and obesity.

Therefore, there is a need to carry out a detailed study to understand the emotions, behaviors, context and situations that motivate medical students in the choice of their daily foods. (3) While it is true that physicians-in-training will provide nutritional counseling to the population in the future, such information may be inconsistent when considering their dietary habits and lifestyles.



Fortunately, we are a group of medical students from different parts of the country, with the purpose of conducting a study on the eating habits of doctors in training. This initiative is part of the Innovation, Research & Advocacy campaign of the Permanent Committee of Medical Publications of the Mexican Association of Physicians in Academic Training, A.C., where we seek to understand the factors associated with the food choice of Mexican medical students.

As a team, we envision a future in which the findings are the necessary basis that allows the creation of strategies that can be implemented in universities and institutions to improve eating habits among medical students and careers related to the health area, ranging from the implementation of conferences and workshops that train medical students on better eating and healthier habits or the support of universities to provide physicians in training with healthier foods in our Mexican context, strategies similar to those of Helbach et al. (4).

Consequently, we want to be able to increase the quality of life of medical students, while improving their academic performance, together with the prevention of diseases and achieving the goal of training trained doctors to provide the population with correct nutritional advice that is congruent with their lifestyle.

We strongly believe that a combination of education, emotional support, and changes in the environment is crucial. In addition, the active participation of students in the creation and maintenance of these initiatives can increase their effectiveness. Long-term sustainability involves not only providing information, but also creating an environment that facilitates and promotes healthy choices among our Mexican students.



In the voice of the researchers:
What experience did we have in
this 3rd Edition of Innovation,
Research & Advocacy 2023?

"I still remember when I started
working as a LOMP in November
2021. My first national activity I
attended was the 2nd Edition of
this campaign. If you ask me
today, I never imagined being a
leader in any of the protocols that
are offered. Between late-night
classes and laughter during this
stage with my fellow collaborators,
coupled with the learning we
obtained as a team is something I
will always treasure. I invite you to
take advantage of the next calls
that SCOMP has to come out.
Personally, I still have a long way
to go on this beautiful path of
research, but before continuing, I
take what a great mentor once
told me: "Pause, a coffee, and
follow him" (Von Maldonado)."

"Being part of this project has
been a highly beneficial experience
for my personal and professional
growth. Throughout this
collaboration, I have gained new
knowledge and have had the
privilege of working with
exceptional individuals. The
synergy of our team has been key
to moving forward and
overcoming challenges, sharing
valuable perspectives and
achieving a result that we are
confident will be of great value to
those who access our work"
(Eduardo Martínez)."

"Being part of SCOMP has given
me a lot, I have met great people
and I have learned a lot from each
member and their activities. I
really think that this is a great
experience that we must live,
whether we are members of
SCOMP or not, I invite the
community to participate in its
activities. (Jose Hernandez)"



"Being part of this great team has been very enriching for me, I have learned many new things and I have met very intelligent people. Together we have progressed by sharing experiences and knowledge for the realization of this work that I hope will be pleasant for all the audience that reads us. (Kevin Gayosso)."

"It is my second year as a LOMP, it has been one of the best experiences I have had, in SCOMP I discovered a family and we all share the same passion for research and Medicine, a clear example is the IRA team, in which we worked together, had fun and did what we liked the most: Medical Research. And thanks to everyone's work and commitment, we did a great job. Thank God, I feel very proud and fortunate to have this type of opportunity in my life. (Genesis Sanchez)"

"Possibly every great trajectory has apparently humble beginnings, however, it is endowed with invaluable learning and experiences that nurture the skills required to be part of a research team. Undoubtedly, the privilege of being part of SCOMP generates habits that increase enthusiasm and taste for research. (Eva Gómez)"



STORIES HEADING TO: INNOVATION, RESEARCH AND ADVOCACY



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Dear reader and member of AMMEF, the team of researchers made up of Caro, Bernalí, Clio, Grecia, Michelle, Nancy, Paola, and Nayeli wish you that the new year brings you prosperity.

Right now, as you explore these lines, we are likely at the beginning of a new year. As part of a reflection on the achievements that the year 2023 gave us, we are pleased to share the exciting experience we had as young doctors, full of enthusiasm, although perhaps with some doubts and fears, we ventured out with determination and great expectations.

Alliances that transcend limits.

My management began when the third edition IRA project (innovation, research, and advocacy) was proposed, which would be made up of 3 stages as most of us know; I admit it was a wonderful way to receive me at SCOMP, it confirms my desire to know and my enthusiasm to be part of it. (Nancy Bolivar- LOMP APEMUACH).

Shortly after my administration began, the national team carried out the “Road To Innovation Research & Advocacy” (IRA) campaign, which aimed to train Local SCOMP Officers in the creation and application of scientific protocols. My excitement was very evident since I found out what this was, and I was very aware of the meetings that were held throughout the month of July, these meetings belonged to the first phase of the IRA. (Bernalí-LOMP AEMECH).

We were assigned a very cool and interesting topic and of the options that they asked us to choose

I remember that it was the topic that I most wanted to be assigned; The process of carrying out the protocol was a very enriching team experience, of exchanging ideas and thoughts, of a lot of work for several months, it was an effort that we had to make apart from our academic activities, but the truth is that effort was worth it. (Greece-LOMP SAESIC).

During my first weeks as LOMP we were given notice that the IRA would be carried out, which consisted of several phases such as training that concisely reviewed basic concepts about research methodology; My surprise was great when, a few days after concluding these workshops, I found out that at the end we would be made to participate in a national protocol contest where the knowledge acquired would be applied. Honestly, I was nervous. (Clío García- LOMP CECSQROO).

The problem that I have always had and have seen is irregularity in the menstrual cycle due to academic stress and it seemed like a good idea to propose it; However, I didn't think how far I could go.

After that, they gave us a methodology workshop, which was extremely important because even though I had already taken the subject, it helped me review and understand topics in more depth. This is something that I must emphasize because SCOMP will always be a place where you can learn and have fun at the same time. (Michelle Soto).

2nd phase of the IRA? And how did it go?

-I consider this second phase to be very important since it facilitated the creation of a protocol from scratch based on the research methodology workshops with guidance and support from a member of the national team. (Greece-LOMP SAESIC).

-In the first instance, I had no idea how we would make work coordination optimal when we were so far from each other; Our coexistence was enjoyable, in addition to the different points of view that made the project complement each other from different perspectives. In my view, the organization that the team presented at all times was the key to the results. (Clío García- LOMP CECSQROO)



-Once the training was over, the internal call for participation was launched, which contained the topics regarding the protocols to be carried out, and I did not hesitate to apply for the topic of our protocol, this is because it seemed very intriguing to me. To what degrees could stress affect the body of a menstruating person, combined with re-studying concepts and topics seen in the first semester? During this entire phase of the IRA, I had the joy of meeting my teammates, who at first;

I was afraid of not being able to coordinate or organize the different tasks well with them, but it turned out quite the opposite, they were all and are excellent. (Bernalí-LOMP AEMECH).

-Throughout the planning and development of the protocol I discovered how necessary (and even urgent) research and dissemination on stress and its relationship with alterations in the menstrual cycle in medical students is, finding information gaps as well as a very taboo in the medical community on such an essential topic. (Nancy Bolivar-LOMP APEMUACH).

-Upon being chosen as part of the team to address the prevalence of menstrual cycle stress, I was faced with various questions and concerns that were resolved through detailed conversations with the team and corresponding research. A reflection of the protocol is the importance of how we, doctors in training, have been educated about the importance of people's health and well-being, but we often neglect our own health and face significant levels of stress.

It is essential to take care of ourselves and raise awareness about the effects we experience. (Carolina Gomez-LOMP AEMULSA).

"Emotions in full bloom: Presenting the Results of our Work"

The month of October arrived and we had to present all our work before the synods.

It was the first time I spoke to many people, most of them unknown to me, but everything went well, we all did well. All the protocols presented were quite good and interesting, but the surprise we had was that we would have to wait a few days to find out who would have the winning protocol and it was really quite exciting. (Bernali-LOMP AEMECH).

-I remember that I was very nervous since we did not have much time to practice due to time and exam season, however, the organization and support of the team were everything; We were able to present and explain our entire protocol in the allotted time, and they made some observations to us and congratulated us on our protocol. (Greece- LOMP SAESIC).



can affirm that, thanks to the practice and organization of the team, we managed to present our results successfully in the IRA.

Although I cannot deny the nerves and excitement during the presentation, it was a unique experience. (Carolina Gomez-LOMP AEMULSA).

-I cannot describe the anxiety I experienced during and after our presentation; I wanted to know the results as soon as possible, they were days of long waiting but full of hope. (Nancy Bolivar- LOMP APEMUACH).

The most anticipated moment was the results; From my perspective, it was a difficult contest since all the protocols were very good and the topics were both interesting and current, so it was difficult to think if there was a possibility that our team would be the winner or not, the jury gave us very good comments and congratulations, however, also observations, but... surprise, it was possible team! We were the winning team, all the work was worth it, and it was very exciting and pleasant to think that our protocol would be applied at the national level. (Greece-LOMP SAESIC).

The palpable tension: Eagerly awaiting the results of the contest...



-I still remember the day before presenting the protocol, we rehearsed on a video call to try to present our work within the stipulated time, although it took us several sessions, we managed to have a good time in the rehearsals and I think that all the organization we had was key to have obtained this result. I really appreciate the opportunity that SCOMP gave me to participate in this event, I also took away many pleasant moments; I loved working with everyone, and I would love to do it again. (Bernali- LOMP AEMECH).

-When I discovered that we won, I was filled with joy and joy since my learning had not ended, a new expectation had also begun in me; a desire to make a contribution to change and start a conversation about this important topic that has sadly been forgotten. The experience is not over yet, I am glad to be part of it accompanied by a team as great as the one I am part of. (Nancy Bolivar- LOMP APEMUACH).

-Honestly, the fact that we were winners left me perplexed, currently I am very grateful for this opportunity that was given to us. (Clío García- LOMP CECSQROO)

Although this activity has not yet come to an end, and we have a long way to go, we are committed to the objectives we set for ourselves. Our work not only focuses on the completion of the protocol but also on the positive impact that we hope to generate in the Mexican student population with the results obtained.

The team of the 3rd edition of the IRA cordially invites you to consider joining in future calls, whether as authors or project leaders, we urge you to overcome the fear, uncertainty, and anxiety that may arise when entering new paths. In every challenge, there is an opportunity for learning and growth, and together we can create a meaningful impact on our student community.

We are



JANUARY 2024

SCONExion

SOYAMMEF

UNFORGETTABLE EXPERIENCES IN MADRID



[Trejo Miranda Alejandra]

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In July of this year, I had the opportunity to do a professional exchange in Madrid, Spain, in the specialty of surgery. This exchange was a very enriching experience. In those short four weeks, I managed to grow both personally and professionally. The time between when I chose the place and when the acceptance letter arrived made me feel a host of emotions, both pleasant and unpleasant because I didn't know if that letter was going to arrive and my dream of doing an exchange in another country could be fulfilled. However, as soon as it became known to me that I already had the letter, my enthusiasm increased, but it still felt distant and not tangible;

Everything changed when I took that first plane to reach my final destination: Madrid, I managed to remember and be grateful for all those efforts and moments that led me to be in that situation, because I knew that regardless of what the experience was like, many learnings would come from it.

Already being there, it is impossible not to feel that fear of the unknown, because despite it being the same language (which is a great advantage) it is a quite different culture in many aspects and you do not know what situations and adversities you will have to overcome, but At the same time, excitement and happiness invaded my being.

Upon arriving I discovered that the apartment where we would be staying was in “Callao” right in the center of Madrid, therefore, getting to know the most striking parts of the city and taking advantage of the cultural attractions was easy since everything was a good distance away and that made our stay much simpler and more pleasant.

When going to the hospital, the fact of knowing first-hand the health system in a country different from mine broadened the point of view that I have regarding medical education, for example, there is no boarding school there and white clothing is unnecessary,

inside the hospital they give you your surgical uniform and you change it daily, the shifts end early in the morning and the treatment between the different hierarchical levels is not rude or hostile. During the surgeries, we were able to see how they do unusual procedures and with different techniques, in addition, the operating rooms are fully equipped and with all the necessary personnel, therefore, unfortunately, the only thing we did was observe.



On one of our nights there, the local committees of Madrid organized the “National Food and Drink Party” in which we were able to meet exchangers from all over the world (such as Egypt, Finland, Brazil, Romania, Ecuador, Chile, etc.) and a taste of their culture, just as we were able to proudly show something of Mexico. At that event, when I met so many medical students, I was able to see how IFMSA connects us and it is incredible to know that there are health leaders everywhere in the world.

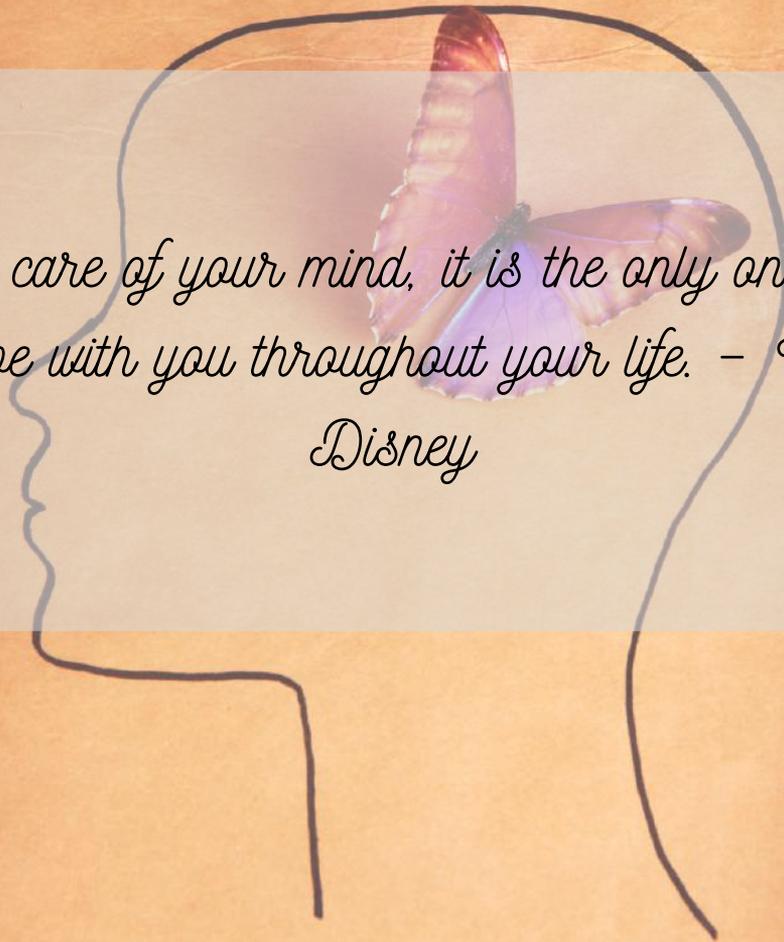
Another incredible aspect of my exchange is that every weekend we had the opportunity to travel and see different parts of Spain, with which we learned about its culture and history that has affected all of humanity in one way or another.



Finally, the most important thing and what I carry with me most from those four weeks, which honestly sounds like little, but in reality is more than enough because every day you create unforgettable experiences, were the friendships I made, friends that I will carry in my heart for always and I am sure that I will see them again even though we are from different parts of the world, the good and bad moments that I shared with them united us and formed an irreplaceable bond.

Likewise, I would like to add that although there were bad times and moments in which I missed my loved ones a lot, everything was undoubtedly worth it and this exchange is an experience that I would not change for anything since everything that happened helped shape the Alejandra that I am currently.



A purple butterfly with white markings on its wings is positioned inside a simple black outline of a human head in profile, facing left. The background is a textured, light brown paper-like surface.

*Take care of your mind, it is the only one that
will be with you throughout your life. – Walt
Disney*

We are



JANUARY 2024

SCOPEans

NEO OUT'S REFLECTIONS ON SCOPE



[**Cruz Alpuche Ana Carolina**]

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Starting my journey as a National Professional Exchange Officer for Outgoings at SCOPE AMMEF has been a transformative journey full of challenges and discoveries. Entering this position in the middle of the term was not an easy task; I immersed myself directly into a world of responsibilities and complex situations that required quick adaptation.

The role turned out to be more absorbing than I imagined, but each challenge became an opportunity for learning and growth. In a scenario where time doesn't wait, I worked alongside a passionate team to address the issues and situations affecting SCOPE nationally and internationally.

Interaction with other NMOs and coordination with the Light Blue Team has been essential to understanding the global dynamics of SCOPE; while at first, I felt the pressure, today I am satisfied to see the results and the impact of our work.

SCOPE, with its powerful global network, is a wonderful experience that transcends borders and enriches lives. It is a universe of medical exchanges that goes beyond conventional teaching, connecting medical students from all over the world in a cultural and academic dance. To discover SCOPE is to open the doors to diversity, understanding and international friendship.

Each exchange is a unique chapter in a wholesome story, where learning is not only limited to medical books, but expands through shared stories, clinical practices, and experiences that transform perspectives. It's a journey where medicine becomes a universal language that unites individuals who are passionate about global health care.

One of the most rewarding aspects of my experience has been a constant of love and support from the members of the Light Blue Team, as well as other colleagues on the Executive Board. Their partnership has been instrumental in overcoming challenges and maintaining a collaborative environment.

Recently, I implemented a mental health screening strategy at SCOPE. Recognizing the importance of the mental health of LEOs because offering them a space of support is essential for the sane development of our management. I am committed to continuing to explore new ways to strengthen our committee and provide needed support to our valued members.

This journey has been an exciting path, and even if the road has been challenging, I am excited for what the future holds for SCOPE AMMEF. I am grateful for the opportunity to contribute to the growth of this community and look forward to continuing to explore new horizons together. I take this opportunity to express my deep gratitude to the entire SCOPE AMMEF team and the AMMEF family as a whole: Their support has been my biggest motivation and their confidence is my inspiration. Every step we take together strengthens our commitment to providing exceptional opportunities for our members.



Looking ahead, I'm excited for the possibilities that lie ahead. I will continue to work tirelessly to raise the quality of exchanges and contribute to the growth and success of SCOPE AMMEF. Through this experience, I have learned that our commitment and passion are the driving forces that lead us to achieve higher goals.

As a conclusion, my journey as NEO Out has been a worthwhile adventure. Challenges and achievements have forged a path of learning and growth. As we move forward, I am confident that the AMMEF family will continue to be our source of inspiration and support.

With gratitude and excitement for what is to come, I celebrate this stage in my journey with SCOPE as we continue to work together. I am convinced that we will build an even brighter and more successful future for our community.



BRAZIL AND ITS OPEN ARMS



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"It's of no use reaching the goal if you don't enjoy the journey... and let me tell you, I am truly enjoying it."

This incredible story begins with a dream and a New Year's resolution: to travel to another country in 2023. So, I sent in my documents, choosing one of the countries I had always dreamed of visiting, and simultaneously started learning the local language in the hope of being selected. When I received the acceptance letter, I felt immense happiness mixed with a certain fear, which continued until the day I had to travel to embark on a new adventure at the University Hospital Ciências Médicas in Belo Horizonte, Brazil.

It's important to note that from the very first moment my host welcomed me at the airport, I felt a warmth in their treatment that made me feel at home. Furthermore, my host, their brother, and their parents provided invaluable support and experiences, treating me as if I were part of their family. As the days went by, I explored the city, made occasional friends in day-to-day encounters, and progressed from saying "Bom dia" and "Obrigado" to engaging in more fluent conversations with Brazilians.



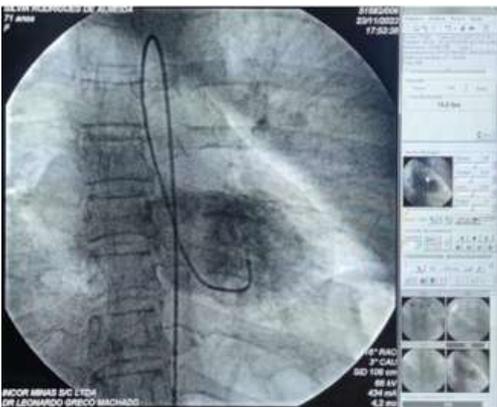
At the hospital, I was received with great cordiality and respect. The entire staff contributed to making my stay pleasant, and with their support, I overcame several of my fears. It was a pleasure to be 'the Mexican' who arrived eager to learn and grow.



I had the privilege of being in the internal medicine service under the guidance of Dr. Vinicius Naives, an intensivist, and my great friend, Dr. Danilo Solorzano, an internal medicine resident, with whom I spent most of my time during my internship. My mentors and other doctors shared valuable knowledge, evident from the first day I witnessed their interactions with patients and students, as well as their incredible ability to solve clinical cases.

From day one, we tackled a broad range of illnesses where the clinical picture pointed in one direction, but the patient's evolution took a different turn. I understood that what is learned in medical books makes sense when applied to patients, and the language barrier becomes secondary when medicine unites us.

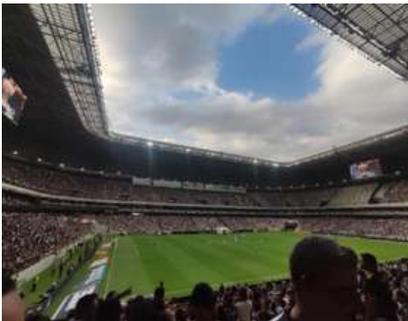
However, the first few days were overwhelming, not fully understanding case discussions or medical history. But with the support of my clinic colleagues, perseverance, discipline, and as the days went by, I improved my language comprehension and lost the fear of being a doctor in another country. And as we know, it's not all about saving lives, so I am pleased to inform you that in Brazil, people know how to have a great time.



I had the opportunity to attend some really cool events accompanied by people who radiate such joyful energy.

Undoubtedly, this year was one of the best years of my life because I learned not to be paralyzed by my fears, to do things even with that fear that shakes our soul, as the decisions that have given me the greatest learning come with immeasurable fear. I understood that along the way, you encounter all kinds of humans who leave part of their essence in your soul and help you continue to grow, while others may teach you what kind of person you don't want to be.

It is pleasing to know that thanks to IFMSA, the support of my family and friends, I was able to discover a country with such wonderful people, phenomenal landscapes, and such an enriching culture. This exchange, beyond providing me with quality medical knowledge and allowing me to practice and learn from excellent figures in the Brazilian healthcare system, also supported my personal growth and increased the flame of 'wanting to conquer the world,' as now I know that dreams can come true with hard work, discipline, and the support of the right people. I believe there is no comparison to the joy of doing what you love accompanied by such incredible people, so we should all remember that we are not alone and that there will always be someone to enjoy the journey called life with. I conclude my story by inviting you to be kind to others, have patience with your growth, and only compare yourself to your past self, as everyone has their own timelines; and lastly, dare to do what scares you. It's never too late to start."



We are



JANUARY 2024

SCOPHians

SOYAMMEF

“HEALTHY MIND, COMPREHENSIVE DOCTOR: THE ROLE OF SELF-CARE IN MEDICAL TRAINING”



[Martínez Villa Alex Ricardo]

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The path to becoming a healthcare professional is known to be a challenging journey, that involves hours of study, academic pressure and clinical demands, therefore, for many of us as students, this career is a vocation deeply rooted in desire to help others. However, in our way to heal others, an essential aspect for good development as a human being is often neglected: taking care of one's own mental health, and it is no wonder, since those of us who have witnessed of how colleagues have succumbed to the great demands of the career, and instead of seeking professional help, they choose to take their own lives, also bordered by the stigmatization around mental health care.

Self-care is a concept that has gained recognition in recent years, especially in the field of medicine; It is known as the deliberate and active practice of taking steps to preserve and improve mental, emotional and physical health. For medical students, prioritizing mental well-being is not only crucial for adequate self-development, but also has a direct impact on the ability to care for and treat our future patients.

The demanding nature of the medical resume can easily lead to neglect of one's needs. Long hours of studying, exhausting clinical shifts,

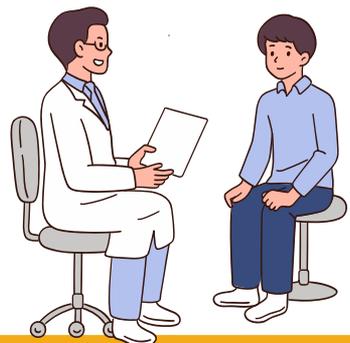
and a constant pressure to perform at your highest level can lead to significant mental and emotional exhaustion. In addition, lack of sleep, chronic stress and the feeling of being overwhelmed can become constant companions, undermining mental health without you realizing it.

It is mandatory to understand that taking care of one's mental health is not a luxury, but is needed. Implementing self-care strategies can make the difference between surviving and thriving in a career in medicine, and this includes setting healthy boundaries, practicing self-reflection, and seeking help when it is needed.

In this sense, the creation of limits is essential; Learning to say "no" and establishing good organization, allocating time to study, rest and leisure, which is also essential to avoid burnout. The balance between work and personal life is a vital aspect of self-care, since moments of rest are as essential as hours of study, because they allow us to recharge our batteries and reduce accumulated stress.

Self-reflection also plays a vital role in mental health care. As medical students, it is necessary to take time to regularly evaluate our emotions, recognize signs of exhaustion, and actively find out activities that give us peace of mind, some examples of them could be meditation, regular exercise, practicing hobbies or simply taking time to unwind are effective ways to promote mental health.

Additionally, seeking help when needed is a crucial step on the path to self-care. Stigmatization around mental health issues must be faced. As medical students or doctors in training, we should feel comfortable and confident in seeking support, whether through counseling services offered by the educational institution or seeking outside professional help.



In summary, we must not forget that medicine is a noble career, but at the same time challenging, although that does not mean that we should neglect ourselves, not believe that self-care is an act of selfishness, but quite the opposite, an investment in the ability to provide quality care to others. With all the information that already exists today regarding the topic of mental health, it is time to be very aware and recognize that taking care of our own mental health is not only essential for our well-being, but it is also essential for us to become professionals, compassionate and effective doctors. Integrating self-care into our daily routine is a responsibility that each of us as medical students must assume to reach our maximum potential, both in our careers and in our personal lives.



*"You're human first, a
student second.*

Embrace imperfection"



We are



JANUARY 2024

SCORAngels

NORA'S MESSAGE



Levi Rene Valenzuela

I have always defended the idea that I came to SCORA by luck, I love to believe that SCORA chose me instead of me being the one who decided to be here. Despite this, I stayed because of the incredible family I found in this place and because of the endless opportunities that to this day continue to forge who I am as a person and student. I will always be grateful for all that SCORA has given me. Being a national officer is something I didn't know I needed and to this day I still can't assimilate that I'm the one who occupies that position.

My experience as a national has been a complete challenge, I always believed that this year would be extremely challenging, and I thought about it. It is my canonical event.

I want to take this opportunity to thank all the people who accompanied me during this stage, my LORAs and my beloved National Team, working with you is the most gratifying thing I take away from this experience.

For me, SCORA is a platform for change, it complements training to ensure that we train more humane doctors, capable of addressing the problems present in our country (Mexico). My hope is that over the next few years the committee will continue to grow under this vision because in the end, all our efforts are aimed at meeting this goal. I am sure that what we do is changing the world we live in.

Beyond recounting my experience as a NORA, these words are for the next person to occupy the position, I hope you find in them advice that will allow you to live this year in the best way.

This period for me was a time of change, it involved completely restructuring the way my life was built. He demanded that I reschedule my time and constantly reorder priorities. Many times, I forgot that I was a person and not a position. Today I understand that you should never compromise your mental health and personal well-being for other responsibilities, good health is reflected with good results in your position, don't forget it.

Shared loads always weigh less. I can't imagine having shared this year with other people other than my current national team, you, Chavez, Ana Pao, Aleika, Fer Marquez, Sol, Grace, Sebas, Montoya, Itaii and MaFer, thank you for so much, working with you made my life more beautiful and the challenges more bearable. I would not have lasted 1 month in management without your support, thank you for so much and thank you for the huge mark you leave on the committee.

Don't compare your progress to someone else, or to other NORAs, or to any other member of your board of directors. I have always had the conviction that there are no NORAs better than others, there are simply NORAs that adapt to the needs that are lived at the time and that makes them the best for their year. Don't let the imposter syndrome win you over, you're in that place because of your effort, coincidences don't exist.

Working with my LORAs and being able to see them implement activities was my driving force throughout this year, thank you for so much SCORAsweeties, for the support, the affection and because living with you and seeing you in action always reminds us that you are SCORA, and you are the fuel that moves the committee. Don't forget the power you have to transform this space.

SCORA has offered me the most valuable opportunity for growth I have ever had, my medical and human training has always been accompanied by its principles. Without a doubt, the person who ends this year is completely different from the one who started, I feel that I have reinvented myself many times but today I know that all these situations have made me the best version of myself. I will never stop thanking SCORA for all the beautiful things they have given me.

Undoubtedly, I leave with a different perspective of medicine and with the greatest desire to continue collaborating in opportunities that seek to influence the problems in which my committee works.

Those of us who belong to SCORA know that we are united by our emblematic red ribbon, a bond that is never broken and that despite the distance always connects all of us who at the time had the opportunity to proudly wear the phrase "Keep the promise and get to zero"

With much love,
NORA 2023-2024.
Levi Valenzuela



"Keep the promise and get to zero"



We are



JANUARY 2024

SCOREans

THE DUALITY OF THE PSYCHOPATH: GENETICS AND ENVIRONMENT



[Lecuona Meyenberg Sebastián]

ADHME

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Psychopathy is a personality disorder characterized by a lack of affection, remorse, and empathy as well as manipulation or seduction to gain control over others. Individuals with psychopathy have a different brain than the rest of the population, leading to their characteristic behavior. Various theories on information processing suggest that mental functions depend, to some extent, on a dysfunctional asymmetry of neurotransmitter distribution in the human brain. Similarly, research has shown abnormal linguistic and emotional processing, among other areas.

On the wide side, there is no official diagnosis of psychopathy but there are terms that professionals use to communicate and explain the components of the behavior individuals are experiencing. Both sociopathy and psychopathy fall under Antisocial Personality Disorder (APD), these disorders belong to Cluster B Personality Disorders, along with borderline personality disorder, narcissistic personality disorder, and histrionic personality disorder but psychopathy is the most common form of APD and is often considered the most severe by the authors due to



multiple traits shown in other Cluster B disorders. However, it can manifest in different ways, and for this reason, there is a distinction between sociopathy and psychopathy by the way those manifest.

Psychopathy can be viewed as the product of genetic and environmental factors, while sociopathy results solely from environmental issues. In other words, psychopaths are born with abnormalities in the central nervous system (CNS), and throughout their lives, they accumulate environmental conditions that favor the deterioration or development of abnormal functions in the CNS, such as childhood trauma. On the other hand, a sociopath will be born with a normally functioning CNS, but traumatic conditions during their life will alter it.

To understand the brain anatomy of an individual with this disorder, we must first analyze a neurotransmitter crucial to development: serotonin. Serotonin is a monoamine neurotransmitter or neuromodulator, meaning its secretion will trigger or stop the production of a signal or change its functioning. After the synaptic transmission that releases serotonin, the majority is reabsorbed by a presynaptic neuron, and the remaining serotonin in the space inter-synaptic is degraded by the enzyme Monoamine Oxidase A (MAOA).

The activity of this enzyme is encoded by the MAOA gene found on the X chromosome. There are different alleles for this gene, MAOA-H (high) and MAOA-L (low),

depending on their activity. Most psychopaths have the low-functioning variant of the MAOA gene, and in very rare cases, there have been connections with the gene being completely deleted, meaning they don't break down the remaining serotonin in the synapse, limiting the regulation of emotions. Furthermore, considering that serotonin plays an essential role in embryonic brain development, the individual must adapt to a process of neuroplasticity to compensate for the gene deficiency.

However, upon discovering the gene, it was noted that there is not a one-to-one correlation, as some people may have the MAOA-L gene without exhibiting psychopathic behavior. Therefore, it was deduced that it must be a combination of environmental factors and physical alterations to the brain, likely resulting from serotonin disruptions during brain development.

Most of what is known about psychopathy at the brain level is due to positron emission tomography (PET), allowing researchers to observe brain metabolism, specifically identifying active areas during specific thoughts and emotions. When individuals with APD undergo PET scans and are asked to consider moral and ethical dilemmas, there is low activity in the prefrontal cortex of the brain and subsequently in the limbic system, specifically the anterior cingulate cortex and the ventromedial prefrontal cortex, these areas play the most crucial role for human morality and empathy.

The last region of the brain to develop is called the dorsolateral prefrontal cortex (DLPFC) which is responsible for rational decision-making. It can be considered the lens through which individuals view the world, making rational decisions based on connections made in this area.

Therefore, its maturation takes around 25 years, allowing for evolution and learning from life experiences. Consequently, the anterior and posterior cingulate, the limbic system, and the DLPFC provide feedback to the ventromedial prefrontal cortex. In psychopaths, this feedback loop is diminished, and the transmission of information to the ventromedial prefrontal cortex is not as active, altering the synaptic processes in that region. This is the reason why a psychopath, their behavior isn't irrational.

As mentioned earlier, environmental conditions are also required to amplify the effect and cause the disorder, primarily through traumatic childhood experiences. This introduces another concept, sociopathy. Even if there is no alteration in brain structures, a powerful traumatic experience can change the ventromedial prefrontal cortex and cause low-functioning alterations in other areas.

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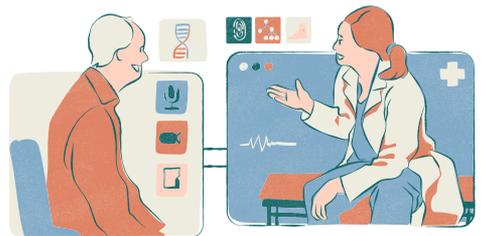


Considering that both psychopaths and sociopaths belong to Antisocial Personality Disorder, there is a similarity in their behavior, such as a complete lack of empathy and almost no anxiety. This correlates with their risk assessment; lacking anxiety makes them more prone to taking risks. When combined with a lack of empathy, it creates unsettling individuals. Despite not feeling bad when taking risks, they still secrete adrenaline and experience dopamine rushes. This helps them "feel alive," becoming an addiction and leading to out-of-control behavior, especially in sociopaths. Additionally, they take pleasure in having control over others, which becomes significant when coupled with their lack of empathy and anxiety. Consequently, it becomes easier for them to succeed in various fields. Another shared trait is the absence of remorse, meaning that once they know the outcome of their actions, they do not feel guilty.

On the other hand, despite their similarities, there are differences between psychopaths and sociopaths. Psychopaths tend to be much more calculating, and capable of deliberate deceit and manipulation to get what they want. They may not have as noticeable reactions and are adept at blending in with those around them, observing and imitating others' behavior. Generally, psychopaths tend to be intelligent, charming, and ruthlessly cunning. Contrary to common beliefs surrounding psychopathy, being one doesn't necessarily lead to a predetermined path of becoming a serial killer. Instead, psychopaths often seek positions of power, explaining their inclination toward professions such as law, medicine, the military, police, and successful entrepreneurship. This is what differentiates a psychopath from a sociopath, primarily their planning ability and apathy. Sociopaths are more abrasive and reactive, unconcerned about blending in and doing things impulsively. Sociopaths don't mind showing that they are cruel and manipulative.

To this day, there is no treatment for these individuals because they are dealing with a physical problem, either genetic or structural changes due to trauma. We talk about a neuroplasticity brain problem and genetics lacks, the MAOA gene isn't the only gene related to PTSD. It would be necessary to investigate the order in which these genes are being read and how they are interconnected, even if genetic engineering were to reach the point of modifying the gene, we would still have the underlying issue of emotional trauma.

In another way, an early diagnosis of Antisocial Personality Disorder (APD) is not possible; the minimum age for diagnosis is 18 years., this is because children and adolescents may exhibit antisocial traits.



APD can result from a genetic disorder that causes structural brain alterations, leading to a change in the individual's personality. Furthermore, the disturbance can be exacerbated by experiencing childhood trauma, potentially causing the disorder without a genetic deficiency. Even if underlying genetic susceptibilities are addressed in the future, the emotional aspect remains a challenging aspect in both diagnosis and treatment.





*“Genetic susceptibilities
cause a structural
alteration, environmental
factors cause the change
to be noticed”*

We are



JANUARY 2024

SCORPions

LETTER TO A MEDICAL STUDENT



[Sánchez Reyes Génesis Yuritzzy]

ATLAS

yuritzzy10saly@gmail.com

Dear future doctor,

Before we start, I want to tell you that you are doing very well and that I am very proud of you! You have all the talent, strength, and courage to achieve all your dreams!

I am writing this letter to you, because like you, I am a medical student about to start the seventh semester. It can be said that I am more than halfway through my degree, so surely many of the situations that you are facing, perhaps in at some point I still lived them.

Do you remember when you took your admission exam? Surely yes, I remember it perfectly, the months of preparation studying all the topics that the study guides indicated, counting the days to take that exam, an exam that "would define our future", the nerves and excitement of the last week and in the end, thank God it was done...We received our acceptance letter from medical school, which meant only one thing...We would become doctors!

We began the first semester of the degree and although we did not enter the operating room or consult a patient, our enthusiasm and passion were unmatched, do not deny it, just like me and thousands of students in our first year, we wanted to be pediatric neurosurgeons with a subspecialty. In Cardiology and a doctorate in Genetics, we wanted to take on the world, but...as the months passed, the semesters continued, that enthusiasm was extinguished, and that shine was gradually fading. Apparently studying Medicine was more complex than the Krebs cycle.

Don't worry, it is normal that at some point you have felt tired, stressed, weak, and sad, believing that perhaps the race was not for you or that you should not be there. Let me tell you something, you are not the only one who has felt this way, all medical students at some point in their careers, either one or more times, have experienced something similar and it is okay to feel that way, it is what makes you human.

Remember that nothing is permanent and that you are not alone, there will always be people willing to help you: family, friends, doctors, and why not a psychologist or psychiatrist, you just have to approach them, and have the confidence and security that they will be there for you, because there is nothing wrong with asking for help, on the contrary it is a reflection of the courage you have to live life and fulfill your dreams.

In a few years, you will become a great doctor, you will be helping to save lives and you will take care of people's health but... what about your health? Who is going to take care of you?



The stress and pressure to which we are going to be subjected in our professional life are probably greater than what we are used to at university, so it is necessary that you begin to take care of a very important aspect of your life, however, it is the one that is most leave aside, that's what I mean: your MENTAL HEALTH, because if we are not well in that area, rest assured that in the other physical, social, academic, work, spiritual spheres, we will be failing or we will not be performing adequately.

Unfortunately, as doctors we have also minimized Mental Health, believing that going to psychological therapy is for weak or "crazy" people, but there is nothing wrong or shameful about asking for psychological help. All doctors and medical students should go with a therapist or psychologist since race overdemands us in all aspects but more in the emotional and mental areas. While it is true, nothing can prepare you for the first time you give bad news to a patient, not for the first time you see.

Someone whose life has gone, we are in continuous contact with the disease, we see patients with various illnesses and we only have to try to help them, however carrying that type of emotional burden is not easy, at the end of the day it takes a toll on both the heart as in the mind.

During their studies, some factors cause mental and emotional exhaustion in many talented and brilliant students who struggle every day with worries and thoughts that become thieves of their energy, such as the following:

Imposter syndrome

Believe it or not, this is the most common enemy of a medical student, it can go unnoticed, from a thought of doubt about the career, which makes you question your talent or ability to become a great doctor, it is the fear of what future, of the possibility of failing or not being good enough or that you are not worthy of everything you have achieved.

Let me tell you a secret, you are capable enough to be the best doctor that has ever existed, never doubt your talent or your ability to achieve things, it is normal to doubt and feel fear or uncertainty, however you should not let fear make you its slave and extinguishes that shine and enthusiasm for living, for running after your dreams. Surround yourself with people, friends, and doctors who help you move forward, who go towards the same goal, who are positive, and whose friendship brings you together.

Write in a notebook or on your cell phone everything good that has happened to you in your day and at the end of each day or when you have a bad day, read everything you have written down and you will discover that each day you had success and little by little you will return to regain that confidence in yourself, but the most important thing of all is that you must always believe in yourself.

Stress and anxiety

Generally, these two are always linked to each other, there are so many topics to read, so many

subjects to study that it seems that there is not enough time to learn everything but...don't worry, because it is impossible to know all the related topics in Medicine, currently the field is so vast. Knowledge in the area of Medicine that no one can be an expert in everything. I know that you would like to know about the new advances in neuroscience and know all the clinical practice guidelines backward and forwards, but slow down, I know that you are ambitious and you would like to be the best at everything and that is fine, just not forget to enjoy the trip by focusing only on the goal, the semesters pass, enjoy each stage, each adventure that you live during the race, you will not always be able to be doing dissections in the amphitheater, or doing practices in the laboratories, nor will you be able to see histological samples in the microscopes, the time spent in classrooms or auditoriums learning the topics is going to end and with it, the time with friends from FacMed will also go away.

Time passes faster than you may realize, and although we would like the day to have more than 24 hours to be able to do all the projects we want, unfortunately, you cannot add hours to the days so, make the most of every hour. Make an organization plan and study strategies that allow you to study and also dedicate time for yourself, even if it is an hour a day, but during that hour do something that you are passionate about and that is unrelated to the area of Health, remember that "He who only knows about Medicine, in the end, knows nothing." I want to tell you that it is okay if you dedicate a day or two a week to disconnect from the university, there will be days in which you study little, take advantage of them to be with your family, go out with your friends, practice your favorite sport, listen to music, read or as they say "il dolce far niente", whose translation is "the sweet pleasure of doing nothing". All the above, it will help you recharge energy each week and prevent you from being a victim of "burnout", panic attacks, or anxiety at some point.

Sometimes, there are so many things to do as medical students and if we add to that family, economic, health, social, academic, or work concerns specific to each student, a state of alert is created better known as chronic stress that in the end it is reflected in our health, so I can only advise you to choose your battles wisely, just dedicate time and energy to the situations that are in your hands, solve them and put the rest in the hands of God and you will see how they will be resolved little by little. little, have faith, in the end, there will always be time for what is important.



Perfection

The desire to be “perfect” will always make you doubt the constant of every day, it will take up a lot of your time if you are always trying to be the 10th-grade student, the one who is never wrong and answers all the questions that the doctor asks. Class, you will realize that in the long run, it is exhausting and takes away the valuable opportunity to make mistakes. My dear doctor, no one is perfect, and no one is born knowing everything, remember that you are human and it is okay if you make mistakes, you just have to learn from your mistakes and try to do better next time.

Don't try to compete with anyone because at the end of the day, you will realize that the only competition is yourself, so try every day to be better than yesterday and you will see how little by little you will achieve all your dreams. God made you perfect in being and perfect in the way you do, it doesn't have to be perfect, just do it the best you can and at the end of the day, no matter what happens, celebrate the result. There will always be problems, we cannot have control of everything, but if life were a bed of roses it would be very boring, so never forget that life is a mystery to live and not a problem to solve.



Perhaps some of the above has seemed familiar to you, don't worry, it's okay, you, I, and many medical students have faced these vampires of emotional stability at some point, but as I told you: You are not alone, there are people who they love you very much and will always be there for you, to listen to you and support you. If you are going through something similar, you can ask for psychological help, the important thing is that you are well and that that shine that makes you unique never goes out. You will be a great doctor, I have no doubt and you will go as far as you want.

Always remember that God does not give us dreams that we cannot fulfill. I send you a hug from a distance my dear doctor, See you soon.





*"God does not give
us dreams that we
cannot fulfill"*

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JANUARY 2024

MENTAL HEALTH



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DEPRESSION ABROAD



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This story starts over with me at the beginning of the year telling my parents “I have not figured out how, but I promise you that I will go abroad this year” after getting my passport... and that is how the adventure of my life began, which I will try to describe briefly in the following paragraphs.

I used to complain about COVID-19 pandemic, but honestly, it brought many things to my life, one of them was the opportunity to work alongside international med students and with that the desire to go abroad.

It was in January of this year that I decided to apply to two programs;

on the first hand, there was an opportunity to get a scholarship in the USA and on the second another one for Colombia. I was first accepted to Colombia, which was amazing because it would have meant that my first time abroad would have been with my all-life partner (7 years by then) because she had also been accepted, but I had some time to confirm my tutor on that program and the answer for the USA was supposed to arrive before that deadline, so I chose to wait for it... bad decision. Not only was I not given the scholarship to the USA, but my acceptance to Colombia was declined, which made me deeply regret my decision.

Fortunately, I am stubborn as a goat, so I kept looking for opportunities because it was too early to give up. It was then that I got to know about the possibility of doing part of my medical internship abroad supported by my alma mater and going to the Czech Republic thanks to IFMSA, but the price was not low: I would have to fall behind a semester, which somehow felt like I was failing. Besides, my relationship was falling apart, which was not easy to accept. Probably, I could have saved it, but it would have meant losing me, to giving up my dreams.

While all of this was happening, I was having my psychiatry rotation in the hospital and one of our homeworks was to answer Beck Depression Inventory (BDI-II), and my score was suspiciously high (to nobody's surprise at this point), but I decided to wait until my semester was over to ask for help.

do remember very well when my doctor told me: "Of course antidepressants are going to help you, but they will not have all the work done for you" it reminded me that we -human beings- are bio-psycho-social entities.



I Therapy allowed me to enjoy my free time, to work on my mental wellness, to cheer me up, and particularly important, to respect my own process.

After all this storm, peace finally arrived: September is the month of my birthday, and with it, all kinds of good things came to my life, such as my acceptance letter to the Czech Republic and my poster presentation at the 6th World Congress on Diabetes and Metabolic Syndrome in Rome, Italy.



I was going to be the very first person in my family to go to Europe, which honestly felt amazing. Nevertheless, it meant there was also going to be nobody who could give me orientation regarding such a long flight, migration bureaucracy, tax-free, and all that stuff, but I saw it as one big learning opportunity that would allow me to be more efficient on my next trip.

The day finally came, I was flying to Europe. My parents took me to the airport and we had a nice time together. I cannot explain how beautiful it was to me, to share my fears with them and being calmed down by telling me how proud they were of me and that I was never going to be alone.

Unfortunately, I had run over my medication and I was not able to find it anywhere, so I took my flight without it: depression was on board with me.

I thought it would not be hard to get it there because in Mexico it does not require a prescription to be sold, but in Europe it does. As med students, we know that the dark-light cycle regulates biological clocks (e.g. serotonin-melatonin) and winter is known for being a high-rate depression season in Europe due to low vitamin D and melatonin down-regulation. It took me two weeks to start feeling the lack of antidepressants, but fortunately, I reaffirmed that there is always someone willing to give you a hand even before you are ready to ask for help.

This was by far the hardest decision I have ever made: I saw my friends finishing their careers before me, all my plans with the love of my life disappearing, and kilometers putting me far away from my family. But all in all, it was worth it.

I will always be grateful to every single person who made it possible for me to go abroad, because within this opportunity I got to know that there is a whole world out there that remains unknown to me, but nowadays it does not scare me, it excites me getting to know every part of it. This trip gave me more confidence to develop myself into non-Spanish speaking professional environments, amazing experiences, and incredible friends.

Last but not least, I want to share that I was raised with the thought that “the sky is the limit”, but this year I have learned that it is just something we pass through to our next destination and that everything good in this world started with a dream, so please keep yours alive.



**I have depression, but
depression will never have me.**



BURNOUT SYNDROME AS A BREAKING POINT



[**Sandoval Gómez** Pamela Yvette]

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Since the year 2000 the World Health Organization declared Burnout Syndrome as a risk factor that affects personal and work. It has been conceptualized as a response to chronic work-related stress made up of negative attitudes and feelings towards the people with whom each one works and towards our professional role, as well as the feeling of being emotionally exhausted. This response frequently occurs in health professionals and is characterized by symptoms of emotional exhaustion, depersonalization and low personal fulfillment at work, which destabilizes the mental health of health personnel and reaches its limit as a breaking point.

it is also known as burnout syndrome, emotional overload syndrome and work fatigue syndrome.

Emotional exhaustion is a consequence of workers feeling that they can't longer give of themselves on an emotional level. This depletion of energy or self-emotional issues is due to the continuous interaction with people to whom a service must be provided, such as in emergencies, surgeries, chronic treatments, consultations, etc. That they even occur in conditions that are not adjusted to the worker.

Depersonalization is understood as the development of negative feelings, attitudes and behaviors of cynicism on the part of the worker towards the people who come for a service. Low personal fulfillment at work means that workers feel dissatisfied with themselves and dissatisfied with their work results to the point of neglecting their responsibilities.

Other symptoms resulting from work-related stress that may occur during medical residency and that are not necessarily related to the syndrome: loss of appetite, loss of sense of humor and disturbances during sleep. It's not unusual for residents to be more likely to suffer from depression, stress, and alcohol abuse.

Chronic fatigue also occurs; headaches and migraine; gastrointestinal disturbances, such as abdominal pain, irritable bowel, and duodenal ulcer; muscle pain and sleep disturbances such as insomnia.

Causes of Burnout Syndrome

As we know, medical personnel spend endless hours at work in which we often find factors such as: lack of support to the work staff, excessive workload in insufficient time to be carried out, lack of information or inability to satisfactorily develop the work entrusted to them.



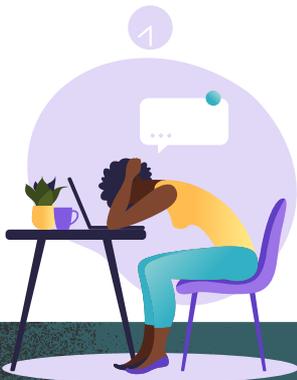
Exposure to psychosocial risk factors, sources of stress in excessive doses, workload, lack of control and autonomy, ambiguity, poor relationships at work, lack of social support, lack of training to perform tasks, poor self-esteem, failure to meet expectations, dealing with problematic users, direct contact with illness, pain and death.

This has been seen in healthcare workers and there are even numerous publications of their presence among nurses, resident physicians and attending physicians. It is recognized as a complex multicausal process, in which (in addition to stress) variants such as boredom, crisis throughout the professional career, poor economic conditions, lack of stimulation, poor career guidance and isolation.

Why does this happen?

Some authors suggest that burnout in doctors begins to develop as early as medical school. The intern and the resident are young elements who have not yet acquired certain skills necessary to confront the health problems that they face on a daily basis. Depending on the environment in which they find themselves, they may face these complex problems with varying degrees of responsibility and decisiveness.

This is largely due to the fact that they live with people who suffer from congenital, chronic, degenerative and even terminal diseases; They have to accept the death of their patients and break the news to their relatives, they accept mistreatment by the hospital personnel or the patients, they feel insufficient in their field of work, they do not take the time to rest both physically and mentally after hours of on-call or work and they even keep their emotions to themselves and prefer to act as if nothing is happening to avoid it.



Prevention actions for Health Personnel

- -Spending time with family and friends
- -Stimulate adequate nutrition in residents and encourage sports
- -Attend constant sessions on how to properly manage stress
- -Express your emotions in the right way
- -Create a social environment outside of working hours
- Take days off

A doctor or resident affected with the syndrome has a greater tendency to make medical errors with high costs to the patient's health and that aggravate the symptoms of emotional exhaustion.

Importance of mental health in health personnel

It is extremely important to try to have and maintain good mental health from the beginning of a career in the health area to adapt to various possible scenarios, it is thought that health personnel must get used to death, to work

long hours, to stay up late since it is inevitable, but no one knows for sure what they feel and what they really think, for example the doctor or nurse who attends to patients for days, weeks, months, or even years.

They must appear to be strong and that does not take away from the fact that deep down they feel sadness, anger, frustration of losing numerous lives, of not being able to spend time with their family, of not being able to go out and have fun on holidays. Being a doctor carries a lot of things. All this accumulation of negative emotions leads to a stress response when functional coping strategies (constantly changing cognitive and behavioral efforts that are deployed to manage scenarios) fail external and/or internal specifics) as they exceed the worker's capacity and tolerance to them.





The health staff is in charge of making patients feel better and providing a support service so that they are in constant homeostasis, but who is in charge of taking care of and seeing for these staff? They put aside their own health in order to help and provide an efficient service, so it is advisable to have a close support network such as family, friends and even a professional such as a psychologist or a psychiatrist because they will be the ones who save them from collapsing and reaching the point of having Emotional Overload Syndrome, in addition to the fact that in order to provide a good service to society you need to be good with yourself

Despite its recognition as an occupational risk factor by the WHO and its current diagnosis by mental health professionals, burnout syndrome is not found in the International Classification of Diseases (ICD-10), nor in the Diagnostic and Statistical Manual of Mental Disorders (DSMIV), nor was it integrated into the new version of the American Psychological Association Manual (DSM-V). This should have a greater impact on an informative level so that more people know what it is about.

It is well known that it has the ability to affect the quality of life of individuals who suffer from it to the point of suicide.

WHAT REALLY IS ANXIETY?



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"No one who has been tormented by prolonged fits of anxiety doubts its power to paralyze action, stimulate flight response, annihilate pleasure, and endow thought with a catastrophic slant. No one can deny how terribly painful anxiety can be. The experience of chronic and intense anxiety is, above all, a profound and disconcerting confrontation with pain" Barry E. Wolfe.

Everyone has heard the term anxiety and even used it at least once referring to something like a feeling of uneasiness that can be accompanied by fear, nervousness, and worry, but is it correct to refer to it as such and does it really manifest as such? First, we must bear in mind the concept of "stress" which is used to indicate the response of the organism to a harmful agent or stimulus that is called "stressor" that includes changes in the internal environment, external environment and psychological alterations or a combination of several of these.



Physiologically, stress gives rise to a series of adjustments that can be long-term or short-term aimed at keeping the internal environment stable, which will be reflected in various systems, which will allow the individual to adapt to the series of stressful stimuli. Functions that do not represent a short-term benefit and are not essential for survival can be inhibited and remain dormant, such as immunity, digestion, reproduction, and growth, which, although they sound alarming, can aggravate the situation when the intensity or duration of the stimulus exceeds certain limits and produce pathological changes or exacerbate diseases that the person already suffered from (1).

Well, anxiety is an emotional state in which the subject does not know or cannot identify the specific object that causes the stress, being the internal threat and there is a difficulty in the elaboration of the response.

It is identified as abnormal when it is disproportionate and too prolonged for the triggering stimulus and unlike relatively mild

and transient anxiety caused by a stressful event, anxiety disorders last for at least six months and can worsen if left untreated, so timely diagnosis is important (2).

Anxiety alone leads to many problems for the body, to which we must add that there are different clinical conditions in which anxiety is the fundamental symptom and that these increase the risk of depression, drug use, which can lead to suicidal thoughts and behaviors, disorders such as:

- Panic attack disorder, in which anxiety occurs episodically.
- Generalized anxiety disorder, with a permanent state of distress.
- Social anxiety disorder, with high levels of fear and preoccupation with social situations.
- Phobic disorder, intense, irrational fears of specific or non-specific objects or situations.
- Obsessive-compulsive disorder, with intrusive and unpleasant ideas that may be accompanied by ritual acts that serve the person to lessen the anguish of the obsession.

- Acute or post-traumatic stress reactions, which may be related to a specific event or series of events.
- Adjustment disorders to adverse life situations (3).

Although there are currently very effective treatments for this type of disorder, anxiety disorders are the most common mental disorders in the world in 2019, affecting 301 million people, mainly women. Its symptoms usually appear during childhood or adolescence, and about 1 in 4 people with an anxiety disorder receive treatment for that condition (3).

As we have seen, anxiety will act on 2 levels that will be related, somatic anxiety and psychic anxiety. It is important to keep both in mind since this allows the person to be widely evaluated and how much their life is being affected; a tool that helps and analyzes both is the Hamilton Anxiety Scale (HARS)

It is a multi-item questionnaire that asks the patient about symptoms of psychic anxiety (items 1, 2, 3, 4, 5, 6 and 14), evaluating the patient's self-perception of mood, tension, fears, as well as data on insomnia, cognitive difficulties, and the behavior they have during the interview. These items are important because the main psychological response to stress is emotional, acutely, stress tends to induce negative feelings such as anxiety, fear and anger, while when chronic stress is experienced, the depressive response predominates (1).



The time frame (window) is the past three days.

Scoring sheet

Nr.	Symptom	Score	
1	Anxious mood	0-4	
2	Tension	0-4	
3	Fears	0-4	
4	Insomnia	0-4	
5	Difficulties in concentration and memory	0-4	
6	Depressed mood	0-4	
7	General somatic symptoms (Muscular symptoms)	0-4	
8	Generelle somatiske klager (Sensory)	0-4	
9	Cardiovascular symptoms	0-4	
10	Respiratory symptoms	0-4	
11	Gastrointestinal symptoms	0-4	
12	Genito-urinary symptoms	0-4	
13	Other autonomic symptoms	0-4	
14	Behaviour during interview	0-4	
Total score		0-56	

Symptoms scored from 0 to 4

Sum

0=not present

1=mild degree

2=moderate degree

3=marked degree

4=maximum degree

6 to 14= mild anxiety

15 to 28= moderate anxiety

29 to 52= severe anxiety

Clinical Psychometrics, First Edition. Per Bech.

© 2012 John Wiley & Sons, Ltd. Published 2012 by John Wiley & Sons, Ltd.

Somatic anxiety (items 7, 8, 9, 10, 11, 12 and 13) evaluates muscular, sensory, cardiovascular, respiratory, gastrointestinal, genitourinary, and autonomic symptoms; Each item is scored on a scale of 0 to 4, with 0 being the absence of a symptom and 4 being the presence of the symptom in a very severe form. The total score can be interpreted as an index of the level of anxiety, the suggested cut-off points are between 0 - 5 points "No Anxiety"; between 6 - 14 points "Minor Anxiety"; and greater than or equal to 15 points "Major Anxiety" (5). This test is widely used in the clinical setting and has proven to be a valid and reliable tool for assessing generalized anxiety disorder and other anxiety disorders. However, it is important to note that the Hamilton Anxiety Scale result should be interpreted in conjunction with other tests and assessments conducted by the mental health professional (4).

It is usually difficult to support or know what to say to a person with anxiety, especially when they are close to us, but it is important that before giving the classic advice of "calm down, it's not a big deal", "please calm down" or some other words that usually don't work and only worsen the situation by making the other person feel bad, It is better to clarify that they do not know the context or cannot understand it, but that they have their support and make them see that they are not alone.

So, after having a greater knowledge, if you know or identify yourself after applying the scale with many of the items obtaining a high score, it is important to seek help and go to the doctor.



THE MENTAL HEALTH OF MEDICAL STUDENTS
FROM MEXICO: A DETAILED ANALYSIS OF THE
CHALLENGES AND NECESSARY SOLUTIONS.



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The medical career is a demanding path that requires time and effort from its students to prepare them for future medical practice. However, this time and effort demand comes with significant sacrifices that can lead to negative consequences for students as distancing themselves from social relationships such as friends, family, and romantic partnerships, to depriving themselves of sleep and proper nutrition to make time for studying and achieving a decent grade in a particular subject that often this grade can make a difference in determining the location for professional practices.

The academic rigor of the medical career in Mexico isn't taken lightly. Many universities have extensive and complex curriculum content

that must be learned in a short amount of time. Addressing these learnings correctly involves long study sessions at the faculty and home that gradually cause stress and academic pressure on students and inevitably lead to mental health issues.

As mentioned earlier, in the career of Medicine, grades make a difference in determining where you are selected for your professional practices or even for securing a job. This condition fosters competition not only among students in the same class or semester but also among students nationwide. This is evident in the National Medical Residency Exam (Examen Nacional de Residencias Médicas or ENARM),



a test taken by all medical students in the country who aspire to specialize. Also, in this exam, one wrong answer can determine whether you achieve a sufficient score to enter the medical specialty of your choice. This exam and a good score are coveted by many medical students, even if they have not yet completed their studies.

A medical student aspires to be a doctor and will have the responsibility for the health of individuals, where an error due to ignorance can make the difference between a patient recovering or facing complications. As observed, it's a sector where mistakes come at a high cost, and therefore, errors and ignorance are frowned upon in professional practice and during the student phase. This trend towards perfectionism affects the mental health of medical students and doctors.

We live in a time when medical education is strongly hierarchical or even militarized. While it is necessary to respect the hierarchies established by the regulations governing healthcare facilities and medical education institutions, these should not be an excuse or authorization for abusive behavior from individuals of higher rank towards those of lower rank that contribute to mental health problems.

It is a fact that much needs to be done regarding mental health, especially for medical students. Efforts should be made to eradicate militarized and, in some cases, abusive education practices in medical teaching spaces without compromising strict and efficient teaching for acquiring the necessary knowledge to be a good doctor. Another important aspect is the implementation of programs promoting the mental health of medical students, regardless of whether they are public or private initiatives.



Additionally, promoting a culture of self-care among students should be a fundamental pillar of medical education, such as integrating specific components related to emotional well-being into the curriculum can equip future doctors with the necessary tools to handle academic stress and social pressure effectively.

In conclusion, the mental health of medical students in Mexico is a highly relevant issue that requires comprehensive attention and concrete solutions. Academic pressure, social expectations, and the current lack of appropriate resources contribute to a mental health problem that should not be underestimated. Educational and healthcare institutions must take a proactive role, ensuring the emotional well-being of their students through the implementation of specialized services and preventive programs. Only then can we guarantee the training of competent and healthy doctors, not only from a physical standpoint but also from the crucial perspective of mental health.



“There’s so much work in mental health”

MENTAL HEALTH IN MEDICAL STUDENTS



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We spend our lives questioning ourselves, how many times have we felt insufficient? How many opportunities have we lost due to the fear of not being able to? How much loneliness has it caused us? How much emptiness do we have? And most importantly, how many people really know what we feel?

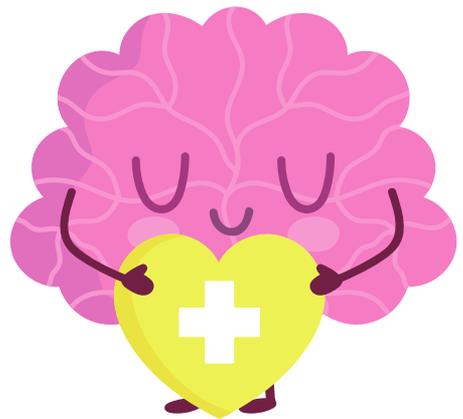
To live or to die, all or nothing, every day, we not only see it, but we also feel it. As medical students, we normalize suffering for our career, being “brave”, “enduring” and not letting off steam due to “lack of time” or “priorities”, accustomed to hiding it with addictions, forcing ourselves not to sleep and bear the consequences, which common, but as a future doctor,

would you recommend this pace of life? Do you think that a reward awaits our health? Clearly not, but it is normal in the race. When will we realize that our health matters too? That reason and passion come from us, and we are also one of the biggest limitations.

It is healthy to feel, to be able, and to deserve, mental health gives us “powers” that are not hidden, the security of expressing our feelings, it allows us to be freely passionate, it fills our loneliness and emptiness, “powers” to achieve our goals... Unfortunately, It is not possible to just acquire them out of desire, they cannot be bought, they require work, and they need time and space.

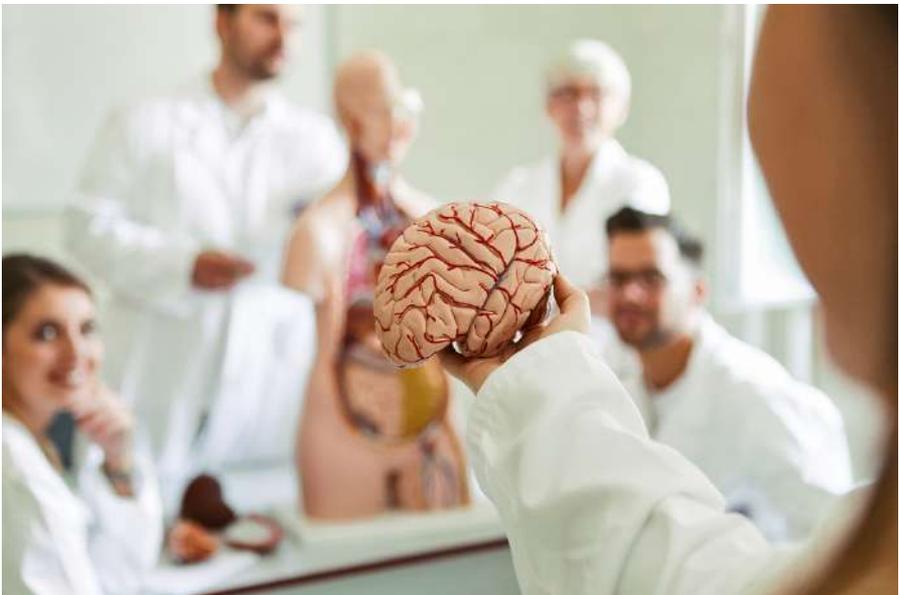
It is no one's fault to have emotional problems, since we entered the degree we began with a completely different load of subjects, work and responsibilities compared to the previous school level; Some accustomed to being among the best students face the reality of academic competition in medicine, gender struggle, discrimination, negligence, harassment, nepotism, perfect resumes, being a foreigner, not having an effective study method, without a good organization and it seems that the hours of the day are not enough, economic problems, working and studying, living in a dysfunctional home, family pressure (example: when our relatives boast about us so much and in reality we are not doing as we want and we are even embarrassed when They give us obligations to take care of our siblings or prepare food and we have classes or to study, when we are starting our degree and they want consultation, when they demand a specialty that is not of your interest, or in the case of hygiene, personality and presentation with which an identity pattern is assigned to the doctor), etc.

It is complicated and it seems impossible to leave aside how accustomed we are to psychological attacks as students, unnecessary for our training, mental health is something that we must all take care of, it is necessary to make it visible, instead of punishing ourselves, allowing psychological abuse towards us or towards others, even being part of the aggressors, the power to make a change lies in our hands, we have time to break paradigms and for that it is essential to start with ourselves, talk with friends and colleagues, creating a safe environment and realize that we do not We are alone, there are many lines of communication and help offered by institutions with excellent results,



doctors and friends have been hospitalized for caffeine overdose and thanks to psychological support, today they sleep 8 hours in a row, go to the gym, to the psychologist, They go to internships at the hospital, do their homework and study from classes, in addition to extracurricular activities, this is a clear example of improvement as a student, allow yourself to be the best version of yourself.

Live or die, all or nothing, every day, we are moved by hope, enthusiasm, and the satisfaction of being able to experience first-hand the assertiveness of the patient, let us not forget that we are living the dream, the same dream that many would like to be fulfilling, In the end, everything will be rewarded and have seen it with our examples to follow, God and science provide the means.



“To live or to die, it’s all or nothing”

MENTAL HEALTH IN HEALTH PERSONAL



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It's 04:00 am, sirens are sounding, stretchers are getting ready, staff are ready and dressed, waiting for ambulances, it's Christmas and we all know what's going to happen. 06:00 am we weren't able to sit down to rest. 09:00 am I will sleep before breakfast. 9:10 a.m. a patient arrived, then another, and another... 12:00 pm I will order a sandwich and check how patients under observation are doing. 03:00 pm I will continue with the pending tasks. Work was done and it is not a secret to say that everything that happens to a single patient is done thanks to health personnel working as a team, despite the fact that it was a special date for everyone and perhaps many would have liked to spend it in a different way,

t was as it should have been and we did everything possible so that we and our patients could return safely to home and with those we love.

Before starting the day, we mentalize ourselves and prepare ourselves for any situation, we know each other and also know that we can work as a team, between talks we get along about the importance of having arrived focused on our mental balance, because we were able to get through one of the most complicated nights and form a support network to identify when someone is not at their 100% physically, mentally or emotionally.

The importance of mental health influences workday by day in a positive or negative way, we can be more efficient, aware, and committed to our work but the moment it is affected, our quality of work deteriorates, performance and with it the other areas of our life are affected, such as the family, and other parts of our environment, like social, emotional, economic aspects, etc.

According to the 2014 WHO Mental Health Survey, governments spend an average of 3% of their health budgets on mental health. The range goes from less than 1% in low-income countries to 5% in high-income countries, which has a major economic impact.



Health personnel may experience intense anxiety, uncertainty, loss of routines and habits, stress, compassion fatigue, moral injury, and are prone to triggering mental disorders such as depression, post-traumatic stress disorder, and even suicidal ideation. Among the factors that harm our mental health are excessive workload, little empathy from colleagues and patients, long hours with extra shifts, exposure to human suffering and death, exposure to disease and violence, self-demand, high degree of competitiveness, emotional problems, insecurity, etc. Something that isn't talked about is that it isn't easy to cope with personal life with this kind of work. Living with many people from different places, with different customs, thoughts and problems makes us go out into the real world with a perspective that, if not different when we step outside of work, can cloud many sunny skies in our mind.

Mental health is important, establishing work and recreation times, generating trust and respect for and towards colleagues, allowing us to express our

emotions and concerns, maintaining healthy mental habits, exercising, emphasizing the importance of sleep hygiene, not neglecting the psychological care that different institutions can offer us.

Currently, mental health and support for it are not promoted exhaustively and correctly in the world of work, there are no programs that support the avoidance of Burnout syndrome, which opens the doors to mental disorders that have recently been normalized within health personnel. Let's not forget that a healthy mind allows the body to function as it would in optimal conditions, and a healthy body leads to emotional well-being, essential in the prevention of diseases.



We are not alone, you are not alone, humanity needs you healthy, whole and at peace, there is much to discover and heal in ourselves as health personnel, good and bad is part of us and working on it can improve care, work, social, educational, economic and emotional harmony.



“Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity” - WHO

MENTAL HEALTH IN PEOPLE



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I am bewitched, they have confirmed it to me; I can't sleep, I have small red bumps all over my body, I feel lethargic, my head ache and also my shoulders and my eyes, I feel despair, with the urge to run away from my home, I feel like everyone is chasing and watching me. I have placed the remedies the witch told me in their place, and I still feel the same. My God, what am I going to do?"

This is the reality for many Mexican families. They believe in witches, Hungarians, Wiccans, voodoo practitioners, priests, Hindus, etc. We don't think that medicine is incompatible with energies, religions, home remedies, or beliefs, but, mental health is still an unknown topic for society because it isn't the first thing they consider

when they have any discomfort, concern, or trauma. For them, the first step is still to visit a relative, a priest, a witch, or to share their problems with people around them, if they are ready to talk about it.

According to the Survey on Public Perception of Science and Technology in Mexico 2011 (Enpecyt), conducted by the National Council of Science and Technology (Conacyt) and the National Institute of Statistics and Geography (Inegi), 72.59% of those surveyed trust faith a lot and very little in science. 79% believe that science changes the way of life too quickly, and 72.24% recognize acupuncture, chiropractic, homeopathy, and cleansings as treatments for illnesses.

Culturally in Mexico, men "don't complain, don't cry, don't suffer, don't get tired, don't give up, etc but statistically, they are the ones who most suffer from depression, anxiety, and, in many cases, end up committing suicide. In 2022, there were around 8,123 suicides in Mexico, representing an increase of 1,629 more deaths than in 2017. The suicide rate was 6.3 per 100,000 inhabitants; where in men was 10.5 per 100,000, while in women, it was 2.3 per 100,000. In the last 10 years, suicides have increased by 50%, according to INEGI figures.

In a time where violence against women is normalized, as well as their feelings and the consequences of such acts, with a culturalized perception of gender,

machismo prevails in our country and a defined gender role is passed down through generations, with children growing up without emotional intelligence.

From 2004 to 2021, 45,395 women were murdered in our country, with 42% occurring in public spaces. In 2021, there was a 4% increase in total violence against women throughout their lives, with psychological violence prevailing.

A social construct is still forming where emotional harm is inflicted due to physical appearance, social and economic status, etc. What are we doing for the mental stability of the future of our country? The impact of psychological well-being or distress on our environment and ourselves is not understood.



Psychological damages (emotional) are not recognized in our growth—patterns, syndromes, or disorders that continue untreated in adulthood. When faced with triggers, there is a lack of knowledge on how to deal with them. An example is the violence in the streets, as from January to June 2022, there were 15,561 homicides in Mexico. The rate was 12 homicides per 100,000 inhabitants nationally, for men, and 22 homicides per 100,000 for women.

"Going to a psychiatrist or psychologist is for crazy people," we've heard this phrase countless times, even within our own families when, in reality, it's for people with the courage to increase self-understanding, with a desire to feel better. There is a need for greater awareness that there are institutions with the necessary services to diagnose and treat mental illnesses for free.

Today in Mexico, mental circumstances and issues are not the same as they were 10 years ago. There is more awareness, humanity, empathy, respect, communication, opportunities, and different costs.

The diverse population in Mexico, in both rural and urban communities, has improved and can continue to do so more efficiently. We, as healthcare professionals, can make a difference in childhood and adulthood, in parenting, culture, customs, and promoting prevention. Mexico needs us, and the medical community can contribute.

For our families, friends, colleagues, students, workers, children, young people, adults, women, and men, we invite you to take action, educate yourselves on the topic, and create safe environments for them. Move healthily, feel good."



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