PERCEPTIONS ABOUT LEARNING EVALUATION IN PRECEPTORY IN A MEDICINE COURSE

PERCEPÇÕES SOBRE AVALIAÇÃO DO APRENDIZADO NA PRECEPTORIA NO CURSO DE MEDICINA

PERCEPCIONES SOBRE LA EVALUACIÓN DEL APRENDIZAJE EN PRECEPTORIA EN CURSO DE MEDICINA

Gladys ROCHA[1]
e-mail: gladysrocha1@gmail.com

Juliana Lara de OLIVEIRA[2]
e-mail: julara.med@gmail.com

Ocimar Munhoz ALAVARSE[3]
e-mail: ocimar@usp.br

Editor: Prof. Dr. José Luís Bizelli
Deputy Executive Editor: Prof. Dr. José Anderson Santos Cruz

---

[1] Federal University of Minas Gerais (UFMG), Belo Horizonte – MG – Brazil. Collaborating Professor at the Department of Teaching Methods and Techniques at the Faculty of Education at UFMG. (FaE /DMTE). PhD in Education from the same institution. Coordinator of the Didaktikè Research Group.

[2] Federal University of Minas Gerais (UFMG), Belo Horizonte – MG – Brazil. Family and Community Doctor working at Belo Horizonte City Hall, Master in Didactics and Teaching from Promestre –FAE–UFMG, Researcher at the Didaktike group.

[3] University of São Paulo (USP), São Paulo – SP – Brazil. Doctor in education. Professor in the Department of School Administration and Economics of Education at the Faculty of Education of the University of São Paulo

ABSTRACT: This work has as its starting point problematizations created from teaching activities in a Medicine Course. The perceptions and learning assessment strategies used by physician-preceptors of a discipline focused on Primary Health Care (PHC), mandatory in a Medicine Course at a private Higher Education Institution (HEI) in Belo Horizonte, are discussed. The data analyzed were collected from seven semi-structured discursive interviews with medical preceptors. The data obtained from these professionals, who were willing to voluntarily participate in the investigation, indicate the presence of different perceptions regarding the decision-making processes regarding teaching. The statements indicate that, despite understanding the importance of their work as teachers and demonstrating genuine concern for their students' learning, in relation to learning assessment, the interviewees present tacit knowledge, probably related to their experiences as students and their teaching practices.

KEYWORDS: Educational assessment. Assessment of learning. Assessment in Higher Education. Preceptorship. Medical training.

RESUMO: *Este trabalho tem como ponto de partida problematizações constituídas a partir da atuação docente em um Curso de Medicina. Discute-se as percepções e estratégias de avaliação do aprendizado utilizadas por médicos-preceptores de uma disciplina com foco na Atenção Primária a Saúde (APS), obrigatória em um Curso de Medicina de uma Instituição de Educação Superior (IES) privada em Belo Horizonte. Os dados analisados foram coletados a partir da realização de sete entrevistas discursivas semiestruturadas com médicos preceptores. Os dados obtidos junto a esses profissionais, que se dispuseram a participar voluntariamente da investigação, sinalizam a presença de diferentes percepções acerca dos processos de tomada de decisões sobre o ensino. Os depoimentos indiciam que, apesar de entenderem a importância de seu trabalho como docentes e demonstrarem genuína preocupação com o aprendizado de seus alunos, em relação à avaliação do aprendizado, os entrevistados apresentam conhecimento tácito, provavelmente relacionado às vivências como estudantes e de suas práticas docentes.*

PALAVRAS-CHAVE: *Avaliação educacional. Avaliação do aprendizado. Avaliação na Educação Superior. Preceptoria. Formação médica.*

RESUMEN: *Este trabajo tiene como punto de partida problematizaciones creadas a partir de la actividad docente en una Carrera de Medicina. Se discuten las percepciones y estrategias de evaluación del aprendizaje utilizadas por médicos-preceptores de una disciplina enfocada a la Atención Primaria de Salud (APS), obligatoria en una Carrera de Medicina en una Institución de Educación Superior (IES) privada de Belo Horizonte. Los datos analizados fueron recolectados a partir de siete entrevistas discursivas semiestructuradas con preceptores médicos. Los datos obtenidos de estos profesionales, que estuvieron dispuestos a participar voluntariamente en la investigación, indican la presencia de diferentes percepciones sobre los procesos de toma de decisiones en materia de docencia. Los dichos indican que, a pesar de comprender la importancia de su labor como docentes y demostrar preocupación genuina por el aprendizaje de sus estudiantes, en relación a la evaluación de los aprendizajes, los entrevistados presentan conocimientos tácitos, probablemente relacionados con sus experiencias como estudiantes y sus prácticas docentes.*

PALABRAS CLAVE: *Evaluación educativa. Evaluación del aprendizaje. Evaluación en Educación Superior. Preceptoría. Entrenamiento médico.*

Introduction

This work has as its starting point problematizations created from teaching activities in a Medicine Course. The perceptions and learning assessment strategies used by physician-preceptors of a discipline focused on Primary Health Care (PHC), mandatory in a Medicine Course at a private Higher Education Institution (HEI) in Belo Horizonte, are discussed. The data, as well as some analyses, were obtained from interviews given spontaneously by seven preceptors and are part of the investigation carried out by Oliveira (2021). The answers refer to the presence of different perceptions and learning assessment strategies used.

Considering that the terms "preceptor" and "preceptorship" are not used in all courses and, when used, they do not always have the same meaning, it is worth explaining that, in this work, preceptor is understood as "the teacher who teaches a small group of students with an emphasis on clinical practice and the development of skills for such practice", as defined by Botti and Rego (2008, p. 365, our translation).

The challenges faced in the construction of this work involve not only the dialogue between the fields of medicine and education and the work with discursive interviews, but also the definition of evaluation itself. This term represents a polysemic concept in the literature in the area, in which more than one hundred conceptualizations can be identified (Oliveira, 2021). Although most of these differences are due to details or lexical choices, this marks a lack of clarity (Barlow, 2006) that may have implications for evaluation practice. Without disregarding the relevance of conceptual and epistemological delineations, school assessment, when referring to content learning, presents practical implications related to the teaching process, the flow of students, professional training and the perception that students construct of themselves.

With regard to the teaching process, in theory, assessment is associated with the idea of when to move forward or when to return to poorly understood teachings, how to define strategies that best apply to teaching a specific group of students.

Although the flow of students should not be conceptually confused with assessment, it is based on the results that, mainly, it is defined which students should continue and which should not, throughout a training path, which may involve a discipline or broader unit of training, such as an academic semester or school year. In the specific case of professional training, whether within the scope of Higher Education or a professional course, assessment can play a leading role in defining future employment opportunities or even continuing studies, as is the case with medical residencies. This process, in turn, interferes with the image that students construct of themselves as a subjective dimension that cannot be neglected.

Educational assessment: some elements for its definition

To begin delimiting a definition, educational assessment can be considered as a way of adjectivizing, of establishing a value judgment that contributes to decision-making about teaching and learning processes in different teaching modalities (Barlow, 2006; Guskey; Brookhart, 2019); When approaching the topic, Jouquan (2002, p. 39, our translation) defines evaluation as "a process of collecting information about an activity or its result", emphasizing the need to separate the evaluation from the **measurement**. The author states that evaluation is a complex process, which seeks to understand a reality in order to interpret it, which can lead to decision-making. The measure may be one of the steps in the evaluation, even relevant, but it does not end the evaluation process.

Among several meanings about evaluation, we find in Lukas Mujika and Santiago Etxeberria a very comprehensive synthesis, defining it as

> [...] the process of identifying, surveying and analyzing relevant information about an educational object – which may be quantitative or qualitative –, in a systematic, rigorous, planned, directed, objective, credible, reliable and valid way to make a judgment of value based on pre-established criteria and references to determine the value and merit of that object in order to make decisions that help to optimize it (Lukas Mujika; Santiago Etxeberria, 2009, p. 91-92, our translation).

Converging with these authors, we consider it appropriate to highlight some elements of this definition. First, the indication that we must seek relevant information about the object we intend to evaluate, in the relationship between the evaluation carried out in the classroom and the developed curriculum, as what the teacher considers relevant to evaluate does not necessarily express everything that was taught. In other words, the teacher does not usually have the possibility of evaluating everything he or she has taught and has, albeit unconsciously, the task of delimiting what is relevant and capable of evaluation, considering the conditions of the evaluation process and establishing sections of what was worked with students. So that this selection is not constituted based on an excessively subjective choice, it is necessary to consider, for example, elements that are related to training in the course as a whole and, possibly, with other disciplines. This can lead to a type of consideration that requires collective articulation with other teachers, especially due to the professional and social relevance of the knowledge that will be the subject of evaluation.

An important dimension of the assessment pointed out by Lukas Mujika and Santiago Etxeberria (2009) that should be highlighted is the consistency of the assessment – its validity. A consistent evaluation must contain elements that help us understand that the object we intended to evaluate is what we actually evaluate and then submit the information collected to the criteria adopted to determine its "value judgment". A *valid* assessment thus avoids the risk of exacerbating subjectivity, as both the information and the criteria to which analyzes are submitted can be analyzed not only by the teacher responsible for the assessment. In this sense, in the case of preceptorship, discussion with students about these elements can point to greater objectivity in the assessment as a whole and, notably, in the use of its results.

Thus, understood as a broad process of establishing a value judgment based on a reference with individual, collective and institutional consequences, assessment can constitute an educational and pedagogical resource, as a source of information for the training process.

The development of an intentional and planned evaluation process also demands the definition of the role of the information to be generated (Barlow, 2006; Luckesi, 2018) in close relationship with what is intended to be evaluated, as it is the clarity of this role that guides the use of the result. Alongside this, conducting the assessment in a clearer way can help to dispel "fears" that have been associated with it throughout the schooling process, which can allow its reappropriation as a process capable of assisting teaching and learning.

Therefore, the judgment about a given object of evaluation places the gathering of information about it as an unavoidable task. This process requires the construction of an assessment instrument that contains assessment tasks for which a student presents answers that, properly processed, will allow obtaining information and results that express the object of the assessment. In this context, we highlight the importance of being clear that the information obtained by assessment instruments does not directly access learning, but indirectly, through inferences made based on the answers given to assessment tasks, aspects inherent to learning. Therefore, it is important that the teacher, before creating an instrument for assessment, is clear about what he or she wants to assess. In this way, he will be able to request, as objectively as possible, what is necessary to explain the characteristics of the object of evaluation.

A practical example of what was mentioned above is the assessment of a student's ability to construct a genogram, a graphic representation of a family, made from an individual's family history. It is necessary to clarify that your artistic skills will not be evaluated, as they are not teaching objects in a Medicine Course. The focus of the assessment should be on the ability to select relevant family history information and include it fully in the genogram. Therefore,

knowing that the ability to select information and its inclusion in the representation is what matters, the evaluator should not consider the beauty or harmony of the representation, but its ability to transmit the information provided in a complete and understandable way.

Likewise, when evaluating the anamnesis carried out by a medical student, it is necessary to be clear which aspects of this technique will be considered. In this sense, the student's ability to establish a relationship of trust with the patient in order to obtain complete information about their health must be assessed, in addition to the ability to question appropriately in order to obtain as many details as possible about a symptom. This excludes, for example, evaluating your demonstration of **interest in learning**, as capturing this **interest** could lead to very subjective interpretations, not to mention that it does not integrate the skills of taking an anamnesis (Oliveira, 2021).

It appears, therefore, that the complexity of the evaluation is increased by some specific aspects of the Medicine Course highlighted by Jouquan (2002), such as the long duration of the course; the large number of teachers/preceptors and environments – study, education and training – involved in this training; the complex nature of developing skills and society's particularly high expectations of the medical profession.

Having outlined the meaning of evaluation that guides this article, we move on to discuss the data obtained from discursive interviews carried out with seven medical preceptors of the "Health Care" discipline, mandatory from the first to the eighth period of a Medicine Course. In this approach perspective, the purpose is to seize, record, analyze and interpret data without manipulating variables, in order to obtain a broader understanding of the perceptions of the interviewed subjects on the subject at hand, preserving their privacy and confidentiality.

Preceptors' perceptions of educational assessment

In preceptorship, in addition to the issues intrinsic to the evaluation activity, in relation to the performance of Higher Education teachers, singularities in didactic-pedagogical training are observed, which establish new contours, as they do not have a classroom or the walls of the school to set up a typical teaching situation. Preceptors often lack the professorial aura of university professors, pointed out by Roldão (2005, p. 108), added to the fact that, usually, preceptors do not play the role of researcher, indicated by Saramago, Lopes and Carvalho (2016, p. 71).

In general, the preceptor is a doctor who sees himself as a doctor and not as a teacher, which contributes to the use of the term "preceptor" in medical teaching institutions, leading to

the teaching dimension of this professional being disregarded. However, this professional has the role of teaching an essential part of a craft of enormous commitment, responsibility and high social value. In this sense, the absence of this (self) recognition as a teacher can contribute to the fragility of teaching, highlighting a path in which the academic observes and then "tries to (re)produce the way in which the teacher approached the patient" (Costa *et al.*, 2018, p. 85, our translation).

In order to capture the perceptions and expectations of these professionals regarding the evaluation, we chose to conduct interviews with all professionals at the institution who worked between the fourth and seventh periods and who were available to voluntarily participate in the discussion, with the guarantee of confidentiality and anonymity preserved. From an initial group of 18 professionals (medical preceptors of the PHC discipline at the HEI in question), we were able to maintain dialogues with a group of seven professionals, over the course of 17 months (Oct/2019 – Mar/2021). During the various conversations we had with the group, we took as a starting point the perceptions about what to evaluate and its relationship with elements of the curriculum, developing an exercise to capture perceptions about preceptorship and the assessment of learning associated with it.

As the research subjects are professionals with great difficulties in balancing available schedules, some interviews were carried out during lunch or during breaks from shifts. This situation was worsened in the context of the COVID-19 pandemic, throughout 11 of the 14 months of interaction, especially when it comes to professionals who are at the gateway to public health care. Thus, the first interviews were carried out via telephone calls in order to provide immediate responses to statements and questions. With the conversations recorded and transcribed, it was possible to return to their content at other times, especially when they required further elaboration or instigated new questions, based on subsequent interactions, including exchanges of messages via *email*.

The interviews aimed to obtain information that would make it possible to understand which skills professionals believe are most relevant in assessing student learning. Furthermore, they made it possible to understand how each of the preceptors carried out and used the assessments in their context of preceptorship. The content of the interviews [4]first underwent a floating reading that allowed a deeper sequential analysis, with quantitative and transversal qualifications, according to Bardin (2009). According to the author, the interpretation is constructed based on dialogue with the data obtained, taking into account the perspective of the

---

[4]The transcribed fragments of the interviews are faithful to the content, but typical oral marks were removed.

universe of the subjects interviewed. After reading the interview transcripts, we performed content analysis using the coding technique for organization and interpretation, a process that:

> [...] corresponds to a transformation – carried out according to precise rules – of the raw data of the text, a transformation which, through cutting, aggregation and enumeration, allows achieving a representation of the content, or its expression; likely to clarify the analyst about the characteristics of the text, which can serve as indexes [...] (Bardin, 2009, p. 129, our translation).

This path led us to categorize the information obtained, enabling us to categorize it as shown in the following section.

The group of preceptors interviewed was made up of professionals of both sexes, with ages varying between 30 and 59 years old. Experience in care [5]varied between 4 and 25 years and, in preceptorship, from 1 to 9 years. With the exception of one preceptor, all had a Postgraduate Degree (PG) *lato sensu*. Five of them were doctors specializing in Family and Community Medicine (MFC), one completed a PG in another area of Medicine and one had not yet completed any PG course. One of the MFC has two more specializations, one in Medical Residency Preceptorship and the other in another area of basic medical specialty. Three of the seven interviewees worked as preceptors for more than one undergraduate class, and all had teaching experience in different periods of the course.

The interviews and their revelations

Unanimously, the interviewed preceptors state that they believe that their work is extremely important for the training of future doctors, but they give different explanations for this relevance. One of the most recurrent explanations in the interviews was to encourage students' interest in the area of MFC, a specialty recognized as a Medical Specialty in 1981 (Falk, 2004) by the Brazilian Medical Association (AMB) and the National Medical Residency Commission (CNRM).

Another recurring justification is, in fact, a benefit for the preceptor himself, since four of the seven interviewees pointed out that the role of preceptorship is to ensure that preceptors remain up to date on matters in the area, as students are always looking for information most updated in Medicine and preceptors end up updating themselves to meet this expectation. This

---

[5]"Assistance" work in the health sector refers to the work in which the professional dedicates himself to caring for people. We therefore disregard teaching work, research work, technical coordination and health administration.

perspective is corroborated by Parma, Oliveira and Almeida (2019, p. 188), who state that the presence of the student and the duplicity of roles – doctor and preceptor – lead the professional to reflective practice since it becomes necessary to explain what they previously did automatically. In this way, your knowledge and doubts are put in check, reducing automatism and boosting analytical reasoning and permanent training.

Preceptorship in MFC was also pointed out by two interviewees as responsible for bringing the student closer to the patient's reality, which is often permeated by a social vulnerability that is foreign to the student's experience. In this way, this moment of learning would be responsible for providing the student with contact with a social and cultural reality that is so present in the country's reality, but probably not so present in the reality of the students of this Medicine Course.

Several other aspects are highlighted as important to justify clinical practice in PHC for Medicine students. It is worth mentioning: the experience with the Singular Therapeutic Project (PTS); strengthening students' bonds with the course and the medical profession; the practice of creating a doctor-patient (or doctor-person) bond; learning teamwork (essential for the practice of PHC in Public Health); the structuring of clinical reasoning; the exercise of the Person-Centered Clinical Method (MCCP) and the creation of a repertoire to act in common or frequent clinical situations.

Regarding the assessment of learning in field activity in PHC, practically all interviewees spoke of the difference in what should be assessed in each period, emphasizing that progress was expected between periods. However, only one of them was able to explain what this difference would be between one period and another. It was also found that they were unable to detail, in terms of skills, the knowledge that they declared necessary to evaluate. In general, there was an awareness of the complexity of knowledge over the periods, although there was no clarity regarding the level of depth depending on the period of the course. One of the interviewees spoke a little about this, as can be seen in the following excerpt:

> [...] it varies according to the period, with the theoretical content he has already seen [...], but also practical, in the laboratories where they carry out their activities. [...] each period we will have a certain expectation, I think that's it, right? A student in the 4th period, for example, [...] I evaluate the knowledge he is acquiring in semiology, whether he knows how to take an anamnesis, whether he knows how to carry out an adequate physical examination of various devices. So my expectation is that this student will develop these skills and competencies during the internship. And then I will help him so that he has opportunities to exercise this. The 7th period student [...] my expectations are a little higher: in addition, I also hope that he will

> already be able to think about some diagnoses, start to build a therapeutic plan, that he will already have ease in the physical examination, in the anamnesis, so that he can discuss a little more, delve a little deeper into the discussion of the cases. [...] the intern I will work more on clinical reasoning, conduct [...]. In the intern, the gain of autonomy, which is even a little similar to the resident [...] (Interviewee 2, 10/16/2019, our translation).

The importance attributed to the ability to carry out anamnesis and physical examination by systems, by students, is clear. The relevance of anamnesis in the assessment reappears in other interviews:

> [...] then they do a self-assessment for me [...] of what they learned from that service [...] this is my strategy, a methodology that I invented: I make the student transcribe the anamnesis that he built it during the consultation and he takes it home, in a calmer moment he will assemble it and make a self-criticism of what he thinks was missing during the appointment, if anxiety got in the way, what was missing for him to add and also familiarize with medical terms [...] (Interviewee 3, 01/29/2020, our translation).

Likewise, the relevance of the doctor-patient relationship, a direct consequence of the anamnesis (Bird, 1978), also resurfaces as one of the most discussed topics in this part of the interviews, as highlighted in the excerpt:

> We have to be focused on the person. Human-centered, right? So I talk to him about the doctor-patient relationship: I think it's fundamental to building something in primary care, you know? It's from the moment you call the patient: see how he gets up, how he walks, right? Look into the patient's eyes, have that eye contact (Interviewee 7, 02/11/2020, our translation).

Another aspect highlighted as relevant was academic knowledge. Several preceptors cited this as an essential topic to be evaluated: "I think the issue of knowledge is more important" (Interviewee 4, 01/29/2020).

> I appreciate the importance of evolutionary knowledge. Because we know that students are evolving, they are constantly learning and it is important that we understand that the student who at the beginning of the course, at the beginning of the semester, or at the beginning of the period, or at the stage where he is, he needs to evolve from there. So evolutionary knowledge is something important to be evaluated (Interviewee 6, 02/04/2020, our translation).

Other points were repeatedly highlighted among the interviewees: the interest (also called participation and initiative) that appears in the excerpt: "The interest in learning, in asking [...] in growing in that knowledge, in the area where you are working" (Interviewee 5,

01/30/2020). In addition to these, the following were highlighted as aspects to be taken into consideration at the time of assessment: self-assessment, peer assessment, teamwork (both the team formed by the students who form the practical activity group, and the team from the health in which they carry out these activities, evaluating the students' ability to interact and achieve goals with other professionals) and the ability to build clinical reasoning.

Other aspects appeared more sporadically, such as the impressions of the patients treated, the relationship between the students and the preceptor, the professional attitude, the ability to synthesize and argue in the discussion of cases, the quality of the medical records, the student's autonomy in conducting one or another part of the care, the contributions you bring individually to the group and the ability to empathize with the patient and even your colleague.

Other relevant issues were also mentioned, including the need to vary the ways of evaluating student learning. One of the preceptors mentioned the habit of discussing cases both in front of patients and in their absence. Another preceptor indicated discussing the anamnesis produced during the service. A third preceptor stated that it gives the student the opportunity to rewrite, to discuss the service with a colleague who was present during the procedure in question, allowing them to learn from their colleagues' contributions.

It was also considered important to discuss some difficulties imposed on a daily basis in carrying out assessments, such as lack of time (students only go to the units once a week and are integrated into the reality of the system's demands); differences in prior knowledge and skills among students; the difficulty in "giving bad grades" to students; the lack of guidance from the institution regarding assessment; the inconstancy of the students' behavior and the apparent lack of interest, specifically from students in the middle of the course (the way preceptors usually refer to students in the seventh and eighth periods).

At the end of the interview, each of the interviewed preceptors was asked to list three expressions to which the word evaluation referred them. The list is presented below: "Reflection, self-evaluation and I would say less disapproval" (Interviewee 1, 02/11/2020). "Expectation, knowledge, competence that I want to build [...] *Feedback* is a word too" (Interviewee 2, 10/16/2019). "Responsibility, knowledge and attitude" (Interviewee 4, 01/29/2020). "Interest, organization and competence, perhaps." (Interviewee 5, 01/30/2020). "Posture, ethics, commitment come to mind" (Interviewee 6, 02/04/2020). "Resoluteness, competence and commitment" (Interviewee 7, 02/11/2020). Finally, the interviewee's speech exceeded 3 words or expressions:

> Assessment: it is important in teaching. I think this is, without a shadow of a doubt, crucial in teaching and student training. [...] to generate a comparison, a comparison for yourself. To see your starting point and your progress through the course. And the assessment [...] will differentiate you up front [...] when it comes to your CV, right? If you are well evaluated, you will certainly bear fruit later on (Interviewee 3, 01/29/2020, our translation).

There are few similarities in the list, with the word "competence" being the biggest point of congruence among preceptors and which would be most associated with the question of "what to evaluate". Also noteworthy is the concern with evaluating students' commitment, ability to resolve issues, commitment, attitude and ethics.

The answers from interviewees 1, 2 and 3 present specificities that deserve greater attention. Interviewee 1 chooses to indicate a process through which the evaluation act itself becomes an object, through **self-evaluation**, that is, a reflection on how to carry out the evaluation, which would be his objective and which every teacher should have when faced with evaluation, especially when we consider that Christian [6](Luckesi, 2018) and social traditions of education are present, aiming **to reduce failures**.

Interviewee 2, on the other hand, seems to evoke the three steps of assessment from his own point of view: the **expectation** that everyone has learned, the **knowledge** that is intended to be measured with [or for] the assessment and the **competence that he wants**, that could be your cut-off point, or balance in the assessment or even the objective that the word you end up adding to your list – ***feedback*** – could help to build.

It is convenient to clarify here, taking into account the importance of *feedback* in the evaluation practice, that Interviewee 2 was not the only one to talk about this procedure. Four others, at some point during the dialogue, referred by name to *feedback*. One of them explained, when talking about the difficulties in evaluating:

> [...] we, sometimes, are in the office with the student, we are providing care, and we observe there and then [...], separately, so as not to expose the student, we guide the physical examination, or something that He said it wasn't well positioned [...] like that on a daily basis [...]. For me it's calm [...]. I look him in the eye [...] and say: my friend, it's like this, it's done, it's calm, we're learning [...] (Interviewee 7, 02/11/2020, our translation).

This excerpt allows us to infer that Interviewee 7 provides *feedback* on each service provided, like the other five interviewees who mentioned *feedback*.

---

[6]Both Jesuit and Comenian.

Finally, Interviewee 3 apparently seeks to justify the evaluation by saying that it is *"***crucial in teaching and student training"**. Then he talks about a way of evaluating, through "*comparison by yourself*" – a self-assessment of evolution. And, finally, he seeks a use of assessment beyond teaching – " **it will differentiate you up front... in terms of your CV"**.

It is worth noting that respondents 1 and 2 are the two preceptors of the Medical Residency (MR) in MFC in the group of interviewees and, as such, have a different experience of teaching MFC than the other preceptors. Interviewee 3 is among the youngest and her GP took place in an area outside the MFC.

Another aspect that emerged was the importance of explaining the evaluation criteria, as indicated by Brookhart *et al.* (2016). However, at the end of the interviews, when asked about their knowledge of competency matrices, only two of the seven preceptors indicated that they had an idea of what an assessment reference matrix is. It was expected that they would have some knowledge in this regard, since the Brazilian Society of Family and Community Medicine (SBMCF) uses this resource to define parameters for MRI in MFC (MFC Competencies at CNRM, 2017).

The trajectory followed allowed us to understand that doctors who work as preceptors, even without specific training for teaching, seek to contribute effectively to students' learning. Regarding the assessment of learning, the findings indicate that they have implicit knowledge, probably acquired during their experiences as students (Oliveira; Rocha; Alavarse, 2023).

Final remarks

It is necessary to consider that qualifying the learning demonstrated in a responsible and competent way is a function and part of the teachers' own knowledge. Furthermore, it is necessary to keep in mind that this is a task of great complexity, and that the lack of training for teaching higher education teachers, in general, is a reality, which is associated with the difficulties encountered by the preceptor in position yourself as a teacher. Therefore, carrying out the learning assessment by the preceptor seems to us to be a role that requires extreme care, effort and dedication. This points to an in-service training process, which must be carried out through in-depth reflection on teaching experiences, in line with the search for theoretical bases for teaching itself. Such training also includes the development of assessment instruments that allow for the assessment of learning at appropriate levels.

This adaptation of the assessment would help to avoid undesirable results, which range from the progression in studies of students without the necessary knowledge for subsequent levels, but who were assessed receiving good grades, to the damage caused by bad grades given to students who had, in fact, ability to receive better grades, which would have occurred precisely due to limitations of the evaluation process. It must be considered that in both cases, when good grades or bad grades are not given clearly, as a rule due to the absence of explicit and consistent criteria, these grades do not adequately express the students' learning. Alongside this, it is important to note the fact that a bad grade, which does not necessarily express insufficient learning, can cause damage to the student's record and can compromise the possible achievement of places in RM selection processes, for example, and even academic abandonment. The large number of professors and preceptors in the Medicine Course makes the need to identify and outline more equitable and uniform ways of assessing even more important.

Taking into account the interviewees' reports, we observed that, although there are gaps and inaccuracies in their knowledge regarding assessment, these doctor-teachers demonstrated that they seek to effectively contribute to students' learning, despite doing so in an empirical and intuitive way, demonstrating knowledge tacit about assessment, probably related to their experiences as students and previous experiences as preceptors.

The data obtained in this section also indicate that the construction of a reference matrix, as well as its adequate exposure and discussion with preceptors, can represent a first step towards evaluating in a more consistent way. This step must also, for the purpose of differentiating degrees of depth in certain subjects of knowledge and skills, be associated with the pedagogical interpretation of grades provided, to move towards a more consistent assessment.

In this sense, the creation of a standardized instrument for evaluating practical activities, despite at first glance appearing to function as a limitation of preceptors' freedoms, has the potential to help carry out this evaluation in the best possible way. This occurs through clearer definitions of the purpose of the assessment, what is being assessed and the reference to what is expected of the student according to the current period. All of this makes the note a clearer message of what needs to be improved and what is progressing well until the moment the results are communicated. For this purpose, the possible use of rubrics seems interesting to us.

In short, in this article we seek to uncover a double movement, that is, to problematize limitations in the learning assessment process and indicate, without the intention of overcoming

all the restrictions mentioned, some initiatives towards carrying out an assessment that is placed at the service of the teaching and learning that, when well-articulated, can lead to academic success.

REFERENCES

BARDIN, L. **Análise de conteúdo**. Lisboa: Edições 70, 2009.

BARLOW, M. **Avaliação escolar**: mitos e realidades. Porto Alegre: Artmed, 2006.

BIRD, B. **Conversando com o paciente**. Tradução: ARANTES, U. C. São Paulo: Manole, 1978.

BOTTI, S. H. D. O.; REGO, S. Preceptor, supervisor, tutor e mentor: quais são seus papéis? **Revista Brasileira de Educação Médica**, [*S. l.*], v. 32, n. 3, p. 363-373, 2008.

BROOKHART, S. M.; GUSKEY, T. R.; BOWERS, A. J.; MCMILLAN, J. H. SMITH, J. K. S.; SMITH, L. F.; STEVENS, M. T.; WELSH, M. E. A Century of grading research: meaning and value in the most common educational measure. **Review of Educational Research**, [*S. l.*], v. 86, n. 4, p. 803-848, Dec. 2016.

COMPETÊNCIAS da MFC no CNRM. 2017. Available at: https://www.sbmfc.org.br/noticias/competencias-da-mfc-na-cnrm/. Access: 20 Apr. 2023.

COSTA, G. P. O.; HERCULANO, T. B.; GAMA, A. L. H.; CABRAL, R. P. CAMPOS, D. B.; OLIVEIRA, D. N. S. Enfrentamentos do estudante na iniciação da semiologia médica. **Revista Brasileira de Educação Médica**, [*S. l.*], v. 42, n. 2, p. 79-88, 2018.

FALK, J. W. A Medicina de Família e Comunidade e sua entidade nacional: histórico e perspectivas. **Revista Brasileira de Medicina da Família e Comunidade**, [*S. l.*], v. 1, n. 1, p. 5-10, nov. 2004.

FRANCIS, E. J. Linking rubrics and academic performance: an engagement theory perspective. **Journal of University Teaching and Learning Practice**, [*S. l.*], 15, n. 1, p. 1-19, 2018.

GATICA-LARA, F.; URIBARREN-BERRUETA, T. D. N. J. ¿Cómo elaborar una rúbrica? **Investigación en Educación Médica**, [*S. l.*], v. 2, n. 5, p. 61-65, 2013.

GUSKEY, T. R.; BROOKHART, S. M. **What we know about grading**: what works, what doesn't, and what's next. Alexandria: ASCD, 2019.

JOUQUAN, J. L'évaluation des apprentissages des étudiants en formation médicale initiale. **Pédagogie Médicale - Revue Internationale Francophone d'Éducation Médicle**, [*S. l.*], v. 3, n. 1, p. 38-52, 2002.

LUCKESI, C. C. **Avaliação em educação**: questões epistemológicas e práticas. São Paulo: Cortez, 2018.

LUKAS MUJIKA, J. F.; SANTIAGO ETXEBERRIA, K. **Evaluación educativa**. 2. ed. Madrid: Alianza, 2009.

OLIVEIRA, J. L. **O aprendizado da anamnese e sua avaliação no curso de Medicina**: uma contribuição ao debate. Dissertação (Mestradao em Didática de Docência) – Faculdade de Educação,Universidade Federal de Minas Gerais, Belo Horizonte, 2021.

OLIVEIRA, J. L.; ROCHA, G.; ALAVARSE, O.M. Avaliação na preceptoria do Curso de Medicina. **Educación y Desarrollo**, [*S. l.*], v. 15, n. 12, p.16135-16147, 2023.

PARMA, F. A. S. D.; OLIVEIRA, R. A.; ALMEIDA, F. A. Percepção dos profissionais de saúde em relação à integração do ensino de estudantes de Medicina nas Unidades de Saúde da Família. **Revista Brasileira de Educação Médica**, [*S. l.*], v. 43, n. 1, supl. 1, p. 185-194, 2019.

ROLDÃO, M. C. N. Profissionalidade docente em análise: especificidades dos ensinos superior e não superior. **Nuances: Estudos sobre Educação**, Presidente Prudente, v. 12, n. 13, p. 105-126, jan./dez. 2005.

SARAMAGO, G.; LOPES, C.; CARVALHO, V. A. Saberes profissionais do docente universitário. **Ensino em Re-vista**, [*S. l.*], v. 23, n. 1, p. 70-88, 2016.

Processing and editing: Editora Ibero-Americana de Educação.
Review, formatting, standardization and translation.