


EVALUATIONS: PERCEPTIONS OF STUDENTS AND PROFESSORS OF A MEDICAL COURSE

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Flávia Emilie Heimovski de Carvalho¹, Janaína de Souza Aredes² and Antonio Toledo Jr.³

ABSTRACT

The objective of this study was to understand the perceptions of students and teachers about evaluations as part of the teaching-learning process. This is a qualitative study based on semi-structured interviews with seven students and six teachers. The technique of content analysis was used in the classification of the data and the theoretical-methodological framework of hermeneutic anthropology in the interpretation. It was observed a devaluation of theoretical tests and a preference for instruments of psychomotor and affective domains. An unexpected finding was anxiety related to evaluations, with negative perceptions by students and positive perceptions by teachers. Assessment is a fundamental part of the teaching-learning process and must include the different domains, including the cognitive, to be reliable. Despite the positive perception of the evaluation process, the devaluation of cognitive evaluations and the anxiety associated with the evaluation process are warning points that need to be analyzed in more depth.

Keywords: Medical Education. Medical students. Professor of Medicine. Educational Evaluation. Exam Anxiety.

¹ Endocrinologist

Master in Health Education

Centro Universitário Presidente Tancredo de Almeida Neves, São João Del Rei, MG, Brazil

Email: flaviaheimovskifeh@gmail.com

ORCID: <https://orcid.org/0009-0001-7889-0301>

LATTES: <http://lattes.cnpq.br/6221438238284337>

² Social Scientist

Master in Social Anthropology

PhD in Collective Health/Medical Anthropology

Postdoctoral Fellow in Social Innovation in Health

René Rachou Institute. Oswaldo Cruz Foundation. Belo Horizonte, MG, Brazil

E-mail: janainaaredes@gmail.com

ORCID: <https://orcid.org/0000-0002-4147-2405>

LATTES: <http://lattes.cnpq.br/2224992368919938>

³ Infectious Disease Physician

Master in Public Health and Epidemiology

PhD in Tropical Medicine and Infectious Diseases

Specialist in Management and Teaching of Higher Education

Master's Degree in Health Education - UNIFENAS. Belo Horizonte, MG, Brazil

Email: toledoac@task.com.br

ORCID: <https://orcid.org/0000-0001-8912-2589>

LATTES: <http://lattes.cnpq.br/2192040830710780>

INTRODUCTION

Student assessment is an important step in the educational process. It is usually associated with the act of measuring the knowledge acquired by students, which allows obtaining information about learning and subsidizes decision-making, such as progression in the course. In addition to the large amount of theoretical content, the medical student must develop several skills and competencies throughout the course. This multidimensional formation implies the use of different types of evaluation instruments, which makes this process complex (TRONCON, 1996; KRAEMER, 2005).

In recent years, the focus of the assessment has shifted to "medical competencies". Competence is, in general, defined as a set of skills of an intellectual and/or physical nature, relevant to a given purpose, capable of being taught, learned, and evaluated. Medical competencies belong to three major domains: cognitive, psychomotor and affective (TRONCON, 1996; GEORGE; ALVIM; LIMA, 2015).

For each of these domains, there are specific evaluation techniques and instruments, which require the teacher's attention for their use. It is essential to consider the specific characteristics of each learning objective when determining the form of assessment, making them more effective and consistent with the expected objective (TRONCON, 1996; ZEFERINO; PASSERI, 2007).

Many students consider evaluations as a unidirectional instrument, which can cause them aversion (LUCKESI, 1999). For this reason, it is necessary to explore emotional experiences during the evaluation process and their impacts on academic performance (SASAKI *et al.*, 2014).

A systematic review conducted in 2005 observed that the perceptions of higher education students about written tests were strongly related to the learning approaches used by teachers. Tests that presented a more superficial approach to learning tended to be perceived negatively. It was also observed a greater preference of students for multiple-choice tests, as they consider the discursive tests to be more difficult, complex, and anxiety-generating. The authors also point out that students' perceptions of assessments are important for final performance and, if they are valued, they can offer an alternative to improve educational practice (STRUYVEN; DOCHY; JANSSEN, 2005). In another study, medical students had a positive perception of formative assessments, including corrective feedback. They consider that they allowed them to assess self-directed learning, acquired knowledge, and medical skills (LIM, 2019; BORGES *et al.*, 2014).

A study carried out in India showed that medical students from two universities had a positive attitude about the evaluation process and correctly mentioned some of its functions, such as assessing the ability to understand and develop skills, testing knowledge and knowing how much knowledge the student has acquired (NAGOTHU; INDLA, 2019).

Regarding anxiety, two meta-analyses indicate that there is an inverse relationship between anxiety and academic performance (HEMBREE, 1988; SEIPP, 1991). Other studies suggest that tests are more anxiety-inducing than factors specific to students and that these are associated with the severity of anxiety (HEMBREE, 1988; SEIPP, 1991).

Within this perspective, understanding exactly how assessments affect student learning is of crucial importance, after all, assessments can stimulate or discourage students (LIM, 2019). The main objective of this study was to understand the perception of students and teachers about evaluations as part of the teaching and learning process in a medical course.

METHODOLOGY

A qualitative study was carried out (BAUER; GASKELL, 2002), with students and professors of the Medicine course at the Presidente Trancredo de Almeida Neves University Center, located in the city of São João Del Rei. The evaluation system of the course is specific to each axis (discipline), but the system common to all axes was, at the time of the interviews, divided into two formative theoretical tests, two practical tests and one integrative theoretical test (summative), composed of questions from all axes. Each subject also has a distribution of points in non-scheduled theoretical or practical evaluations and daily conceptual evaluations (students' daily performance). All theoretical and practical assessments can be composed of discursive and/or multiple-choice questions, except for the integrative one, which is composed exclusively of multiple-choice questions. The final weight of the evaluations is generally 50% theoretical and 50% practical and conceptual.

The study population was formed by teachers who taught theoretical classes and prepared test questions in the 1st or 7th periods, regardless of gender and academic background, and students who attended the 1st or 7th periods, regardless of gender. All of them signed the Informed Consent Form before their inclusion.

Professors who were not effective in any theoretical discipline in the 1st or 7th periods of the course and students who were not in good standing in the course, as well as those who refused to sign the ICF, were excluded.

Data collection was carried out through individual interviews guided by a semi-structured script focused on the volunteers' perception of evaluations and tests (BAUER; GASKELL, 2002). The interviews were conducted remotely, through the Zoom® platform, due to the COVID-19 pandemic. The audios were recorded and later transcribed into texts by the researchers.

This type of interview aims to explore in depth a certain problem based on the interviewee's perceptions of their experiences (BAUER; GASKELL, 2002). It follows a guiding topic, which includes the central themes of the research. It is a semi-flexible script, which should not contain many questions, but should serve as a guide so that the researcher does not lose the focus of the study and, at the same time, does not limit the interviewee's speech to allow openness to other issues that are transversal to the theme (BAUER; GASKELL, 2002). In this sense, issues not foreseen in the script emerged throughout the data collection, which contributed to the approach to the theme.

The final number of respondents was determined by the criterion of empirical data saturation. In qualitative studies, saturation is a tool used to establish or close the final size of the sample under study, when the empirical data obtained present a certain repetition and its content provides the necessary elements for understanding the object of study, and it is therefore not relevant to persist in data collection (FONTANELLA *et al.*, 2014). The professors were recruited by invitation via institutional e-mail or direct approach by one of the researchers. The students were recruited through the intermediation of class representatives and invited by institutional e-mail, with no limitation on the number of participants in each period of the course.

The data were analyzed using the content analysis technique, in the categorical modality (BAUER; GASKELL, 2002). From the reading of the transcribed interviews, categories of analysis were created through the organization and classification of the units of record (phrasal topics) and context. There were several re-readings of the text and the establishment of new categories, having an overall view and apprehending the particularities present (BAUER; GASKELL, 2002). Data coding was independently reviewed by members of the study team.

The entire process of data analysis was mediated by the theoretical-methodological framework of hermeneutic anthropology. In this aspect, the analysis is anchored in the interpretation of the meaning that social groups attribute to certain phenomena, taking into account the sociocultural context of action. It is an analysis of human relations based on a process of signification imbricated with individual and collective perspectives (GEERTZ, 1989).

This study was approved by the Research Ethics Committee of the University Prof. Edson Antônio Velano (Opinion No. 4.402.232). All volunteers signed the ICF before their inclusion.

RESULTS AND DISCUSSION

From December 2020 to July 2021, six teachers (two from the 1st period and four from the 7th) and seven students (five from the 1st period and two from the 7th) were recruited and interviewed. Four professors were physicians and two biologists, and all had more than 5 years of graduation. Their ages ranged from 30 to 55 years old and the students from 17 to 34 years old.

For each interviewee, a caption was created to identify the excerpts from the speeches, defined by: order of the interview, represented by "E" followed by the interview number; category of the interviewee (teacher or student); sex (F for females and M for males) and age (in years). Example: E01, Teacher, M, 34 years old. For students, the corresponding period was also included: 1P or 7P.

The initial focus of the study was on cognitive domain assessments. However, throughout the interviews, the interlocutors also highlighted evaluations of psychomotor and affective domains. Four categories common to teachers and students were identified: (1) Evaluation structure, (2) Characteristics of evaluations, (3) Feedback and (4) Students' anxiety. The final categories were organized into subcategories according to groupings of similar ideas (Table 1).

Table 1 - Final classification of categories and subcategories

Final Categories	Intermediate Subcategories
Evaluation structure	<ul style="list-style-type: none"> Perception of the evaluation methods (practical tests, theoretical tests and conceptual evaluations)
Functions and characteristics of assessments	<ul style="list-style-type: none"> Evidence
	<ul style="list-style-type: none"> Attitudinal assessments or daily assessments
	<ul style="list-style-type: none"> General assessments (tests and attitudinal assessments or daily assessments)
Anxiety	<ul style="list-style-type: none"> Anxiety and its relationship with evaluation methods
	<ul style="list-style-type: none"> Causes of anxiety
	<ul style="list-style-type: none"> General perception of anxiety
Feedback	<ul style="list-style-type: none"> Methods of presenting Feedback from assessments to students
	<ul style="list-style-type: none"> Feedback from students regarding what they did wrong and why they went wrong

Source: prepared by the authors.

EVALUATION STRUCTURE

The perception of the evaluation methods contemplated the general perception and their preferences about the adopted evaluation instruments (theoretical and practical tests and conceptual evaluations):

I think the theoretical test is limited, because it is very focused. The student can know several contents, several parts of content and a question be tricky enough to be able to take exactly that point, which is not the student's strongest point and does not reflect exactly what he does not know about that content. It may be that he does not know only that specific point. (E02, Teacher, M, 30 years old).

I think that what we have to think about is that from the moment I build an integrated thought, I cannot traditionally make a charge. (E12, Student, M, 32 years old, 1P).

We learn innovatively and are evaluated in an archaic way. (E13, Student, F, 34 years old, 7P).

The interviewees consider that the theoretical evaluations do not allow to encompass all the knowledge that should be evaluated and agree that in isolation, this is not an effective method. Most students and some teachers believe that this type of instrument should not even be used anymore. They consider the theoretical evaluations as archaic and that they do not follow the evolution of the methodology proposed in the institution.

As cited by Gontijo, Alvim, and Lima (2015), no method is capable of evaluating the multiple aspects that involve medical knowledge in isolation. Assessment cannot be oriented toward the verification of cognitive, psychomotor, and affective capacities in a fragmented, disjointed, and decontextualized way. Hence the need for evaluation to combine different instruments. However, cognitive assessment is not considered an obsolete or "archaic" instrument. Troncon (1996) describes that with cognitive tests it is

possible to evaluate, in addition to knowledge, the student's reflective capacity, the organization of his ideas and his capacity for expression.

Zeferino and Passeri (2007) point out that, for the student to adequately demonstrate the practice of knowledge, it is assumed that the cognitive domain has also been achieved. These authors reinforce that the recognition of competencies does not only involve the identification of situations to be controlled, problems to be solved, decisions to be made, but also the explanation of knowledge, capacities, thought schemes and necessary ethical orientations.

Therefore, the literature corroborates that despite the modernization of the evaluation structure, cognitive evaluations should not lose their importance in student evaluation. Rather, they reinforce the correct use of these tools, at the appropriate time, and depending on the learning objectives. Despite the statements exposed above, a professor points out:

I think that removing or reducing the number of theoretical evaluations, I don't see it positively. I think that the questions have to be better elaborated, so that they bring the student's knowledge there. (E03, Teacher, F, 38 years old).

This statement confirms that Medicine does not depend exclusively on practice and that the student needs a theoretical foundation for good performance. This view should be further explored in medical courses, so that the student has enough theoretical knowledge for good practical execution, or this student will just become a "repeater of actions".

Although the interlocutors pointed out the limitation of the theoretical tests, some of them listed the multiple-choice test as more efficient:

I believe that, for the active method, the essay tests would have a better suitability. But, thinking about making up for some deficiencies of this inadequacy of the evaluation method, with the learning method, I think that the objective tests end up being more efficient (E12, Student, M, 32 years old, 1P).

With the discursive questions we can see the depth of the student's knowledge, but with the multiple choice questions we can cover larger content, which sometimes ends up being more effective. (E01, Teacher, M, 34 years old).

Students have the perception that multiple-choice tests are easier and less anxiety-provoking. Teachers, on the other hand, prefer them because of the possibility of covering a greater amount of content and greater ease of correction.

These observations are partially corroborated by Troncon 1, who states that multiple-choice tests provide a broader verification of knowledge because they allow a

greater number of questions. In addition, he states that there is no subjectivity in the correction and the feedback to the student is practically immediate.

The practical and conceptual evaluations of the psychomotor and affective domain were unanimously indicated as the best type of evaluation, although the interlocutors talked a lot about the tension associated with this evaluation method:

Although I get more nervous about practice, I prefer practice, because I think you can transmit what you know to your teacher much better (E10, Student, F, 17 years old, 1P).

I think that in practice, at the OSCE, the student has the opportunity to open the range more. It is easier to understand that he knows that content" (E02, Teacher, M, 30 years old).

I think evaluation would have to be more of a day-to-day one, always. In this regard, I think you talk to the student to show him that he is right, what is wrong, and how he could handle the case in a better way, I think he learns much more. I think it makes a much more difference in everyday life (E05, Teacher, F, 34 years old).

As already well documented in the literature, daily evaluation allows the direct observation of attitudes and skills essential to professional training. Undoubtedly, direct observation is an important method of evaluating the "doing" of Miller's (1990) pyramid, as it provides a more realistic and integrated view of the student's performance in his clinical practice. With this method, the teachers express the global perception of the evaluated about two distinct spheres of competence: the psychomotor (skills) and the affective (behaviors). To do so, they use general categories, and not specific or occasional behaviors (TRONCON, 1996; GEORGE; ALVIM; LIMA, 2015; ZEFERINO; PASSERI, 2007).

Respondents specifically emphasized ongoing student feedback on assessments:

My perception is that training, the evaluation of professional medical training, it is really important in practice. So, I believe that in my discipline, this day-to-day evaluation, in his training, with feedback, is much more important than the theoretical evaluation really (sic) (E06, Professor, M, 55 years old).

My class questions a lot. We go after the teacher to find out what we did wrong and we almost always have immediate feedback, which helps a lot. (E11, Student, F, 24 years old, 7P).

I think evaluation would have to be more of a day-to-day one, always. In this regard, I think that you talk to the student to show him that he is right, what is wrong, and how he could handle the case in a better way, I think he learns much more (sic). I think it makes a much more difference in everyday life (E05, Teacher, F, 34 years old).

The importance of the formative character of evaluation is highly highlighted in the literature by several authors. This relevance is cited not only in psychomotor or affective skills, but also in cognitive skills. Many authors place formative evaluations as the most important within the evaluation system, precisely because of the possibility of detecting and correcting problems, in addition to strengthening the positive points (GONTIJO; ALVIM; LIMA, 2015; ZEFERINO; PASSERI, 2007; NORCINI *et al.*, 2011).

CHARACTERISTICS OF THE EVALUATIONS

This category included the perception of students and teachers regarding the function and validity of the evaluation instruments:

I think that in theory, it is a way to see if they have studied, if they have followed the process and a little bit of skill comes in. In practice, they can do the procedure themselves. The practical test is a complement to the theoretical test (E04, Teacher, F, 48 years old).

I think that evaluation is an attempt to realize that the student has achieved a certain goal before progressing to his next point, so this progression is not necessarily knowledge, it can be attitude, it can be maturity... If he is ready to progress to the next stage (E02, Teacher, M, 30 years old).

The test is to know if you have learned. It's bad to make mistakes because you lose points, but it's good to make mistakes because you get so angry that you made a mistake that you never forget it (E13, Student, F, 34 years old, 7P).

To pass on knowledge is to know if we are knowing. I think they are worth more to the students than to the teachers. I think that proof is necessary to get there and attend to a patient with confidence (E07, Student, F, 18 years old, 1P).

It's a good thermometer. I think they are a thermometer to know what you have to go back to study more (E13, Student, F, 34 years old, 7P).

Regarding the function of assessments, students believe that most assessments have a unidirectional character, where only the student is being evaluated. However, as described by Troncon (1996), the evaluation process not only allows for verification of whether the student is in a position to progress to future stages of his education, but it is also an efficient means of reinforcing learning and detecting deficiencies for students, in addition to being an instrument of quality control of the instructional process for teachers. Troncon (1996) also describes that, unfortunately, the first function described has predominated over the last two, generating inconveniences and distortions. When analyzing the excerpts above, it is perceived that the interviewees place the evaluations as the decision-making instrument to advance stages, but unfortunately, the functions related

to quality control of the instructional process were not mentioned in either of the two groups.

The teachers gave more emphasis to the certifying role, while the students also mentioned their formative role. The evaluation process allows verifying whether the student is in a position to progress to future stages of his or her education (certifying or summative), reinforces learning and allows the detection of students' deficiencies (formative) and is an instrument for quality control of the instructional process. Usually, more emphasis is placed on the formative character of the evaluations, as observed among teachers. In this study, the perception of the formative role of evaluation among students should be highlighted.

When asked about the validity of the evidence, the interviewees pointed out:

I don't think a theoretical proof fully evaluates. I think it is very limited (E01, Teacher, M, 34 years old).

I think that only a test is not able to evaluate something that a person knows. Especially because we know that there are people who go through several problems, such as anxiety, and cannot concentrate on the tests. I find the theoretical tests extensive and with a large amount of material. It's a bit ineffective because we don't understand the content itself, we memorize it (E10, Student, F, 17 years old, 1P).

I think it depends on the scenario, it depends on the answer I want him to give. If it's something very objective, like yes or no, like the skin lesion, you can do it. Now for a more complex issue, it may not be the best method (E02, Teacher, M, 30 years old).

I think that this difficulty for theoretical evaluation to play a competent role within the active methodology is due to this 'need' to bring something from the traditional to a reality that is a few steps ahead. I would highlight two characteristics: limited and inadequate (E12, Student, M, 32 years old, 1P).

The evidence in general is incoherent. The OSCE, which is the practical test, is the most consistent with the method (E13, Student, F, 34 years old, 7P).

The interlocutors pointed out the possibility of errors in the validity of content and criteria, especially in cognitive assessments. It is worth mentioning that the process of evaluation consists essentially of determining the extent to which educational objectives are being achieved (ZEFERINO; PASSERI, 2007; NORCINI *et al.*, 2011). As described by Troncon (1996), the choice of the evaluation method should be made, taking into account, as a priority, the "what" should be evaluated. The choice of the appropriate instrument and the opportune moment to carry out the evaluation is extremely important. The inappropriate use of these instruments has a highly negative impact on the educational process and the

people involved in it. Therefore, it is worth reflecting on the need to review the evaluation methods adopted and their ideal time of application, depending on the domain to be evaluated and the learning objectives.

FEEDBACK

Regarding feedback, the interviewees clarify:

All teachers at the institution do it, there is a guideline that asks us to give feedback. Usually, I design. When I get it and I have time, I like to project the questions and answer them together, but we don't always have that time. Often the content is plastered and we don't have separate class time for that. So, I make the questions available, with the answers and justifications, so that they can read them (E03, Teacher, F, 38 years old).

In the class, people complain a lot. We go after the teacher to find out why we made a mistake about that. Sometimes it happens that the teacher formulated the question badly, and with that, we have already had a lot of problems. Sometimes the student did not know how to write, wrote with glaring Portuguese errors and the teacher misunderstood or sometimes the teacher made a mistake in the correction and corrected it (E13, Student, F, 34 years old, 7P).

Some people go after what they made a mistake, but some feel very insecure about commenting with the teacher and the teacher ends up understanding it differently (E10, Student, F, 17 years old, 1P).

According to the interviewees, most students are interested in knowing and seek to know why they made mistakes. They raised that, most of the time, the problems occur due to questions with mistaken formulations or poorly written answers by the students, which generates difficulty in interpretation. Regarding the effectiveness of the questions, the interviewees pointed out that the vast majority of them are resolved. The students argued that they could appeal directly to the professor or to the exam committee, a committee made up of medical and language professors created to evaluate the structure of the question and identify possible errors associated with the formulation of the question.

These data corroborate what was found in the systematic review carried out by Struyven, Dochy, and Janssen (2005). In this review, the authors point out that tests that are considered by students as "inadequate" from a structural point of view, have a negative evaluation by them and conclude that students' perceptions are important for their final performance.

STUDENT ANXIETY

This topic was not part of the interview script, but it was mentioned spontaneously by both groups, which indicates its relevance. Both agreed that the evaluation method that generates the most anxiety is the practical test:

In the practical test, they are more tense. That method generates more tension because they are confined. In theory, it generates a certain tension, but they don't have so much of a problem. They are more used to it. I'm not even going to say that it's insecurity, not knowing... I think it's more because of confinement. I think confinement is very bad (E04, Teacher, F, 48 years old).

Yes, quite a lot. Especially in practices, due to confinement, time management, and speed of decision-making. In practical tests, most of the time, they know the answers, but the nervousness of the moment ends up getting in the way. (E03, Teacher, F, 38 years old).

I get super anxious. Especially when I know that the test is worth a lot, but I am less anxious about the theoretical tests [...]. (E10, Student, F, 17 years old, 1P).

On the other hand, some teachers consider that anxiety is positive and that students perform better, the greater the anxiety:

In my opinion, I don't think it's bad that the nervousness of the moment is bad, I don't think it's bad that they have to go through this situation, time management, speed of decision-making, because in my opinion, that's what they'll find in practice (E03, Teacher, F, 38 years old).

This corroborates data found by Lang and Lang (2010), who noticed that more anxious students performed better. On the other hand, all the students interviewed believe that anxiety hurts the performance of the tests, as shown in the following excerpt:

[...] The practices make me very nervous. This certainly has an impact on performance. I see that most of my friends get very nervous when studying and end up running over the subject and confusing it. The practical test was a very big shock for us (E10, Student, F, 17 years old, 1P).

These data are in line with what was stated in the meta-analyses carried out by Hembree (1998) and Seipp (1991), who concluded that there is an inverse relationship between anxiety and academic performance. It also corroborates with the data found what was exposed by Bonaccio and Reeve (2010), who evaluated the perception of students about test anxiety and demonstrated that the properties related to tests are more anxiety-inducing than factors specific to students and that these intrinsic factors are more related to the severity of anxiety. There was no difference in the perception of anxiety among students in the 1st or 7th periods.

FINAL CONSIDERATIONS

It is undeniable that the new methodologies used in medical education were an evolution in the teaching-learning process, by placing the student as its protagonist. The different forms of assessment are part of this process and, for this reason, they must follow the evolution of education.

The main purpose of this work is to discuss the perception of professors and students about the evaluation process and thus contribute to the improvement of the quality of medical education in Brazil. No study was identified in the literature review that evaluates the perception of these actors about evaluation, which gives this study an unprecedented character.

Most of the results can be considered positive and coherent with the available literature, such as the importance given to the formative character of the evaluations and feedback, especially in the evaluations of the psychomotor and affective domain. However, some negative points observed are very relevant and should be highlighted, such as the devaluation of cognitive (theoretical) assessments and anxiety.

Theoretical tests were considered an archaic instrument by most of the interviewees. However, the literature indicates the need for different instruments for a more reliable assessment of learning. Despite the need for a greater appreciation of psychomotor and affective instruments, the instruments for assessing the cognitive domain should be part of the evaluation process.

An unexpected topic, but of great importance, was the anxiety related to assessments, especially the confinement that occurs in many practical tests. Although professors and students report anxiety, the perception of it is antagonistic. Teachers believe that anxiety is beneficial and prepares the student for situations that have occurred in professional practice. Students, on the other hand, report that it has harmful effects and worsens their performance. This is a point to be better explored in future studies.

To improve the quality of evaluations in medical education in Brazil, the importance of cognitive evaluations is reinforced, when well used and in the appropriate context, associated with psychomotor and affective evaluations. In addition, the importance of formative evaluations is corroborated, with emphasis on the role of feedback for the student's personal and professional growth and detection of possible problems in the educational process. It also highlighted the need to understand the function of evaluation in the teaching-learning process by those involved, emphasizing its bidirectional character,

that is; Both teacher and student are evaluated. Finally, the a need to explore in greater depth the theme of anxiety associated with evaluations, seeking to better understand its positive or negative character in the process.

Education is a continuous process of knowledge construction, which must take into account not only technical aspects but also social and cultural ones. The integral development of the individual depends on the ability to adapt to constant changes in the learning environment (SANTOS, 2019).

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