

New directions for postgraduate in surgery: overview and perspective of implementation in Medicine III/Capes*

Novos rumos da pós-graduação estrito senso na área da cirurgia: visão global e perspectivas de implementação na Medicina III/Capes*

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NEW IMPROVEMENTS ON ASSESSMENT FORM

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In this block we will have the opportunity to attend the presentation of colleagues and discuss with everyone presenting improvement actions that members of the Medical Assessment Committee III of CAPES have deployed in recent years. The main objectives are to minimize biases, make the evaluation more clear and easier, to explain the main criteria and how they all have been more fully scored.

It is important that not only the coordinators, but also all teachers connected to the program, to get involved and understand what the criteria laid down in the ratings, for examples, how fundraising of each teacher is punctuated; why it is important in assessing faculty; the value of having CNPq research productivity scholarship; and the value of attracting students at all levels (undergraduate, master, doctoral, sandwich doctoral and post-doctoral). When measuring the output, it is essential that it is linked with the student. No use case reports; we need to make sure that the production is the result of research done by teachers and their mentees, and especially in vehicles with good impact.

We believe that together we can work to understand the importance and collaborate with the much-discussed evaluation form - base for assessment process of the programs - to be better accepted and understood by all.

EVALUATION CRITERIA FOR PROFESSIONAL MASTER DEGREE

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Over the last ten years, the Professional Master Degree Program was undoubtedly the type of course that suffered major transformation within the CAPES Medicine III Area. Establishing a parallel between this time and the triennial evaluation of postgraduate programs developed by CAPES (Higher Education Personnel Training Coordination), in soon report, we can say that the behavior and the collective positioning of researchers in the field, finished the triennium 2004-2006 in open opposition and resistance to the idea of seeing Professional Masters Programs gaining space as postgraduate training in the area. The antagonism firstly thought to exist with the Academic Master Degree Programs was consensual, and the view that it was a difficult mode to penetrate surgical issues, permeated among researchers. The period 2007-2009, in this regard, was characterized as a period of reflection, which dominated the search for information

and knowledge on the subject. However, the only public notice for new courses on the modality in the period, resulted in the adoption of one single proposal. From the 2010-2012 period - through better and more detailed understanding of the many aspects and features of the Professional Master Degree Program encouraged by her great defender Prof. Dr. Lydia Masako Ferreira, current coordinator of the area -, increased its acceptance among researchers of Medicine III. which was strengthened during the triennium, about to emerge, indelibly, the transposition of acceptance for the adoption of this modality evidenced by the growing number of new courses opening applications, either within already established programs, either as isolated single courses, sometimes as the first initiative in postgraduate of our area in one institution. We entered, so, in a new period, with strong growth for the Professional Master Degree in terms of new proposals, while at the same time is approaching the first "window" for evaluation of courses already in progress. It is therefore the precise moment to discuss and establish qualitative and quantitative criteria for the Professional Master Degree Programs to be put into practice in coming evaluations. This explains the dedication and the generous space that this theme held during the CAPES IV Postgraduate Medicine III Meeting, whose completion is materialized by this edition, compiled as the "Proposals for evaluation criteria focusing Professional Master Degree Program". The contributions were valuable and very fruitful discussion arose. We hope that reading, with informative and enjoyable way, it is possible to awake the natural interest for this type of postgraduate training carrier with effective harmony and alignment with the surgeon's activity in various areas.

SOCIAL INTEGRATION AND SOLIDARITY IN STRICTO SENSU POST-GRADUATION

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A brief history

This is a new variable of the evaluation process of CAPES post-graduation programs (PG). The item "solidarity" was considered from the 2007 evaluation, for the allocation on notes 6 and 7, the excellence programs. Therefore, was considered that the program in question had solidarity when in contact with other courses notes 3 or 4, preferably those of less developed regions. Also, began the discussion about regional asymmetry, not only in the distribution, but mainly in the classification of PG programs.

Explaining the purpose on creating this item, the former Evaluation Coordinator Prof. Renato Janini, wrote¹:

"... The board was sensitive to two concerns that somehow converge. The first, that we have already addressed, is to understand that the assessment should take more account on formation of highly qualified human resources, thus balancing the criterion, which remains fundamental, the quality in scientific production. The second, is that the competitive element must be moderated by encouraging cooperation."

*Este Editorial tem por finalidade apresentar os temas e debates realizados durante o V ENCONTRO DA PÓS-GRADUAÇÃO DA MEDICINA III DA CAPES com a finalidade de abrir diálogo sobre possíveis mudanças nos critérios de avaliação da área cirúrgica da CAPES, internacionalização da pós-graduação e novas ideias para a implementação geral da Medicina III. Todo o texto dos manuscritos impressos neste suplemento seguiram rigidamente as normas de instrução aos autores e foram submetidos ao processo de peer-review realizado pelos Editores Associados do Suplemento obedecendo as regras de indexação SciELO/Medline.

How to evaluate?

From the inclusion of this issue in the evaluation of PG programs, we started to identify tools that could evaluate it. Actions between CAPES PG programs, Procad, Casadinho, special programs, Minter, Dinter and receiving students from other regions, were first proposed instruments.

In the 2013 evaluation, this aspect represented 10% of total program note and was evaluated by three specific sub-items², namely:

5.1. Insertion and regional impact, and (or) national program (weight=30%)

Considers the role of the program in their own region and the country, training of qualified people to the labor market and especially to meet the needs of the Unified Health System and the development of research.

5.2. Integration and cooperation with other programs, research centers and professional development related to the program area expertise, with a view to the development of research and postgraduate (weight = 55%).

Take into account the interactions that the program has with their counterparts and other educational and research centers in the area, especially those least developed in the country and their contributions to the regional and national academic development. Program participation in initiatives such as Minter, Dinter, Procad and similar, will be specially considered.

5.3. Visibility or transparency given by the program to its performance (weight=15%)

Refers to the media, especially electronic, that the program uses to spread its operations. Will evaluate the quality of the texts and disclosures (transparency) in other languages.

Current state

In the last 2013 evaluation, from 36 programs evaluated in Medicine III area, 29 obtained very good concepts (MB) and good (B) in the item Social inclusion/solidarity. However, seven programs received regular concept (R) in this regard. Comments on the analysis of the item "5. Social inclusion" is thus recorded in the Triennial Evaluation Report 2013/Medicine III³:

"... 5.1. Insertion and regional impact and (or) national program. All data for this item are described textually in the proposal of the programs and the information is heterogeneous, and many programs presented data in a generic way, without identification of the location, name and activity of its egressed students.

5.2. Integration and cooperation with other programs and research centers and professional development related to the program area of expertise, with a view to the development of research and post-graduation. The quality of these data could be improved in the Coleta-CAPES. A fact observed in this triennium was the concern of the programs to increase international collaborations and seeking to use them as improvement tool of the program. However, few showed solidarity projects and rare presenting projects involving primary and secondary education.

5.3. Visibility or transparency given by the program for its operations. The portals of the programs were analyzed and most of them were fairly presented with details of all the questions in Portuguese, but still missing the presentation in English and Spanish, in order to increase the international visibility."

In conclusion, the identification of actions of social insertion/solidarity in PG programs in our area is less than ideal. Although most of the evaluation tools are defined, the information was not adequately detailed in the proposal and the specific item of the data collection system. I believe this is an important point of reflection, discussion and guidance on follow-up meetings in our area.

References

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2. *Capes / Medicina III*. Documento de Área 2013 [disponível em <https://docs.google.com/viewer?a=v&pid=sites&srcid=Y2FwZXMuZ292LmJy-fHRYaWVuYWwtMjAxM3xneDplYzYzMwNGQ1N2JzThjOTc>]
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METRICS DEVELOPMENT FOR QUALIS/ CAPES IN TECHNICAL PRODUCTION

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In ancient times, the surgical art was primitive and exercised without the verification about benefits and consequences of surgical procedures. It was purely focused on the feasibility of instrumental access to disease. This focus has meant that surgeons were considered less "intelligent" before their clinical peers, who considered themselves as thinkers and not handworkers. This mode of thinking remained until a few decades ago throughout the world.

But this way of thinking was changed in the last century, more intensely in the second half, due to the better understanding of the pathophysiology of the disease and the positive or negative changes that surgical procedures could promote. Then, surgery began to be science, and to be analyzed. The new surgical proposals came to be seen from the perspective of evidence, which in turn applied the scientific method to prove their validity. Other decades have taken place until the surgery was established as art and science.

As art, creativity was magnified by the technological advances of the information age - in which we live today - putting aside the era dominated by the mechanical technology, that limited the surgical scenario before the arrival of the two wonder words: informatics and digitalization. So, the surgeons who normally have creativity at their core, were involved in the new art, assisting the correlated sciences developing, with their expertise, what the doctor needed to better play his role in the surgical treatment.

As science, the surgeon had to learn the scientific method to prove in the laboratory, and after in the surgical center, that, what he created, came to enhance the reality of the disease and its consequences. And it's not possible to forget or deny: Capes was the one who promoted this change in Brazil with the creation of postgraduate programs for over 60 years, and was the postgraduate in our area that allowed the settling of surgery as science.

Today both coexist, and it must be so. If it is accepted that "it must be so" posture in Capes evaluation process must change to be adapted to this new concept.

It must, therefore, not only be evaluated the scientific part - already made through the mature evaluation process of the scientific literature in journals, currently being used. The evaluation of the media that deal with existing various technical activities, must also receive academic merits.

Unlike other areas of Medicine (I and II), the means to disclose these procedures and their applications deserve attention in Medicine III. They must be punctuated properly - not simply with minimum punctuation just because they appeared - but with significant value, stimulating in this way the surgical academy to produce more alternatives, invasive or not, to help the advances in surgical science.

At this point and at this moment, appear being relevant the books editing, chapters of books, manuals and other technical activities (videos, software, prototypes) that enhance the surgery.

It's also important not to be forgotten that outreach activities of knowledge - in art and surgical science - deserve valuation. Presentations in events in the country and abroad to disclose what is done here, is fundamental for all Medicines and especially in Medicine III. Thus, the score of these activities should also be considered and applied, which today is not done. The process of the National Commission of Accreditation - CNA implemented by AMB values professional activities aimed for revalidation of specialist certification. It is the unique technical activity appreciation existing in our country today.

So, this is the forum for discussion of these topics; if well taken, will contribute to the growth of both the ART and SURGICAL SCIENCE and, fundamentally, the aggrandizement of Capes Medicine III.