



Editorial

Reflexion about the evaluation process

The invitation to this editorial comes from the fact that the Posgraduate Program in Health Technology of PUC-PR, that is bound to the Journal Physiotherapy in Movement, becomes conceptualized in CAPES parameters in 4 score. CAPES evaluation happens every three years and the last one happened during 2010/2012. This event, that made us very happy and that amplifies the programs possibilities, determined my option to present a brief reflexion about evaluation in general.

The meaning of evaluation refers at least to four different concepts for the word. I am going to use, limitedly, three of them to focus this text: the “value determined by who evaluates”, the “judgment or conjecture about the condition, extent, intensity, quality [...]”; and the “verification that aims to determine jurisdiction, progress [...]”¹.

Although measures of value and how to obtain them is no consensus among professionals that focus on evaluation, seems to be coherent to me that who evaluates establishes criteria for the values, since these criteria are based on a set of priorities, impact of question, educational and institutional policies. Therefore, what should be discussed to the allocation of values is the hegemony of quantitative and objective character that is directly linked to the value of an evaluation. Who evaluates sometimes opts exclusively for the following mathematical valuation models - some unintelligible to rated - the same facilitate the inclusion of multiple variables and weights them differently. This choice, on the one hand, can minimize subjectivity of the evaluator and reduce conflicts of interest, but on the other hand, responds to a limited extent the extension of the word review, especially when assessing quality and competence and progress checks.

It can not be denied that quantitative parameters are fundamental to evaluative processes and that can hardly be replaced on completeness. However, when the object of evaluation is related to complex issues such as learning, and in our context, health related aspects include the subjectivity is enable the extension of the quality of an evaluation process.

In one of its facets, the evaluation can be inserted in a context of the need for control by persons or organs that are responsible for quality of certain services or in the context of culture instituted by who responsible for the construction of this quality. In both insertions, the assessment underpins the professional decision-making and should be regarded as a *continuum*.

In health practices we are immersed in subjectivity, this is responsible for many of our doing, then, we come to a dilemma which must be overcome, at least in part, by evaluation processes with multiplicity of interdisciplinary methods of longitudinal shape. This isn't easy, but it will be an inevitable path if we want to evaluate broadly.

¹ Houaiss A. Dicionário Houaiss da língua portuguesa. Rio de Janeiro: Objetiva; 2009. Avaliação, p.227.

In this issue, we will find out that evaluation is part of our everyday lives during knowledge production, even if it isn't the issue of the research problem. Readers are going to read texts that perform analyses of technologies of care, that describe profile of vulnerable groups and that proposes means of analysis with the property required for the production of reliable evidence.

I wish you all a great and productive reading!

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