Revista Española
de Educación Médica

Open comments from medical students in the teaching evaluation.

Comentarios abiertos de estudiantes de medicina en la evaluación docente.

Florina Gatica Lara* [1,] **Tania Vives Varela** [2,] **Litzy Gheshlerine Rojas Caballero** [3,] **Kate Arisbeth Navarro Escalera** [4,] **Mónica Anastasia Ramírez Arrieta** [5,] **Ana Carolina Sepúlveda Vildósola** [6]

[1] Faculty of Medicine, National Autonomous University of Mexico, Mexico City, Mexico; florgl69@gmail.com https://orcid.org/0009-0008-7671-3281 ; [2] vivesvrela@facmed.unam.mx https://orcid.org/0000-0002-1833-3976 ; [3] lgrc.investigacion@gmail.com https://orcid.org/0009-0003-0627-4950 ; [4] katenavarro.unam@gmail.com https://orcid.org/0009-0001-8267-3721 ; [5] mara702002@facmed.unam.mx https://orcid.org/0000-0002-7726-6478 ; [6] anacsepulvedav@gmail.com https://orcid.org/0000-0003-4711-3945

* Correspondence: florgl69@gmail.com

Received: 26/2/26; Accepted: 4/5/26; Published: 6/5/26

Summary.

A comprehensive qualitative analysis was conducted of open-ended comments from medical students at a high-demand university in Mexico regarding faculty performance during the 2023-2024 academic year. Using a descriptive and interpretive design, 18,562 comments (15,300 positive and 3,262 negative) were validated and coded, structured into six dimensions: teaching strategies (didactics), teacher-student interaction, professional commitment, curriculum fulfillment, assessment systems, and learning environment. The results indicate that students value positively when teaching successfully links theory and clinical practice, utilizes visual resources, and the professor explains clearly. They also appreciate the professor's professional commitment, reflected in punctuality, empathetic treatment, effective communication, and the creation of a safe environment that encourages active participation (psychological safety). Conversely, negative perceptions are associated with repetitive and undynamic teaching, absenteeism, lack of formative feedback, punitive assessment, poor adaptation to the virtual environment, hostile attitudes, and gender bias. In conclusion, effective medical teaching transcends disciplinary mastery; it requires strong teaching, communication, and emotional intelligence skills. All of this must be aligned with international frameworks for psychological safety and best practices in feedback to ensure more humane and high-quality medical training.

Keywords: teacher evaluation, medical education, student feedback, learning environment.

Resumen.

Se realizó un análisis cualitativo exhaustivo de los comentarios abiertos de estudiantes de Medicina de una universidad de alta demanda en México sobre el desempeño de su profesorado durante el año académico 2023-2024. A través de un diseño descriptivo e interpretativo, se validaron y codificaron 18,562 comentarios (15,300 positivos y 3,262 negativos) estructurados en seis dimensiones: estrategias de enseñanza (didáctica), interacción docente-estudiante, compromiso profesional, cumplimiento curricular, sistemas de evaluación y ambiente de aprendizaje. Los resultados indican que el alumnado valora positivamente cuando la enseñanza logra vincular la teoría y la práctica clínica, se apoya en recursos visuales y el profesor explica de forma clara. Asimismo, aprecian el compromiso profesional del docente reflejado en la puntualidad, el trato empático, la comunicación efectiva y la

creación de un entorno seguro que invita a participar activamente (seguridad psicológica). Por el contrario, las percepciones negativas se asocian a la enseñanza repetitiva y poco dinámica, el ausentismo, la falta de feedback formativo, la evaluación sancionadora, una mala adaptación al entorno virtual, actitudes hostiles y sesgos de género. En conclusión, una docencia médica efectiva trasciende el dominio disciplinar; requiere competencias de enseñanza, de comunicación y habilidades emocionales sólidas. Todo ello alineado a marcos internacionales de seguridad psicológica y buenas prácticas de realimentación a fin de garantizar una formación médica más humana y de calidad.

Palabras clave: evaluación docente, educación médica, realimentación del estudiante, ambiente de aprendizaje.

1. Introduction

In educational institutions, teacher evaluation is viewed as a tool for improvement (1), and teachers have shifted their attitude toward it from a punitive measure to a tool for the continuous improvement of their teaching practice. This change stems from their commitment to teaching, the development of their professional identity, their participation in the design of assessment tools, their emphasis on professional development, the recognition and reward of their efforts, and the integration of teacher evaluation into their daily practice.

In the international context, faculty evaluation in medicine has shifted from approaches focused on student satisfaction to competency-based models that integrate the communicative, socio-emotional, and pedagogical dimensions of the teaching staff (2-3). From this perspective, feedback becomes a dialogical and formative process focused on improving learning rather than verifying performance (4). Feedback literacy refers to the skills necessary to interpret, use, and generate feedback effectively (5). Likewise, psychological safety is considered essential in educational settings, as it encourages students to actively participate, express doubts, and engage in improvement processes (6). From this perspective, faculty evaluation is understood as a complex and contextual process that demands analytical approaches that go beyond the descriptive and foster a theoretically grounded interpretation.

In Latin America, teacher evaluation is primarily conducted through student evaluation of teaching (SET) (7-8). These standardized instruments represent the most widely used and reliable strategy (9-10). The questionnaires generally consist of statements that explore dimensions of teaching practice, and a Likert scale is used to quantify teacher performance in various domains such as teaching strategies, teacher-student interaction, and feedback. Quantitative methods allow for the systematization of information and the collection of standardized, comparable, and statistically analyzable data. The combined use of quantitative and qualitative methods offers a more comprehensive and accurate view of teacher performance. Qualitative methods allow for the exploration of subjective aspects, nuances, and meanings, as well as specific problems that require particular attention and that are not addressed by closed-ended instruments. Furthermore, they reflect the complexity and subjectivity of learning in medicine (10), promote a comprehensive understanding, and foster teaching practices aligned with the real needs and expectations of students. These methodologies have demonstrated great potential in medical education and in the evaluation of teaching in medicine (11), due to their ability to explain phenomena, theories and models inductively and when there is little knowledge about the subject of interest.

In teacher evaluation questionnaires, open-ended questions where students write their comments express, broadly and specifically, the teaching and learning experience that takes place in the training spaces: classroom, laboratory, simulation labs, hospital, and community placements. Student feedback provides a direct source of information about the teaching and learning process,

since they are the ones who interact with the teachers daily and can offer relevant observations about their pedagogical practices, communication skills, lesson preparation, and ability to create a meaningful learning environment.

Open student feedback in teacher evaluations complements the quantitative results obtained from questionnaires. Student anonymity during the process of submitting and analyzing their written opinions allows them to openly and securely share their experiences of teaching and learning with their teachers. Freely expressing their opinions aims to establish a channel of communication between students, the faculty, and the educational institution; the goal is for them to feel confident in writing without fear of repercussions on their academic performance (12). Evaluating teachers through student feedback provides valuable insights into teacher performance in various aspects, such as the effectiveness of teaching based on classroom interactions (13), student satisfaction with and perception of learning outcomes, preference for certain teaching and assessment methodologies, and student support and commitment to the group.

There are few qualitative studies on faculty evaluation in medical or undergraduate programs. Some report analyses of teaching practices in medicine through discussion groups (14), focus groups, or written student feedback on faculty performance (15). Several authors point out that opinions are associated with subjective elements such as the professor's personality and the subject they teach, and therefore cannot be considered the sole source of information on the effectiveness of teaching in improving learning (16). Students' criteria for evaluating their professors differ from actual teaching quality and do not accurately reflect the educational quality of learning and teaching (17). However, the qualitative approach generates relevant information and facilitates the understanding of complex situations in teaching practice that may be overlooked from a quantitative perspective (18).

The UNAM Faculty of Medicine has a curriculum focused on developing competencies. In the first two years of the program, interaction between professors and students takes place primarily in classrooms and laboratories. The 16 courses students take are divided into three areas: biomedical, clinical, sociomedical, and humanistic. The biomedical area comprises courses that establish the structure and normal function of the human body at the molecular, cellular, tissue, organ, and systems levels. In the clinical area, courses aim to integrate biomedical and social knowledge from a theoretical perspective and relate to medical practice, diagnosis, prognosis, and clinical decision-making. The sociomedical and humanistic area includes courses that address the social sciences applied to health from an interdisciplinary perspective. Student feedback on faculty evaluation is conducted through a digital questionnaire administered at various times according to the schedule of each course.

The objective of this work is to analyze, from a qualitative perspective, the opinions expressed by medical students in their written comments on the performance of their professors during the teaching-learning process in the medical surgeon degree program, as a source of information that guides the understanding of their experiences and perceptions about teaching in the health field.

2. Methodology

A qualitative, descriptive, and interpretive study was conducted. This design allows for the exploration of the experiences and meanings of educational phenomena from the perspective of the participants (10, 19). Being descriptive in nature, the study focused on detailing the dimensions of teaching performance without manipulating variables, capturing the reality of the academic environment at a specific point in time. The participating population consisted of open and written comments submitted by students who completed the first and second years of the Medical Surgeon program at UNAM during the 2023-2024 academic year. These comments were derived from the

evaluations administered in the 16 courses that comprise the first two years of the program and are organized into the biomedical, clinical, and sociomedical areas. Data collection was carried out by compiling the comments gathered in the institution's Automated Faculty Evaluation System. The responses to the open question were extracted from the Student Evaluation of Teaching Performance (EADD) questionnaire, which is the only instrument currently used and which, in addition to the traditional Likert scales, offers this space for free expression so that students can delve deeper into their learning experience.

The EADD (Evaluation of Academic Disciplines) was implemented in all subjects comprising the basic science cycles (the first two years of the curriculum), with an average of 3,039 first-year students and 1,045 second-year students participating. To facilitate student participation, two application strategies were used: one was a simultaneous, mass application via Chromebook devices 10 minutes before the standardized written assessment administered to all groups of students taking the subject; the other involved keeping the system open for 15 days, allowing students to complete the questionnaire according to their availability. In some subjects, students evaluated up to nine professors. This is because the evaluation includes both tenured professors—designated by the institution as those responsible for teaching the group—and peer mentors or teaching assistants (upper-level students known in some contexts as instructors). This structure is important because it significantly increases the number of professors to be evaluated in the subject, as well as the volume of assessment instruments used.

The faculty evaluation system implements cybersecurity protocols to safeguard the collected information. The platform is hosted on two servers: one managed by the University's central information technology department (DGTIC) and the other belonging to the Faculty's Medical Education Secretariat. The process is confidential, though not anonymous, as students must authenticate using their academic ID or student ID number. To link the data and generate individual faculty reports, the system uses the student's ID and group, as well as the instructor's name, their groups, and the password assigned to them on the platform. Students are also informed, through the evaluation interface itself, about the purpose and institutional relevance of this activity.

Information analysis

The database contains 22,858 comments. The method proposed by Carmona and Hamui (20) was used to determine the validity of the comments, taking into account four criteria: specificity, actionability, congruence, and relevance. When a comment met at least one of these characteristics, it was considered valid and useful for the research; if it did not meet any of them, it was considered invalid and was not used.

A total of 18,562 validated final comments were obtained, representing 87.3% of the total analyzed. They were classified into 6 categories, some of them with up to 6 subcategories. The comments were divided into positive (comments that reflected a teaching practice that sought student learning, respect and commitment in the teaching work) and negative (mentions that denoted areas of opportunity in the teaching practice) (20); the conclusions of the three groups were triangulated: a) comments from professors in the clinical area, b) from professors in the sociomedical and humanistic area and c) from the biomedical area.

To ensure methodological rigor and avoid over-reliance on student self-reports, the analysis went beyond mere descriptive categorization. A three-phase coding process was followed: 1) open coding, where three researchers with experience in medical education independently analyzed a subsample of 150 comments (50 per area) to unify criteria and mitigate individual biases; 2) axial coding, whereby emerging labels were grouped relationally into six main dimensions, homogenizing

the terminology (for example, moving from the general term "didactics" to "effective teaching strategies"); and 3) theoretical saturation, a point reached after analyzing 85% of the sample, where no new codes emerged. Excel and Atlas.ti version 25.0.1 were used to code each area by category and by positive or negative trend. Additionally, an indirect methodological triangulation was performed by contrasting the qualitative trends of the comments with the historically high quantitative approval ratings of the faculty at the institution, validating the consistency of the findings (Figure 1).

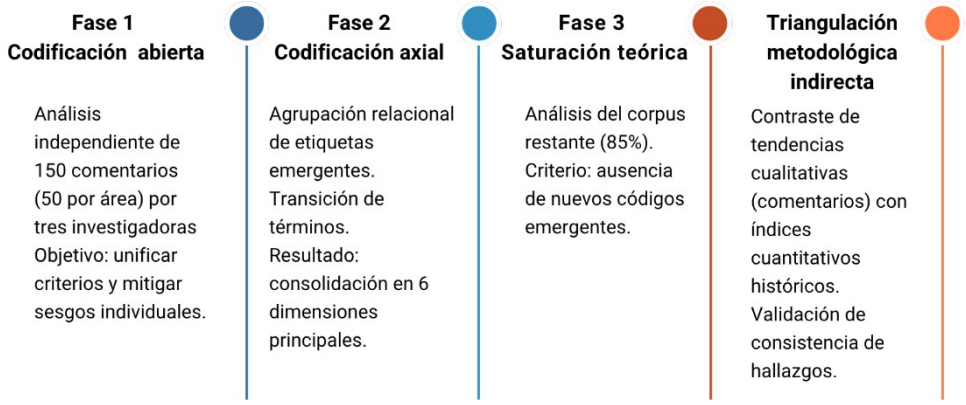

Figure 1. Methodological rigor in the qualitative analysis of student comments. The diagram indicates the phases of the comment coding process and indirect methodological triangulation.

Ethical considerations

The study was designed and developed with a strong ethical commitment, strictly adhering to the principles of the Declaration of Helsinki and the guidelines of the *Committee on Publication Ethics* (COPE). As a secondary analysis of institutional data aimed at the continuous improvement of medical education, the Ethics and Research Committee determined that a formal protocol review was not required. To protect the integrity and trust of the academic community, the database underwent an irreversible anonymization process prior to analysis. This procedure removed the names of professors and students, as well as their academic identification numbers, thus guaranteeing the absolute confidentiality of the participants.

3. Results

Analyzing students' open-ended comments on teacher evaluations allowed for contextualizing and understanding the diverse educational situations that closed-response evaluations do not always permit (20). In this sense, the qualitative approach used in the study offered the advantage of accessing the complexity and subjectivity of the educational experience through the direct comments of those who live it. As Creswell (10) points out, the qualitative approach fosters a deeper understanding of the phenomenon, and in the context of medical education, this approach becomes even more relevant, given the diversity of training settings (classroom, laboratory, hospital, community) and the multiplicity of interactions involved.

Of the comments analyzed, 15,300 were positive and 3,262 were negative (Table 1). The positive evaluations, more numerous than the negative ones, indicated a willingness among students to recognize the teaching effort when it translates into meaningful, respectful pedagogical practices oriented toward their holistic development. The disciplinary epistemological positioning impacts teaching practice (21); however, in this study, no qualitative differences were found in student comments on teaching practices among the different areas of the curriculum (clinical, biomedical, sociomedical, and humanistic).

Six general dimensions were grouped: 1) teaching strategies (didactics); 2) professional commitment; 3) interaction between teachers and students; 4) curriculum compliance; 5) learning environment and 6) evaluation and feedback systems.

Table 1. Positive and negative student comments on the six dimensions analyzed.

Category/dimension	Percentage of positive comments	Percentage of negative comments	Subtotal of comments
Teaching and learning strategies	82.5	17.5	9,948
Professional commitment	82.3	17.7	4,032
Teacher-student interaction	82.4	17.6	3,615
Curriculum compliance	82.3	17.7	408
Learning environment	82.4	17.6	171
Evaluation and feedback	82.2	17.8	388
Total	82.4	17.6	18,562

4. Discussion

Regarding the teaching strategies dimension (didactics), students indicated that classes that fostered learning and motivation were distinguished by the use of diverse teaching strategies. Among these, they highlighted visual tools such as diagrams, concept maps, videos, and digital whiteboards, as well as support materials, including virtual platforms. These resources facilitated information retention by making classes more dynamic and engaging. Collaborative work and team activities promoted discussion and interaction among peers, allowing them to maintain interest and deepen their understanding of the content. They also valued the clarity of the explanations, especially when everyday examples, analogies, and connections to future clinical practice were used, which enhanced their comprehension of the topics. It was particularly noteworthy when instructors offered a clear vision of medical practice linked to real-world scenarios, which proved motivating for their future work as general practitioners. The clarity in the explanation of the evaluation processes and the thematic integration consolidated a positive and meaningful learning environment.

Regarding negative comments about the teaching methods, students pointed to a lack of diversity in teaching strategies and the limited use of audiovisual materials. Classes were perceived as monotonous and unmotivating, with a predominance of lectures by both the instructor and the students. They considered the assigned tasks to be excessively long or demanding in relation to the available time and felt there was little connection between theory and practice. In comparison with the literature, the findings of this study support Bleakley and Bligh's (22) call for a "reconceptualization" of medical education, where contextualized and socially situated learning takes center stage.

Regarding the interaction between teachers and students, students positively valued their interactions with faculty and instructors (advanced students who assisted with teaching), perceiving a genuine concern for their learning and emotional well-being. They noted that both teachers and instructors were accessible and willing to provide support even outside of class time. They acknowledged the faculty's effort to address them by name, which fostered an environment of trust and mutual respect. They also appreciated that their opinions were taken into account and influenced the dynamics of the classes. Regarding the instructors, they noted effective coordination with the regular professors, particularly in explaining and summarizing topics. The instructors sent supplementary materials in a timely manner, answered questions individually, and actively participated in classes, practical activities, and assessments. Their collaborative work with the professors facilitated the students' understanding of the content.

The students particularly appreciated the instructors who demonstrated effective communication skills, fostered critical thinking, created a trusting environment, and were empathetic, respectful, and kind. In addition to focusing on learning, they attended to the students' emotional well-being and corrected mistakes constructively. This reinforces Steinert's (23) proposal regarding the need for faculty development programs in medical schools that address both pedagogical and relational aspects.

Students identified critical issues primarily in online learning, a modality where they perceived difficulties in consolidating knowledge and effective interaction. They noted that some instructors inadequately adapted in-person content to the online environment and demonstrated limited openness to dialogue. They also reported irritability in response to mistakes and a lack of objectivity (favoritism) in the evaluation process. Finally, they emphasized that instructors with positive performance found their support outside the classroom limited due to excessive academic workloads. Regarding instructors, their limited participation was attributed to a lack of trust from the regular faculty, which created a tense atmosphere and restricted their autonomy, collaborative work, and their formative role.

The students positively valued the teachers' professional commitment when the professors planned their classes, implemented innovative strategies, encouraged participation, and respected schedules. They highlighted the professors' willingness to share experiences from their professional lives and to promote critical thinking. In cases of absence, they recognized the instructors who provided adequate support and materials.

Students cited absenteeism and tardiness as the main indicators of a lack of teacher commitment. The absence of advance notice regarding class delays or cancellations was perceived as disrespectful of the group's time. They also mentioned the failure to adhere to start and end times as a logistical oversight, given that it interfered with other scheduled academic responsibilities. Furthermore, they perceived apathy on the part of the faculty, manifested in distant attitudes, excessive delegation of teaching to student mentors without proper supervision, and a lack of planning in both course content and assessment processes.

Regarding the learning environment, participants expressed that when professors or instructors were kind and empathetic, the learning environment was inclusive and stimulating because active participation was encouraged without fear of making mistakes, and doubts, opinions, and points of view were expressed. Consequently, their commitment to learning was strengthened. Furthermore, a positive environment promoted interaction among students, facilitated the exchange of ideas and the development of social skills; it fostered the relationship with the professor because it generated an atmosphere of trust and collaboration that enriched the educational experience. Some students expressed that their professors in the sociomedical and humanistic sciences fostered safe spaces with respect and communication, which encouraged participation and confidence in their learning. This aligns with the findings of Edmondson and Lei (6), who have documented how psychological safety in health education settings not only improves learning but can also be a protective factor against academic burnout, particularly relevant in demanding fields such as medicine.

Negative comments repeatedly focused on hostile attitudes and gender biases (microaggressions, differential treatment) on the part of some professors. It is imperative to frame these findings within the hidden curriculum of medical education (24-25). These attitudes are not isolated incidents or merely anecdotal, but rather reflect hierarchies and structural violence widely documented internationally in clinical settings (26). Their persistence in the classroom completely

destroys the psychological safety of the learning environment, silencing student participation and perpetuating discriminatory practices that may eventually be transferred to future healthcare.

Therefore, it is clear that effective teaching depends not only on technical mastery of the content, but also on emotional and communication skills that foster trust, respect, and motivation to learn (27). The affective dimension, frequently underestimated in formal evaluations, emerges strongly in student feedback, reaffirming the importance of humanized teaching, especially in health education (28). These dimensions align with findings from other studies, which identify the pedagogical competence of the teaching staff and the quality of communication and interaction with them as students' main concerns (29). Similarly, research by (30) in a study on mentoring in medical education supports the argument that meaningful relationships between professors and students, characterized by availability, respect, and support, constitute vital resources for navigating the challenges of medical professional socialization and the development of clinical skills.

Regarding curriculum compliance, participants positively valued the instructors who taught complete classes and adhered to the academic program to ensure adequate preparation for course assessments. They also highlighted the importance of establishing clinical correlations between theory and practice, as well as the provision of supplementary materials. In contrast, the critical aspects identified stemmed from non-compliance with the program due to poor time management and class organization, which prevented in-depth exploration of the content. In some cases, excessively complex clinical cases (high cognitive load) were incorporated for which participants lacked the necessary theoretical foundation. Participants sometimes found the material covered in class outdated compared to what was required in the exams. Some professors focused the content on topics of personal interest unrelated to the curriculum, and there was ineffective use of digital tools in the online format. Therefore, participants suggested integrating clinical cases to strengthen the connection with professional practice.

Regarding assessment and feedback, students felt it fostered their personal development because instructors clearly presented the course's summative assessment criteria, and diagnostic and formative assessments incorporated continuous and constructive feedback. These practices promoted the recognition of strengths and areas for improvement, creating an environment where assessment was understood as a process geared toward continuous improvement and sustained learning. Furthermore, students highlighted that instructors who provided timely feedback on assignments and answered questions contributed to strengthening student autonomy and encouraged the active search for information for educational purposes (31). These results underscore the urgent need to promote feedback literacy *in* medical education (5). When students recognize the usefulness of formative assessment and integrate feedback to improve their performance, they shift from a passive role of information assimilation. They assume a leading role in the construction of their learning, while the teaching staff evolves from being just a grader to an indispensable facilitator in their educational journey.

Among the negative aspects, the inconsistency of the evaluation criteria generated insecurity among students regarding how they would be assessed and affected their confidence in the learning process. When evaluations focused solely on errors without offering constructive feedback, the feeling was one of devaluation and disinterest. Relationships with the teaching staff deteriorated because the evaluation was perceived as a punitive tool rather than an opportunity for growth and learning (32). The lack of effective feedback after the submission of portfolios of learning evidence and assignments was experienced as a disconnect between the demands of the teaching staff and the effort of the students. Regarding the evaluation strategies, the participants expressed a lack of motivation to strive in their learning, since they were almost always evaluated through presentations or exams. These findings suggest that the results of the evaluation should be interpreted by teachers not as

definitive judgments, but as valuable inputs to adjust their strategies and respond more appropriately to the educational needs of the students (33).

The dimensions described contribute to shaping a meaningful learning environment where knowledge, values, and teaching skills are integrated. Key aspects consistently stand out, such as the clarity and effectiveness of teaching strategies, coherence and fairness in learning assessment processes, rigorous adherence to the curriculum, the creation of a supportive learning environment, sustained professional commitment to teaching, and close and respectful interaction between teachers and students (Figure 2).

Some examples of testimonies divided into the six categories and their positive and negative trend are shown in table 2.

Figure 2. Relationship of the study dimensions in a meaningful learning environment.

Table 2. Contrasts in teaching practice. Qualitative analysis of the pedagogical strengths and gaps identified by students according to curriculum area.

Category	Positive trend	Negative trend
Teaching and learning strategies	I like that in his classes he relates the topics to clinical practice, making it easier to understand them; he is clear and didactic. (C) It promotes critical thinking and helps us not only to memorize, but to understand concepts from a different perspective. I like that it uses many resources and examples; I'm one of the few who actually finished the program. (BM)	I would like to do more practical work with the microscope; it's almost at the end of the modules and in a single class. (BM) I found the classes very boring. I would have preferred if she had shown us some information or something educational, instead of just talking about what each of us had researched. I would have liked her to have shared more material with us. (C)
Teacher-student interaction	He explains things very well, answers any questions you have, and goes a little slowly so that everyone understands. (BM)	He's a very rude professor, he treats students badly, and he makes most of us anxious to go into his class. (C) I appreciate her interest in learning, however, she has an arrogant

	Overall, she's a good teacher. She creates a safe and respectful environment in class where you can express yourself, and the classes are enjoyable because she encourages interaction. (SH)	attitude and often shows favoritism towards men; she also favors certain students within the group. (SH)
Professional commitment	It promotes critical thinking and helps us not only to memorize, but to understand concepts from a different perspective. I like that it uses many resources and examples; I'm one of the few who actually finished the program. (SH) In addition to what was on the program, he gave us advice and information that would help us be better doctors in the future. (C)	She's a terrible teacher, she gets lost a lot, never finishes her topics, and is very unpunctual. The subject matter is very interesting and important, but with her, it was tedious. I got lost a lot, she didn't know what she was talking about, and it even seemed like she just read the book before class and copied and pasted it into her presentation. (BM) He doesn't respect verbal agreements with students, doesn't announce exam dates, and doesn't provide feedback. I don't think he truly enjoys teaching. He has zero empathy for the students. (BM)
Curriculum compliance	She was organized in completing the program, which is appreciated for exams. (SH) A good teacher; his explanations made the topics clear, and he covered the syllabus. He motivated me to research the topics to improve our learning. (BM)	Time management for the topics needs to be organized; the syllabus is incomplete, and the evaluation was last-minute. (BM) The doctor knows a lot but doesn't know how to communicate his subject effectively. He explains things well, but he's very scattered and disengages easily. At the beginning of the course, he was often late for class, making it difficult to complete the program. (BM)
Learning environment	He's an excellent instructor, very patient with his students, very attentive, and he guides you through all the topics in the syllabus. His teaching style, using analogies, makes the class dynamic and enjoyable; you can see his passion and love for his classes. (SH) He's an amazing professor. Honestly, people said biochemistry was difficult, but I think with him it's quite easy. He explains things really well,	He is very rude, and he always made passive-aggressive comments, with zero empathy, and he mocked my classmates and laughed at us. (BM) He gave us few hours of class, only showed us videos, and made unpleasant comments about women, like when he looked at the boys and sarcastically told them, " *Don't harass women anymore because it's now against the law*," among other similar comments. The atmosphere in his classroom was not very pleasant. (SH)

	and if you don't understand something, you can go back without any problem. Excellent professor. (BM)	
Evaluation and feedback	The quizzes they created were sufficiently demanding according to the evaluation criteria and allowed us to present them on more than one occasion, so that we were able to demonstrate the progress of our study (BM) She's very good because she points out mistakes in a respectful and empathetic way. (SH)	If they ask us to do homework, they should grade it; otherwise, why ask for it? (SH) He lacks the ability to share knowledge, and the fact that his classes consisted solely of projecting YouTube videos, with very little or no feedback, meant he was never able to provide adequate guidance. (BM) She doesn't announce the exam dates, and she doesn't give feedback. I don't think she really enjoys teaching. (C)

Note: The acronyms identify the area of origin of the testimony: SH= sociomedical and humanistic area; C= clinical area; BM= biomedical area.

It is important to consider that students' perceptions can be influenced by factors such as the teacher's personality, the difficulty of the subject, or the group's prior expectations, as noted by Nishat et al. (16) and Bagherian et al. (17). Therefore, although student opinions are an indispensable source of information, they should not be considered the sole criterion for evaluating teaching effectiveness. Instead, their incorporation into a comprehensive evaluation model, triangulating with observations, portfolios, self-evaluation, and peer evaluation, is essential for obtaining a more complete and fair view of professional performance.

Among the main limitations of this study is its focus on the first two years of medical school, which restricts the generalizability of the findings to higher levels of medical training. The information is derived solely from the EADD questionnaire, and this reliance on a single source may overlook other important nuances of the educational landscape. While the purpose is to make sense of the experiences, it is not to precisely measure the magnitude of the reported situations. Future research should expand the study population to include other curricular levels, incorporate mixed methodologies that complement the qualitative approach with quantitative data, and explore in greater depth how these perceptions influence learning outcomes and the students' educational experience.

6. Conclusions

- This qualitative study of open comments, as a key source of information for understanding the educational experience, revealed that students not only accurately identify good teaching practices, but also clearly point out areas susceptible to improvement.
- Teacher evaluation from the student's perspective allows for the recovery of dimensions that are difficult to access through standardized instruments: relevance of teaching strategies, quality of teacher-student interaction, importance of socio-emotional skills in the classroom, psychological safety, ethical commitment, and communicative clarity.
- These perceptions suggest that, in general terms, the evaluated teaching staff plays a significant role during the initial stage of medical training, favoring not only the acquisition of knowledge, but also the development of a positive learning climate.

- Recognizing these strengths presents an opportunity to highlight good teaching practices and promote their continuity and replication at other levels of the curriculum. However, areas for improvement have also been identified which, while less frequent, suggest the need to systematically address student expectations and experiences.
- The importance of institutionalizing spaces for formative assessment and mutual feedback is reaffirmed, aimed at strengthening the quality of the teaching-learning process from a participatory and student-centered perspective.

Funding: There has been no funding.

Declaration of conflict of interest: The authors declare that they have no conflict of interest.

Authors' Contributions: This study was developed through sustained collaborative work, in which the six authors—FGL, TVV, LGRC, KNE, MARA, and ACSV—participated substantially and in a coordinated manner throughout all stages of the research process. Together, they contributed to the study's conceptualization, the definition of the qualitative, descriptive, and interpretive approach, and the construction of the theoretical framework, ensuring a solid conceptual foundation anchored in relevant and up-to-date scientific literature. The qualitative analysis of the data was conducted collaboratively, including the organization, coding, categorization, and interpretive validation of the information. All authors actively participated in the reflective discussion of the findings, the theoretical triangulation, and the comparison of the results with previous studies, strengthening the analytical rigor and methodological coherence of the work. FGL, the lead and corresponding author, assumed a coordinating role, leading the team's academic coordination, integrating individual contributions, drafting the manuscript, and making revisions. All authors approved the final version of the manuscript and share responsibility for its content, scientific rigor, and ethical integrity of the study.

7. References

1. Pacheco-Cámara ML, Ibarra-Bocardo I, Iñiguez-Galindo ME, Lee-García H, Sánchez-Sánchez CV. Teacher performance evaluation in higher education. *Rev Digit Univ.* **2018,** 19(6), 1-11. https://doi.org/10.22201/codeic.16076079e.2018.v19n6.a2
2. Hattie J. Visible learning: a synthesis of over 800 meta-analyses relating to achievement. London: Routledge, **2009.** https://doi.org/10.4324/9780203887332
3. Blömeke S, Kaiser G. Understanding the development of teachers' professional competencies as a continuum. *Teach Teach Educ.* **2017,** 64, 275-90. https://doi.org/10.1016/j.tate.2017.02.010
4. Molloy E, Boud D, Henderson M. Developing a learning-centered framework for feedback literacy. *Adv Health Sci Educ Theory Pract.* **2020,** 25(2), 527-40. https://doi.org/10.1007/s10459-019-09918-2
5. Carless D, Boud D. The development of student feedback literacy: enabling uptake of feedback. *Assess Eval High Educ.* **2018,** 43(8), 1315-25. https://doi.org/10.1080/02602938.2018.1463354
6. Edmondson AC, Lei Z. Psychological safety: history, renaissance, and future of an interpersonal construct. *Annu Rev Organ Psychol Organ Behav.* **2014,** 1, 23-43. https://doi.org/10.1146/annurev-orgpsych-031413-091305
7. Marsh HW. Students' evaluations of university teaching: dim ensionality, reliability, validity, potential biases and usefulness. In: Perry RP, Smart JC, editors. The scholarship of teaching and learning in higher education. Dordrecht: Springer, **2007.** p. 319-83. https://doi.org/10.1007/1-4020-5742-3_9
8. Spooren P, Brockx B, Mortelmans D. On the validity of student evaluation of teaching: the state of the art. *Rev Educ Res.* **2013,** 83(4), 598-642. https://doi.org/10.3102/0034654313496870
9. Martínez Chávez AC, Bautista-Díaz ML, Hickman Rodríguez H. Questionnaire of opinion on teaching practices by students: its confirmatory factor analysis. *RECIE Rev Electrón Cient Investig Educ.* **2022,** 6, e1248. https://doi.org/10.33010/recie.v6i0.1248
10. Creswell JW. Research design: qualitative, quantitative and mixed methods approaches. 4th ed. Thousand Oaks: SAGE Publications, **2014.**

https://books.google.es/books/about/Research_Design.html?hl=es&id=335ZDwAAQBAJ&redir_esc=y
11. Tavakol M, Sandars J. Quantitative and qualitative methods in medical education research. *MedTeach.* **2014,** 36(10), 838-48. https://doi.org/10.3109/0142159X.2014.915297
12. Constantinou C, Wijnen-Meijer M. Teacher evaluation in medical education: a systematic review of its impact on teaching quality and student learning. *BMC Med Educ.* **2022,** 22(1), 113. https://doi.org/10.1186/s12909-022-03148-6
13. Ortiz R, Abrera B Jr. Faculty Evaluation in Philippine Higher Education Institutions: A Review. *Lyceum J Higher Educ Res.* **2017,** 12(1), 21-35. https://doi.org/10.7828/ljher.v12i1.963
14. Saleh AM, Al-Tawil NG, Shabila NP, Al-Hadithi TS. Standardization of the student's evaluation of teaching (SET) questionnaire in an Iraqi medical school. *J Clin Diagn Res.* **2013,** 7(5), 883-7. https://doi.org/10.7860/JCDR/2013/4952.2965
15. Hamui-Sutton L, Enríquez-López P, Hernández-Becerril C, Lavalle-Montalvo C, Vilar-Puig P. Evaluation of teaching performance in postgraduate medicine: a competency-based approach. *Educ Med.* **2018,** 19(1), 9-18. https://doi.org/10.1016/j.edumed.2016.11.003
16. Nishat AS, Abhay SN, Venkata RT, Poonam RN. Standardization of the student's evaluation of teaching (SET) questionnaire in an Iraqi medical school. *J Clin Diagn Res.* **2013,** 7(5), 883-7. https://doi.org/10.7860/JCDR/2013/4952.2965
17. Bagherian Far M, Nasr Esfahani AR, Ahanchian MR. Designing a Model for Evaluating the Performance of Faculty Members Based on the Components of the Hidden Curriculum. *J New Thoughts Educ.* **2020,** 16(2), 29-74. https://doi.org/10.22051/jontoe.2020.30512.2980
18. Sawatsky AP, Ratelle JT, Beckman TJ. Anesthesiology, Interprofessional Teamwork, and the Hidden Curriculum: A Qualitative Study. *Anesthesiology.* **2019,** 131(1), 14-22. https://doi.org/10.1097/ALN.0000000000002728
19. Taylor SJ, Bogdan R. Introduction to qualitative research methods. 2nd ed. New York: Wiley, **1987.** https://nwimsr.mespune.org/wp-content/uploads/2024/09/Introduction-to-Qualitative-Research-Methods-PDFDrive-.pdf
20. Carmona-Zamudio I, Hamui-Sutton L. Evaluation of teaching performance in medicine: a narrative review. *Rev Esp Educ Med.* **2023,** 4(2), 202. https://doi.org/10.6018/edumed.556721
21. Rivas-Martínez G, Ortiz L, Bañuelos-Gómez F. Design and validation of an instrument for evaluating teaching performance in higher education. *Rev Iberoam Educ Super.* **2026,** 17(48), 61-81. https://doi.org/10.22201/iisue.20072872e.2026.48.1856
22. Bleakley A, Bligh J. Students' learning on the wards: a social learning theory perspective. *Adv Health Sci Educ Theory Pract.* **2008,** 13(1), 89-107. https://doi.org/10.1007/s10459-006-9028-0
23. Steinert Y, editor. Faculty development in the health professions. Dordrecht: Springer, 2014.
24. Hafferty FW. Beyond curriculum reform: confronting the hidden curriculum. *Acad Med.* **1998,** 73(4), 403-7. https://doi.org/10.1097/00001888-199804000-00013
25. Lempp H, Seale C. The hidden curriculum in undergraduate medical education: qualitative study of medical students' perceptions of teaching. *BMJ.* **2004,** 329(7469), 770-3. https://doi.org/10.1136/bmj.329.7469.770
26. Babaria P, Abedin S, Nunez-Smith M. The hidden curriculum of gender: a qualitative study of medical students' experiences with faculty. *Acad Med.* **2009,** 84(7), 859-66. https://doi.org/10.1097/ACM.0b013e3181a8130c
27. Day C. Passion for teaching: the identity of teachers and their integrity. Madrid: Narcea, **2011.** https://dialnet.unirioja.es/servlet/libro?codigo=325695
28. Sooki Z, Ghotbi N, Kian-Ersi F, Rezasoltani P, Sharifi S. Evaluation of teaching performance of clinical teachers from the perspective of medical students using the SETQ tool. *BMC Med Educ.* **2024,** 24, 187. https://doi.org/10.1186/s12909-024-05161-w
29. Autonomous University of Baja California Sur. Teacher performance evaluation manual. La Paz: UABCS, **2012.** https://cgfp.uabc.mx/wp-content/uploads/2024/11/evaluacion_docencia_lic.pdf

30. Young JE, Williamson MI, Egan TG. Students' reflections on the hidden curriculum in medical education: a focusing of the lenses. *Adv Health Sci Educ Theory Pract.* **2016,** 21(1), 63-77. https://doi.org/10.1007/s10459-015-9611-3
31. Chalco-Barrientos G. Evaluation of teaching performance in medicine: an outstanding challenge. *Rev Med Panacea.* **2023,** 12(3), 133-4. https://doi.org/10.35626/panacea.12.3.133
32. Pinilla-Roa AE, Moncada-Álvarez LI, López-Páez MC. Conceptions of postgraduate professors at the Faculty of Medicine of the National University of Colombia regarding academic evaluation. *Rev Fac Med.* **2010,** 58(1), 30-43. http://www.scielo.org.co/pdf/rfmun/v58n1/v58n1a04.pdf
33. Pastore S. Performance-based teacher evaluation: A systematic review. *Front Educ.* **2023,** 8, 1217167. https://doi.org/10.3389/feduc.2023.1217167