Systematization of experiences as a research method in medical education

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Abstract

In medical education research, the quantitative research methods learned are insufficient for communicating successful educational experiences. In medical education research, the quantitative research methods learned are insufficient for communicating successful educational experiences. These approaches are limited by their exclusive focus on numerical data analysis, without understanding the phenomena from the perspective of the participants, researchers, and their context. This article addresses qualitative research and, specifically, the systematization of experiences, as an effective way to organize and reconstruct a learning experience in medical education, considering the process, intervening factors, and internal logic of the phenomenon. Although the systematization of experiences is valuable for understanding phenomena and improving teaching practices, it is not often used in medical education studies, mainly due to a lack of awareness. There is a need to value and apply the systematization of experiences in health education to foster effective learning. **(Acta Med Colomb 2026; 51. DOI: https://doi.org/10.36104/amc.2026.4787).**

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Problem case

A physician uses images obtained from the internet to explain things to his patients during office visits for blood pressure follow-up. He feels there is a favorable reception and positive impact with this approach.

With the main objective of sharing his experience with the academic community, for its replication, the physician performs a comprehensive literature search and designs a quantitative study. In this study, he proposes to randomly assign patients to two groups, one of which will receive education supported by images, and the other of which will not use this resource. In the analysis, he intends to make statistical associations to evaluate whether the use of images in patient education has a significant clinical impact on blood pressure control.

Introduction

As seen in the problem case, the exclusive use of quantitative methods (taught in medical and specialty training programs) that prioritize establishing statistical associations without considering the investigator and study subjects' perceptions and the events leading up to the outcomes (1, 2) is insufficient to meet the physician's principal objective: sharing his practical experience for its reproduction.

In this context, it is important to not only establish a cause-and-effect relationship but also explore and understand other aspects like patients', families', and even investigators' perceptions; the things that led to the strategy's impact (such as technological literacy); and the way in which this educational strategy was implemented (3). Qualitative research methods, techniques, and tools, which offer an integrative approach with a more complete perspective, are ideal for meeting the physician's goal (2-4).

This article presents the differences between quantitative and qualitative approaches and discusses one of the most recent and least explored research methods in medical education: experience systematization.

Quantitative vs. qualitative research

Research is a systematic, empirical, and critical process used to study an event or a problem. It can be divided into two large groups: qualitative and quantitative (Table 1). While, generally speaking, both approaches apply careful and methodical processes to generate knowledge (including observing a phenomenon, formulating hypotheses, testing, and obtaining results to confirm or reject these hypotheses), each approach is distinguished by the nature of its methods and objectives (5).

The quantitative approach is sequential and methodologically rigid. First, an idea is defined; then, objectives and a research question are established, the literature is reviewed to construct a theoretical framework and hypotheses, and a plan is implemented to test them. Finally, based on the results, statistical methods are used to accept or reject the

Table 1. *Comparison of quantitative and qualitative studies.*

Definitions	Quantitative studies	Qualitative studies
Objectivity	Aim for objectivity of the data and their outcomes.	Subjectivity is allowed as part of the study.
Goals	To confirm the hypothesis based on a causal relationship.	To describe, interpret, and understand phenomena.
Logic	Deductive	Inductive
Investigator's position	Excluded from the study; considered a neutral observer whose main mission is to gather data and interpret it.	Part of the study, his/her interpretation of the phenomenon is important at all points of the study.
Hypotheses	Are developed at the beginning of the study.	Are developed at the beginning, and new ones may be considered during or at the end of the study.
Study design	Inflexible	Flexible
Sample	Depends on statistical analyses and the outcome to be studied.	Depends on the outcome and data interpretation.
Nature of the data	Quantitative. Data, averages, numeric values	Qualitative. Texts, narratives, observations, descriptions by the participants
Purpose of the analysis	To establish a relationship between the variables and confirm the hypotheses.	To understand the participants, the process studied, and the events that occurred during the study.
Criteria to consider in the analysis	Objectivity, rigor, reliability, and validity.	Credibility, rigor, confirmation, evaluation, and interpretation of the observations.
Results reporting	Distributions of variables, coefficients, tables and figures that relate the variables.	Categories, themes, and patterns; tables and figures that associate categories.

Source: authors' own.

hypotheses and draw conclusions (3, 6). These quantitative research steps are sequential, linear, and rigid, and their order cannot be violated. These studies can be divided into descriptive (prevalence studies, case series, and ecological studies, among others) and analytical studies, which, in turn, are divided into experimental (if the phenomenon being studied is controlled) or observational (case-control and cohort) studies (if the phenomenon is not controlled) (5-7).

The qualitative approach is based on understanding phenomena, which are explored from the perspective of the participants in a natural setting and related to their context (3). Although it is methodical and, like the quantitative approach, begins with an idea, an objective, and a research question, these points do not follow a rigid order; other questions and hypotheses may potentially be addressed before, during, or after data collection and analysis (8). Based on the instruments and techniques used, qualitative studies have been classified as grounded theory, ethnographic, narrative, phenomenological, action research, and qualitative case studies (9). Over the last decades, other methods have been added to this list, like experience systematization, which shares some of the principles of ethnographic and hermeneutic approaches (10, 11).

Definition of experience systematization

The basic purpose of experience systematization, as qualitative research, is to describe, interpret, and understand the study phenomena from a comprehensive perspective, taking the participants' lived experiences as the main axis of the analysis, as described by Oscar Jara:

> *"Experience systematization seeks a critical interpretation of one or more experiences by ordering and reconstructing them, describing or explaining the logic of the process, the factors involved, how they have become interrelated, and why they have done so in this way" (11) [Translated].*

This same author highlights the importance of differentiating between data classification and ordering and experience systematization. While data classification and ordering are limited to recording an experience with specific facts or events, experience systematization is an intentional exercise aimed at recreating knowledge from a critical, interpretative, and theoretical perspective of what occurred and why it occurred, with conscious appropriation of the experience. Taking these differences into account, Oscar Jara defines experience systematization as:

> *"A process of reflection and critical interpretation about practice and from the perspective of practice, based on reconstructing and ordering the objective and subjective factors, which incorporates the contextual conditions and actions of the people involved (perceptions, sensations, emotions, and interpretations) along with the personal and social relationships that emerge from it, to extract lessons to be shared" (11) [Translated].*

Cifuentes Gil complements the above definition by pointing out that:

> *"Experience systematization is a social knowledge construction process aimed at reflecting, conceptualizing, and learning from practice, helping revaluate and provide content, clarity, depth, social relevance, and political projection to social interventions and dialogues" (12).*

Experience systematization is an intentional social knowledge reconstruction exercise. It aligns with the qualitative research method in describing, interpreting, reflecting on, and learning from the participants' experiences based on a critical, interpretative, and theoretical perspective of what occurred and why it occurred. Its ultimate objective is to communicate the experience, creating lessons that promote the strengthening and transformation of the same experience.

The origins of experience systematization

Experience systematization has its origins in community development programs, in the creation of social work and teaching as professions (11).

Community development programs began at two points in Latin America: in Cuba in 1959 and then in Chile in 1970. At each of these points, a different perspective emerged to respond to social problems through community development programs based on each region's specific reality, moving away from the colonial model in which all answers were imposed from the outside by the government. These programs, focused on social transformation, needed professionals to show their results in order to be exemplified and reproduced (13).

The social work profession emerged in the social sciences with the first reports of some social programs in 1970 (14). This new profession sought to adapt people and social groups to society. Initially, this profession did not have strong research arguments. Therefore, efforts were made with the "reconceptualization of social work" to show a more scientific perspective, seeking to extract knowledge from specific situations to be generalized to substantiate professional intervention (14). In publishing its experiences, social work found a way to present its profession with scientific-technical rigor and reduce the gap between theory and practice (15).

The need to demonstrate practices with scientific rigor was transferred from the field of social work to education. After World War II, informal education programs and massive literacy campaigns were promoted around the world, driving the creation of centers dedicated to promoting adult education. This effort was led by UNESCO, which, in addition to encouraging the creation of training centers, proposed gathering, classifying, and organizing experiences for their study and reproduction (16). This methodology was the first to be termed "experience systematization" and, thanks to its ability to study phenomena through questionnaires, opinions, and the behavior of the participants in their natural environment without separating their context, was highly accepted by teachers, consolidating itself in the 70s and 80s (11).

Experience systematization has traversed an unintentional, sequential, and fortuitous path due to historical changes, having been born mainly out of the need to share successful experiences to be reproduced in community development programs and, at the time, in the massification of education following World War II. It has transformed how social work is viewed as a profession and, while experience systematization and participative action research share the construction of knowledge through collective learning of the actors involved, the former recognizes the role played by the experiences, decisions, knowledge, and practices of the various individuals involved in the research.

Systematization of health education experiences

In the public health (17), health promotion (18), and occupational health fields, experience systematization has found significant acceptance and has been used to recover context and experiences in these fields. Examples of this acceptance include published experience systematizations like the "Healthy Commune for Peace" initiative in Commune 16 in Santiago de Cali (19); education for indigenous communities in autonomous communities in Chiapas State, Mexico (20); and the occupational health and university wellness experience with the "SanArte" services on UNAD campuses in Bogotá (21).

Health science student and patient education have traditionally been conducted vertically (22). In this model, the professor or attending physician plays a central role as the only knowledge holder, who transmits it in a single direction, based on his/her own experience, to achieve effective learning. This traditional model, while obsolete, is an ideal opportunity to apply the experience systematization methodology, where professors and physicians can analyze and share successful experiences in education. However, qualitative studies like experience systematization are scarce and undervalued in health research faculties. This is mainly due to unawareness of this research's methodology, scientific rigor, and potential contribution to the clinical field (17), where it is generally said that "qualitative studies cannot be generalized," "lack scientific support," "study few individuals," and "are very subjective" (23).

Furthermore, qualitative studies are believed to be solely exploratory or complementary to quantitative research, downplaying their real importance and the opportunity they have to address another dimension of the problems (6). Qualitative studies, like experience systematization, focus on people and their experiences. Understanding the health-illness phenomenon greatly contributes to patient treatment and, in the educational setting, having professors share the way in which they communicate their knowledge will undoubtedly provide us with better physicians (24, 25).

Experience systematization methodology

It is important to point out that there is no universal or single methodology for experience systematization. As a

relatively new research method, different approaches have been developed (Table 2).

In general, experience systematization methods can be divided into two main approaches: the empirical-analytical approach and the critical-social or historical-hermeneutical approach. Some examples of the critical-social or historical-hermeneutical approach include the methods proposed by Oscar Jara, the Significant Experiences in Adult Education Research Program (PESEP, in Spanish), and Martinic's model. Models with an empirical-analytical framework include those proposed by Morgan and Puerta (26-28).

Below, we present the methods most frequently used in experience systematization.

Oscar Jara's proposal (11)

This author is a leading figure in experience systematization studies. He simply proposes five steps for conducting these studies:

1. **Starting point:** he suggests that the person who has conducted the experience be the principal author or a participant in the study.
2. **Initial questions:** at this point, the author suggests posing three key questions:
   - Why do we want to systematize? The answer should define the goal of systematization.
   - What experience do we want to systematize? The entire experience does not need to be analyzed; it is important to choose and delineate the specific part to be systematized, considering time and space.
   - What key aspect of the experience do we want to systematize? It is essential to specify the focus of the systematization to avoid scattering.
3. **Recovering the lived process: performing an** ordered reconstruction of the event, classifying the information obtained from records and interviews.
4. **In-depth reflection: this is** the critical interpretation, analysis and synthesis of the experience, providing a theoretical answer for why the event occurred.
5. **Points of arrival:** finally, conclusions are drawn and the lessons learned are communicated.

The methodology proposed by Oscar Jara can be considered pragmatic and is one of the most frequently referenced. This author leads us through the process step by step, helping us move from description to interpretation, which is a lynchpin of experience systematization.

The Significant Experiences in Adult Education Research Program (PESEP) proposal

The interuniversity working group on popular education has developed a qualitative, participative, and hermeneutical methodology (28). In this method, an understanding of social reality is built on the interpretations of its actors, taking each participant's narrative as a unit of analysis and analyzing it in three ways:

1. **Extensively:** to identify the thematic clusters and endogenous timeline of the experience.
2. **Intensively:** to construct the axes and semantic fields.
3. **Comparatively:** to construct the various actors' perspectives and relationships.

This method consists of three phases: reconstruction, interpretation, and potentiation. As systematization is developed, these phases connect non-linearly and may even intersect. Each phase is described below:

- **Reconstruction phase:** has a descriptive and inter-

Table 2. *Methodological proposals for experience systematization*.

Approach	Proposal	Steps	Example:
Critical-social or historical-hermeneutical	Oscar Jara	1. Starting point 2. Initial questions, 3. Recovery of the process experienced 4. In-depth reflection 5. Point of arrival	Madrigal, Marianne Alfaro, et al. "Sistematización de experiencias de enfermería con personas que padecen trastornos mentales y sus familias." Enfermería Actual en Costa Rica 13 (2007): 1-20.
	PESEP*	1. Reconstruction 2. Interpretation 3. Potentiation	Giraldo Calderon, L, Marmolejo Marmolejo, M Sistematización del proyecto educativo para la paz y la reconciliación nacional población jóvenes. 2015
	Sergio Martinic	1. Analyze contextual aspects 2. Explain the logic of the practice 3. Reconstruct the action	Mendoza-Arana, Pedro Jesús, et al. "El proceso de reforma del sector salud en Perú." Revista Panamericana de Salud Pública 42 (2018): e74.
Empirical-analytical	María Morgan	1. Recover and organize the experience 2. Define the object of the systematization 3. Recover the experience 4. Operationalize the questions and gather the data 5. Synthesis 6. Presentation	Ortiz Contreras, Jovita, et al. "Sistematización de iniciativas en salud sexual y reproductiva según criterios de buenas prácticas en repuesta a la pandemia COVID-19 en la atención primaria en Chile." Medwave 22.06 (2022).

**Significant Experiences in Adult Education Research Program*
Source: Authors' own

pretive dimension. This phase involves reflecting on, understanding, and comprehending what has happened, reproducing the lived experience based on the authors' narratives.

- **Interpretation phase:** a rationale is developed grounded in experience, based on the lived experience of the investigators as well as the actors in the experience.
- **Potentiation phase:** in this phase, the authors compare their versions, interpret them, and contribute to understanding the experience.

The narrative plays a key role in this proposal. It serves to interconnect the different phases of systematization and is the unit of analysis on which the interpretation and understanding of the experience are based. Therefore, abduction is considered the fundamental principle of this model, rather than induction or deduction (29).

Sergio Martinic's proposal

The goal of this proposal is for the principal investigator to relate to his/her own experience and reach interpretations to be shared with others. This is achieved using two theoretical axes: one containing the principal actors of the project and the other containing their interpretations (30). The author proposes three steps for conducting the experience:

1. **Analyze contextual aspects:** identify and analyze the contextual aspects that will affect any experiential practice.
2. **Explain the logic of the practice:** this stage seeks to formulate acting hypotheses to explain what happens. To construct these hypotheses, the following four questions must be answered:
   - What is the relevant problem?
   - What problems will the systematization face?
   - What is the intention?
   - What process? This last question refers to the actions that must be taken to develop the project's idea.
3. **Reconstitute the action:** reconstruct the action as it occurred at a given time and place.

In this method, the analysis focuses on the author of the systematization and those he/she identifies as able to provide an explanation for his/her experience. The hypotheses constitute the analytical tool intended to explain the relationship between the findings and the surroundings, based on the experience (29).

María de la Luz Morgan's proposal

This proposal consists of six steps (28):

1. **Recovering and organizing the experience:** in this step, the context and objectives of the experience are defined.
2. **Defining the object of systematization:** as its title indicates, this step specifies what the experience systematization is intended to show. The author offers the following steps to help define the object of systematization: defining the objectives, recovery, organizing the questions that emerge from the experience, and defining the problems that will guide the systematization.
3. **Recovering the experience: this step should determine** where and when the process occurred, who participated in it, and how the process developed (that is, reconstruct the facts based on the actions performed).
4. **Operationalizing the questions and collecting the data:** this step seeks to answer the questions that guide the systematization.
5. **Synthesis:** this is the reality-based answer derived from all the information retrieved during the analysis.
6. **Presentation:** this is the step in which the new knowledge acquired is presented to others. The author indicates that there are two types of presentation: one aimed at professionals and another at the popular sectors that were part of the systematization.

This proposal is methodical, sequential, and practical. The suggested steps attempt to identify the elements that will answer the questions proposed by the investigator at the beginning of the study, which guide the systematization, making the author of the study the focal point of the systematization (29-31).

Limitations of experience systematization

Although experience systematization has a broad field of action and confers benefits not offered by other quantitative methods, it also has some inherent limitations in interpretation and method variability, as it is a relatively new approach. These limitations include:

Its definition

It is often confused with data systematization, which can lead to a process that lacks critical and reflective analysis by the investigator, reducing it to mere data description without interpretation.

The systematization approach

There are several ways to conduct it, either focused on the actors, the experience, or the study author him/herself. The lack of a single, standardized method may cause confusion regarding how to effectively approach systematization. The experts agree that there is no single way to systematize an experience; each methodological approach can change the tools used and the context within which it is interpreted.

Limiting the experience to be systematized

Excessive restriction of systematization may reduce understanding of the phenomenon studied, offering a limited perspective and even generating mistaken interpretations, making it impossible to reproduce in other settings.

The historical context in which experience systematization has been implemented

Systematization has been widely used in the social and educational sectors but has not been explored much in

other areas, like health. Thus, implementing it in this field requires additional effort. The difficulty increases with the high turnover of health sciences professors due to jobs or specialization, preventing continuity and the accumulation of experiences to systematize. Another difficulty is the time and dedication required. As with any study, systematization requires effort, and medical professors often carry multiple responsibilities that prevent them from devoting time exclusively to this task.

Lastly, credibility continues to be a challenge. The dominance of positivist studies in the field of health has produced a certain distrust of methods like experience systematization, making their acceptance and application difficult.

Conclusions

Quantitative research methods are ultimately insufficient for effectively transmitting successful experiences, as they do not consider the understanding of phenomena from the perspectives of the participants, investigators, and their natural setting. Experience systematization, which is part of qualitative research, is an effective strategy for organizing and reconstructing experiences. However, it is not often used in the health education field, mainly due to unawareness of its methodological rigor and theoretical basis.

Experience systematization must be valued and applied in the health field, as this enables improved understanding of health-illness phenomena and fosters more effective educational practices.

In the case proposed at the beginning of this article, conducting a study based on experience systematization would help transmit the clinical practice activity to the academic community with more depth and rigor.

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