

# Training in the nursing residency in Primary Care/ Family Health from the perspective of the graduates



*Formação na residência de enfermagem na Atenção Básica/Saúde da Família sob a ótica dos egressos*

*Formación en la residencia de enfermería en la Atención Básica/Salud de la Familia bajo la óptica de los egresados*

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## ABSTRACT

**Objective:** To understand the development of professional skills and competences from the training provided by the Nursing Residency in Primary Care/Family Health of a Brazilian public university from perspective of the graduates and analysis of the Pedagogical Project.

**Method:** A qualitative case study carried out with 21 graduates of the Nursing Residency. The data were collected between December 2016 and July 2017, with individual interviews conducted with the graduates, recorded, transcribed and analyzed by the Content Thematic Analysis, with the support of ATLAS ti software and documentary analysis of the Pedagogical Project.

**Results:** Two categories emerged: "Professional profile for acquiring skills and abilities" and "Influential factors for the development of skills and abilities".

**Final considerations:** The graduates recognized the importance of the Residency in their training processes. However, they pointed to directives such as the improvement of interpersonal relations and the expansion of the development of the Administration/Management competency.

**Keywords:** Nursing. Internship and residency. Primary health care.

## RESUMO

**Objetivo:** Compreender o desenvolvimento de habilidades e competências profissionais a partir da formação proporcionada pela Residência em Enfermagem na Atenção Básica/Saúde da Família de uma universidade pública brasileira sob a ótica dos egressos e análise do Projeto Pedagógico.

**Método:** Estudo qualitativo, tipo estudo de caso realizado com os 21 egressos da Residência em Enfermagem citada. Os dados foram coletados entre os meses de dezembro/2016 e julho/2017, tendo como fontes entrevistas individuais com os egressos, gravadas, transcritas e analisadas pela Análise Temática de Conteúdo, com suporte do software ATLAS ti e análise documental do Projeto Pedagógico.

**Resultados:** Duas categorias emergiram: "Perfil profissional para a aquisição de competências e habilidades" e "Fatores influentes para o desenvolvimento das competências e habilidades".

**Considerações finais:** Os egressos reconheceram a importância da Residência em seus processos formativos. Porém, apontaram diretivas como o aprimoramento das relações interpessoais e a ampliação do desenvolvimento da competência Administração/Gerenciamento.

**Palavras-chave:** Enfermagem. Internato e residência. Atenção primária à saúde.

## RESUMEN

**Objetivo:** Comprender el desarrollo de habilidades y competencias profesionales a partir de la formación proporcionada por la Residencia en Enfermería en la Atención Básica/Salud de la Familia de una universidad pública brasileña bajo la óptica de los egresados y análisis del Proyecto Pedagógico.

**Método:** Estudio cualitativo, tipo estudio de caso realizado con los 21 egresados de la Residencia en Enfermería citada. Los datos fueron recolectados entre los meses de diciembre/2016 y julio/2017, teniendo como fuentes entrevistas individuales con los egresados, grabadas, transcritas y analizadas por el Análisis Temático de Contenido, con soporte del software ATLAS ti y análisis documental del Proyecto Pedagógico.

**Resultados:** Dos categorías emergieron: "Perfil profesional para la adquisición de competencias y habilidades" y "Factores influentes para el desarrollo de las competencias y habilidades".

**Consideraciones finales:** Los egresados reconocieron la importancia de la Residencia en sus procesos formativos. Sin embargo, apuntaron directives como el perfeccionamiento de las relaciones interpersonales y la ampliación del desarrollo de la competencia Administración/Gestión.

**Palabras clave:** Enfermería. Internado y residencia. Atención primaria de salud.

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## INTRODUCTION

The multiprofessional residency in health, defined in the article 13 of Law 11,129<sup>(1)</sup>, is a modality of *lato sensu* postgraduate education. It has as main objective the promotion of changes in the training of professionals, modifying the medical-care perspective for a health promotion and disease prevention activity, characterized by the in-service teaching<sup>(1)</sup>.

The Nursing Residency in Primary Care/Family Health, the Residency in Professional Area modality, aims to prepare the professionals who are knowledgeable about the priorities and needs of the Unified Health System (SUS - Sistema Único de Saúde), based on the responsibilities of the Family Health Strategy (FHS), endorsed by the National Primary Care Policy, Ordinance 2,436/17<sup>(1-2)</sup>.

The Residency in the Professional Health Area is materialized through the supervised professional activity, carried out in health services that are favorable to the resident's learning<sup>(3)</sup>. Since its implementation, Health Residency Programs have sought to bring pedagogical activities closer to the care line at all levels of health care. Efforts towards this approximation have been made, however, it has been observed barriers and limits faced by the residencies for its effectiveness.

Some examples of these barriers have already been highlighted in the literature. Limits, such as: lack of resources from the Ministries of Health and Education; difficulties of articulation between the municipalities given the different local political strategies; high turnover of preceptors; internal arrangements of the municipalities that end up interfering in the execution of several activities of the Program; construction of a curriculum following the fragmented model of prevailing education to the detriment of an interdisciplinary curriculum<sup>(4-5)</sup>.

In order to overcome these barriers and to train specialists that can be allocated in regions lacking qualified professionals, the existing Residency Programs in the country have their Pedagogical Projects (PP) geared to the needs and to the corregional realities. They also intend to develop skills and abilities that are inherent to the good execution of the health professional's work, to be a critical and reflexive professional with a generalist profile, to act in a comprehensive and interdisciplinary way in Primary Care, in actions to promote health, in the prevention of risks and injuries, in the maintenance of health, treatment and rehabilitation<sup>(3)</sup>.

Regarding the development of competences, it is possible to affirm that this concept has been reformulated over time. The behavioral conception of the term, oriented

to the technicalism and initiated in the heart of Fordism, receives harsh criticisms due to the control of the maintained knowledge and directed only to the use of the knowledge for the job market<sup>(6)</sup>. The ability, as the most commonly used concept, refers to knowing how to do objective and practical work, resulting from acquired skills and that turn into abilities<sup>(7)</sup>.

The concept of competence in the Nursing field also receives several designations, being assumed in this study as the capacity of mobilization and articulation of the knowledge and values so that the professional integrates the knowledge to the daily process of knowing how to act, providing greater results to their actions<sup>(8)</sup>.

The general competences for Nursing Courses are specified by the Ministry of Education and Culture (MEC - Ministério da Educação e Cultura) in the National Curriculum Guidelines (DCN - Diretrizes Curriculares Nacionais). The undergraduate course in Nursing has as general competences: health care, decision making, administration/management, communication and leadership<sup>(9)</sup>.

However, the Residencies in Health in general, including Nursing, do not have specific descriptions of skills and abilities that should be developed by the residents. In this study, it was used the skills and abilities described in the DCN for the undergraduate Nursing course<sup>(9)</sup>, and the competencies of health promotion and political competences are added, due to their relevance in the context of Primary Care (PC). In view of the context of the in-service professional training, this study originates from the inquiries and concerns about how the Nursing Residency in Primary Care/Family Health of a public university in the State of Minas Gerais provides the development of skills and abilities for the professional action of the residents; and how the PP of this Residency is contemplating the development of these skills and abilities for nurses to work in primary care.

This study aimed at understanding the development of abilities and professional skills from the training provided by the Nursing Residency in Primary Care/Family Health from the perspective of the graduates, subsidized by the analysis of the PP of this program and used the following guiding question: What skills and professional competencies for the professional performance in primary care are provided by Nursing Residency training? With emphasis on the development of health care abilities, decision making, administration/management, communication and leadership, health promotion and political competencies.

Thus, it is sought to contribute with reflections that subsidize reformulations in the development of the skills and abilities of the resident.

## ■ METHOD

This is a qualitative case study carried out with graduates of the Nursing Residency Program in Primary Care/Family Health of a public university in the State of Minas Gerais. The study was carried out in a municipality in the Central West region of Minas Gerais, with an estimated population of 226,345 inhabitants. Due to the geographic location of the municipality, its economic development and organization of the health system, it is a pole of the Western Macro region of State Health, covering 54 municipalities<sup>(3)</sup>.

The campus of the federal institution of higher education where the study was conducted began its activities in 2008, offering undergraduate courses in Biochemistry, Pharmacy, Medicine and Nursing. And also postgraduate courses of master degrees, doctorates and multi and uni-professional courses, among them the Nursing Residency in Primary Care/Family Health, object of this study.

The data were collected through semi-structured interviews, recorded and transcribed in full, which sought the perception of the graduates about the development of the skills and abilities provided by the Residency for their professional performance and the documentary analysis of the PP, used to identify the prescribed aspects that may have contributed to the development of the skills and abilities of the graduates.

The study participants were the 21 graduates at the time of data collection. These participants form an intentional sampling sized by typical individuals of the object under investigation, and reveal characteristics that represent the context under study.

All the graduates accepted to participate in the study. The interviews were conducted in person with the graduates living in the scenario city of the Residency, and by telephone with the graduates living in other cities. The average duration of each interview was 26 minutes. The saturation of the sample data was due to exhaustion, since the participants were all those that were part of the universe defined by the researchers. The data were collected between December 2016 and July 2017 and stored in the Atlas ti 7.0 software.

The use of the documentary research carried out through a PP analysis script allowed the triangulation of the sources of evidence and the findings from the interviews. For the analysis of the data, it was used the thematic content analysis<sup>(10)</sup>, with support of the Atlas ti 7.0 software.

The Content Thematic Analysis provides security in the results and is ordered in three phases: the pre-analysis, analysis of the data and the treatment of the results. The concept of competence defined by Le Boterf<sup>(7)</sup> guided the analysis of the data.

Participants signed and were informed about the objectives of the Free and Informed Consent Term. The study obeyed the ethical precepts of the Brazilian legislation that deals with researches with human beings, including the guarantee of the anonymity of the participants. The research was approved under the Opinion No. 1,846,216 and CAAE 61657016.7.0000.5545.

## ■ RESULTS AND DISCUSSION

A study carried out in an obstetric nursing residency revealed that 94.7% of the graduates had a job and 73.7% were located in the area for which they were trained<sup>(11)</sup>. Another study with graduates found the same findings, also demonstrating the difficulties that the undergraduates have in entering the labor market, a process facilitated by the experience of the Residency<sup>(12)</sup>. In the current study, the majority (57%) worked in primary care, the area of residency formation.

The analysis of the interviews allowed the emergence of two categories, being: "Professional profile for acquiring skills and abilities", in which it is discussed the process of acquisition of skills and abilities and their relationship with the Pedagogical Project of the Course. The category "Influential factors for the development of skills and abilities" presents the sub-categories: Interpersonal Relations and Focus on the health care competence in relation to managerial competencies.

### Professional profile for acquiring skills and abilities

The process of developing skills and abilities has been studied and improved over the years by existing undergraduate and postgraduate programs. The demands of the labor market have a relative influence on the direction of the programs in their PP and the strategies to facilitate this development. More and more professionals are expected to know how to make decisions, take responsibility and be resolute, and build and rebuild health knowledge and practices<sup>(4)</sup>.

The Pedagogical Projects of health residencies are commonly oriented towards the development of skills and abilities, although these are not clearly described. The problematizing methodology permeates the Nursing Residencies in Primary Care/Family Health<sup>(4)</sup>, however, there is a difficulty in implementing and incorporating this methodology into the work routine.

The 21 graduates interviewed stated that the Residency met the assumptions foreseen in the professional profile of the graduates according to the PP. This profile contemplates the actions that must be developed by the resident. Actions that are also described in the Nursing course DCN,

in which professionals must carry out actions to prevent risks and harms, promote, protect and rehabilitate health, with individuals and with the community<sup>(9)</sup>. The residency allowed the expansion of the development of the competences, according to the statements of the graduates:

*So today when I provide childcare, I am sure I have a totally different point of view. A look at that child, that mother, the social question, how is it going to be like? It is no use only the guidelines I give here inside the room, I have to go there at her house, go visit. (E6)*

*They gave us a very good perspective of it; to plan, organize and execute the actions of damage prevention, health promotion and apply the nursing process, which today I see that is what most distinguishes the former resident from that professional who did not attend the residency. (E21)*

The expanded look at the needs of people and collectivities provide the nurse with a sharp perception subsidizing the decisions to be made in their daily work. The decision making, as a competence, permeates the whole process and organization of the work of the nurse professional. The nurse plays a key role within the FHS teams, these professionals are stimulated in the Residency at all times to develop and demonstrate this competence in their routine activities.

*In relation to decision-making (...) Sometimes you have to make some quick decisions and it is just this day to day process of making mistakes and making it right that you end up getting more mature in that regard. (...) because at first everything surprises you, from the simplest things: what are we going to do with this patient who came here now with a sore throat and the doctor left? (E12)*

Decisions that also go through the competence of the professional in knowing how to manage and run the health unit. As for the administration and management competence, it was possible to perceive the acquisition of theoretical knowledge, however, it was difficult for the graduates to assume this competence and ability as acquired:

*The disciplines that we have in the residency, management and administration, it helps a bit, although sometimes the theory is a little different from practice, but I think it helped me, guided me a lot, guided me. (E7)*

*The management and administration part I do not think it was that much, because it was not something that we did so much inside the health facilities. (E6)*

The administration and management competences, although the Program's Pedagogical Project evidences the need for its development, so they are included in the general objective of the Program, were reported as underdeveloped by the graduates, mentioning that they feel often unprepared for these competences. Studies carried out with nurses and graduate students pointed to the same unpreparedness. Nurses reported difficulties and barriers in their training regarding the acquisition of management skills<sup>(13)</sup>. In another study, for 15 health service managers who have undergone nursing undergraduate courses, the courses need to broaden the management disciplines<sup>(14)</sup>.

The presence of the preceptor with the resident should be emphasized, being that this is the nurse of the basic health unit (BHU), influencing the acquisition or not of the administrative and management competences:

*In this competence we seek to be with the FHS nurse so he can show us how to manage a unit, how to do a production closing, got it?! What is needed of inputs, of material for a good care for the patient, for the whole team. (E18)*

*When we are residents, I think that attending team meetings was nice, even though I took the team meetings myself only when my preceptors were not there, they were on vacation, so I took over the unit, but I think it was good in this sense. (E7)*

It is important to mention that other studies have already pointed out the influence of the resident's relationship with the various actors of the program on the development of skills and abilities, highlighting the relationship with the preceptory<sup>(4,11)</sup>. The preceptor has the potential to assist the residents in their development, but it can become a barrier when they do not have an educational profile<sup>(4)</sup>.

Making decisions, managing and running a health unit requires relational and social skills and abilities, which are communication and leadership. These competences were remembered by some graduates as competences that can be acquired and developed and other graduates see them as something intrinsic to the subject, being only lapidated by the environment:

*In fact, this image of leadership is very strong, because people often reported to me for some activity, in the case of a patient, in the sense of actually waiting for this positioning and a referral to that situation. (E11)*

*I believe that it was not in the residency itself, with the function of class, that I learned this. I learned this from the FHS experience. (E20)*

The preceptor was mentioned as an influencer in the development of communication and leadership skills:

*The resident is there, is considered a professional, but, for example, regarding the leadership, decision-making part, sometimes, it is more the responsibility of the nurse, who is the preceptor in the case. (E5)*

*Look, if I take a look at all the skills described here, it is clear that we do not get away with everything, let's put it that way, improved. We will achieve this throughout our professional experience, because when we are residents we have a nurse who is seen by the staff, who is seen by the population as the leader, wanting or not (E5)*

In order to overcome these and other difficulties, the roles of the residents and of the different actors of the program, especially of the preceptors, should be very clear to the parties involved when new classes of the Residency begin, as it may happen that the actors involved themselves do not know their roles. Periodic training and courses for preceptors and tutors are resources that can be used to facilitate this activity.

A study carried out in a multiprofessional residency in oncology evidenced the residents' perception regarding the performance of the preceptors. Some reports like not having profile, not wanting to teach, lack of interest in helping and seeing the resident as a double job were raised<sup>(4)</sup>. The coordination of the program, together with the professors, is responsible for training and guiding these professionals to better teach the residents.

The graduates emphasized the competence of health promotion because this is a basic competence for health care at the FHS:

*I think that the residency is essential in this, promoting health is what we most do in the residency, it is what is more discussed, it is what is most questioned, I think this had an influence not only in my process at that moment, but in my actions since then, because until today I use this, even for the students, we try to pass it through a lot. (E13)*

Difficulties were pointed towards the full development of this competence:

*And after we start working on the network, we see that it gets lost along the way. We start losing this look of prevention and promotion and begin to act in the logic of the System, which is bad, very bad. (E10)*

*The activities that we had the opportunity to do in fact in health promotion were very useful. I have the feeling that maybe we could have accomplished a bit more, but with the difficulty of managing the activities, of changing the posture, of changing the culture, which is extremely difficult. So I feel we did not accomplish maybe as much as we could. (E11)*

The critical problem-solving pedagogy goes hand in hand with the development of the health promotion competence. For its development, the resident found some obstacles, such as the resistance of the population to adhere to new models of health services provision, the accommodation of professionals already accustomed to the biomedical model and the work routine.

The professionals, even the newly graduated ones, are subject to the traditional logic of the system, as demonstrated by this study. Other evidences of these same difficulties have already been pointed out in the literature, adding the limitation of human and material resources, the deficient permanent education and difficulties for the participation and bond of the population affiliated with the FHS<sup>(15)</sup>.

The analysis of the professional profile of the graduated professional described in the Pedagogical Project of the Residency under study pointed out the need to develop the ability to promote health. The specific objectives of the program include the development of this competence, which is not evident in the general objective. This, in turn, highlights the need for managerial and health care competencies for an effective nursing professional performance. Therefore, there is a gap in the PP for a basic competence of primary health care, such as health promotion, which is a fundamental competence to reorient the care model. The political competence, in turn, permeates the acquisition of other skills and abilities, as it contributes to the decision-making and managerial process of nurses beyond the technical dimensions:

*And political skills, certainly having a residency, mainly in a federal university, opens the horizon for you to have a global vision of health in Brazil. (E14)*

The graduates considered the Residency as a valuable tool for acquiring the necessary skills and abilities for the nursing professional, being the Political competence the one that enables the professional to position themselves in relation to the problematizations that may arise in the exercise of the profession.

A study carried out with seven graduates of a residency in Nursing Management Services evidenced unanimity regarding the professional growth acquired during the training pe-

riod<sup>(12)</sup>, helping to obtain a broader view of the diagnoses and health interventions carried out and/or to be implemented.

### **Influential factors for the development of skills and abilities**

As factors that influenced the development of the resident's skills and abilities, the resident's relationship with the different actors of the Program, such as the preceptor, the health team, the tutor and the residency coordinator, and the focus given by the Program to the competencies of health care. The resident-preceptor-team relationship was explicit both in facilitating and impairing the development of the resident's skills and abilities. Regarding the facilitation of this process, we have:

*I think that the relationship of the resident with the preceptor and with the team is essential both for the development of the resident, as for the work that the resident will develop, and also for the development of the unit. I think that when we work in a more motivated, more willing way, when we are recognized and when people are valued and respected, we work with much more love and will than if it were otherwise. (E17)*

The tutor, as described in the Pedagogical Project, is linked to the Municipal Health Department of the municipality that houses the Residency and has as one of the roles the supervision of the activities of the residents and preceptors/nurses of the service. The tutor is in the ratio of one to six residents, and should have weekly face-to-face meetings with residents and preceptors. The preceptors and tutors are gratified by these activities by the local City Hall. The resident-tutor relationship interfered in the development of the resident, as evidenced by the statements:

*The resident tutor relationship (...) was distant. Our tutor, as she works at SEMUSA, she did not have time. So she participated in a few moments, but the few she participated were very helpful. (E21)*

The relationship of the resident with the different actors of the Program was also a difficult factor for the development of skills and abilities:

*This role of the tutor in my residency was not very clear, very defined, he was a little absent. So I think that it caused a little harm. (E15)*

*The staff were made of very good people, but it was a quieter staff, in which people did not share things (...) People worked in a more individual way and this has made it difficult, because in those six months I hardly knew the area of coverage, the preceptor herself did not help me to visit with the girls, because she put obstacles, it seems that she did not want me to approach of the population. (E17)*

The relationship with the resident and the different actors of the Program emerged both as a facilitating factor and as an obstacle to the acquisition of the resident's skills and abilities. Affective-emotional aspects play an important role in the learning process<sup>(16)</sup>. A welcoming environment, stable interpersonal relationships, where the individual feels at ease to act, facilitates the process of memorization and learning.

As for the tutors, in an investigation carried out by a Residency Program, it was verified as a fragility of the Program the lack of autonomy of this professional in the practical field<sup>11</sup>. This lack of autonomy was interpreted as a lack of definition of roles of the tutor and/or the non-appropriation of this professional by the attributions that are required.

The coordination of the Residency Program was referenced by the graduates as responsible for selecting these professionals and the units where the residents will be allocated, based on pre-established criteria, aiming to find professionals and teams open to change, who have a collaborative profile and the desire to contribute to their formation.

*So the units need to be well selected, because of the resistance of these professionals, if these people are interested, otherwise it is no use, it can be the most active, proactive person and be up, if the unit does not want the resident's work the way it is proposed to be developed, with changes and not just the "fire extinguisher" that normally every nurse is, there is no use. (E12)*

The conflicts and relational problems experienced by the residents with the different actors of the Residency were often a source of psychological suffering, producers of physical and mental illnesses as reported here:

*Totally authoritarian relationship with the coordination, there were no dialogues, just imposition. All the residents were injured by this. (E21)*

*The residency left me very hurt, very upset. I did not learn a lot due to fear, due to pressure. When we are unable to put things out, the body gets sick, sore throat, urine infection (E20)*

*We felt a lot of anguish, crying more than once a week (...). I felt morally attacked by complaints of what I was doing (...) I was never called attention in life. I got sick and got an absence leave (E19).*

*I had problems with the 1st preceptor, who corrected me in front of the patients, who took my credibility away and made me suffer a lot (...) It was a very distressing period because I was not fit to work and study every day. (E17)*

These relational problems experienced were a source of physical and psychological illness, and some residents showed with great emphasis that they had been under psychic suffering. Faced with this kind of suffering, it is well known that many students in health courses do not seek help, and when they do, the reasons are personal or due to family reasons, disregarding the academic elements visibly implied in this suffering<sup>(15)</sup>. It is necessary to make a deeper reflection with the subjects involved in the Residency regarding the resident's psychological suffering, considering the importance of avoiding its consequences, such as illness, among others.

Regarding the evaluation of the development of the competences by the resident in their experience in service, are used as evaluation methods: the elaboration of Reports of Goals of Experiences in Service; training and performance evaluation form; and the presentation of an experience report of extension activities. However, the quantitative value attributed to the fulfillment of the Experience Goals appeared in the discourse of the graduates as a factor that hinders the development of skills and abilities:

*The concern of the people who led was to reach the goal, they did not want to know about the quality, no. They did not want to know if you did a preventive in an hour, but if you did that anamnesis, if you did that collection, that orientation. No, you had to do a number of nursing appointments and that is it, a number of visits and that is it. (E17)*

This given value was interpreted by the graduates as a focus of the Program's assistance, that is, a focus on health care competence in relation to the development of managerial competencies.

*Now regarding the part of administration and management I think it was not very good. I left the residency and when I went to a unit, I saw that I had no preparation to run and manage because the residency is very geared towards the care, extremely geared towards the care. (E21)*

*Look, I as a care nurse, from the tip, PSF nurse, I was able to meet the whole profile of the pedagogical project. Now, as a nurse manager, I am suffering to learn things, alone, because I have had no experience at all. The experience we have is very little. (E20)*

The suggestions pointed out by the graduates regarding the need to improve the teaching-service integration are in line with what should be provided by the Residencies, that is, it is important to bring the student closer to the fields of practice<sup>(17)</sup>. The teaching-service integration aims at improving the quality of health care and effective professional training according to the reality and demands of SUS<sup>(7)</sup>.

However, despite the undeniable contributions of the experiences of teaching-service-community integration, since the graduation in Nursing, there are still factors that can intervene limiting the progress of this strategy. Among these factors, the organizational aspects of the courses and the routine of the health institutions are highlighted<sup>(17)</sup>, and the care focus of the Program is pointed out as one of these factors.

The focus given by the Program's Pedagogical Project in its general objective to the competency of health care needs a greater detail as to the mechanisms used by the Program for its development. The preceptor, who is the nurse in the unit, appeared as a barrier to the acquisition of this and other skills, such as leadership and decision making.

The Residency Programs need to reformulate the teaching-service-community integration strategies for a better use in the development of skills and abilities, mainly administration and management. It is observed that only the specific Residency Programs for the development of these competences are those that the graduates report to acquire more effectively<sup>(12)</sup>.

## ■ FINAL CONSIDERATIONS

The professional profile of the graduates corresponded to what was expected and recommended by the Pedagogical Project of the Course regarding the development of professional skills and abilities, with the exception of some of them, such as leadership, decision making, administration and management. The leadership skill was pointed out in several lines as subjective, being understood by many as a born skill. The prioritization of the resident's evaluation based on the care goals was the main obstacle for the development of the administration and management competences, since the Residency has a care focus.

The non-welcoming of the team, along with the coordination, preceptors and tutors of the Program was pointed out as a factor that hinders the acquisition of skills and

abilities, and the humanized embracement was pointed out as a facilitator. Teams and actors of the program that have a profile for the educational process based on the problematic critical pedagogy, with active and liberating methodologies, were alternatives pointed out by the graduates for the best use of the resident during their training.

The graduates perceived the Residency as an important training in their professional lives. However, they point out directives that need to be implemented to improve the Program, such as improving the interpersonal relationships and working conditions, expanding the teaching-service-community integration, and expanding administration and management skills development.

As limitations of this study, it is possible to mention the memory bias due to the training time, especially the first group of the Residency, having a training period of 04 years until the data collection. To minimize this bias, it is suggested an evaluation carried out by the coordination of the Program at the end of each class, covering the acquisition of the described skills and abilities; calibration bias, because the interviews were carried out in person with the graduates living in the studied municipality and by telephone with those living in other cities; lack of studies regarding the subject matter; and the perception of only the graduates, and it is necessary to listen to the other actors of the Program, such as those who dropped out from the Residency, tutors, preceptors, health staff and coordination of the Program.

The coordination of the Residency programs, especially those that have partnerships with the municipal health departments, can, based on the findings of this study, make modifications in their PP by expanding the teaching-service-community practices. The barriers found and described by the graduates for the acquisition of skills and abilities can be solved by joint management directives between the different parts that permeate the residencies in health.

It is expected that this research contributes to the qualification of the Residency in order to better meet the training demands for its performance in the Unified Health System.

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