


Family and Community Medicine Residency: graduates' insights about their education and work process

Residência de Medicina de Família e Comunidade: percepções de egressos sobre sua formação e processo de trabalho (resumo: p. 19)

Residencia de medicina de familia y comunidad: percepciones de egresados sobre su formación y proceso de trabajo (resumen: p. 19)

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The article analyzed how the Residency in Family and Community Medicine (RFCM) in a capital of the Northern region of Brazil contributed to the formation and development of the current work process of its graduates. This is an exploratory, descriptive and cross-sectional study, with a qualitative approach focused on 31 graduates, through electronic questionnaires with open questions. The answers were interpreted based on the Content Analysis Thematic technique, constituting four empirical categories: training in Family and Community Medicine (FCM) in the graduate's work process; recognition and application of the attributes of Primary Health Care (PHC); potentials of the FCM training and the challenges of the specialty. The analyzed data show that the studied Programs contribute to the education for professional practice and the profile of its graduates through the strengthening and implementation of the Primary Health Care (PHC) attributes, also extending beyond the specialty.

Keywords: Medical Education. Medical Residency. Primary Health Care (PHC). Family Health Strategy.



Introduction

The Flexnerian model had key influence on medical training in Brazil, based on the mechanization of care focused on individualism, specialization, technical, curative and hospital-centric approach¹. It is characterized by fragmentation of knowledge and distancing from a humanistic and comprehensive perspective².

In contrast to this, the Dawson Report in 1920 was considered the initial milestone of a modern conception of Primary Health Care (PHC), by proposing the organization of health systems in levels of care, including the primary level³.

Brazilian PHC is the point of the Health Care Network (HCN) within the Brazilian National Health System (SUS), guided by internationally recognized essential and derived attributes for its structuring: first contact or gateway, longitudinality, comprehensiveness, and care coordination; family and community orientation, and cultural competence, respectively⁴.

The Family Health Strategy (FHS) emerged in Brazil as a privileged policy to reorient the care model and to structure the PHC, replacing the traditional model of care organization². The FHS proposes coordinated actions at individual and collective levels from the perspective of integrality⁵. Training physicians prepared to work in the FHS has become a prerogative for the strengthening and expansion of PHC and for the implementation of the SUS as a new care model^{6,7}.

However, one of the persistent challenges for the consolidation of PHC in the country is the lack of specialized training of physicians for comprehensive care, along with deficiencies in the provision and retention of these professionals. Even in the face of recent initiatives, based on constitutional precepts for the organization of human resources in health by and for the SUS, such as the *Mais Médicos Program* (PMM in the Portuguese acronym), the number of specialists in Family and Community Medicine (FCM) is insufficient⁶.

The Residency in Family and Community Medicine (RFCM) is considered the highest standard of competency training for medical practice in the complexity of PHC, by developing competencies that mobilize knowledge, skills and attitudes under the biopsychosocial paradigm^{8,9}. It is also the training with the greatest potential to expand the scope of physician practice in PHC¹⁰.

It is in this context that the programs for Residency in Family and Community Medicine of Palmas in the state of Tocantins (Palmas-TO) are inserted. The RFCM of the Fundação Escola de Saúde Pública de Palmas (FESP) was created in 2014, currently has 20 places per year and since its inception has partnered with the program for RFCM of the Federal University of Tocantins (UFT) created in 2012 with 5 places per year, and since then they have a single coordination¹¹.

Furthermore, through the Integrated Residency Program of FESP-Palmas, the RFCM program is integrated with the Multiprofessional Health Residency Program. FESP offers research scholarships that complement the residents' income in a stimulating way¹¹.



Residency programs in Palmas have their pedagogical projects effected by competence-based curriculum with the intent to homogenize FCM training in Brazil, and the use of active teaching-learning methodologies^{12,13}.

Few studies describe the profile of former FCM graduates and their professional trajectory. A study with 129 graduates of RFCM in the state of São Paulo showed that most of the graduates (74%) worked in the area, and this permanence was more favorable among those who already wanted to be family doctors since graduation¹⁴. A study with residents and graduates of the state of Pernambuco highlighted that social commitment, aptitude for the area and the characteristics of the specialty were factors that influenced the choice for FCM¹⁵.

Until 2018, the RFCMs of UFT and FESP in Palmas have graduated 31 specialists. This research is anchored on the question of how the training of RFCM influenced the professional practice of their graduates and their performance regarding PHC attributes. Facing the expansion of places in the RFCM, and aware of gaps in the literature about the effects of this training⁷, we aimed to investigate the perception of graduates about the contribution of the RMFCs of the FESP and UFT of Palmas-TO for the formation and development of their current work process in PHC or in another area.

Methods

Exploratory and analytical study, using a qualitative approach focused on the perception of egresses from Family and Community Medicine Residency Programs in Palmas-TO.

A virtual questionnaire was applied, containing open questions divided into two blocks: the first aimed at graduates who continued working in Family and Community Medicine (FCM) after graduation and the second, to those who were working in another area (working in another specialty or attending another residency program).

The questions in the first block were about the decision to follow FCM when they enrolled in residency, the influence of the complementary grant from the municipality in the decision to opt for RFCM, the interference of residency in the decision to persist or not in the specialty, the evaluation of the graduates of their RFCM programs, as well as the existence or not of any issue that makes them unsatisfied with the specialty. These graduates were randomly coded and numbered as "EMF".

The second block of questions referred to answers about the reason why the graduate is working in another area, the decision to take the RFCM first, the influence of the complementary grant from the municipality in the decision to choose to do RFCM before following another specialty, the graduates' evaluation of the RFCM they took and the perception that initially taking the RFCM interfered or not in their performance in the current specialty. Here the graduates were randomly coded and numbered as "EOA".

The questionnaire was initially submitted to a pilot study, which consisted of applying the instrument to 3 graduates from a RFCM not included in this study. After this stage, the electronic questionnaire underwent minimal changes in its structure.



All RFCM graduates from the Public Health School Foundation of the municipality of Palmas and the Federal University of Tocantins who completed their residency until February 2018 participated in the study, totaling thirty-one graduates. The participants were invited via e-mail, telephone contact, or through social networks (WhatsApp).

The questionnaire was made available via the Google Forms application, operated by the free Google Drive storage and synchronization service. The link to access the questionnaire was sent to the participants via e-mail, along with the Informed Consent Form (ICF) for acceptance and subsequent response to the questionnaire. A deadline of one month was set for the return of the responses, collected between January and February 2019.

The answers were gathered in a database, analyzed and interpreted through the Thematic Content Analysis, adopting a pre-analysis, in which the material was organized by floating reading; exploration of the material, by coding and defining categories, and finally the treatment of the results, where a deep interpretation of the meanings of the records presented was performed¹⁶.

The research was submitted to the Research Ethics Committee of the University Center of Palmas of the Universidade Luterana do Brasil (CEULP-ULBRA) under CAAE number 98818718.6.0000.5516, following guidelines of Resolution No. 466/2012 of the National Health Council. The project was approved under opinion number 2.928.816.

Results and discussion

Four categories of analysis were empirically structured as a result from data interpretation: FCM training in the graduate work process, recognition and application of PHC attributes, potentials of FCM training and specialty challenges.

Most participants were female (77.4%), aged up to 30 years (51.6%), working in the same municipality of their residency training (58.1%) and remaining in the Family and Community Medicine area (61.3%) after completing residency (Table 1).

**Table 1.** Personal and professional profile of the graduates of the PRMFC of Palmas - TO, 2019.

	n	%
Sex		
Men	7	22,6
Women	24	77,4
Age Range		
<30 years	16	51,6
From 31 to 40 years	9	29
41 years or more	6	19,4
City of present professional work		
Palmas – TO	18	58,1
Municipalities in TO	5	16,1
Brasília – DF	2	6,5
Municipalities in other states	6	19,4
Area of activity followed by graduates of FCMR		
Family and Community Medicine	19	61,3
Other specialty	3	9,7
Other residency	9	29,0
Total	31	100,0

Source: Authors' research, 2019.

FCM training in the work process of the graduates

Graduates were unanimous in stating that attending this residency had contributed favorably to their education and work process. They emphasized that the methodology used allowed them to have a broader and better-grounded view of the assistance services and that they were trained to offer comprehensive and efficient care to the users of the health system.

The RFCM provided me with a better qualification to work in primary care, in addition to enabling me to improve patient health care in an integral and well-founded manner. (EMF4)

Through residency I was able to have a greater knowledge of medical practice. (EOA3)

After the FCMR I feel much more prepared to work in primary care, to work in a team. (EMF6)

FCM residency brought me an improvement and a broader view of the human being, which helps me a lot in pediatrics. (AOE12)



Thus, a positive perspective was exposed in relation to the preparation and training provided to the egress through the RFCM. The concepts of 'professional preparation', 'medical practice' and 'qualification to work in primary care' are mentioned by different respondents, but in a repeated optimistic view that suggests satisfaction.

The findings of Castro *et al.*¹⁷ corroborate the perception of the graduates when they emphasize the significant and positive impact of the residency training process and its teaching-learning strategies needed for physicians who work in the FHS.

More than that, it is perceived that young physicians recognize the RFCM programs as an indispensable training stage after graduation, since medical courses in Brazil are still incipient in the preparation of professionals for PHC^{2,13,18}, with curricula that have contributed little or directed to the choice of FCM as a specialty¹⁵.

Most graduates recognized FCM as a potentiality in the education of physicians for a holistic view focused on the global demands of the user, his family and the community in which he is inserted¹⁹.

I can apply the holistic view to global health demands that I learned about the patient, his family, and the community. (EOA2)

It helped me to understand person-centered medicine and to be a better doctor technically. (EMF9)

The Person-Centered Clinical Method (PCCM) is understood as key to achieve a comprehensive approach to population health problems²⁰ and its application is considered imperative in the practice of family and community doctors²¹. The graduates' perception of safety in the application of PCCM after completing the RFCM shows one of the greatest victories of this teaching strategy and of the evaluated program in particular.

Through the RFCM, graduates got to know the role of FCM, that was considered enthralling, contributing to the construction of a professional identity and identification that mark the process of residency training¹⁴. Since most medical graduates feel discouraged to work in the field²², these notions of engagement express a positive counterpoint in the programs studied.

[...] provided the knowledge base I needed to work in the exciting area that is FCM. (EMF12)

It has improved my performance and I know the importance of the FCM role. (EMF14)

I have been praised several times for my way of working and treating people beyond the area I am working in, and I believe I learned this during the FCM residency. (EOA5)



The training experienced during the two years of residency provided the graduates with technical empowerment, with consequent improvement in the resolutive capacity of care and subsequent reduction of referrals to mid-level complexity, improving the care practice as a whole.

Decreased number of referrals, increased resolution of clinical cases, and improved performance of activities with the family health team. (EMF19)

[...] obtaining knowledge and applying it in practice made me understand the importance of clinical resolutive. (EOA6)

Rebolho *et al.*²³ showed that FCM training through residency promoted a significant reduction in percentages of referrals from PHC, corroborating the resolutive by professional medical qualification in primary care.

Graduates who currently work as preceptors in the RFCM highlighted that residency also prepared them for teaching through the specialization course for FCM preceptors offered by the Ministry of Health, based on the National Plan for Preceptor Training, specifically for residents who took FCM courses²⁴.

The training in medical residency preceptorship through the residency program gave me empowerment to be a preceptor of the program today. (EMF18)

The specialization course in preceptorship taken during residency trained me and made me discover the desire for teaching. (EMF9)

Encouraging preceptorship, both at undergraduate and postgraduate levels, has proven to be very effective in creating the commitment of FCM residents to their specialty, as it is a future perspective for professional growth and performance, and favors the multiplication of good practices, resulting in a better balance between care and teaching responsibilities²⁵. The training of preceptors in FCM has been privileged in health policies, with the resident having the possibility to concomitantly join the specialization in preceptorship for their pedagogical qualification⁶.

Recognition and application of PHC attributes

Attending a RFCM course gave graduates the opportunity to learn about all PHC attributes, focusing on accessibility, comprehensiveness, longitudinality and care coordination. Thus, the application of these principles was pointed out as a fundamental circumstance for the doctor's performance in the SUS, due to the understanding of their importance and the need to incorporate them into the healthcare practice in the health system.



With the training in the RFCM, I had the opportunity to get to know all the attributes of PHC with a focus on accessibility, integrality, longitudinality, and coordination. After finishing residency, I started activities in another municipality where I am the only physician with this vision. (EMF16)

Knowing the attributes of primary care is essential to work in the single health system. (EMF8)

PHC strengthens the health systems in which it is developed by facilitating the population's access to a set of health actions that favor quality of life, promoting and protecting health in a global manner^{26,27}. One way to measure the strengthening of PHC is by assessing its attributes and how they are applied and understood by health professionals²⁸.

The respondents pointed out that performing a job that acknowledges the attributes of PHC in services sensitized them to pay more attention to their patients and to be more resolute in their decisions, contributing to the improvement of the quality of life of the population. This familiarization also allowed them to carry out collective and individual health promotion activities, as well as to identify the social determinants that directly influence the health-disease process in the communities.

[...] where I acquired key knowledge to deal with daily occurrences in PHC and all its attributes. (EMF18)

[...] I work on several attributes such as access, longitudinality and care coordination. The meetings to discuss cases allow applying both integrality and longitudinality. (EMF3)

The attributes of PHC guide all my conducts as a Family Physician besides improving the quality of life of the population. (EMF2)

Given that the Brazilian health context encompasses heterogeneous scenarios, the degree of adequacy of FHS services and, consequently, of its professionals to the principles of PHC enables us to measure the real effectiveness of primary care²⁷. Strengthening, identifying and assessing these attributes is, therefore, important work and the target of great efforts exerted by the RFCM programs²⁹.

Significant reports referred to the management of the clinic when referring to building the agenda according to the requirements of the territory, to the organization, to the adequate completion of medical records, to the monitoring of continued care, to risk stratification, and to the execution of care pathways.



[...] through the risk stratification of patients and organization of the line of care, awareness of the survey of the situational diagnosis of the territory, organization of agendas ensuring better access, reception and integrality of the subject. (EMF9)

The construction of the work schedule and agenda with the participation of the resident makes the work process more organized and resolute. (EMF14)

Clinical management is guided by principles that connect health care, education and management in integrated systems, demanding a critical consciousness in the exercise of health practice³⁰. They go beyond the traditional universe of medical practice, whose dynamics generally involves individualistic care, focused on specific and disconnected problems, masking the real needs of patients and imposing itself as a barrier to the achievement of comprehensive care³¹.

There are remarkable perceptions that PHC attributes should serve as a guide for all medical specialties:

FCM attributes should be guiding for all areas of medicine, only then doctors would be able to pay more attention to their patients and be more resolute in their decisions. (EOA12)

The attributes of PHC are essential for every physician's education and working with them in mind makes me a differentiated professional. (EMF8)

Recognizing the attributes of primary care improved the organization of my work process, as well as the execution of continued care programs, creating a greater bond with the patient and better control of chronic diseases. (EMF10)

This perception emphasizes the interference of FCM training and its awareness of PHC attributes in order to transform medical practice into another specialty. FCM training would then be a way to resist to market logic, reinforced by a current agenda of restrictions and persistence of medicine with a curative and medical focus, therefore not anchored in the paradigm of health promotion³².



Potentialities of FCM training

A large share of graduates stated that the RFCM contributed favorably to the development of their personal formation, making them more mature, secure, confident, autonomous and responsible. It is observed here the role of the RFCM in favoring a learning process that involves the development of attitudes and personal and professional maturing, through mentoring and role modeling, beyond technical skills and cultural dimensions that mix and overlap knowledge and perceptions³³.

[...] enabled me to acquire more autonomy, empowerment and security for my performance as a family physician. (EMF7)

I believe that my performance as a physician acquired maturity, humanity and consistency after residency. (EOA5)

The Brazilian Society of Medicine of Family and Community recognizes the importance of the implementation of interactive practices, both in undergraduate and graduate medical education, for the proper education of professionals trained to work in PHC³⁴. This requires individuals with critical thinking, agility of thought, adaptability and recognition of territory, attitudes favored in the teaching environment that applies active methodologies, a factor clearly expressed by the graduates³⁵.

The residents, inserted in the field of practice, are able to promote restructuring in services, from the implementation of new actions to the mobilization of continuing education, stimulus to preceptorship and other reciprocal movements able to improve medical training and positively impact the management of care of other professionals working in the same context³⁵.

The relevance of the doctor-patient relationship was consistently pointed out, with the establishment of a bond and trust between the professional and the community, providing greater ownership and resoluteness in care. Therefore, it was argued by the graduates that the doctor-patient relationship is developed at all moments of care, from the reception to the adoption of conducts that prioritize the health and well-being of the patient.

It made me become a doctor closer to my patients. (EOA9)

[...] have the understanding that today the doctor-patient relationship needs to be improved. (EMF13)

[...] and improved my doctor-patient relationship. (EMF8)



The transversality of the doctor-patient relationship is the foundation for the evaluation and progression of communication skills in medical practice³⁶. By assimilating and assuming the understanding of the other, the physician gets closer to the patient, resorting to the various sources of explanation and understanding of the problems and using individualized strategies adapted to the most diverse contexts of health care³⁷.

The graduates also mentioned that the active methodologies and communication techniques employed in the RFCM curriculum positively supported their empowerment for care practice, as they felt qualified to face PHC challenges, due to the proximity with patients and the constant search for knowledge to meet users' expectations:

[...] the active methodologies and communication techniques help a lot in my personal training. (EMF1)

[...] the active methodologies made me reflect and have a more critical look at reality. (EMF9)

This perception illustrates how active methodologies acquire their own profile in training to work in health, given the interdependence between theory and practice, coupled with the development of a comprehensive perception of people and the expansion of the concept of care, all needed for the adequacy of the attitudes of health professionals to the context of people's health needs^{38,39}.

Graduates working in another specialty pointed out several contributions of RFCM in their work process, even if in another field. One of them is linked to the possibility of coming into contact with other specialties during rotations in the specialty ambulatories. This socialization with other areas helped them to better perceive their professional affinities.

Residency enables us to experience living with other specialties. (EOA3)

[...] and also, during the practice in PHC we can better identify our affinities. (EOA7)

[...] even helped to decide and choose to study psychiatry. (EOA11)



This context may suggest that, during the rotation in focal specialties, the young doctors have the opportunity to verify several aspects of these specialties, which can interfere in their choice at the end of the RFCM program. Opting for another area goes through aspects related to patient perception that focal specialists are more qualified, by the attractive financial possibility of the private market, by the supposed status and even by the identification of a profile for another specialty⁴⁰.

However, the graduates believe that having done residency was important even for their work outside PHC. They noticed that the patients themselves refer that they have a differentiated care regarding other specialists.

I have been praised by more than one patient about my work process, which is concerned with the patient beyond the area in which I am working, and I believe I learned this during residency. (EOA11)

I believe that today in pathology, I see them more closely, but through the lens of the microscope. Even so, for all that I learned with the proximity to the patient, with the bias of comprehensiveness, I will never see only fragments. (EOA10)

It provided a broader vision that goes beyond the individual, includes people, family, community, social among others. (EOA7)

This difference points FCM as a priority specialty to train professionals to care for people in different moments and life cycles, by developing competences centered on a biopsychosocial rationality perspective. Thus, FCM training has contributed to form more welcoming and humanized professionals for and beyond PHC⁸.

Challenges of the specialty

The most noticeable difficulty in the respondents' explanations concerns the lack of professional valorization in FCM, either by colleagues from other areas, or by the non-recognition of the importance of the specialty by the management of public health services, even the devaluation shown by patients - users of the health system.

Lack of appreciation by patients, medical colleagues and municipal administration. (EMF10)

Low remuneration and little professional recognition. (EMF15)



Prejudice from colleagues from other specialties. (EMF7)

Lack of management appreciation for the FCM specialist. (EMF15)

There are complex variables that may influence the choice of a medical career and seem to be more implicated in personal and professional factors related to the specialty and residency program chosen than to academic issues, also going through ideological aspects^{15,41}. From the young professional's perspective, the focal specialties represent the opportunity for social ascension and, in the medical field, both in financial terms and prestige⁴⁰. This justifies a feeling of dissatisfaction, also presented by graduates at the moment of entering the job market, when facing low salaries due to the lack of salary incentive by the local management when contacting a professional to work in PHC with the FCM specialty.

The efforts to make FCM an attractive field for future professionals encompass several variables, but the search for better salaries and status are remarked in the decision process of postgraduate work, representing an obstacle for professionals to be attracted and remain in the area in larger numbers^{42,43}. However, this reality has been changing in recent decades, with inductive policies for the universalization and prioritization of FCM, several competitive examinations for FCM with satisfactory remuneration and incentives for graduates of RFCM to score points for entry into other residency programs⁶.

Political interference by management was reported by graduates, which directly reflects on the residency program activities, since the main fields of work for FCM residents and specialists are the municipality's Family Health Strategy (FHS) units.

Dependence on municipal resources and managers. (EOA2)

Political interference of management in health centers that influence residency issues. (EMF15)

Management implications that directly interfere in the residents' training, such as the choice of units for the program. (EOA 12)

The need for management to prioritize PHC with responsible investment in the structure and organization of services is pointed out as a source of dissatisfaction on the part of PHC professionals, standing in the way of universal and equitable access to PHC⁴⁴. Only part of the managers identify the potential of the RFCM for the improvement of the service and even so, it does not mean that they will use this potential in political practices, not using the medical residency as a propeller factor of PHC⁷.



However, the RFCM in Palmas-TO have been prioritized by the local municipal management, which recognizes training as the differential capable of mobilizing professionals and transforming them, as they themselves report. The residents thus occupy an important role for the development of the municipal PHC, whose management has understood the RMFC program as a possibility of intervention that leads to a significant virtuous circle⁷.

The work overload during training emerged in the answers of a few graduates. It was noticed that the broad spectrum of activities of the specialty together with the frequent demands of the management technical areas sometimes makes the residency tiring and residents feel overloaded.

Work overload. (EMF14)

Specialty with demands in several action fronts. (EOA15)

This overload can be related to the characteristics of this residency, particularly its wide scope of action, the frequent diagnostic uncertainty, the emotional demands of the relationship with users and community, and the fast need to acquire autonomy⁴⁵.

Reflections on the pedagogical activities of these programs and the possible impact of this training on medical practice and population health were evidenced, and may also guide the decision-making process of managers in the context of public health policies, with emphasis on teaching-service integration of RFCM.

Final considerations

Some limitations of the study may be linked to the possible loss of communication and interaction for the detection of emotions and deepening typical of in-depth interviews. Still, owing to the adherence of all graduates, the results demonstrated the relevance of the RFCM in the training of professionals able to perform the attributes of the Brazilian PHC and the need for increasing appreciation of public policies that support and expand this training.

The fact that most of the graduates from the Palmas-TO RFCM are still working in the specialty after completing residency confirmed their perception, as well as that of graduates working in other areas, about the significant contributions of this training in influencing the current work process, in and beyond PHC, guided by their respective essential attributes.

The RFCM has shown to have a strategic potential to promote and retain professionals, especially in the region under study, contributing to the qualification and resolutivity of the local PHC. Through active methodologies integrated to services, graduates realize that FCM training provides advances in humanized professional practice, bringing tension to the restructuring of services, management and interpersonal relationships in health care, a transformation that goes beyond the professional to the personal dimension.



In spite of the challenges linked to the social devaluation of FCM, low remuneration, political influence in management and difficulties of professional establishment in the specialty, the findings ratify that RFCM has provided increasing recognition and identification with the specialty, improvement of medical practice and the expansion of integral care for restructuring the PHC care model, when properly prioritized and structured by management and training institutions.

Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

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Conflict of interest

The authors have no conflict of interest to declare.

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Analisou-se como as residências de Medicina de Família e Comunidade (RMFC) de uma capital da região norte do Brasil contribuíram para a formação e o desenvolvimento do atual processo de trabalho de seus egressos. Estudo exploratório, descritivo e transversal, com abordagem qualitativa focada em 31 egressos por meio de aplicação de questionário eletrônico com perguntas abertas. As respostas foram interpretadas por Análise de Conteúdo Temática, constituídas por quatro categorias empíricas: a formação em Medicina de Família e Comunidade (MFC) no processo de trabalho do egresso; reconhecimento e aplicação dos atributos da Atenção Primária à Saúde (APS); potências da formação em RMFC; e os desafios da especialidade. Os programas de RMFC estudados contribuem para a formação da prática profissional e do perfil dos seus egressos por meio do fortalecimento e da efetivação dos atributos da Atenção Primária à Saúde (APS), inclusive estendendo-se para além da especialidade.

Palavras-chave: Educação médica. Residência médica. Atenção Primária à Saúde. Estratégia Saúde da Família.

Se analizó cómo las residencias de Medicina de Familia y Comunidad (RMFC) de una capital de la región Norte de Brasil contribuyeron en la formación y el desarrollo del actual proceso de trabajo de sus egresados. Estudio exploratorio, descriptivo y transversal, con abordaje cualitativo enfocado en 31 egresados por medio de la aplicación de cuestionario electrónico con preguntas abiertas. Las respuestas se interpretaron por Análisis de Contenido Temático, constituyéndose cuatro categorías empíricas: la formación en Medicina de Familia y Comunidad (MFC) en el proceso de trabajo del egresado; reconocimiento y aplicación de los atributos de la Atención Primaria de la Salud (APS); potencias de la formación en RMFC y los desafíos de la especialidad. Los programas de RMFC estudiados contribuyen con la formación de la práctica profesional y con el perfil de sus egresados por medio del fortalecimiento y puesta en práctica de los atributos de la APS, incluso ampliándose más allá de la especialidad.

Palabras clave: Educación médica. Residencia médica. Atención Primaria de la Salud. Estrategia Salud de la Familia.