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ORGANIZATION OF ACADEMIC LEAGUES: AN ANALYSIS BASED ON UNDERGRADUATE COURSES IN THE HEALTH AREA

ORGANIZAÇÃO DE LIGAS ACADÊMICAS: UMA ANÁLISE A PARTIR DE CURSOS DE GRADUAÇÃO DA ÁREA DA SAÚDE

ORGANIZACIÓN DE LIGAS ACADÉMICAS: UN ANÁLISIS A PARTIR DE CURSOS DE GRADUACIÓN EN EL ÁREA DE LA SALUD

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ABSTRACT: Introduction: Academic leagues need regulation so that they can carry out activities across the entire training tripod. In this sense, it is important to know how to organize these extracurricular activities. **Objective:** To present aspects related to the performance of academic leagues in the health sector. **Methodology:** This is a descriptive and documentary study, carried out in the municipality of Sobral - Ceará, during the period from August 2017 to May 2018, with eight academic leagues of medicine and nursing courses. Sixteen students and 8 teachers participated in the study. The collection was carried out through documentary analysis, observation, and interviews. The data were organized with the help of N-Vivo software and Bardin's content analysis. **Results: I**t was possible to learn about the regulation of academic leagues, their operating scenarios, league insertion mechanisms, their compositions, and how they organize themselves to acquire resources. **Conclusion:** The study brought an approximation of how these leagues are constituted, with different compositions, from centralizing and hierarchical to a panorama of horizontality and co-management. The limitations of the research were the analysis of only two courses in the health area and the scarcity of investigations covering this topic.

KEYWORDS: Health Training. Academic Leagues. Nursing. Medicine.

RESUMO: ***Introdução:*** *As ligas acadêmicas necessitam de uma regulamentação, para que realizem atividades de todo o tripé da formação. Neste sentido, é importante conhecer a organização dessas atividades extracurriculares.* ***Objetivo:*** *Apresentar os aspectos relativos à atuação de ligas acadêmicas da área da saúde.* ***Metodologia:*** *Trata-se de um estudo do tipo descritivo e documental, realizado no município de Sobral - Ceará, durante o período de agosto de 2017 a maio de 2018, com oito ligas acadêmicas dos cursos de medicina e enfermagem. Participaram do estudo 16 discentes e oito docentes. A coleta foi realizada por meio de análise documental, observação e entrevistas. Os dados foram organizados com o auxílio do software N-Vivo e a análise de conteúdo de Bardin.* ***Resultados:*** *Foi possível conhecer a regulamentação das ligas acadêmicas, seus cenários de atuação, mecanismos de inserção das ligas, suas composições e ainda como estas se organizam para adquirir recursos.* ***Conclusão:*** *O estudo trouxe uma aproximação de como estas ligas estão constituídas, com composições diversas, desde centralizadora e hierarquizada a um panorama de horizontalidade e cogestão. A pesquisa apresentou como limitações a análise de apenas dois cursos da área da saúde e a escassez de investigações que abranjam esta temática.*

PALABRAS CLAVE: *Formación en Salud. Ligas Académicas. Enfermería. Medicina.*

RESUMEN: ***Introducción:*** *Las ligas académicas necesitan regulación para que realicen actividades de todo el trípode de la formación. En este sentido, es importante conocer la organización de estas actividades extraescolares.* ***Objetivo:*** *Presentar los aspectos relacionados con el desempeño de las ligas académicas en el área de la salud.* ***Metodología:*** *Se trata de un estudio descriptivo y documental, realizado en el municipio de Sobral - Ceará, en el período de agosto de 2017 a mayo de 2018, con ocho ligas académicas de los cursos de medicina y enfermería. Un total de 16 estudiantes y ocho profesores participaron en el estudio. La recolección de datos se realizó a través del análisis de documentos, observación y entrevistas. Los datos se organizaron con la ayuda del software N-Vivo y el análisis de contenido de Bardin.* ***Resultados:*** *Se pudo conocer la regulación de las ligas académicas, sus escenarios de actuación, mecanismos de inserción de las ligas, sus composiciones y también cómo se organizan para adquirir recursos.* ***Conclusión:*** *El estudio aportó una aproximación de cómo se constituyen estas ligas, con diversas composiciones, desde centralizadoras y jerárquicas hasta un panorama de horizontalidad y cogestión. Las limitaciones de la investigación fueron el análisis de solo dos cursos en el área de la salud y la escasez de investigaciones que abarquen este tema.*

PALABRAS CLAVE: *Capacitación en Salud. Ligas Académicas. Enfermería. Medicina.*

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INTRODUCTION

Academic Leagues (AL) emerged in 1920 with the creation of the League Against Syphilis at the University of São Paulo, but they gained significant expansion during the military dictatorship period, when access to knowledge became more restricted, and student organizations mobilized to acquire information and assist the population (Cavalcante *et al.*, 2021). Since then, this movement has been consistent. Among the extracurricular activities performed by health students, 52% are characterized by ALsLA (Ferreira *et al.*, 2018).

It is expected that students can identify themes that promote theoretical deepening, with a view toward social transformation. Although the ALs linked to nursing courses, at their inception, were influenced by the medical course leagues (which were primarily guided by specialties), they present a holistic perspective of the individual being cared for. The documents that regulate them show similarities in terms of organizational structure, but differ in their design, with a focus on the life cycle.

Furthermore, it is evident that the management models of nursing leagues are predominantly horizontal, promoting the exercise of co-management between students and faculty, due to the presence of assemblies and advisory councils. In contrast, most medical leagues are vertically structured with a focus on the centrality of the board of directors.

The primary objective of ALs in the health field is to provide students with opportunities for practical experience and skill acquisition in care, considering the inseparability between assistance, research, and technical-scientific development, while bringing together teaching, research, and extension, thus constituting a formative and transformative space, strengthening the academy-community bond (Cavalcante *et al.*, 2021).

To understand and apply this process, it is important to be aware of how ALs are currently organized. Therefore, this study aims to present aspects related to the functioning of academic leagues in the health field.

METODOLOGY

This is an exploratory-descriptive, documentary case study with a qualitative approach, conducted from August 2017 to May 2018. The research setting covered two public universities located in the interior of the state of Ceará: the State University of Vale do Acaraú (UVA) and the Federal University of Ceará (UFC), both located in the municipality of Sobral. The investigation involved four academic leagues (ALs) from the Nursing program and four from the Medicine program at these institutions. The choice of universities was based on their historical significance in the region, while the ALs from these programs were selected due to their

representation in the health field, considering that these professions are essential at all levels of care.

The study involved eight faculty members responsible for the academic leagues and 16 students, including members of the AL boards and students without leadership roles, randomly selected, provided they met the established inclusion criteria. The inclusion criteria consisted of being regularly enrolled in one of the aforementioned programs, being an active member of one of the academic leagues during the data collection period, and having participated in the respective league's activities for at least one semester.

For data collection, a documentary analysis of documents produced by the Academic Leagues (ALs) was conducted, along with observation of the meetings of these leagues, totaling 24 observation sessions, with three meetings for each league. Structured interviews were also conducted with participants. For the documentary analysis, the faculty members responsible for the ALs were asked to provide the documents, with a prior guide for data collection. Observations took place according to the meeting schedules of each league, while the structured interviews were guided by the National University Extension Policy, dated 2012 (FORPROEX, 2012).

The Academic Leagues studied were: the Family Health Nursing League (LESF), the Adolescent Health Promotion Academic League (LIPSA), the Emergency and Urgency Nursing League (LENUE), and the Interdisciplinary League in Child Health (LISCRI), all affiliated with the Nursing course. In the Medical course, the studied leagues were: the Sobral Plastic Surgery Academic League (LACIPS), the Sobral Otolaryngology and Head and Neck Surgery Academic League, the Sobral Family and Community Medicine League (LIMFACS), and the Sobral Trauma League.

For data analysis, the Content Analysis Technique, as proposed by Bardin (2011), was used, with the support of the N-Vivo software. The results were also presented in tables and figures. The research received favorable approval from UVA's Ethics and Research Committee (CEP), under number 2,102,883, ensuring compliance with all ethical principles. The confidentiality of the participants and the Academic Leagues was fully respected.

RESULTS

Regulation of the Academic Leagues

The results of this study highlighted the urgent need for regulation of the Academic Leagues (ALs). All the ALs investigated had a statute, a document that governs the actions of its members, establishing rights, duties, and norms for its functioning. It was also observed that there was a similarity between the statutes of the ALs linked to the Medicine and Nursing courses.

The studied ALs developed their regulations based on the National University Extension Policy, which, since 1999, through the National University Extension Plan, has been widely discussed in the Forum of Pro-Rectors of Brazilian Public Higher Education Institutions (FORPROEX). This policy outlines guidelines for forming and organizing these leagues, aiming to strengthen the integration between teaching, research, and extension.

> The League must operate in accordance with the set of National Guidelines for Academic Leagues (LISCRI Statute, our translation).
>
> (...) we based ourselves on the statute of a medical league, we researched on the internet and saw that in São Paulo, all the leagues are very well coordinated, the medical leagues (Student Coordinator Nursing III, our translation).

There are several associations linked to the Academic Leagues (ALs) in specific specialties, as mentioned by the participants during the interviews, such as the Brazilian Association of Family Health Academic Leagues and the Brazilian Association of Plastic Surgery. Additionally, during the Emergency and Urgency Nursing League (LENUE) observation sessions, the participants referred to the Brazilian Committee of Trauma Leagues.

> Besides this congress, there are the campaigns that the league organizes in partnership with the Brazilian Association of Plastic Surgery Leagues, so we always carry out three campaigns a year (...); there is also the part of training, the part where we establish partnerships with schools here in Sobral, it's quite varied (Medical League Member I, our translation).
>
> The league was already registered with ALASC; previous presidents did the same; I don't know exactly when ALASC was created, but if I'm not mistaken, since ALASC's founding, LIMFACS has been involved, it was one of the first leagues to participate. In fact, we have a member who was a former president of LIMFACS, and she was also very active in this (Student Coordinator, Medical Course I, our translation).

These associations function as regulatory bodies for the Academic Leagues (ALs) in their respective areas, possessing their statutes aimed at guiding the registered leagues. They may operate voluntarily, without charging participation fees, or have contributing members who pay established monthly dues. These associations are often linked to medical institutions, such as the Association of Family and Community Medicine Leagues (ALASF), which is affiliated with the Brazilian Society of Family and Community Medicine.

> There is the Association of Family and Community Medicine Leagues, which is ALASF. I am the Regional Director here in the Northeast, just as there are directors in the Southeast and other regions. We are spreading the word, I'm from the Northeast, specifically Ceará, and today there are leagues in Pernambuco, we have representatives from all over, it's really cool. (Student Coordinator, Medical Course I, our translation)
>
> (...) at least the previous one, I don't think there was any fee, it's more informal, there's a structure with a university that centralizes it, but it also has a strong relationship with the Brazilian Society of Plastic Surgery, and that's where it gains more

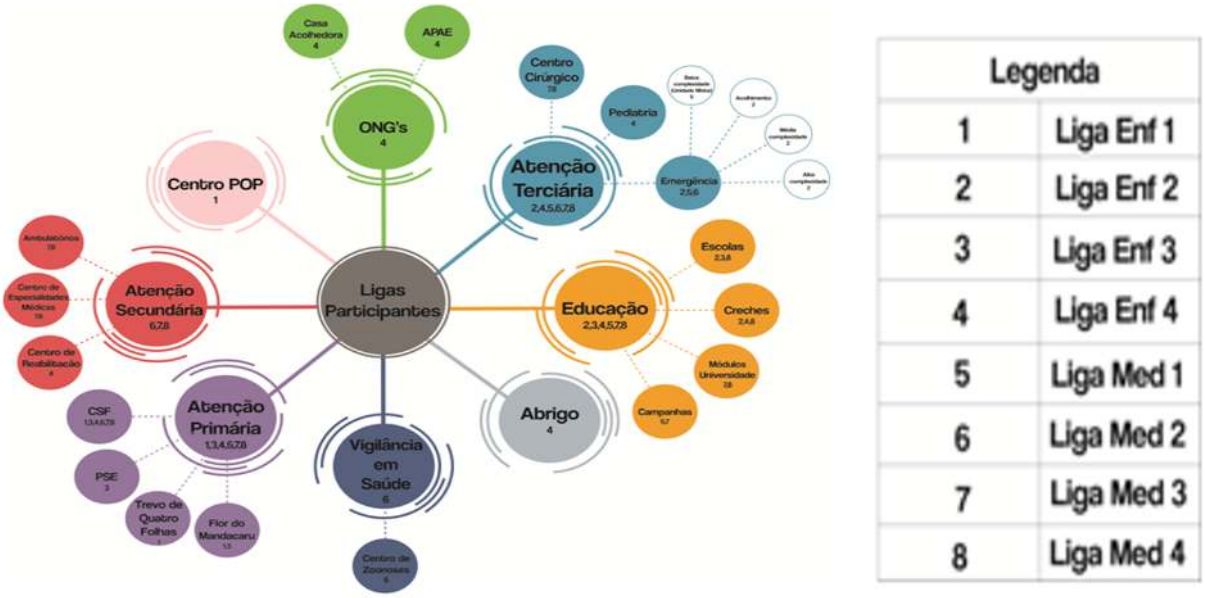
> importance and institutionalization. I think that's a positive development for the project (Medical League Member I, our translation).

All the leagues studied are affiliated with the Extension Pro-Rectories (PROEX) of their respective undergraduate courses, with this university body being responsible for issuing certificates.

Operational Scenarios

The Academic Leagues (ALs) operate in various healthcare settings, as illustrated in Figure 1.

Figure 1 - Operational Scenarios of the Academic Leagues that participated in this study. Sobral, Ceará, Brasil. 2018[6]



Source: Prepared by the authors.

It is noted that, in addition to the ALs' activities in Family Health Centers and hospital environments, their reach extends into broader territories, as shown in the following citations.

> Art. 32 – It is important to note that the activities of the League will be carried out in Basic Health Units (UBS), and agreements may also be established with other institutions, such as Flor do Mandacaru, Trevo de Quatro Folhas, at the discretion of the League's Board and with the consent of these services for the participation of League members (Statute of LESF, our translation).

> (...) in the beginning, we also did activities that were not directly related to healthcare, but were linked to epidemiology, so there were some visits to... the epidemiology center, which is referred to as zoonosis (Professor, Medicine III, our translation).

It should also be highlighted that the Academic Leagues (ALs) do not exclusively operate in healthcare services, but also carry out a variety of activities in schools, daycare cen-

[6] Legend Translation: 1 - Nursing League 1; 2 - Nursing League 2; 3 - Nursing League 3; 4 - Nursing League 4; 5 - Med. League 1; 6 - Med. League 2; 7 - Med. League 3; 8 - Med. League 4.

ters, and shelters. These leagues engage in actions within Non-Governmental Organizations (NGOs), social assistance services, and the Specialized Reference Center for People in Situations of Street Living (Centro POP).

> (...) it involves the Casa Acolhedora do Arco, a project that welcomes mothers with a history of crack use, the APAE, the São Francisco shelter (...) (Nursing League Member I, our translation).

> (...) there is the Centro POP, which provides support to homeless people, a service aimed at the homeless (...), so the idea is that you can carry out health education actions, promoting something beyond a mere assistance service, offering things (Professor, Nursing II, our translation).

> Currently, they have extension projects that are developed in basic units or some NGOs such as APAE, and also at Casa Acolhedora (...) (Professor, Nursing IV), our translation).

Forms of Insertion into the Leagues

The academic leagues affiliated with the Medicine course do not have a specific duration, meaning students join through a selection process and may remain until the completion of their degree. On the other hand, the nursing course leagues have a predetermined period of involvement, ranging from six months to one year, although there is no interruption of activities. The selection processes for the Medical Leagues occur only when there is a need to fill vacant positions, as illustrated in the following excerpt:

> Therefore, a new selection process will be held at the beginning of each semester (...). Paragraph two: The selection process will only be carried out when there is a need to fill vacancies and/or expand the number of students (Statute of LIMFACS, our translation).

The selection process for the academic leagues studied can consist of one to three stages, with the first stage being eliminatory and the subsequent stages being classificatory when the public notice includes more than one phase. Other forms of selection were also presented as follows:

> The selection process will consist of three stages: I. The first stage will consist of a written exam (30 multiple-choice questions), to be held on a date to be announced later, with a duration of 2 hours; II. The second stage, held one week later, will consist of a seminar presentation, with the theme announced after the first stage, lasting 10 minutes. The theme will be disclosed to those selected for the second phase and must be presented to the general public, without the use of slides; III. The third stage will be an interview, conducted immediately after the seminar presentations (LIMFACS Public Notice, our translation).

> The selection process will be conducted in a single phase, which is both classificatory and eliminatory: A collective interview and group activity will take place. In this phase, groups will be formed, and each group will consist of a set number of participants, depending on the number of applicants (LESF Public Notice, our translation).

The selection process is directed at students of the Medicine or Nursing courses linked to the respective universities with which the leagues are affiliated, with the exception of the Interdisciplinary League in Child Health (LISCRI), which is also open to students of the undergraduate Physical Education program. Students may apply to the selection process according to the semester in which they are enrolled, taking into account the requirement of prior knowledge on the subject addressed by the league, especially in the leagues linked to the Nursing program.

Composition of the Academic Leagues

All of the leagues in this study presented a board or coordination with various positions, as listed in Chart 1.

Chart 1 - Composition of the board/coordinator of the academic leagues participating in this study. Sobral, Ceará, Brasil, 2018

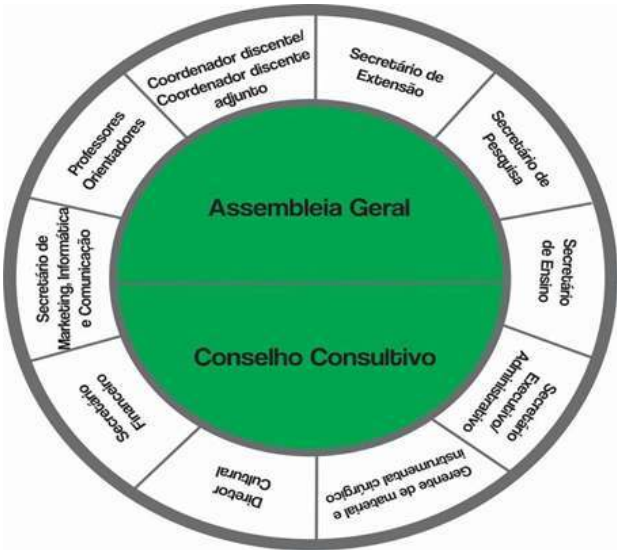
LEAGUES	POSITIONS							
LENUE	President	Vice President	Director of Extension	Director of Education	Research Director	Chief Financial Officer	Executive Director	Others
LACIPS	President	Vice President	-	Education Manager	Scientific Iniciation Manager	Tresuarer	First Secretary Second Secretary	Field Manager and Marketing Manager Material and Surgical Instrument Manager and Second Marketing Manager
LESF	President	Vice President	Director of Teaching, Research and Extension			Chief Financial Officer	Administrative Director	IT and Marketing Director
LIMFACS	President	Vice President	-	Socio-Academic Director	Scientific Director Scientific Director	Director of Finance and Assets	First Secretary Second Secretary	Media and Print Director
LISCRI	General Student Coordinator	Deputy Student Coordinator	Secretaria de Extension	Secretary of Education	Research Secretary	Secretary/ Treasurer	-	Communications and Marketing Secretary
LAOCCPS	President	Secretary	Internship Director	Campaign Director	Scientific Director	-	-	-
LIPSA	President	Vice-President	Director of Extension	Director of Education	Research Director	Chief Financial Officer	Executive Director	Marketing Director and Cultural Director
TRAUMA	President	Vice-President	Director of Extension	Director of Education	Scientific and Research Board	Director of Finance and Assets	First Secretary Second Secretary	Prevention Center

Source: Developed by the authors.

The leagues operate through working groups, in which a set number of students is responsible for common tasks based on the division of duties. Through the analysis of these

roles and the observation sessions of this study, it was possible to identify both a horizontal composition, as illustrated in Figure 2, and a vertical composition, as represented in Figure 3.

Figure 2 - Representation of the horizontal composition identified in academic leagues participating in the study. Sobral, Ceará, Brasil, 2018[7]



Source: Developed by the authors.

Figure 3 - Representation of the vertical composition identified in academic leagues participating in the study. Sobral, Ceará, Brasil, 2018[8]



Source: Developed by the authors.

[7] Translation from left to right: Student Coordinator/Assistant Student Coordinator; Teacher Advisors; Secretary of Marketing, Information Technology, and Communication; Financial Secretary; Cultural Director; Manager of Surgical Materials and Instruments; Executive/Administrative Secretary; Secretary of Education; Secretary of Research; Secretary of Extension.

[8] Top to bottom translation: Supervising professor; Founding members; President; Vice-president; Secretary of Extension/Secretary of Education; Secretary of Research; Financial Secretary; Executive Secretary; Secretary of Marketing; Cultural Director; Manager of surgical material and instruments; Binders

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Financial Resources of Academic Leagues

Academic Leagues (AL) adopt strategies to finance their activities, aiming to acquire essential resources for their maintenance. A key challenge faced by public universities themselves is unstable funding, which complicates the establishment of a solid foundation for university extension financing (Moreira *et al.*, 2019).

Among the eight leagues surveyed, three did not have scholarship recipients. In the leagues with scholarships, all recipients were the coordinators. In some leagues, students partially or fully allocated the value of their scholarships to the individuals responsible for organizing the financial resources of the leagues. However, the majority of the resources come from events and courses, which generate funds for the development of their activities and the acquisition of materials.

> (...) we had a treasury, and we still have a safe, right? The way it worked was that, as the league always had a scholarship, half of the 400-real scholarship was for the president, and the other half was for the league (Medical Student Coordinator I, our translation).
>
> We receive a scholarship, but the scholarship belongs to the scholarship recipients, and it cannot be spent according to PROEX regulations. The scholarship recipient cannot use their earnings for the project; it must be for personal learning, as you wish, but it cannot be for the league (Medical Student Coordinator III, our translation).
>
> (...) we organized the event, and we have money in the account after the event. With the money from the event, we've already purchased materials (Nursing Professor I, our translation).

For the development of their activities, the members also use their resources to acquire materials, with a proportional division of the cost of the purchased items. Additionally, they may charge registration fees for the leagues' open calls, apply fines for tardiness, absences at meetings, and other failures related to the activities of the leagues, or establish monthly fees, with the aim of building a financial resource pool. The members also have the option to acquire materials and/or equipment that will be used in the league's activities and/or donated to the university itself.

> There was a time when we used to impose a symbolic fine, if someone missed a meeting without justification: one real (laughs), and with those one-real fines, we could make photocopies, something like that, but to buy materials for an event, it was split. (...) I paid for the banner, it was like that, now (...) (Nursing Professor I, our translation).
>
> The goods acquired with LIMFACS funds or through scholarships, sponsorships, and donations automatically become part of the project's assets (LIMFACS Statute, our translation).

DISCUSSION

There is no consensus in the literature regarding the definition of Academic Leagues (AL). However, both the National Executive Directorate of Medical Students (DENEM), the Brazilian Association of Academic Leagues (ABLAM), and several authors who have investigated the topic characterize the leagues as student associations that adopt the university triad—teaching, research, and extension—as their reference framework (Cavalcante *et al.*, 2021; Moreira *et al.*, 2019; Goergen; Hamamoto Filho, 2021).

Regarding their regulation, there are currently various statutes available online for ALs across different undergraduate courses and institutions, which establish the operational norms for these extracurricular activities and can serve as models for systematization. In 2017, DENEM published a booklet on academic leagues, providing a suggested model of statute to be followed (Brasil, 2014).

At the national level, some documents regulate the ALs in medical courses, justified by the long history of this profession. In this regard, there is a clear need for an interdisciplinary document, or even an institutional one, to guide the regulation of ALs in other health-related courses.

With the expansion of ALs in medical courses, the debate within Medical Education regarding the inclusion of these activities in academic curricula has intensified. In 2005, ABLAM was founded, and in 2010, through a General Assembly, it launched the National Guidelines for Academic Leagues of Medicine, which define the principles, foundations, conditions, and procedures for the formation and operation of the leagues (Brasil, 2010).

There is an urgent need to strengthen the regulation and periodic evaluation of AL activities (Ferreira; Souza; Botelho, 2016). as well as the recognition of their importance for training in the health field, with due oversight by the educational institutions from which they originate and in which they operate.

In this context, in 2017, with the growth of ALs in the Nursing Program at the State University of Vale do Acaraú (UVA), the Pro-Rectorate of Extension (PROEX) issued a resolution that defined the accreditation and operational standards for the leagues, including the elements that should be included in their statutes (Sobral, 2017a).

The coordination carried out by the Academic Leagues (AL) aligns with the statements made by municipal health managers, who highlight the existence of other mechanisms within the health network to support Primary Health Care (PHC), contributing to increased access and the improvement of the quality of care provided to the population (Ribeiro *et al.*, 2020).

In addition to strengthening the actions of PHC, as well as those in medium and high complexity healthcare, the ALs develop activities in various settings throughout the municipality, contributing not only to actions within the Health Care Network (RAS) but also enhancing

intersectionality within the Unified Health System (SUS).

The participating leagues operate within the Municipal Health School System (SMSE) of Sobral, which regulates their actions, provides support to institutions, and organizes internship fields, clinical placements, technical visits, and extension experiences. The system also ensures that each establishment within the municipal health network serves as a space for carrying out extension and research activities (Sobral, 2017b).

Several authors agree with the idea that the greater the opportunities for students to experience intersectoral spaces and interact with other professions, the greater the possibilities for integrality in the practices carried out, directly contributing to health education (Carvalho *et al.*, 2019).

Population health can only be achieved through the coordination of various services and sectors, with intersectorality as a central focus. This facilitates a macro view of reality, the planning of actions, and decision-making processes that foster collective engagement, while posing a challenge for implementing public policies that can address social demands (Buss *et al.*, 2020). Thus, the activities of the Academic Leagues (AL) must acknowledge the need for continuous evolution in health education, understanding that coordination between different sectors is challenging and requires new approaches.

The challenges faced by Brazilian healthcare demand an integrated and contextualized health education model, one that bridges theory and practice while incorporating the realities of services within their economic, political, and cultural contexts. This approach prepares future professionals for prevention, promotion, protection, and rehabilitation actions, both at the individual and collective levels (Cavalcante *et al.*, 2021).

The use of practice scenarios beyond healthcare services allows students to acquire knowledge about health services and existing community-based resources. This enables them to identify issues, understand their causes, and develop skills to address them, through the exchange of knowledge between students, professionals, and the community.

In this way, the university fulfills its teaching function and its role in social responsibility, providing dynamic learning opportunities. This ensures that future professionals engage not only with technical knowledge but also with commitment, ethics, and involvement in their practices.

The selection processes of the leagues are typically organized by the leadership, using interviews, group discussions, registration forms, an analysis of the candidate's academic history, a minimum attendance requirement of 75% in introductory courses, the submission of written essays, and examinations (Silva; Flores, 2015). These findings align with those observed in this study.

The analyzed documents and testimonials indicate that the selection mechanisms include written exams, for which study references are provided, a letter of intent, and a curricu-

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lum evaluation, along with interviews, which can be either individual or group-based. In individual interviews, candidates are asked to present an educational technology or a pedagogical project related to the thematic area of the league they are applying to. The leagues prefer group interviews, as they allow for the identification of personal development skills from the outset of the selection process.

It is observed that the selection processes exclude students in their final semesters, as they are already in their internship period, which involves a substantial workload. In the Medicine program at UFC, the internship takes place from the ninth to the twelfth semester, lasting 23 months with a total workload of 4,488 hours. In the Nursing program at UVA, the internship occurs from the eighth to the tenth semester, with a total workload of 1,680 hours (Sobral, 2001; Sobral, 2017c).

The statutes and other official documents of the ALs stipulate that at least one faculty member must act as a supervisor. In this context, collaboration between faculty and students is essential, with the professor serving as a mediator and facilitator of the teaching-learning processes, highlighting the active and autonomous role of the students.

The president and vice president of the ALs have leadership roles, being responsible for guiding and coordinating various activities, with the expectation that these actions will be carried out in collaboration with other board members. The director or secretary of teaching, research, and extension is responsible for organizing theoretical and/or training activities, scientific production, clinical activities in practice settings, health promotion actions, and other activities involving contact with the community.

The financial director or treasurer is responsible for organizing the league's financial resources and ensuring transparency in their use. The executive director or secretary assumes responsibility for bureaucratic tasks, such as recording minutes and sending official documents. Positions related to marketing are tasked with managing communication and publicity. The composition of this leadership or coordination is determined through elections or by the appointment of the faculty advisor, with member rotation occurring according to the periods specified in the statutes.

It is essential to have rotation within the leadership or coordination to provide different students with the opportunity to experience participation in management roles, contributing to developing or enhancing essential competencies for their professional practice, such as decision-making, people management, and conflict resolution.

The organization of general assemblies, which serve as spaces for co-management, was also identified. These assemblies allow for collective decision-making through voting by the various members of the leagues. These meetings occur periodically or by extraordinary convocations. Additionally, there are advisory councils responsible for providing guidance to the league's board in the organizational processes, consisting of both faculty and student

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members.

It is important to note that the leagues are composed of professors, university students, and professionals linked to the health services where the leagues operate. As mentioned earlier, the leagues are primarily focused on the teaching and learning objectives of students. However, it is observed that they should place greater emphasis on addressing the needs of social demands. In this context, greater involvement of the community in the league's organizational dynamics is suggested. This raises the question: would it be feasible for community members to participate in the composition of the leagues? How could this participation be operationalized?

The social commitment of the university is the result of a set of relationships and actions agreed upon by the stakeholders, where information plays a role but is not the ultimate goal of the action. While there are institutionalized spaces for social participation (Buziquia *et al.*, 2023), it is necessary to expand these spaces so that the population can mobilize and fight for their causes.

There are leagues where decision-making and organizational processes occur in a horizontal manner, ensuring that all members have the right to express their opinions, with decisions made collectively through dialogue and listening to those involved. In this educational proposal, students take on a leading role, developing various competencies. The members of these leagues refer to this form of organization as "expanded coordination," where students, professors, and health professionals actively participate in decision-making processes, promoting the autonomy of those involved (Freire, 1996).

However, there are also leagues where these processes are carried out in a vertical and descending manner, highlighting a hierarchical characteristic. This approach is based on a unidirectional model of knowledge transmission, in which the participants assume a passive role, without space for reflection and/or critical thinking.

Despite these characteristics, it can be affirmed that the institutions studied exhibit elements that can support the formation of other academic leagues. Most universities either lack or have limited regulatory mechanisms for leagues (Soares; Santana; Cunha, 2018).

Regarding funding, FORPROEX establishes that the reactivation of the Ministry of Education's extension scholarship system should occur, at levels equivalent to those of scientific initiation and monitoring scholarships, in addition to existing institutional scholarships or those offered by other agencies (Forproex, 1999; Forproex, 2012). It is important to emphasize that these initiatives should be directed towards the academic development of students, as well as their activities, considering that the scholarships are granted on an individual basis. In this sense, it is suggested that additional alternatives for funding extension activities be encouraged.

League members have found that organizing events is a strategy for raising funds in a

short period. This practice is adopted by various academic leagues, as evidenced by reports in the studies. The resources necessary for maintaining the leagues are obtained through donations or events organized by the members themselves, becoming the primary source of revenue for sustaining their activities. Most leagues rely on funding from their members, a reality also identified in the study by Ferreira, Souza, and Botelho (2016) regarding the profile and contributions of leagues to medical education. The league's statutes outlines the acquisition of resources and assets, and the benefits may extend not only to the participating members but also to other students at the university to which the leagues are affiliated.

FINAL CONSIDERATIONS

The study provided an analysis of the leading academic leagues in the medicine and nursing programs, revealing the diversity of the composition of these leagues. A variation was observed between centralizing and hierarchical structures and those based on a dynamic of horizontality and co-management.

Although the leagues are structured as extension activities that integrate teaching and research, promoting student leadership, they face challenges related to funding their actions and structuring a comprehensive education, especially in the areas of communication and strengthening social participation.

Despite being designed to promote the dimension of knowledge, these leagues represent a unique opportunity for universities to strengthen ties with society and, above all, consolidate their social role, which is to contribute to improving people's quality of life.

The research presented limitations, with the analysis being restricted to two health-related programs and, primarily, the scarcity of studies that address this topic in a broader context. It is hoped that the results obtained may support universities in forming their Academic Leagues and promote reflection on the Political-Pedagogical Projects of the programs.

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