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Academic Leagues in health care worker education for Brazil's Unified Health System: potential and challenges

Ligas Acadêmicas na formação do profissional de saúde para o Sistema Único de Saúde: potencialidades e desafios

Abstract

Introduction: Academic Leagues (AL) are student associations that help strengthen the teaching-service-community relationship. **Objective:** To analyze the potential and challenges of Academic Leagues as learning devices, based on the perception of students and graduates of health degree programs on two campuses at a public university in northeastern Brazil, which use different teaching approaches. **Methods:** This is a qualitative study, whose data were collected through Focus Groups and analyzed using the Content Analysis technique. **Results:** Despite the challenges posed by people management, the standardization of the Leagues and the need for financial resources for full operation, the Academic Leagues, regardless of the teaching model adopted by the institution, play an important role in education and training of health workers so that they can develop greater critical sense, broader vision on health promotion and greater attention to the principles and demands of the Unified Health System. **Conclusion:** The results showed that students and teachers are encouraged to take action to overcome challenges and to exchange experiences to enhance complementary health education. Educational institutions have the role of monitoring the actions of the Leagues to strengthen and ensure the offer of university extension activities.

Keywords: Professional qualification. Unified Health System. Health education. Focus Groups.

Resumo

Introdução: As Ligas Acadêmicas (LA) são associações estudantis que contribuem com o estreitamento da relação ensino-serviço-comunidade. **Objetivo:** Analisar as potencialidades e os desafios das Ligas Acadêmicas como dispositivos de aprendizagem a partir da percepção de alunos e egressos dos cursos da saúde de dois campi de uma universidade pública do Nordeste brasileiro, com modelos de ensino distintos. **Métodos:** Trata-se de um estudo qualitativo, cujos dados foram coletados por meio de Grupos Focais e analisados pela técnica de Análise de Conteúdo. **Resultados:** Foi identificado que, apesar dos desafios inerentes à gestão de pessoas, ao processo de normatização das Ligas e à necessidade de recursos financeiros para a realização das ações, as Ligas Acadêmicas, independentemente do modelo de ensino adotado pela instituição, desempenham importante papel na formação de profissionais de saúde com maior senso crítico, ampliada visão sobre o modo de promover saúde e maior atenção aos princípios e demandas do Sistema Único de Saúde. **Conclusão:** A partir dos resultados, sugere-se aos discentes e

professores uma atuação que favoreça a superação de desafios e a troca de experiências para potencializar a formação complementar em saúde. Às instituições de ensino cabe o papel de acompanhamento das ações das Ligas para garantir e fortalecer a extensão universitária.

Palavras-chave: Formação Profissional. Sistema Único de Saúde. Educação em saúde. Grupos Focais.

INTRODUCTION

Academic Leagues (AL) are an important learning tool. They are defined as non-profit student organizations with a self-managed learning system, supervised and coordinated by professors and/or professionals affiliated with a particular institution, whose activities can be performed for an indefinite period of time.^{1,2}

Guided by the principle of inseparability between teaching, research and extension, the Leagues contribute to theoretical and practical learning, foster reflective and critical training of university students and future health workers, as well as develop and consolidate the relationship between the university and the real life of communities. In addition, they produce new knowledge and new forms of work and health care, encourage collaboration in the way of doing health, enable the development of an expanded and comprehensive look at reality and favor teamwork.³⁻⁵

Historically, the development of Academic Leagues in Brazil took place as of 1920, with the creation of the League Against Syphilis, by students of the Oswaldo Cruz Academic Center, School of Medicine, University of São Paulo, which, to date, contributes to the treatment of infectious diseases and prevention of sexually transmitted infections.⁶ Between the 1960s and the 1980s, there was an increase in the number of Leagues, as a result of student movements as a form of protest against the political and social scenario of the time and a means of rethinking the prevailing academic education.⁷

However, it was between the end of the 1990s and the beginning of the 2000s that the greatest expansion of the Leagues took place, in the context of consolidation and strengthening of Brazil's Unified Health System (*Sistema Único de Saúde* or SUS), out of concern with the training of human resources for the public sector, and the need for reflection on the (re)construction of the teaching-learning model of Brazilian universities.^{7,8} In this scenario, the new health care system provided for in the Organic Health Law (Lei 8080/1990) also required changes in professional training, which continued to be guided by the logic of a biomedical, hospital-centered individual-focused model.⁸

More recently, in 2001, the National Curricular Guidelines (*Diretrizes Curriculares Nacionais*, DCN) for health degree programs recommended that higher education be able to stimulate knowledge of social problems, educate future professionals for provision of comprehensive care (with a broad view of how to provide health care) and prepare them to address and fulfill the population's health needs.⁹

To enable the effective implementation of the principles proposed in the guidelines, continuous efforts and alternative forms are needed to provide different teaching-learning scenarios, through links between teaching and service provision, with an emphasis on strengthening bonds with the community. Such efforts and form should also stimulate creativity and criticality within universities.¹⁰ This is this context in which AL are developed, and although they are a powerful learning device, there is still an incipient and insufficiently scientific view on their role in health care worker education.¹¹

In this perspective, this study was aimed at analyzing the potential and challenges of Academic Leagues, based on the perception of students and graduates of health degree programs at two higher education institutions in Sergipe, in order to contribute to the improvement and strengthening of Leagues' activities, and evidence their role in critical-reflective teaching, anchored in the experience of health issues, scientific development and consolidation of university extension.

METHODS

Study type and design

This is a cross-sectional qualitative study whose objective was to identify the perception of students and graduates of health degrees who participate or participated in an Academic League about the challenges and potential inherent in these entities.

Subjects and inclusion criteria

Students and graduates of the Nutrition, Nursing, Medicine and Physiotherapy degree programs from two campuses at a public university, in the Northeast Region of Brazil, were included in the study as long as they had been a member of an AL for a minimum period of six months. The choice of the two institutions is justified by the fact they used different teaching models: a traditional approach, marked by the transfer of knowledge from the teacher to the student, in a technical style of education which dissociated from practice; and another approach, with a focus on the participatory construction of knowledge, reorganization of the theory/practice relationship and the valorization of "learning to learn".^{12,13}

Data collection instruments and procedures

Data collection took place by means of a Focus Group (FG), consisting of a group debate in which randomly-selected participants, involved with the research topic, were encouraged by an interviewer to interact and discuss with one another, using a script.¹⁴ Through flexible and dynamic interaction, the group discussed several points of the central theme of the research, thereby providing further insights into what the participants thought about the subject of the study.^{15,16}

A Focus Group was held in each institution, on a previously scheduled date and time according to the availability of the guests. The session was recorded using two digital voice recorders, upon authorization of the subjects, and followed a semi-structured script with the following guiding questions: 1) What are the main motivations that led them to participate in an Academic League?; 2) What are the main challenges faced in the process of creating and maintaining an AL?; 3) What are the potentials and real contributions of AL for health care worker education?

To characterize the study population, an online questionnaire was made available to be answered before the beginning of the FG sessions. It contained questions to collect information about age, sex, degree program, length of participation in AL, management, general objective, activities developed and areas of action of the league.

Data analysis procedures

Immediately after data collection, the audios were transcribed in full, and the analysis was guided by the Content Analysis technique, following the steps recommended by Bardin, which allows exploring the responses of the subjects and the researcher's observations, in order to classify them into categories to understand the data more clearly.¹⁷

From this perspective, an in-depth reading of the transcribed material was carried out to establish the categories. The interpretations resulted in a database with information extracted from the material of each Focus Group and anchored in a theoretical framework to support the discussion of the findings.

Ethical aspects

After clarifying the steps, procedures, objectives and possible impacts of the research, the participants signed a Free and Informed Consent Form and the Voice Recording Authorization Term. The research was approved by the institution's Human Research Ethics Committee, under Opinion nº 2.701.406.

RESULTS

Characterization of subjects and target Academic Leagues

The sample of the study was composed of 11 individuals, aged between 20 and 29 years (Mean=23; SD=2,68), from two campuses at the Federal University of Sergipe (UFS); one used a traditional teaching model while the other adopted a problem-posing approach. The first FG had six students from the following degree programs: Nutrition (three students, two of whom were graduates), Nursing, Physiotherapy and Medicine (one student each). The second FG had five medical students (Table 1).

Table 1. Characterization of research participants and their respective Academic Leagues, Sergipe, 2018.

Variables	n (11)	%
Sex		
Females	6	54.5
Males	5	45.5
Campus		
Traditional model	6	54.5
Problem model	5	45.5
Participant Course		
Nutrition	3	27.3
Nursing	1	9.1
Medicine	6	54.5
Physiotherapy	1	9.1
Role exercised in the League		
Member	4	36.4
Manager	7	63.6
Formal Registration of the League (CNPJ, or Corporate Taxpayer ID Number)		
No	6	54.5
Ongoing process	5	45.5
Institutional affiliation of the Professor-Coordinator		
Adjunct	9	81.8
Don't know	2	18.2
Responsible for the management of the League		
Students	5	45.5
Students and Teachers	6	54.5
Is the League interdisciplinary?		
No	7	63.6
Yes	4	36.4
Selection method for admission into the League		
Theoretical exam	4	36.4
Interview	2	18.1
Theoretical exam and interview	5	45.5

The activities mentioned as being primarily developed by the Leagues were scientific meetings, health actions in the community, individual outpatient care, lectures, symposia and technical visits. One of the Leagues on the traditional teaching campus was limited to teaching activities (study group on the topic), thus contradicting the essentially extensionist role of AL.

With regard to the goals of the leagues, the students reported health promotion and disease prevention through actions with the community, technical-scientific development of members, strengthening of SUS, students' qualification and early entry into the real scenario of practices through extension activities.

The following categories emerged from the content analysis of the FG: (1) "Motivations to participate in Academic Leagues"; (2) "Potential for health care worker education"; and (3) "Challenges and weaknesses of the Leagues".

Motivations to participate in Academic Leagues

When referring to the motivations for participating in an Academic League, both groups, i.e., traditional and problem-posing teaching approaches, pointed out aspects such as: desire to anticipate the learning of a theme that is only addressed in more detail at the end of the program; possibility to gain experience and add practical experience to the theoretical classes; personal interest in the field; affinity with the central theme of the League; and desire to contribute to the reality of the population, as a way of "feeling active and useful within the University (SCE5)".

In the view of students receiving traditional education, Leagues strongly appear as an opportunity to go beyond theory, apply knowledge in practice and have contact with people:

In our classes, we are very attached to the courses and have little practical experience [...] when you participate in something that is extracurricular, you can have practical insights and be in contact with people (SCE3).
I was very anxious to interact with the patient and the League gave me that (SCE4).

The possibility of filling a gap in the curriculum and supplementing deficient teaching was also pointed out as a motivational factor, giving league members an advantage in comparison to those who did not participate in similar activities; in other words, they were more prepared to enter the job market:

I heard that some students finish their degree with a knowledge gap in this field. This motivated me to look for the League (LAE1).
Sometimes doctors and other health workers leave University unprepared, and the Leagues appear as a way of trying to bridge this gap (LAE4).

Potentialities for health care worker education

When asked about the strengths of the AL for health care worker education, the two groups reported: development of critical sense, students' familiarization with the real scenario of practices, integration between different types of knowledge, teamwork, optimization of professional education and development of a more comprehensive view for patients:

At the League, we are constantly encouraged to learn how to better select what is important, to separate the wheat from the chaff, to have a more focused clinical practice (LAE4).
The League is multidisciplinary, so we learn to work with other professionals and see the patient not individually, but rather as a whole being (SCE2).
I don't see the patient with the same eyes as before (LAE2).

For the students of both institutions, the Leagues also allow for a broader view of the demands, needs, needs and principles of SUS, favor the education and training of more attentive and committed professionals for the purposes of public health care, and assist in meeting the health demands of the community:

We can learn about SUS and perceive the deficiencies of the health care system (LAE3).
I have one-on-one interaction with patients from SUS. [...] There are problems. There are difficulties and failures. But SUS works (SCE5).
The population has a demand and we can work with disease prevention and health promotion (LAE3).

According to the group whose teaching model is based on problem-posing approach, the Leagues provide students with personal growth, preparation for professional life, development of respect for differences, appreciation of teamwork and greater thoughtfulness towards community problems:

It helps you learn to deal with different scenarios. Only together can we do a good job when we are health workers (LAE4).
We experience a social reality that is different from the one we are used to (LAE3).

On the campus where the traditional teaching model is adopted, the curricular structure provides students with more intense practical experience only at the end of the program, through mandatory curricular internships. For this reason, joining a League offers students fundamental knowledge and experience, and optimizes professional education, both in terms of technical knowledge and self-confidence to work in a real-life scenario:

[...] when you start the internship and work in an everyday-life scenario, you see how it's helped you. I used all the practical experience I gained in the League when working in the health care center (SCE6).
In my professional practice, I feel greater ownership of my science as I put everything I have learned in the League into practice. I feel outstanding confidence, which I wouldn't have had if I'd only attended the courses (SCE3).

Within a still very vertical and technical type of education, the Leagues notably favor the development of skills and competences that are infrequently addressed in the classroom (e.g., ways of dealing with people, creativity to overcome obstacles) and they can be used as tools for humanization of the professional future:

Learning to overcome obstacles. We learn to be creative and have ideas to get around them (SCE5).
[Learning] to listen to the patient and not to be in a hurry to finish the appointment (SC36).
The League leaves us one step ahead of anyone who chooses to stay alone inside the classroom, in the sense of making health workers more humane, not in a sense of superiority (SCE2).

Challenges and weaknesses of Academic Leagues

According to the participants, several challenges are faced in the process of creating an Academic League, regardless of the institution's teaching model. The fact that there is a requirement for formalization of the League at the institution and the need for financial resources for registration in a notary public was pointed out as a challenge that can demotivate and compromise both the creation and maintenance of the Leagues:

CNPJ [Corporate Taxpayer ID Number] will be a challenge for all Leagues, because it is not simple. [...] it will discourage the Leagues from existing (SCE2).

A bureaucratic challenge that the university imposes on us, [...] absolutely unnecessary (LAE4).

The students were opposed to this requirement, and claimed that the Leagues are not for-profit companies, but a group of students involved in the construction of the teaching-learning process, and referred to the institution's lack of support in this regard.

In addition to this bureaucratization to make the League an autonomous entity, the process of structuring and assigning duties/positions was also reported, by both groups, as an inherent challenge in the process of founding the Academic Leagues, as it is something new and unknown:

Even setting up a league is very complicated. You have no idea. It's all new! (SCE5).
Thinking about the activities, how we will organize [...] how the functions will be distributed (LAE4).

The maintenance stage of the leagues is considered as crucial, and it has weaknesses that pose a series of challenges inherent in the work processes. They demand continuous efforts, commitment and dedication from all those involved. For the students of both institutions, the absence of teacher-coordinators is a challenge that can become a weakness for the League.

Although they understand that teachers have other duties, i.e., they may not always be present, the participants recognized the importance and highlighted the need for the presence of a teacher to develop activities more effectively and with higher quality:

We didn't have support from the advisors all the time, as we needed. They have other duties (SCE5).
Having a specialist in the field helps to get expert advice on the study, helps to know which way would be better, more efficient (LAE5).

In this sense, in some Leagues on the traditional teaching campus, it was noted that the figure of the teacher is still decisive to stimulate students' commitment, responsibility and interest in developing activities and participating effectively in the League, as expressed in following excerpt:

In the meetings that our advisor was not in, no one was committed to being present, either. (Without him or her,) controlling the progress of activities was difficult (SCE6).

This idea is opposed to the one reported by the students that are taught in the problem-posing model, for whom the absence of the advisor is a limiting factor, but does not compromise the quality of the League, nor the students' ability to study and discuss the subject; rather, it could be a bonus in terms of professional experience:

The League is still good if the advisor is not there. But it could be better (LAE2).

Other challenges pointed out were: people management, sense of responsibility of all the league members, task-sharing and compatibility of schedules between the members of the League for the purpose of carrying out the activities:

In our academic life, everyone draws up their own class schedule. It is only difficult to bring everyone together at a time (SCE5).
There are different times, different cycles. Organizing the schedule is complicated (LAE5).

People management was considered as one of the most difficult aspects because of the need to “coordinate several minds that think differently on the same subject and that have different interests (LAE4)”. Thus, the relationship between the board and other league members does not become vertical, nor authoritarian; rather, it allows for broad and effective participation of all those involved in planning the activities.

Finally, the lack of financial resources for the development of AL initiatives and activities was identified as a challenge to be faced. This factor can be discouraging for students and teachers, hinder the development of actions and, in the long run, make it impossible to hold free events for the internal and external community:

It makes it difficult for us to hold any event, however simple it may be, because it has no profit purpose (LAE3).

DISCUSSION

As the results of the present study suggest, there are many benefits arising from participation in AL for the education of professionals who will be protagonists in public health services¹⁸ - especially with regard to broadening the look at reality and the development of important skills and competences for a political-pedagogical practice, within the scope of SUS, i.e., focused on the promotion, protection and recovery of health, based on a dialogical relationship with the various types of knowledge.¹⁹

With regard to the motivations for joining an Academic League, the findings are similar to those of other studies, whose authors described the desire to improve knowledge on a given topic, the practice of learning, and professional qualification as the main motivations for joining an AL, from a perspective of exploring the possibilities of personal, social and professional development.^{20,21}

The possibility of going beyond theory and applying knowledge in practice provides a reflection on the students' desire for social recognition as a qualified future professional, the need to approach health care practices, and the curricular insufficiencies of an educational system that does not approach theory together with practice.²²⁻²⁴ In this sense, Floss, Miranda Júnior & Teixeira⁵ showed that horizontal and integrative interaction with the community is capable of making future health professionals work more closely with the population, be more sensitive to their problems and difficulties, and be able to overcome a practice centered only on the biological aspect of the health-disease process.

Although the complementary character of the Academic Leagues has been pointed out here as positive, some criticisms are triggered in this direction. The expectation that the Leagues will supplement or correct deficient teaching in a given field may generate an undesirable “gap-bridging” mechanism and go against efforts to improve the quality of teaching. Even though AL are a way of complementing education and training in a field that is poorly considered in curricula, some authors have pointed out that teaching institutions support this initiative only if they are committed to a constant curriculum review with a view to correcting flaws and improving the education and training of all students – but not if they are just a group that is inserted in this type of extracurricular activity.^{20,25}

AL enable their members to integrate knowledge and develop the ability to work as a team, especially leagues whose focus is interdisciplinarity. The interaction of several perspectives on the same issue and the collective construction of knowledge lead students to recognize and respect the work of others and develop a comprehensive view of patients and the health-disease process. Thus, it appears that these entities have the potential to contribute to the education and training of human resources that will be able to commit to adequate health care and to collective-collaborative work for the production of new forms of work and health care.^{3,10,26}

These results are important, because although several initiatives have been taken from the inter-ministerial Health-Education partnership, with the objective of reorienting professional health care education and training in Brazil, the models of higher education, still attached to a hospital-centric and biology-oriented practice, result in the education of health workers who become technically competent, but little committed to SUS and to aspects of public health management, with limited humanistic view and shallow understanding of the importance of integrating knowledge.^{8,27}

Regarding the challenges to create an AL, the standardization of Leagues is, in fact, believed to be necessary for quality control, achievement of objectives and functioning of these entities within a public educational institution. Implementing standards is a way of making creation more judicious and ensuring that the Leagues, based on ethical and humanistic management, can really contribute to professional education and to the community.^{28,29} However, if bureaucratization is an obstacle to the creation and maintenance of AL, the members of these projects and the respective institutions are expected to attempt to find a way to resolve or minimize these impasses together.

Regarding the absence of the teacher-coordinator, the difference between the results for perception of the students of the two institutions is believed to reflect the problem-posing teaching approach. Unlike the traditional model, it emphasizes that the students can learn through discovery, experimentation, reflection and freedom; this way, it promotes greater autonomy and a more important role for students since the beginning of their degree program.^{12,13} In this context, students from the traditional education approach have emphasized that those interested in joining an AL should be committed, proactive and willing to understand the League within its magnitude and relevance to health promotion and social transformation.¹⁰

Importantly, although students are protagonists of the actions, this should not be understood as a decrease in the importance of supervision and participation of teachers.³ Adequate guidance from well-educated, experienced and ethical professionals who use best practices favors the development of AL university extension activities - without being limited to scientific activities - and enhances theoretical and practical learning.^{2,20}

Finally, it can be seen that the inherent challenges are facts that make the creation and maintenance of a League challenging, but they demonstrate the need for students to assume responsibilities and exercise their autonomy and freedom in the teaching-learning process, especially in the traditional teaching model. In this way, they will optimize their academic education and training and achieve the ideal health worker profile required by SUS: creative, less judgmental, more humane and able to establish a friendly, respectful, cordial and listening relationship with patients.^{5,30-32}

FINAL CONSIDERATIONS

This study highlights the role played by academic leagues in the education, training and qualification of health workers who will be protagonists in public health services, regardless of the teaching model adopted by the institution in which they operate, despite the various challenges posed in the process of creation and maintenance.

When comparing the two campuses, it was noted that in the traditional leagues, in comparison to those based on the problem-posing teaching approach, the figure of the teacher is still decisive in stimulating the commitment and sense of responsibility of members. Such difference can be attributed to the fact that problem-posing teaching stimulates learning through experimentation, freedom and autonomy of students since the beginning of their degree program.

Considering that universities must be supported by the teaching-research-extension tripod, the Leagues are complementary tools in the education and training of health workers so that they become aware of the principles, guidelines and demands of SUS, capable of providing comprehensive health care and surpassing the practice centered on the biological aspect. They conform as a legitimate space for the development of autonomy in the teaching-learning process, for learning skills and competences that go beyond technical-scientific knowledge, and as a means of reaching the community, multiplying knowledge and humanizing future professionals.

Based on the results, it is suggested that institutions develop the means to empower these powerful learning, health promotion and social transformation devices, as well as to monitor their actions, to ensure their university extension character. To the students and teachers involved in Leagues, it is proposed a performance that favors the development of a non-hierarchical environment of mutual cooperation and respect that favors dialogue, overcoming challenges and promoting the exchange of experiences between students and supervisors, in order to guarantee and enhance the quality of complementary education and training.

In this study, there is no intention to generalize the results, considering that the research was carried out in only two institutions. The fact of pointing out the potential and challenges of Academic Leagues in institutions with different teaching models, one traditional and the one problem-solving approach, stands out as a strong point.

Neste estudo não há pretensão de generalizar os resultados, tendo em vista que a pesquisa foi realizada em apenas duas instituições. Destaca-se como ponto forte o fato de apontar as potencialidades e os desafios das Ligas Acadêmicas em instituições com modelos de ensino distintos, um tradicional e outro problematizador.

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Contributors

Costa VM and Fagundes A were responsible for the conception and design of the study, analysis and interpretation of data, and review and approval of the final version; Barbosa KBF and Ribeiro RCL reviewed the manuscript and approved of the final version.

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