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*Editorial:*

## **CASE REPORT: ACTIVE PROGRESSIVE BASED ON CLINICAL PRACTICE LEARNING (APB-C)**

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Clinical case reports date back to 1600 B. C., when Egyptian papyri first described injuries or disorders of the head and the back (1). Likewise, cases reported by Hippocrates, 460 B.C (2), or the first uterus (3) and face transplants (4) can be found in the literature, as well as cases on the recent Zika epidemic and its relation to microcephaly (5). All of them have greatly contributed to the evolution of medical science during different periods, both in research and learning processes.

Case reports can be considered as scientific publications that represent the simplest form of research in the clinical area (6); however, they are the evidence of what actually happens in each case. That its usefulness is purely investigative is debatable. Case reports have a low profile in relation to the classification of other scientific works, but their contribution to the understanding of history (1), meaningful learning of medicine and a more humanized view of health care is evident (7).

Regardless of the current discussion on the hierarchical place of case reports as a scientific evidence, it is clear that it has always been present in medical literature, not only because of its scientific value, but because it has always been a part of medical learning.

The medicine learning process has evolved, moving from positivist and behaviorist theoretical strategies to the current cognitive, constructivist and socioconstructivist learning processes. These approaches have allowed an active progressive based on clinical practice (APB-C) learning, leaving passive knowledge acquisition processes behind and fostering active, progressive, participatory and integrative processes for logical and constructive reasoning based on each clinical case. Cases are the essence of clinical medicine, even more when they report a new disease, are rare and little known, show a new treatment

or intervention, or describe some event that is unknown (8).

APB-C learning is an apprentice-centered strategy that not only considers students as apprentices, but also considers any health professional who progressively builds critical, autonomous, and creative thinking in an open and malleable way, according to the context, and based on new research works. It also includes professionals with an analytical and resolute capacity to apply this knowledge in a specific way to each new clinical case received and, with the potential to broaden their knowledge and experience finding new meanings. In the context of APB-C learning, a clinical case report represents a situation that encourages knowledge, because it not only seeks to solve a problem, but also is, sometimes, the tip of the iceberg for new knowledge.

When the author of a clinical case report incorporates new knowledge into the cognitive structure of the professionals who read it, a meaningful learning process arises, in which each reader gives a personal meaning to the new acquired knowledge. This way, relationships with their cognitive structure are established and new theoretical and methodological elements (9) for teaching-learning processes of future research appear.

One of the most relevant contributions of case reports, and the reason why they are still valid today, is the cognitive dynamics generated when meaning is given to new knowledge, since it could be integrated or diverge from previous knowledge about a specific topic or pathology. This active and progressive dynamic motivates new ventures in scientific research or learning processes in medicine.

Case reports have been proposed as a gateway for undergraduate and graduate students, as well as for professors and research-

ers, to take their first steps into the world of medical literature. This position is not entirely shared by the author of this editorial, since case reports of all kinds have been produced throughout history, and have been submitted by new professionals or experts and researchers of medical science who allow themselves to be astonished by new knowledge and want to share it.

The ability to recognize that which generates new meaning as learning is what allows many authors to detect a case to report and to share it, leaving aside the amount of experience they have. If a case is significant enough for an author, it might be significant for others as well. Then a literature review is initiated, although few cases out of hundreds are actually published; what is meaningful and new for an author, may not be for other professionals.

Historically, this type of articles have shown a complete picture of clinical practice, which evidences the differential empathic process between the attending professional and his patients, showing the comprehensive knowledge that is described in the narrative of the case. Currently, this comprehensiveness in case presentation is increasingly strengthening due to the CARE guidelines (consensus-based development of guidelines for reporting clinical cases) (10), which allow for greater scientific validity and a comprehensive and holistic view of each case presentation.

Writing and analyzing clinical case reports should be part of the APB-C learning strategies for undergraduate and graduate students, as well as for practicing professionals, additionally to historical, academic and humanistic interest generated by the cognitive-constructivist processes of meaningful learning and scientific research.

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