

A Systematic Literature Review (SLR) Determined the Medical Experiential Learning Development Model

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Abstract

Experiential learning is essential for individual and organisational career development. The challenge and prominence of doctor experimentation were perceived as components of the request for housemanship to be recognised as a defining moment in its impact. Analysing the significant relationship between experimental learning and supervisory, communication, and knowledge applications demonstrates supervisory, communication, and knowledge implementations. Through a systematic review of the literature, this research utilises a critical analysis approach. A total of 84 journals were approached to obtain the perspectives of previous researchers on the issue of housemanship in the context of experiential learning. The study's central emphasis is on trainee doctors and medical practitioners. However, the primary focus is on medical students. Multiple philosophies have been investigated, including experiential learning, the challenges of experiential learning, and the repercussions of experiential learning. Meanwhile, knowledge intervention, supervision intervention, and communication intervention domains for experiential learning were identified. As a result of the SLR analysis, a study was created that proposed model development for experiential learning in the context of housemanship.

Keywords: Housemanship, Experiential Learning, Trainee Doctor, Communication, Supervision

Abstrak

Pembelajaran berasaskan pengalaman adalah penting untuk pembangunan kerjaya individu dan organisasi. Cabaran dan dominasi doktor pelatih semasa eksperimen dianggap sebagai komponen yang diperlukan dalam menentukan impak dan keperluan housemanship. Menganalisis hubungan yang signifikan antara pembelajaran eksperimen dan aplikasi penyeliaan, komunikasi dan pengetahuan menunjukkan pelaksanaan penyeliaan, komunikasi dan pengetahuan merupakan kajian. Menerusi sistematik tinjauan literatur, penyelidikan ini telah menggunakan pendekatan analisis kritis. 84 jurnal telah dikenalpasti untuk mencapai perspektif pengkaji lepas mengenai housemanship dalam konteks pembelajaran berasaskan pengalaman. Penekanan utama kajian adalah dilakukan dalam kalangan doktor pelatih dan pengamal perubatan. Walau bagaimanapun, tujuan utama kajian adalah tertumpu kepada pelajar perubatan. Pelbagai falsafah telah dikenalpasti seperti pembelajaran berasaskan pengalaman, cabaran pembelajaran berasaskan pengalaman, dan kesan pembelajaran melalui pengalaman. Sementara itu, domain intervensi pengetahuan, intervensi penyeliaan, dan intervensi komunikasi untuk pembelajaran berasaskan pengalaman telah dikenalpasti dalam kajian. Hasil daripada analisis SLR, pengkaji mencadangkan agar pembangunan model untuk pembelajaran pengalaman dalam konteks housekeeping.

Kata kunci: Housemanship, Pembelajaran pengalaman, Doktor pelatih, Komunikasi, Penyeliaan

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1.0 INTRODUCTION

Experiential learning is the beginning of employee competence and upgrade learning (Rebecca et al., 2022). Experiential learning also interconnects knowledge and skill-practice theories, such as cognitive development theory and behaviourism. According to Mieke, Sophie, and Marleen (2019), humans could indeed acquire new knowledge through experience. The strategy for improving thinking perpetuates a person's maturity in problem solving, adopting lean practises in the workplace, and providing useful life experiences. Cognitive theory and behaviourism, for example, provide such underpinnings for researchers to explore aspects of practise as well as the importance of knowledge and skills (Jesse et al., 2022). Cognitive refers to the knowledge and concepts that doctors gain during their housemanship. Meanwhile, trainee doctors use their theoretical knowledge to perform practical work. Its use of knowledge and skills will be evaluated using a rubric to determine medical practitioners' practises in determining educational objectives in an experimental context via cognitive reasoning (Amir et al., 2021; Hesham et al., 2019).

Nonetheless, experiential learning is difficult to attain. This is because experiential learning encourages people to constantly practise knowledge and skills to expand in their employment (Elianne, Annelien, & Marc, 2022). Thinking and skills must be continuously and progressively improved. The improvement approach will allow for more intervention and creativity in housemanship learning. As a result, appropriate knowledge and skill requirements should be implemented. The application of knowledge and skills is predicated on the prerequisites either for long-term or short-term learning (Moses, 2012; Aaron et al., 2021). Recent research suggests a few ramifications for knowledge and skills that are not being used appropriately in the learning process. Learning knowledge and skills misrepresentations can be harmful. For the experimentation with the quality of information to have a positive and favourable outcome, skills should be implemented. According to Hager (2003) and Warhurst (2013), experiential learning is defined as learning that consists entirely of skills and knowledge application gained through experience while starting to learn. Experiential learning, on the other hand, is a systematic and planned process of feeling initiatives to enhance existing knowledge and skills for educational success, according to Lindsay (2017). Based on the two views above, the researcher discovered transformations between each other. The first perspective affirms that skills emerge during learning and are supported by knowledge, whereas the second recognizes knowledge and skills because of learning. However, a few of the preceding points are entirely correct because they demonstrate that knowledge is both a justification for and a source of experimental implications.

Housemanship is one learning experience that provides trainee doctors with experience and knowledge, according to Jennifer et al. (2022). Housemanship provides the trainee doctors with realistic exposure, either through practical work or by asking them to see. This demonstrates that housemanship is an extremely effective and important method of learning, ensuring that trainee doctors gain a great deal of experience throughout their training. If a trainee could indeed complete two years of housemanship training, they would be regarded as brilliant, particularly when combined with pandemic issues such as COVID-19 (Sai & Rohan, 2022). Since a trainee doctor aspires to be competitive in terms of experience, observation, conceptualization, and experimentation, Sharan (2021) contends that this is accomplished through knowledge and skills (Marjolein et al., 2017; Casey et al., 2014). These four components are hugely important aspects of housemanship learning. If a trainee graduates from university and is hired as a trainee, this program commences. However, it is critical for the trainee to successfully complete the experiment. Through housemanship, trainees will gain an approach to gaining knowledge and skills, particularly during their clinical studies at university. During housemanship, the trainee will be enthusiastic about the learning process in some departments. Learning from medical organisations that focus on a variety of departments is an essential step to ensure trainees' credibility and flexibility in a variety of medical approaches and techniques (Ellen, 2020). Medical organisation education also tries to teach clinicians how to become effective in a variety of situations, such as patient background, patient age, and patient gender (Sai & Rohan, 2022; Cate, 2014). Experiential competence is the most important factor in ensuring physician efficiency. The experimentation will include relationships and interactions with patients. Excellent retention of competencies is required for experiential learning to ensure effective consciousness at work.

■ 2.0 PROBLEM STATEMENT

The effectiveness of housemanship learning is critical in recognizing trainee doctors' competence while they are studying. A variety of related issues, particularly learning achievement, raise issues that highlight trainee doctors' weaknesses. According to Laura, Ben, and Tim (2021), learning housemanship requires proper completion to have a positive and significant impact on trainee doctors. Daniel et al. (2018) asserted that expert supervision will provide experience for trainee doctors to learn and obtain information. In fact, Sai, and Rohan (2022) asserted that trainee doctors must see the learning achievements of experiential learning, such as during the COVID-19 pandemic, which provides trainee doctors with challenges and meaningful experiences (Jye et al., 2022). However, there are limitations to gaining experience due to personal weaknesses in adapting to the environment and changes during learning (Ten Cate, 2014). Weaknesses in adapting to learning changes are caused using knowledge and skills.

Experiential learning should be managed to teach trainee doctors how and where to easily cope with new experiences while learning (Rebecca et al., 2022). The achievement of experiential learning is attributed to experience (Kolb, 1984; Jennifer et al., 2022). However, for active learning actions, this learning includes emotional components (Jesse et al., 2022). Moreover, clinical knowledge and skills can make trainee doctors more productive in determining whether the learning they are undergoing is a unique adventure or not (Aaron et al., 2021). Observation can allow you to gain experience. Even when on responsibility and having studied, experience would help trainee doctors to make effective and precise observations (Mieke, Sophie, & Gronier, 2019). Furthermore, Yvonne et al. (2016) clarified that almost all tasks appreciate this learning as the primary indicator of learning, particularly during patient treatment (Hesham et al., 2019) and as a lesson during the supervisor's explanation session (Jennifer et al., 2022). The issue in this learning occurs when trainee doctors assume about the observation (Sharan, 2021). This occurred since trainee doctors like to depend solely on their knowledge and clinical skills (Ellen et al., 2020). Although knowledge and skills are significant, during this learning, the focus is on what else is observed (Fabian et al., 2022). Following that, conclusions based on knowledge and clinical skills are drawn (Rebecca et al., 2022). A common issue is that trainee doctors rely heavily on the knowledge and clinical skills they learned at the university (Elianne, Annelien, & Marc, 2022).

There are, regrettably, limitations to viewing housemanship learning in the context of experience. Individuals' backgrounds of various knowledge and skills are the main constraints in the process of achieving experiential learning (Peng et al., 2022). In fact, the learning potential varies based on everyone's ability to gain experience. This rationale demonstrates how not all employees possess the same level of expertise. Furthermore, the goals and characteristics of each type of learning are distinguishable. Experiential learning is known as the process of achieving learning through feelings and intuition to locate improvements during learning (Fabian et al., 2020). It is also related to the employee's ability to perceive changes in various dimensions during learning via hearing and vision (Olle, 2020). In fact, experience is still less clear in other contexts when it comes to explaining the issue of thinking ability and how it improves during learning (Chen et al., 2016). Finally, the quality of experiential learning remains ambiguous because of the difficulties in explaining the quality and perfection of a thing or object through learning based on experience (Elizabeth & Monisha, 2017).

■3.0 RESEARCH OBJECTIVE

The primary goal of this research is to create a research framework that addresses aspects of experiential learning interventions during housemanship. The research target will only apply to trainee doctors. As a result, at the end of this paper, the systematic approach of a literature review (SLR) will be used to support the formation of the research framework.

■4.0 DEFINITION OF EXPERIENTIAL LEARNING

According to Oliver and Yvonne (2022), experiential learning can transform the personality of a less competent employee in an organization into a highly competent one. Equally, experiential learning assists employees in becoming skilled and responsible individuals when performing tasks. Because employees who initiate organizational learning have insufficient experience after the learning, differentiated instruction is the primary learning method. Thus, Olaf et al. (2019) discovered that the knowledge and skills defect factor used induced the experience to implode due to a lack of emphasis on the appropriateness of the learning completed. Experiential learning normally happens throughout the potential human process. As a result of daily experiences and interactions in the environment, everyone strives to acquire and improve knowledge, skills, attitudes, and perspectives (Vaishnavi et al., 2022). This learning can occur formally or inadvertently (without intention). Informal learning occurs on its own, regardless of time or place. The outcome of informal learning emphasizes the aspect of providing additional experiences to those who take part in it. In the context of this study, learning housemanship provides trainee doctors with in-depth exposure to help achieve the level of competence required by professional medical standards (Oliver & Yvonne, 2022). Trainee doctors must devote a substantial amount of their time to their studies. When learning takes place, among the most important responsibilities is participation (C. Scott et al., 2019). Determination and self-awareness while learning can enable trainee doctors to gain experience (Srinivasan et al., 2021). Through comprehension and observation, knowledge is critical to foster self-confidence in what one can accomplish while studying.

Experiential learning refers to practical and action-based learning (Kolb, 1984; Chen et al., 2016). The success of this phase is built on bringing out behaviours that reflect performance, such as during experimental or investigative practitioners (Yvonne et al., 2016). The main objectives of completing the experiment phase are the faultlessness, efficiency, and intensity of the task performed in a disorganized and efficient environment (John & Deborah, 2017). Standard evaluation is also implemented to ensure that the experimental phase achieves quality and quantity stability. Result testing evolved by determining how skilled and experienced medical practitioners are at solving problems and tasks presented in the context of experimental learning (Kolb, 1984). As a result, the ultimate focus of experimental learning is to explore practical explanations for established needs' problems based on their arrangements and behaviours.

■5.0 CHALLENGES OF EXPERIENTIAL LEARNING

Organizational learning, according to Moses (2012), entails employees' knowledge and skills to achieve the goals participants decide on. Unfortunately, the knowledge and skills that are commonly used do not satisfy the requirements of experiential learning (Phoebe & Angela, 2017). Inadequate knowledge and skills for use in learning (Maya et al., 2018), dissatisfaction with knowledge and skills to satisfy experiential requirements (Maryam et al., 2017), current educational concentration that is incompatible with reflections of knowledge and skills espoused, and employee attitudes that fail to appreciate the regularity and high prevalence of knowledge and skills acquired during experiential learning and housemanship are among the factors that do not satisfy the requirements (D. Beneroso, 2022). Furthermore, prejudice and discrimination play a major role in the application of knowledge and skills and do not contribute to organizational learning (Sara et al., 2018). Consequently, employees need to be conscious of and observant of the level of expertise and abilities they utilize to assist with procedure.

Medical practitioners or trainees must complete several stages of learning in organizational learning, including experience, observation, conceptualization, and experimentation (Lauckner, Doucet, and Wells, 2012). Meanwhile, "housemanship" is a type of organizational learning that includes all four phases (Henriksen and Ringsted, 2014). Each phase of learning must achieve a high level in accordance with organizational learning objectives (Pulcini et al., 2013). This is since when all levels are in a high-level environment, experiential learning is expected to be perfect (Maryam et al., 2018). However, some employees are limited to learning through observation and experimentation (van Zanteen et al., 2012). In contrast, the experience and conceptual phases are shortened and do not achieve high levels of achievement. As a result of this phenomenon, medical practitioners and trainees fall short of their learning objectives.

Communication and supervision influence the most effective contribution of knowledge and skills to experiential learning and housemanship (Joanna et al., 2021). Communication and supervision are said to increase the contribution of knowledge and skills to achieving experience, observation, conceptualization, and experimentation (Kirsten et al., 2022). Communication acts as a moderator in determining whether knowledge and skills contribute to the attainment of experiential learning (Lukas et al., 2016). Communication methods include information presentation, discussions, and interactive group activities. Does communication, on the other hand, influence the contribution of knowledge and skills to experimental learning achievement? As a result, supervision is critical during the organizational learning process. Engbers et al. (2013) discovered that the effects of supervision as a moderator influenced the effectiveness of knowledge and skill contributions to experimental learning achievement. Previous research has shown that experimental learning can be revolutionized by utilizing communication and supervision approaches. An effective discussion with colleagues, patients, and professional clinicians is defined as communication. Trainee practitioners, for example, are supervised. Trainers must always conduct systematic and periodic monitoring to ensure efficacious learning. In addition, supervision affects the incidence of inconsistencies, accidents, or failures occurring during experimental learning.

■6.0 THE IMPORTANCE OF EXPERIENTIAL LEARNING

Senge (1990) developed and perfected an experiential learning model. Other prominent philosophers in the field of organizational learning include Kolb (1984) and many others. Individual, team, and organizational learning are all emphasized in the Senge-based Organization Model (1990). According to Junji and Ju (2020), organizational learning factors involve spatial features, refining customer service, increasing staff commitment, enlightening job satisfaction, educating work efficiency, and embracing management change skills. Furthermore, Cristel (2022) believes that experiential learning may improve employee productivity and quality in terms of credibility and information gained during previous cooperation.

Senge's (1990) learning model also emphasizes four key principles. To begin, "self-mastery" refers to the ability of a person to dominate areas of knowledge and skills. The second principle is a psychological model of how something is perceived to recognize and respond to it. The third principle is that managers or supervisors need to use knowledge sharing to formulate and advance employee goals, missions, and visions. Fourth, systematic thinking entails individual workers noticing it while investigating the causes and consequences of learning. A favourable environment is also required for the achievement of organizational objectives. According to Diana et al. (2022), as employees' attitudes toward learning improve, people are becoming more completely dedicated to attaining organizational objectives.

Organizational development is exceptional due to productivity factors and competent employees. Thus, workplace learning has the effect of improving the quality and superiority of an effective manager. Based on their job duties and responsibilities, employees also benefit from and provide the best service. In the context of the study, the hospital is a research organization. The hospital is encouraged to establish a housemanship learning development unit as a pioneer in the development of potential trainees in their studies. Learning programmes may help trainees improve their learning capacity (Constance et al., 2022). Some tiers were implemented, including contemporary and sophisticated environments, infrastructure, and equipment in accordance with current medical requirements (John et al., 2021).

Trainers must be knowledgeable of and used throughout the housemanship to effectively achieve all aspects of learning. Inappropriate housemanship learning issues may cause trainees problems ever since participants accomplish housemanship (Raquel et al., 2022). The emphasis on learning perfection is on elements of knowledge and skills. John and Deborah (2017) also mention that knowledge and skills are important in ensuring that the trainee remains adaptable and holistic in dealing with various challenges and concerns. The challenges encountered are related to global and domestic issues that highlight the importance of medicine in the community and society. This shows the significance of experimentation for trainees, whether for practical exams or long-term career development competencies.

■7.0 THE IMPACT OF EXPERIENTIAL LEARNING

Experiential learning inevitably leads to goal-oriented action (Kolb, 1984). Individuals prefer hands-on work and problem solving, particularly in case studies or contexts where their knowledge can be applied. Michael et al. (2017) discovered in the Department of Paediatrics that the trainee had to perform the task according to the patient's professional and ethical working procedures during the experiment. Deficits in knowledge and skill application could well lead to the abandonment of the medical profession's professional life occupation. As the title indicates, the paediatric patient department is preoccupied with children (Mu et al., 2018). In fact, cooperation between the medical practitioner and the patient's parents is required. A doctor must face additional challenges while continuing to learn. The working rate is still being worked out. Day-to-day application routines, on the other hand, will enable more consistent housemanship learning and will improve career operatives (Raquel, Akshata, and Robert, 2018).

Using experimental learning, we can assess doctors' competence and credibility in their work. In contrast, the Ministry of Health has defined the tasks and learning that must be completed in accordance with the standards and work ethic. This practice is classified as a work procedure due to a component assigned to the trainee doctor during housemanship (Nadia et al., 2018). According to Phoebe and Angela (2017), when a doctor can complete a task quickly, it is classified as one of the scopes of excellence in task completion. Jana et al. (2016), on the other hand, believe that assessing the task through the hustle of doing the work through the standards and ethics provided in the housemanship learning component is essential. As a result, for the first time, competencies and procedures learned during experimental learning have been applied to university learning. The trainees are expected to apply the knowledge and skills that were taught to them and confirmed during the experiment (Laurence, John, & Frank, 2022). However, the trainee must be supervised by the supervisor during the experiment to avoid repeating the same mistakes that could lead to an accident. Accidents and risks increase when supervision and observation are not executed properly.

Foster's (2011) study at the University of Pandua in India shows that supervisors require guidance during the experimental phase of trainee training using a variety of current and high-tech equipment. This is because some trainees are unable to utilize high-tech equipment (Sergey & Alevtina, 2020). Experiential learning is linked to individual and team learning approaches. As a result, teams must be formed with the concept of agreement at the forefront of their minds. Interaction and communication are required for effective teamwork. Communication is an important activity during experimental learning, according to the research of Laura et al. (2017). This is because responsibilities must be described before the experiment can begin. In fact, after the experiment, the evaluation process required discussion through team communication (Jane & Bente, 2019; Allison et al., 2017). Communication is an important activity throughout experimental learning for the task to be completed efficiently and in accordance with appropriate medical ethics.

■8.0 KNOWLEDGE AND SKILL INTERVENTION FOR EXPERIENTIAL LEARNING

The term "learning by doing" is frequently used to refer to experimental learning (Kathy, Lawrence, & Scott, 2018; Maryam et al., 2017; Olaf et al., 2019). These studies emphasize the completion of the trainee's task in the assessment process (Maria et al., 2018; Fabian et al., 2020). According to James et al. (2016), experimentation is visible not only through the task's results but also through its criteria and chronology. These include the quality, completeness, and length of a successful assignment. Experimentation is classified as excellent and

high-quality education if all the requirements are met. In fact, the evaluation process required discussion via team communication following the experiment (Jane & Bente, 2019; Allison et al., 2017). Communication is an important activity throughout experimental learning to complete the task effectively and in compliance with appropriate moral philosophy.

Denyse et al. (2021) discovered that trainees can conduct experiments and trials if they have an adequate knowledge supply. All medical practitioners must adhere to a theory and concept known as "knowledge." Knowledge can be obtained through perfect and systematic practice. The idea of practicability is beneficial. Practicality is extremely important when using reference theories such as modules, task notes, and theories applied to the experiment (Markku et al., 2018). Perfect knowledge can assist you in developing experimental confidence. According to Jocelyn et al. (2017), knowledge and theory grasped at a pathetic level affect and prejudice the smoothness of the experimental process, especially during treatment. In the long run, meaningful experiences are also difficult to obtain and are recorded in recollection as power knowledge.

■9.0 SUPERVISION INTERVENTION FOR EXPERIENTIAL LEARNING

Specialist supervision and mentorship are referred to as "supervision and guidance." Trainees are naturally sceptical, and their tasks are carefully watched by their supervisors. Certain groups select supervisors to ensure that the coaching supervisor receives useful guidance and knowledge. However, Hardyman et al. (2013) discovered that during the experiential learning, all clinicians were optimistic about achieving their goals. Daniel et al. (2018), on the other hand, believe that if the accuracy of the facts and the transparency of the experiments are not formally evaluated by experts, this will be difficult to achieve. As a result, Tanya et al. (2019) emphasizes the significance of having a supervisor during housemanship for a trainee doctor.

Dan et al. (2020) define supervision as a learning system that a trainee will employ. However, supervision does not grant complete autonomy and authority to the trainee. The supervisor will carefully monitor and identify the decisions and methods for dealing with the problem. Lieselotte et al. (2021) believes this issue is reasonable because the supervisor will formulate and provide good guidance. The supervision principle will be used to assist and allocate trainees. Each prospect lead is categorised. This is because the rubric will restrict how well the trainee performs the experiment. Furthermore, some trainees are extremely anxious or apprehensive during the experiment (Celebi et al., 2012). In fact, drowsiness is a negative attitude because it has a massive effect on the trainee's emotions, learning behaviours, and ability to comprehend on knowledge and skills during experimentations (N.E. Pal, 2022; Mana & Furqaan, 2018).

However, knowledge and experience are required to fulfil the role of supervisor (Helen, Narelle, & Elizabeth, 2021). The findings of the previous study revealed that the trainee doctor's deficiencies in only understanding experimentation in some departments contributed to the problems and weaknesses of the experiment in other departments. In such cases, it involves treating a child who has sustained an unintentional fractured spine. The results of the study revealed that the trainee made an experimental error by administering a treatment that did not correspond to the appropriate treatment. The investigation also revealed that the trainee had undergone a procedure that was incompatible with the child's treatment. In the experiment, an adult oriented. The proper tips and methods provided by the supervisor and the supervisor's complete actions and supervision contributed to the experiment's success.

■10.0 COMMUNICATION INTERVENTION FOR EXPERIENTIAL LEARNING

Communication is how people interact. Individuals can communicate with one another and participate in discussions about their opinions. By encouraging two-way interactions and communication within the learning group, mistakes and risks can be reduced. Communication is essential in trainee training. A study conducted at Northampton General Hospital in Northampton, Northamptonshire, UK East Midlands, demonstrated the consistency of communication throughout the experiment (Goldacre, Taylor, & Lambert, 2010; Alice, Robert, & Peter, 2021). Communication is necessary to ensure a wide range of data and substantiation. Colleague relationships have a significant impact on learning. Colleagues, for example, provide provisions and eloquent input during the experiment (Linda et al., 2022; Tony & Nathan, 2020). Spontaneous interactions are preferred when the experiment involves risk, exposure to problems, and accidents.

Several studies have been investigated and evaluated because of the importance of communication in experimental learning. This study is based on a report discovered by Bylund et al. (2009). Her investigation revealed that an experimental study was conducted on urinary tract infection (UTI) patients. The preliminary examination results indicate that the patients have stage I kidney problems. However, there has been a complexity of opinion in which the perspectives and contradictions of the conclusions have been examined. Some trainees believe the patient is suffering from kidney disease. As a result of the variety of viewpoints and inconsistencies, discussions have taken place. Supervisors and medical professionals conferred with their trainees because of the discussion. According to the discussion, the patient has a UTI because the bladder (cystitis) has been infected with *Escherichia coli* bacteria through a cystoscopy or an intravenous program. This exemplifies the significance of interaction and discussion. This viewpoint should be supported by detailed evidence and examination to avoid.

According to Stacey et al. (2020), the effects of transparent communication can lead to issues, especially during experimental learning, with or without a negative point of view. The main problem arises when people have a misunderstanding of one another, which can lead to long-term conflict. This phenomenon is most common when the workforce being developed is made up of people who disagree (Joana et al., 2021). Workplace covenants must be created and implemented. Individuals' disagreements and conflicts of ideas arise when their different cultural backgrounds are mixed in a work group. Differences in culture, gender, and other factors are examples of this (Robyn et al., 2015; Kanhua et al., 2016; William, Kate, and Callum, 2022). Experimental learning criteria must be established to accomplish all of these. To prevent unnecessary workplace conflict, interaction rules should also emphasize protocol and ethics.

11.0 RESEARCH METHODOLOGY: ANALYSING THE DISCUSSION OF SYSTEMATIC LITERATURE REVIEW (SLR) FINDINGS

The SLR approach is used in this study because previous studies based on empirical evidence and findings can be obtained (J. Piet et al., 2019). Table 1 displays the SLR analysis based on previous researchers' findings. The issue of experience-based learning that leads to housemanship is one of the main points raised in the literature review. The scope and limitations of the study are also aimed at trainee doctors who are still in house service. This study investigated several aspects and main domains of previous research, specifically the role of communication and supervision as well as the application of knowledge during housemanship to achieve the value of experience accessibility. Furthermore, all this literature will go into detail about specific criteria, either conceptually or operationally. Concepts and definitions are the two most important domains in conceptual thinking. While the operational domain is to discuss issues of importance and challenges, to support the formation of the framework in this study, 84 total journals will be evaluated and analysed systematically.

Quality is one of the determinants of effective experimental learning, but it is not the only one. Both must, however, be in sync. This is because focusing solely on quality may interfere with the medical practitioner's assignments. Patients may complain and criticize if treatment is delayed (Vaughan et al., 2012; Rebecca et al., 2022; Hesham et al., 2009). However, quality aspects must be maintained to ensure that the patient's treatment is accurate and positive. In ensuring a sense of balance between quality and quantity during experimental learning, knowledge becomes the defining point of experimental management. Svab (2012), on the other hand, suggested that the skill aspect of the experiment be prioritized. This is because skills refer to trainees' ability to perform well in accordance with the work ethic outlined by the relevant parties (Williams and Klamen, 2012). Several factors must be considered during the trainee's experimental learning, with the work ethic outlined by the relevant parties (McGregor et al., 2012; Williams and Klamen, 2012). Several factors must be considered during the trainee's experimental learning. These include participation in experimentation (Lindsay, 2017), the occurrence of experimentation (Jennifer et al., 2022), the importance of responsibility when performing tasks (Mu et al., 2018), and perfect task execution (Jane & Bente, 2019). It is obvious that trainees must encounter all aspects of achievement based on the use of clinical knowledge and skills during their housemanship learning. Lindsay (2017) claims that the factors influencing experimental learning are based on the trainee's level of clinical skill use. This is because clinical skills are task-based, necessitate practical application, and necessitate clinical practice training (Ellen et al., 2020; Mieke, Sophi, & Marleen, 2019; Jennifer et al., 2022; Marjolein et al., 2017; Laura, Ben, & Tim, 2021). Figures 1 and 2 provide additional information on the graphic's details.

Table 1, Figure 1, and Figure 2 depict the critical analysis performed on some previous studies to identify empirical evidence using the systematic method of literature review. Several journals were identified and belong to the study's main scope, detailing aspects of experiential learning and the context of housemanship. Experiential learning, the challenges of experiential learning, and the impact of experiential learning are some of the details covered in the SLR. In addition, experiential learning was identified in this SLR analysis, including knowledge intervention and the importance of skills in experiential learning, supervision intervention in experiential learning, and communication intervention in experiential learning. In this regard, at the end of this writing, a proposal for the formation of a research framework containing the main domain of research discussion has been developed (refer to Figure 3).

Table 1 – Critical Analysis for Syetmatic Literature Review (SLR) for Housemanship Experiential Learning

Previous Researcher (Scholar)	Importance Domain for Experiential Learning Amongst Trainee Doctor during housemanship
<p>Foster's (2011) Moses (2012) Warhurst (2013) Casey et al. (2014) Yvonne et al. (2016) John & Deborah (2017) Allison et al. (2017) Jane & Bente (2019) Hesham et al. (2019) Junji & Ju (2020) Amir et al. (2021) Srinivasan et al. (2021) John et al. (2021) Rebecca et al. (2022) Jesse et al. (2022) Elianne, Annelien, & Marc (2022) Cristel (2022) Diana et al. (2022) Constance et al. (2022) Raquel et al. (2022) Sergey & Alevtina (2020)</p>	<p style="text-align: center;">Importance for Experiential Learning:</p> <ul style="list-style-type: none"> • An approach that seeks knowledge and skills • To explore aspects of practise • Learning actions that are systematic • To determining educational objectives • Planned learning • To encourages people to constantly practise knowledge and skills • Improve knowledge and abilities • For predicated on the prerequisites of learning • Tallying experience • Consists entirely of skills and knowledge • The ability of the trainee to complete housemanship for 2 years • To ensure trainees' credibility and flexibility in a variety of medical approaches and techniques • The ability to gain experience • Capability to detect • The ability to reflect on knowledge • To produce a doctor with high credibility • Increase the adaptability of medical doctor • Assistance is the greatest treatment for patients. • Talented to achieve errands with a variety of patients' backgrounds • Describe competencies • Describe the efficiency and speed with which tasks are completed. • Practices for experimental study and testing • Current assessment of housemanship • Outcomes of learning actions

-
- Rapidity of work
 - Excellence in performing tasks
 - The ability to apply knowledge
 - The ability to apply skills
 - Gain supervisory guidance
-

Challenge of Experiential Learning:

- | | |
|--|--|
| <p>Lauckner, Doucet & Wells (2012)
 Moses (2012)
 Henriksen & Ringsted (2014)
 Lukas et al. (2016)
 Lindsay (2017)
 Phoebe & Angela (2017)
 Maryam et al. (2017)
 Maya et al. (2018)
 Sara et al. (2018)
 Maryam et al. (2018)
 Joanna et al. (2021)
 Aaron et al. (2021)
 Jennifer et al. (2022)
 D. Beneroso (2022)
 Kirsten et al. (2022)</p> | <ul style="list-style-type: none"> • It needs a high level of knowledge. • Limitations to gaining experience • Requires a high level of expertise • The difference of various dimensions during learning via hearing and vision • No changes to organizational standards • A high level in accordance with organizational learning objectives • Skills and knowledge are incompatible with assignments. • Knowledge cannot be used properly. • Knowledge and skills do not contribute to learning • Aspects of the experience are not fully realized • Experimental standards are set too high for achievement. • Experimental achievements are only achieved by a few individuals • Requires a communication strategy • Requires a supervisory approach |
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Impact of Experiential Learning:

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| <p>Kolb (1984)
 Jana et al. (2016)
 Marjolein et al. (2017)
 John & Deborah (2017)
 Michael et al. (2017)
 Phoebe & Angela (2017)
 Laura et al. (2017)
 Mu et al. (2018)
 Raquel, Akshata & Robert (2018)
 Nadia et al. (2018)
 C. Scott et al. (2019)
 Ellen (2020)
 Sharan (2021)
 Sai & Rohan (2022)
 Oliver & Yvonne (2022)
 Laurence, John & Frank (2022)</p> | <ul style="list-style-type: none"> • Improving the quality of learning • Transform the personality of trainee doctors • Improve customer service • To improve knowledge, skills, attitudes, and perspectives amongst trainee doctors • Increase employee commitment • Trainee more completely dedicated to attaining organizational objectives. • Increase job satisfaction • Trainees improve their learning capacity • Improve work efficiency to revolutionize the management system at the workplace • Trainee remains adaptable and holistic • Increase productivity • Work quality is improving • Create positive thinking among employees • Establish an established work environment • Develops effectiveness and is committed to work • Improving the trainers' competency with trainee doctors • Deliver new learning and training. • Escape emotional stress • Action in learning • While studying, the act or practice • Doctors do their work based on procedures and ethics • Doctors carry out their duties as professionals • Doctors perform treatment on patients to diagnose problems. • Advance communication and team interaction • Critical thinking processes with co-workers • Receive and deliver information on tasks |
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Knowledge and Skills Intervention for Experiential Learning:

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| <p>Dolmans et al. (2015)
 James et al. (2016)
 Elizabeth & Monisha (2017)
 Jocelyn et al. (2017)
 Kathy, Lawrence & Scott (2018)
 Maria et al. (2018)
 Markku et al. (2018)
 Laura, Ben & Tim (2021)
 Denyse et al. (2021)
 Sai & Rohan (2022)
 Jye et al. (2022)
 Alexander, Mayuree & Ginger (2022)
 Vaishnavi et al. (2022)
 Warren et al. (2022)</p> | <ul style="list-style-type: none"> • Apply the concept of knowledge to learning by doing • Doctor can complete a task quickly • Understand the consequences of knowledge in this task. • The trainees are expected to apply the knowledge and skills • Emphasize the scope of the detailed task • To completion a task within perfectionism • Perform tasks in chronological order and according to standards • To begin a perfect and finalize with a systematic practice. • For gain excellent and high-quality education • Produce the perfect experiment • Developing experimental confidence level • Creating impression evaluation clusters • Create a sense of assurance in your ability to execute • Consume enough task knowledge • Capable of performing tasks well and carefully • To obtain and are recorded in recollection as power knowledge and skills |
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- Assignment in accordance with specified standards
- Perform tasks according to rubrics

Supervision Intervention for Experiential Learning:

Hardyman et al. (2013)
 Celebi et al. (2012)
 Daniel et al. (2018)
 Mana & Furqaan (2018)
 Olaf et al. (2019)
 Tanya et al. (2019)
 Dan et al. (2020)
 Fabian et al. (2020)
 Helen, Narelle & Elizabeth (2021)
 Lieselotte et al. (2021)
 N.E. Pal (2022)
 Peng et al. (2022)
 Rebecca et al. (2022)

- Growing optimism among doctors
- Receives useful guidance and knowledge
- Contract for accurate information from supervisors
- Relief trainee to solve the problem
- Gain an accuracy fact from experts
- Consistent and comprehensive supervision by the supervisor
- Supervisor conducts extensive research
- Receive monitoring during decision making
- Increase the confidence of trainees
- Reduce trainees' emotional stress
- Supervisor will provide good guidance
- helps with reflection and knowledge
- Share creative experiences
- Supervisor will assist for proper tips and method during experiment
- For gain a carefully watched by their supervisors
- Supervision contributed to the experiment's success

Communication Intervention for Experiential Learning:

Hesham et al. (2009)
 Robyn et al. (2015)
 Robyn et al. (2015)
 Chen et al. (2016)
 Kanhua et al. (2016)
 Olle (2020)
 Tony & Nathan (2020)
 Tony & Nathan (2020)
 Stacey et al. (2020)
 Alice, Robert & Peter (2021)
 Joana et al. (2021)
 Linda et al. (2022)
 Oliver & Yvonne (2022)
 William, Kate & Callum (2022)

- Conduct discussions with colleagues
- Discussions about opinions
- Develop process for discussion
- Encouraging two-way interactions
- Preparing a solution finding via collaborative
- Encouraging communication within the learning group
- Some mistakes and risks can be reduced via opinions and arguments
- Sharing ideas in decision making
- Receive and transmit data
- To ensure a wide range of data and substantiation.
- Construct some positive relationships between colleagues
- Provide provisions and eloquent input during the experiment
- To eliminate people misunderstanding
- Precise mistakes through spontaneous reprimand
- Reduce the amount of misinformation
- Reduce conflict in the workplace
- To ensure task effectively and in compliance with appropriate moral philosophy
- To develop interaction rules, protocol, and ethics

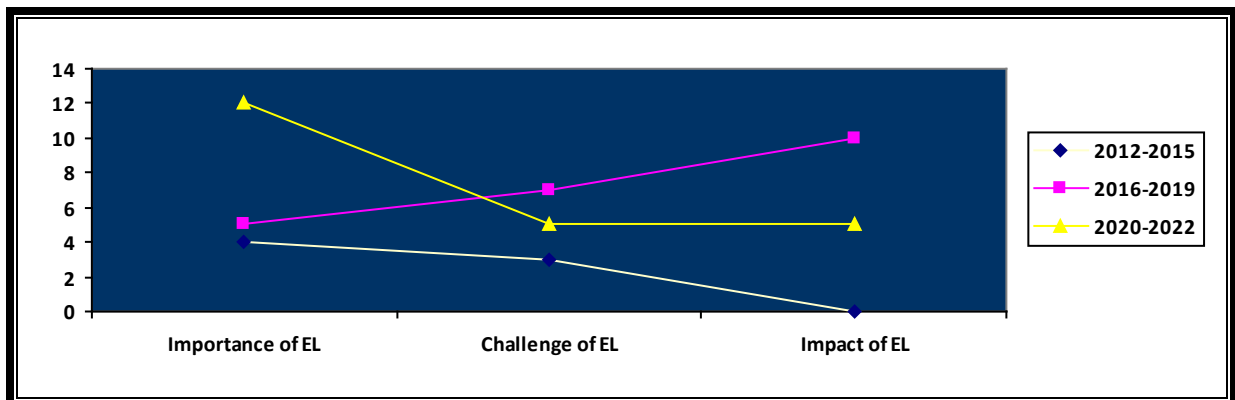


Figure 1 - Based on research studies from 2015 to 2022, SLR findings for Importance, Challenge & Impact of Experiential Learning (EL)

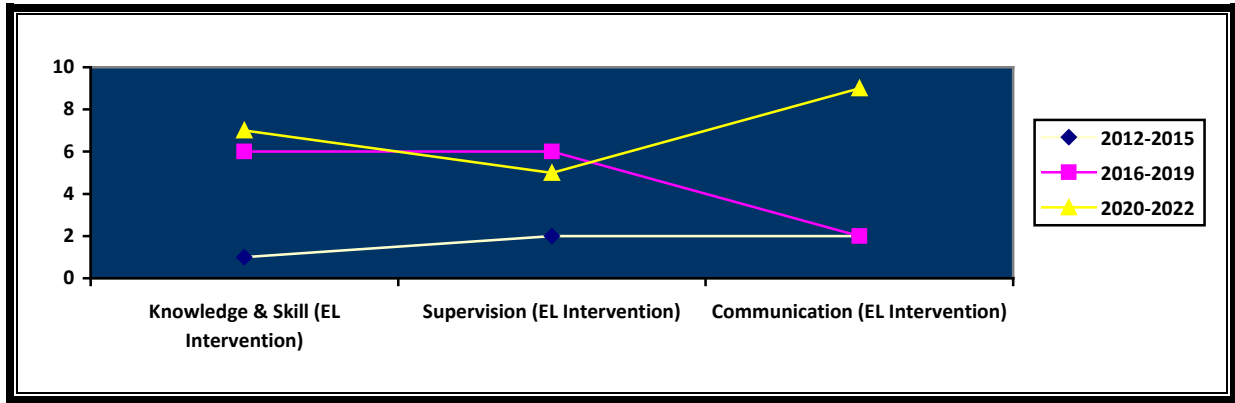


Figure 2 - Based on research studies from 2015 to 2022, SLR findings for Experiential Learning (EL) Intervention within Knowledge & Skills, Supervision and Communication

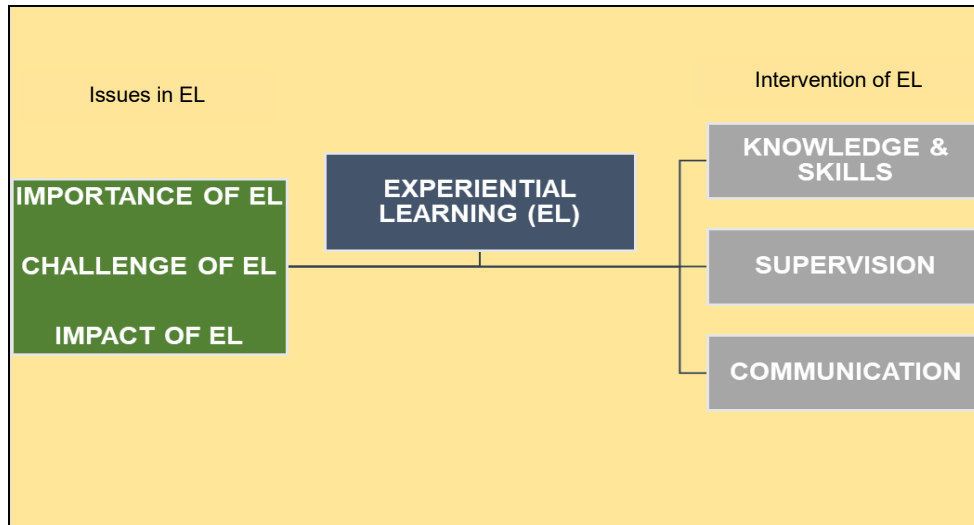


Figure 3 – Medical Experiential Learning (EL) Model Development

12.0 CONCLUSION

Experiential learning is one of the most important aspects of a trainee's career. During their housemanship, trainees receive training in a variety of interventions and treatment methods, including holistic practices and preparation. Trainers must experiment in a wide range of fields. This method ensures the doctors' adaptability and ability to experiment effectively and brilliantly. Experimental success necessitates active learning and experimentation (Razack et al., 2012). When attempting to learn something new, one must be confident and determined. If the trainee feels confident, he or she will be more likely to experiment and be confident. The ability to explain each aspect of the task is one of the most powerful formulations of experimental mastery (Elizabeth & Monisha, 2017). Even though experiential learning will examine the result of learning in an abstract manner, it also necessitates a method that produces exceptional quality and quantity (Young et al., 2012).

The importance of knowledge and skills in learning housemanship cannot be overstated because they are used at a high level. The application and content of knowledge and skills must be streamlined and infused so that the way they are used has implications for learning housemanship. According to research, knowledge and skills are heavily used during housemanship. In this regard, the process of curriculum improvement in university learning must be carried out on a regular and systematic basis. The university should be aware that knowledge and skills are the primary sources of reference for trainee doctors during housemanship. As a result, the hospital must ensure that trainee doctors always engage in reflection, such as reading and performing learning actions through review, to ensure that knowledge and skills are constantly improved and can be used effectively throughout housemanship. Previous research findings indicate that experiential learning improves housemanship. This is since trainee doctors are extremely attentive and consider every change that occurs while studying.

Most previous researchers discovered that significant learning changes were remembered as new results and discoveries. Trainee doctors must also strive to remember everything they have learned and save it as a new experience for future learning. The trainee doctor is dedicated and optimistic about being active in encouraging experiences that can be used as new learning opportunities in housemanship.

Although experience gives meaning to learning, knowledge and skills are sometimes used but are not associated with variations during learning. As a result, one course of action is to increase sensitivity and focus while learning to adapt to one's surroundings. However, Chappell, Lawrence, and Scott (2018) demonstrated that knowledge contributes to the achievement of experience when trainee doctors frequently think and are active while learning. As a result, trainee doctors must actively refer to and reflect on knowledge for experiential learning to be emphasized through their knowledge and skills.

If skilled trainee doctors select appropriate skills, skills contribute to the achievement of experiential learning. In the study of Ellen et al. (2022), the contribution of skills to the achievement of expertise is high when individuals always look at expertise, particularly the ability to prioritize tasks while studying. Experience necessitates skills for trainee doctors to feel the changes as they learn. According to the researcher, skills should be used in accordance with the specific learning requirements. For example, in learning environments that require commitment and task challenges, especially during emergencies, a critical and simpler skills approach is required, whereas procedures are used in university learning. The researcher does not dismiss the importance of procedural rules, but this study highlights the need to consider the environment's skills. Skills must be implemented based on need to be used as experience in other learning environments.

In addition, previous researchers have observed the contribution of skill use to the achievement of experiential learning influenced by communication. This finding reinforces previous researchers' findings that learning housemanship necessitates conversing with patients while using reflection skills during the diagnosis process (Kanhua et al., 2016; Tony & Nathan, 2020; Joana et al., 2021). The researcher noticed that the improvements proffered by the patient are a piece of data that can be classified as a trainee doctor's experience. The result revealed that the evidence received by the trainee doctor will act as an intermediary, enabling the trainee doctor to always perform at his or her best for the future when functioning with other patients. This action is referred to as a recovery process involving a communication approach that encourages experience in the application of skills (Kirsten et al., 2022). However, the researcher suggested that the role of awareness in people's constant looking be investigated further. This is due to the difficulty of achieving experiential learning, which necessitates a very high ability to detect changes during learning (Kolb, 1984). This finding implies that the skills used are frequently contested by various parties because they are demonstrated through actions. However, the advantage of communication is that the more knowledgeable party always controls and provides the most up-to-date information to ensure that the skills used are truly relevant to the learning of housemanship. Finally, different innovations will be acquired through experiential learning.

Furthermore, supervision interventions contribute to the application of knowledge and skills through experiential learning. This demonstrates that supervisory intervention affects the achievement of experiential learning when knowledge and skills are used. This finding is justified by the fact that supervision allows trainee doctors to reflect on their knowledge and skills while also tracking learning changes. Because of the supervisor's experience and knowledge, a lot of information and knowledge about housemanship learning and adapting as an experience was obtained. This finding is consistent with the findings of Lieselotte et al. (2021) and Dan et al. (2020), which state that supervisors always share their experiences with trainee doctors during supervision. Supervisors assess knowledge and skills so that they can be strengthened where needed and improved at other times. Supervision may influence trainee doctors through their experience and knowledge, as well as the method of sharing knowledge, to ensure that housemanship is completed successfully.

According to previous studies, the researcher discovered that two factors influence supervision: constructive supervision and supervisors who struggle to provide meaning (Brendan, 2019). According to the researcher, this study has much more significance in terms of increasing the contribution of knowledge and skills through the achievement of experiential learning. Supervision must be done properly because it is extremely complex and necessitates the utmost commitment from trainee doctors. This study clearly demonstrates that supervision is implemented to help trainee doctors gain experience through supervisors' endorsement. A supervisor's actions in supervision must include providing support and encouragement, always offering guidance, and making efforts to facilitate every knowledge and skill used by the doctor during housemanship. Stereotyped supervision should not be overlooked either, so that all trainee doctors receive the same guidance. This finding, on the other hand, clearly demonstrates that most trainee doctors believe they are supervised when applying knowledge and skills in their housemanship life experience.

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