



Knowledge Interference For Advanced Experience by a House Officer (Ho)

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Abstract: The medical cluster is a vital part of the country's infrastructure. Medical clusters are like the strength that ensures the community's well-being, both for the locals and for the leaders. The usefulness and value of house officer expertise during medical education are investigated in this study. Furthermore, the accomplishment of house officer experience will be determined by the support of knowledge they possess. This study looked at (i) the degree of knowledge held by house officers, (ii) the level of experience held by house officers, and (iii) the link between knowledge and experience held by house officers. Simple random sample procedures were used to send questionnaires to 80 house officers from a hospital in Johor. The results of the study were examined using descriptive and inferential statistics. The study's findings show that house officers have a high level of expertise and experience. Studies have also shown that a house officer's expertise and experience are highly connected. Knowledge is appropriate significant and expected for enhancement to comprehend the ideal experience, according to this study. Finally, this study was employed as a model for developing trainees' learning processes and medical clusters.

Keywords: Medical cluster, house officer, experience learning, learning process, knowledge

1. Introduction

According to Carey (2000), the learning structure has been present for so long that it has undergone drastic modification in the last 20 years. Changes in cognitive and psychological learning have influenced the development of both positive and negative ideas and philosophies. According to I'idd and Bessant (2018), obtaining a philosophical degree of thinking is becoming increasingly challenging if the learning approach used fails to adapt in a technological and innovation-based context. Nonetheless, the perceptions and actions that have been highlighted in learning have always been founded on a diverse cognitive process. The ideological influence that creative and critical brain rational usage has on the reaction is mostly responsible for the persuasive response (Rohaniza, 2019). As a result, the well-balanced and clever mind is the key reason for creativity in the learning environment (Ethan, Maureen & Rognvaldur, 2021). Intelligence is difficult to develop, but who can collect data and information in a consistent and drastic manner at the right time? The most crucial aspect of learning, on the other hand, is gaining experience (Gifford et al., 2020). The incident clearly demonstrates how earned expertise can be a negative factor, causing despair and obstructing a trainee's work. Trainees must be prepared to discuss difficulties and disagreements that arise within the company in this regard (Bernama, 2017). The trainee's requirement was efficient in spending all of his or her knowledge and skills in order to face real-life job experiments, particularly during the learning process (housemanship). The trainee must be able to explore optimally throughout housemanship in order to get experience that is a true expression of productive and dedicated hospital life. A house officer's challenges and hurdles are not common or current issues, but they will

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emerge through time in the setting of a similar or distinct style. Failure to apply knowledge correctly will cause complications for the trainee. In addition, unpredictability in working hours will boost stress levels. Stress can be a part of the experience, but if control and skills are not used effectively, it can create an unpleasant experience (Bernama, 2017).

Education and learning vacillations are uncontrollable deviations. Improvements in learning superiority and quality must be connected with current concepts and community specific requirements (Antje, Paas & Kester, 2002). As a result, the study's goal was to determine the amount of knowledge and the importance of knowledge in learning. In addition, one of the key branches of learning is highlighted as the concept of the learning experience. With the passage of time and present concerns, the value of learning in medicine has grown significantly. For example, a COVID-19 pandemic will occur in 2020, posing a global threat (Warwick McKibbin & Roshen Fernando, 2020; Wasiul Karim et al., 2020). This pandemic is severe, and it will be tough to contain. There are still no vaccines or treatments that can prevent this pandemic sickness as of July 2020. This pandemic can only be averted via good hygiene and preventative measures. Looking at medical concerns and the increasing availability of viruses, it is clear that medical clusters, particularly those at the forefront of hospital organisations, must maintain a constant state of awareness and extend their knowledge to ensure the community's well-being is well-controlled (Armocida & Palestra, 2020; Fabrizio et al., 2021). The community must also work hard to assist nurses and medical professionals in carrying out their duties.

2. Research Objective

- a) To determine the level of knowledge held by house officers;
- b) To determine the level of experience held by house officers
- c) To look at the relationship between a house officer's expertise and experience.

3. Literature Review

During the learning phase, learners are exposed to a variety of learning methods. A variation in the learning phase is claimed to act as a catalyst for trainees discovering and developing new concepts and ideas (Bajgoric, Joseph & Wass, 2014; Yuanzhu et al., 2020). However, because each individual has a creative identity in solving individual potential, the amount of achievement of trainees is said to vary (Rohaniza, 2019; Veelan, Slegers & Endedijk, 2017). A house officer who has completed a medical programme and obtained a Bachelor of Medicine in less than five years is still not qualified for the title of Medical Officer in Malaysia. Instead, it is still referred to as a house officer or a Graduate Medical Officer who has completed a two-year housemanship. During the learning phase of housemanship, house officers will endeavour to gain experience, make observations, create conceptions, and experiment. As a result, confidence in the application of clinical knowledge and abilities will help to achieve the goal of improving the learning phase during housemanship. According to Haist, Katsurakis, and Dillon (2013), during the learning phase of housemanship, house officers who are confident in applying all knowledge and skills gain more experience, knowledge, and are able to experiment with minimal error values gain more experience, knowledge, and are able to experiment with minimal error values. On the basis of confidence in applying knowledge and skills clinics, the United Kingdom (UK) demonstrates that house officers through housemanship have a lot of experience, know-how to produce new ideas and concepts, and are able to probe efficiently (Baker & Durham, 2013; Gifford et al. 2020). Indeed, since 1994, the medical school has been concerned about house officers who give Confidence Building Courses in the final year of housemanship at Manchester Medical School in the United Kingdom.

According to Carey (2000), learning is something that occurs throughout one's life. Learning tends to lead to the acquisition of a large number of items. Learning outcomes also allow for the development of beneficial self-behaviours, particularly in the areas of proactive and focused emotional maturity and thinking (Tamara et al., 2021). An educational psychologist in the United States claims that the nature of human learning may be divided into three categories: cognitive, affective, and psychomotor (Xiang et al., 2015). He stresses three areas: the cognitive, affective, and psychomotor parts of learning. The cognitive aspect pertains to a person's ability to use their intellect when learning, while the affective aspect focuses on the social and emotional aspects of learning (Richards, Coulter & Wicks, 2015; Lajoie et al., 2019). The following is a list of three factors that contribute to the strength of thinking, emotion, and competent learning. According to Alexandraki (2013), the principles of learning must include attachment, repetition, satisfaction, experience, practise, readiness, participation, imitation, curiosity, affirmation, rating, learning technique, feedback, and everyday experience.

Experience-based learning, according to Tadd, Hilman, and Calnan (2011), necessitates rendezvous and activity. Meetings and activities, on the other hand, necessitate sufficient knowledge in order to make an experience more meaningful and gratifying. According to Sidani (2014), when a person lacks information, he or she will become enthusiastically entangled in learning activities. This is due to the truncation of practical knowledge's constraints and restrictions. As a result, the potential engagement will constrain the presentation (Cho & De Mayo, 2016; Zieha, 2009). The complexity of a person's learning is also expressed by their maturity. The depth of a person's knowledge is also reflected in their maturity. This is due to a person's desire to learn and gain experience, which is fuelled by the depth of knowledge already existing in the learning framework. There is, however, a great deal of experience-based learning that

may be highlighted. Classroom learning, game application, and cooperation exhausted practical skills required knowledge to control, according to Dulek and Campbell (2014). Individuals will obtain an increased level of experience as a result of the implications that have been gained.

Experiential learning, as defined by Michalski (2014), entails a capital of knowledge that will enhance the value of one's experience. Indirectly, it will offer value by allowing for the creation of more meaningful and structured content. On the other hand, a person's proclivity for failure increases if they miscarry in order to gain experience. The delay in placing trainees into graduate medical training is to blame for the lack of experience (The Star, 2015). Postponements in placement would undoubtedly cause doctors to disregard the knowledge and abilities gained throughout their prior university education. With only 45 hospitals, the number of trainees who graduate is estimated to be around 10,000. The trainee may eventually refuse to attend housemanship and gain no experience as a result of the long-term placement process (The Star, 2015). The interrogation is a method of testing a doctor's knowledge and skills in the absence of experience.

Knowledge is information that has been compressed into a form that allows one to act on it roughly. The whereabouts of people were also known based on their prospective knowledge. Knowledge is the ability to predict a result in a broad sense. When it comes to learning, there are a variety of approaches. Implicit knowledge is knowledge that is hidden and cannot be seen. Implicit knowledge, on the other hand, is frequently released when it is applied appropriately. Implicit knowledge is similar to empirical knowledge in many ways, but it differs in how it is expressed through behaviour. This is due to the fact that empirical knowledge is latent and can only be developed in rational time and via an empirical and in-depth process of thought. Joseph and Lloyd also highlight approaches to learning that stress features of knowledge as applied in the theory of knowledge building (2017). Effective and active learning, according to this notion, can revolutionise the organisation of teaching and learning. During communication, earned experience will transfer components of knowledge into practical and applicable contexts (Sharon & Sharon, 1990; Vos, 2009). Nor Shela (2012) discovered that housemanship learning had an impact on learner knowledge in a study she did. The study of housemanship, on the other hand, emphasises the use of skills. Communication and supervision, on the other hand, were found to have an impact on the utilisation of knowledge and skills as well as the level of achievement of the trainee's experience in the hospital (Nor Shela, 2012).

The accuracy and importance of knowledge utilised in learning are indicated by the description of knowledge used in learning (Nor Shela, 2012; Martha et al., 2021). Time management can be used to ensure that the time spent is helpful and focused on learning. To eliminate overlapping knowledge during learning, Martha et al. (2021) recommends avoiding and limiting underprivileged aid. For example, communication as a form of practical learning should be kept to a minimum to reduce unnecessary learning time (Nor Shela, 2015). In the approach to learning skills, however, pragmatism and realism are at the forefront of experience-based learning (Zubaidah, 2009; Philpot, 2016).

4. Research Methodology

This study was carried out in the Johor government hospital. A total of 80 responders were chosen from among the house officers. A quantitative technique was applied in the research. The survey approach was used to distribute questionnaires to all of the study's samples. This study employs a questionnaire that has previously been utilised in research. During data gathering, the researcher utilised simple random sampling. The researcher used descriptive and inferential analysis to analyse data for the in-depth explanation. To calculate the sum of the amount of house officer knowledge during housemanship, the researcher employed frequency, mean, and percentage. Aside from that, the researcher utilised correlation analysis to find a link between house officer knowledge application and the learning process in an experiential setting.

5. Findings And Discussion

5.1 The Knowledge Level During Medical Learning

Table 1 depicts the level of medical knowledge attained by house officers after their training. The majority of house officers (78 trainees, or 97.50 percent) feel that information is crucial during medical education. Only two trainees (2.50%) receive a moderate level. Another result stated that the average of the mean values is 4.09. 3.03 is the lowest figure, and 5.00 is the highest.

Table 1 - Level of knowledge

Level	Frequency	Percentage	Mean	Minimum Value	Maximum Value
High	78	97.50			
Moderate	2	2.50	4.09	3.03	5.00
Low	0	0			

5.2 The Experiential Level during Medical Learning

The level of house officer experience during medical school is seen in Table 2. The majority of house officers (75 trainees, 93.75 percent) agree that gaining experience while medical school is important. The moderate level is awarded to five trainees (6.25 percent). Another finding said that the average of the mean values is 3.85. 3.85 is the lowest figure, and 5.00 is the highest.

Table 2 - Level of experiential learning

Level	Frequency	Percentage	Mean	Maximum Value	Minimum Value
High	75	93.75			
Moderate	5	6.25	3.85	2.91	5.00
Low	0	0			

5.3 The Relationship between Knowledge with Experiential of Learning

The association between house officers' level of knowledge and experiential learning achievement is considerable, according to Table 3's findings. The correlation coefficient is $r = 0.774$, with a significant value of $0.000, 0.01^{**}$, according to the results. This finding demonstrates the importance of information for leaders and guides house officers to practise tasks in order to develop new knowledge and experience. As a result, as illustrated in Figure 1, the researcher has sketched a picture of the study's findings.

Table 3 - Correlation between knowledge and experiential learning

Item	r	Sig.
The use of knowledge with experience achievement	0.774**	0.000

**Significant Level 0.01 (2-tailed)

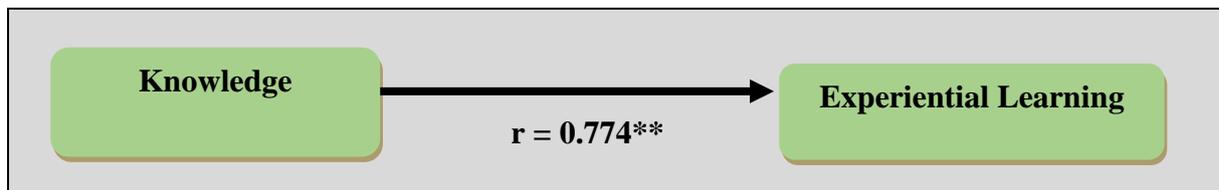


Fig. 1 - Model finding

6. Conclusion

There is a correlation between house officer knowledge and experiential learning, according to goal three. Knowledge characteristics are critical in ensuring that trainees remain self-sufficient throughout their medical education (housemanship). The limited degree of information allowed trainees to cope with the tough realities of their future work as medical practitioners (Bernama, 2019). All trainees undergoing housemanship must be attentive to vicissitudes in knowledge and work experience, according to the Dean of the Faculty of Medicine at the University of Malaya (UM). As a result, the trainee must be prepared to transition from medical school to the hospital work environment. In order for trainees to be able to organise for two years of housemanship processes, mental and physical preparation is required. In fact, 70 percent of the trainees undergoing housemanship study successfully completed the study in a minimum (2 years). The rest (30%) need longer periods (Bernama, 2017). Hardyman et al. (2013)'s findings clearly illustrate that the knowledge and abilities required require a high level of confidence in order for highly trained and competent trainees to perform their jobs and follow guidance instructions. Confidence in doing jobs and knowledge and skill competencies will make becoming a doctor simple, while also being a highly desirable factor in improving the doctor's experience throughout hospital education (Rohaniza, 2019; Zieha, 2009; Martha et al., 2021). As a result, the Malaysian Medical Association (MMA) is equally concerned that trainees are educated according to relevant and reasonable criteria during their working hours. In reality, the supervisor's occupied cooperation is equally important in ensuring that the activity is completed efficiently (Khairil Ashraf, 2019; I'idd & Bessant, 2018; Ethan, Maureen & Rognvaldur, 2021)

According to the data, the trainees achieve a high level of learning during the experience's learning phase. These findings show that house officers gain knowledge through experience. Additionally, the house officer prioritises learning encounters through intuition of emotion and feelings. Kron et al. (2010), during the learning experience of house officers employing innate beliefs and spirits, backed up this claim. House officers' belief instincts and feelings are a way of demonstrating that they are changing while learning (Jonsen, Seigler and Winslade, 2010; Zubaidah, 2009;

Nor Shela, 2015). Change is referred to as experience (Bernard and Goodyear, 2009). Furthermore, experience is a type of learning that is discovered by feelings rather than behaviour or action.

Researchers discovered that house officers can detect high learning changes since they have a high learning phase of experience, according to this study. Kolb (1984) summarises the findings in the achievement of this phase reveals that individuals are able to actively engage, in addition to looking at the ability of sensations and instincts of the heart. According to Walton and Steinert (2010), who also used Kolb Theory in their research, active involvement might take two forms: verbal or nonverbal involvement. Crisp (2010) and Zieha (2009) both mentioned that when house officers are engaged, it implies that they are learning and gaining a lot of experience. The findings of the study clearly reveal that house officer learn via experience. High accomplishment in the learning part of the event demonstrates that trainees have a proclivity for learning by emotion, learning by change, and studying actively.

The researchers argue that this finding clearly suggests that the learning phase of experience is one of the most appropriate learnings utilised in housemanship learning, in addition to looking at the perspective of previous study. This also demonstrates Malaysia's learning culture in the realm of medical education. Experience is a priceless commodity (Nor Shela, 2015). Individuals' positions and levels of thinking can be influenced by their experiences (Turan and Damirel, 2010; Fabrizio et al., 2021). The outcomes of this study show that house officers are capable of becoming more competent when executing activities as a result of the learning methods utilised and the completion of the experience learning phase. Furthermore, according to Zanetti (2011), trainees who learn by experience have a better degree of competency because they learn numerous new things. This data demonstrates that the trainee physician's learning achievement is truly great.

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