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Facilitating Reflection Using Experiential Learning Cycle During Community-Based Education Program

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Abstract: Reflective learning in community-based education (CBE) activities requires the role of a supervisor. The 'intensive supervision' based on Kolb's experiential learning can provide guidance for facilitating reflection on CBE experiences through discussion. Accordingly, supervisors must receive training on providing constructive feedback sessions to assist students in reflecting. This study aimed to determine the effect of training on facilitating reflection using experiential learning methods based on the concept of 'intensive supervision' for CBE supervisors. The study design used a training program evaluation with the Kirkpatrick model of levels 1 and 2. The training on facilitating reflection was divided into workshops and mentoring sessions based on the experiential learning cycle. The questionnaire was developed to assess tutoring performance before and after the training based on the perceptions of supervisors (n=10) and students (n=43) and observers' observations during the supervisor tutoring. Descriptive and comparative data analyses were employed. The trainees showed positive reactions to the training. The students' and supervisors' perception questionnaires showed a significant difference in the performance of the supervisors who were assessed before and after training. Our results indicated that most of the supervisors' ability to facilitate reflection changed following the 'intensive supervision' method. This training helps supervisors learn how to become facilitators and students to feel more assisted in the learning process.

Keywords: *Community-based education, experiential learning, facilitating reflection, teacher training.*

Introduction

Many higher education institutions have adopted community-based education (CBE) programs as a learning approach where students learn professional competencies in a community setting (Talaat & Ladhani, 2014). Students need formal reflective exercises to reflect on and integrate the lessons they learned from community-based learning experiences (Hunt et al., 2011). If the reflections are only done independently in written form, the ability of students to write CBE self-reflections is still at a low level (Hastami et al., 2018; Ozone et al., 2020). In a recent study, the assessor did not always provide feedback in written form, or the feedback did not meet students' needs (Lefroy et al., 2021). Accordingly, reflective learning with students can be done through oral reflection involving discussing their experiences with other group members (Mantle, 2019). Reflection is best done within small groups because collaborative learning offers the learners the opportunity for multiple perspectives and sources of information (Cruess et al., 2018).

Claramita et al. (2019) constructed a tutoring method of facilitating student reflection using Kolb's experiential learning cycle called 'intensive supervision', which is a teacher's guideline for conducting an oral feedback session with the students in the CBE context. Teachers can coordinate simple to complex levels of learning by tutoring students' progress every year in the CBE program (Claramita et al., 2019). In the tutoring, four sessions from the concept of 'intensive supervision' are conducted repeatedly according to the Kolb experiential learning stages, namely sessions 1-2 (concrete experience stage – reflection on observation) and sessions 3-4 (abstract conceptualization-active experimenting). In the first session, the students report their experiences regarding soft skills (communication, leadership, self-directed learning), then the teachers stimulate reflection on their experience. In the second session, students report their experience regarding clinical skills and illnesses, and the teachers help students reflect on medical knowledge, the natural history of disease, epidemiology, and preventive medicine. In the third session, teachers provide

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concrete learning resources of generic knowledge/concepts, skills, and professionalism to be discussed with the students. Then, the simulation of a few experiments can be discussed. In the last session, the teachers encourage students to articulate a concept in their own words, so they can plan what to do in an active experiment now and in the future. The phases of facilitating student reflection based on the concept of 'intensive supervision' can be seen in Figure 1.

FACILITATING REFLECTION USING EXPERIENTIAL LEARNING CYCLE

Session 1
±30 minutes

STUDENTS report their experiences regarding soft skills (e.g., communication, leadership, self-directed learning).

TEACHERS stimulate reflection on their experiences and how to improve their soft skills.

Session 2
±30 minutes

STUDENTS report the experiences regarding clinical skills and illnesses.

TEACHERS stimulate reflection on medical knowledge, the natural history of disease, epidemiology, and preventive medicine.

Session 3
±30 minutes

TEACHERS provide learning resources of generic knowledge/ concepts, skills, and professionalism from books, journals, or web-based literature to be discussed with the students.

STUDENTS simulate a few experiments to be discussed, e.g., communication skills, teamwork, and clinical skills examination.

Session 4
±30 minutes

TEACHERS allow students to articulate and conclude the results of the discussion

STUDENTS formulate several plans to do an active experiment now and for next time experiences.

Description :

- ⌐ ¬ = To report "*Concrete Experience*"
- ▨ = To facilitate "*Reflection on Observation*"
- ▭ = To facilitate "*Abstract Conceptualization*"
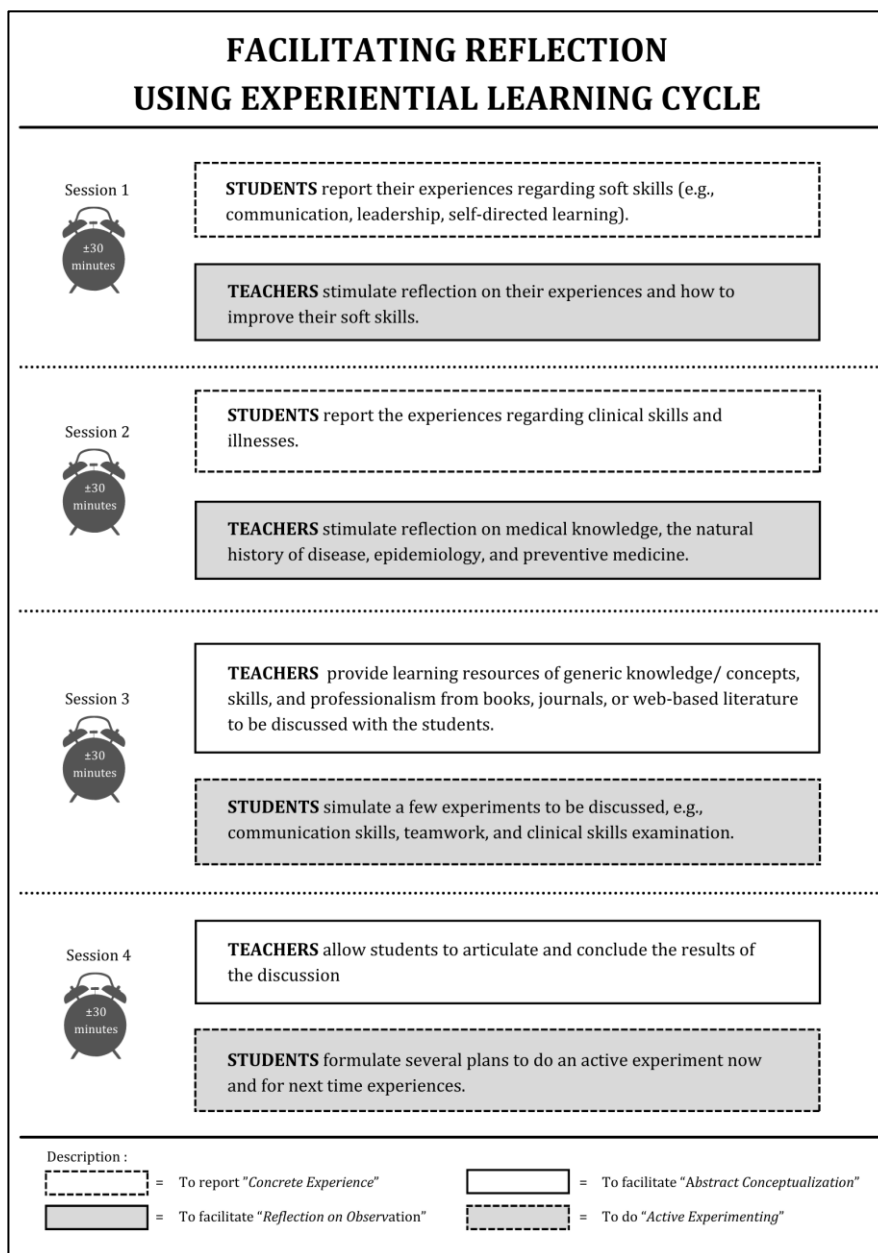- ⌐ ¬ = To do "*Active Experimenting*"

Figure 1. Facilitating Reflection Using Experiential Learning Cycle During Community-Based Education Program Adapted From the 'Intensive Supervision' (Claramita et al., 2019).

Competencies acquired by students in CBE can be categorized into six themes: public health, cultural diversity, leadership and management, community development and advocacy, research and evidence-based practice, and generic competencies (communication, problem-solving, decision-making, creativity, motivation, self-reflection, facilitation, and presentation) (Ladhani et al., 2012). CBE competencies are included in the discussion of 'intensive supervision' components in the process of reflective learning to prepare students to gain knowledge in the context of primary health care, skills of communication, teamwork, leadership, and the attitude of a professional doctor. In the previous study, the implementation of 'intensive supervision' sessions showed changes in learning motivation, self-directed learning, and students' understanding of the CBE topic on Elderly Health Services (Pribadi, 2021). Therefore, this 'intensive supervision' can assist students' reflections concerning CBE experiences.

The 'intensive supervision' method needs guidance from an inspiring role model who delivers constructive feedback to assist students' reflections on the CBE experience (Claramita et al., 2019). Many supervisors did not provide constructive feedback and had various ways of guiding students (Fauziah et al., 2018). Support is necessary for

teachers to provide more constructive feedback for students' reflection. A guideline for conducting a feedback session with the students based on the experiential learning cycle in this study could be introduced in continuous faculty development programs (Claramita et al., 2019). The model of a faculty development program can include workshops, seminars, or mentoring in training which is effective when using experiential learning, providing feedback, effective peer and colleague relationships, the application of principles of teaching and learning, and using multiple instructional methods (Steinert et al., 2016). In addition, there are still limited studies on teacher training about giving feedback in the tutoring process of community-based education. Although Pribadi (2021) conducted research focusing on students who obtained 'intensive supervision' sessions, the impact on the tutoring skills of supervisors has not been fully explained. Therefore, this study aimed to determine the effect of training on facilitating student reflection using experiential learning methods based on the concept of 'intensive supervision' for CBE supervisors.

Methodology

Research Design

The study design used a training program evaluation method with the Kirkpatrick model. The study was conducted between January and April 2022 in the Faculty of Medicine, Soegijapranata Catholic University (SCU), Indonesia. The CBE program at SCU is held every semester while several groups of students with a supervisor do public health projects in the community. The topic for the sixth-semester students was prenatal care.

A total of 10 teachers and 43 students (all third-year medical students) agreed to participate in this study. The teachers who have been CBE's supervisors for a minimum of two years and the students who were actively enrolled in the CBE program every semester were included. In contrast, exclusion was applied to supervisors who did not finish the training and the practice of facilitating reflection during the time of this study and the students who were unable to commit to the CBE activities during the sixth semester. Ethical approval was obtained from The Medical and Health Research Ethics Committee (MHREC) the Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia (Protocol Approval Number: KE/FK/1353/EC 2021). A written consent form was furnished to students and teachers as respondents for review and signature before participating in this study.

Data Collection Tools and Techniques

The CBE supervisors participated in the training program. The training included a workshop and mentoring sessions with an instructional design developed using Kolb's experiential learning cycle (Figure 2). In the concrete experience, the workshop session included a sharing session and a video review to discuss the previous tutoring. In the reflection on observation, participants were briefed on the theory of 'intensive supervision' and the CBE topic of prenatal care, role-play simulation of 'intensive supervision', and the session closed with reflections and feedback. For abstract conceptualization, supervisors received mentoring three times before guiding students with the 'intensive supervision' method. Supervisors implemented the 'intensive supervision' method three times in the active experimentation with a guidebook according to the topic of prenatal care.
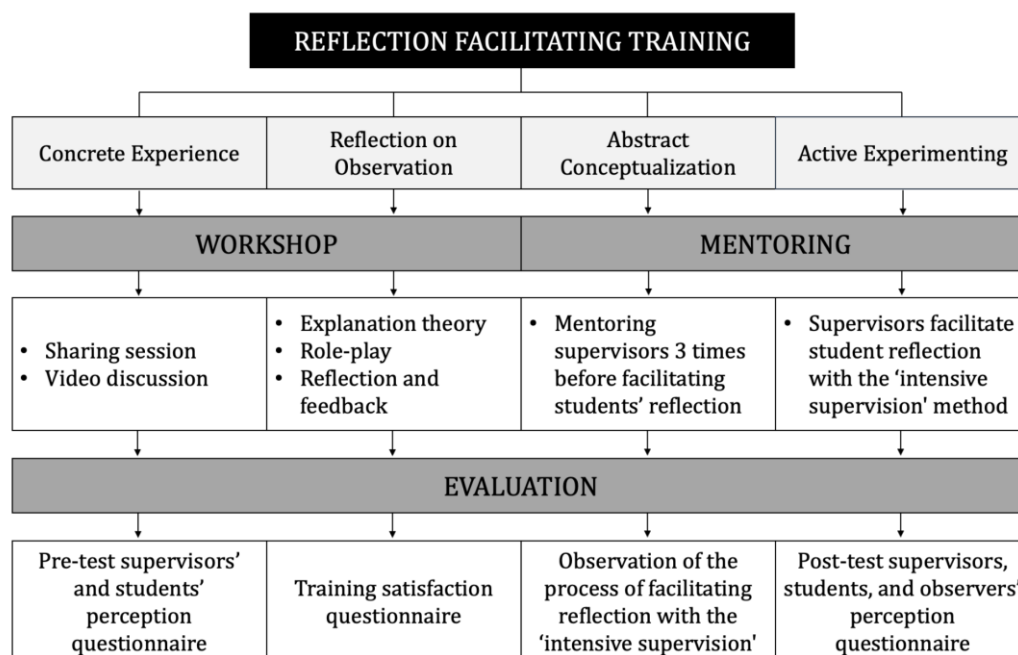

Figure 2. The Training Design and Data Collection Procedure

Evaluation of the training was done using the Kirkpatrick's model for levels 1 and 2. Evaluation level 1 of participants' reactions was completed by filling out a training satisfaction questionnaire after the workshop session. Level 2 evaluated the learning process of supervisors' knowledge and skills using the questionnaire on supervisor performance of facilitating reflection with the 'intensive supervision' method. The supervisors, students, and observers filled out the questionnaire for evaluation level 2. The supervisors assessed their performance, while students assessed their group supervisor before the training program and after completing the reflection facilitating sessions. Additional observers included two people (the researcher and one teacher not among the respondents who comprehended the 'intensive supervision') who observed how each supervisor facilitated students' reflections from three video recordings of tutoring.

The questionnaires on training satisfaction and supervisor performance of facilitating reflections with the 'intensive supervision' method were validated based on Pradnya's research (2022). The evaluation level 2 questionnaire consisted of a four-stage experiential learning cycle from the concept of 'intensive supervision' (Claramita et al., 2019). It is self-designed with a 5-point Likert scale (1 = hardly ever, 2 = rarely, 3 = occasionally, 4 = often, and 5 = always) to assess whether the supervisor follows the item questions. The medical education experts reviewed the questionnaire for its content validity. Then, 15 teachers and 10 students who were not from the group of respondents assessed the instrument in terms of understanding, language, and sentence correction. The questionnaire was modified based on their feedback. Next, the pilot testing with 50 students was conducted, and all items were declared valid because the values exceeded the r-table for 50 people (.279) using the Inter-Item Correlation test. The reliability measurement using Cronbach's alpha is .936. This pilot testing did not result in further changes to the questionnaire items.

Data Analysis

The data were analyzed using SPSS Statistics version 26 (IBM Corp., Armonk, NY). Due to the relatively small sample size, the assumption of underlying normality within the data was evaluated using the Shapiro-Wilk test. The observation data were analyzed with one sample test to examine whether the mean of the population was statistically different from the standard with mean and standard deviation (*SD*). Data analysis from evaluation level 2 used paired t-tests for the normally distributed data and the Wilcoxon test for non-normally distributed data to compare pre-and post-training scores. Since multiple comparisons were to be made between supervisors, students, and observer perceptions, further statistical analysis used the one-way ANOVA test with a significance set as $p < .05$.

Findings / Results

Participant Characteristics

A total of 10 supervisors underwent the training program. Two supervisors are from the field of public health, while the remaining are other specialists. Teaching experiences are between 2.5 and 5 years. Of these 10, each supervisor tutored 4 – 5 students from the same group between the previous and recent semesters. A total of 43 students from the sixth semester participated in this study to evaluate the supervisors' performance.

Evaluation Kirkpatrick Level 1

The satisfaction of the workshop on 16 items was analyzed for five categories (1 = strongly disagree ranging to 5 = strongly agree) using a Likert scale. The participants rated the workshop very highly, i.e., four or higher on the training satisfaction questionnaire indicating a positive response to the workshop. Participants rated the mean score characteristics of the content highest at 4.93 (*SD* = 0.17), facilitator at 4.90 (*SD* = 0.24), facility at 4.78 (*SD* = 0.34), and overall training at 4.90 (*SD* = 0.19). From the two open-ended questions about the workshop's strengths and weaknesses, the supervisors comprehended how to facilitate students' reflections with the 'intensive supervision' method. However, the facilities and equipment for learning need to be considered, such as classroom environment and quality of food service.

Evaluation Kirkpatrick Level 2

The questionnaire on supervisor performance in facilitating students' reflections with the 'intensive supervision' method was used to evaluate learning levels for knowledge and skills. The following analyses were performed on the observers' perception questionnaires and pre-and post-training supervisors' and students' perception questionnaires. Items of the questionnaire were based on the constructs of the concept from 'intensive supervision' namely concrete experience (no. items 1-9), reflection on observation (no. items 10-19), abstract conceptualization (no. items 20-25), and active experimentation (no. items 26-30).

A. Observers' Perception Questionnaire

The items of the questionnaire from the observers' perception questionnaires are shown in Table 1. The most positive responses to the questionnaire were observed for 27 items (90%), each with an average score of > 3.5. The item of the average neutral score between 2.5 and 3.5 was found in item no. 4, while items no. 21 and 25 showed negative

responses (average score < 2.5). The statistical analysis of observers' responses used a one-sample test to discover if the supervisor's learning skills score was significantly different from 3.5 (70% of the average total score of the questionnaire). It showed a significant difference with p = .000 (p < .05) from the average score of the supervisor's learning skills with an average score of 3.5 (Table 2).

Table 1. Item Means of Observers' Perception Questionnaire

Questionnaire Items	Mean (± *SD*)
The supervisor ……	
1. Provides opportunities for each student regarding projects in community-based education (CBE) activities.	5.00 (± 0.00)
2. Explores students' experiences in communicating with patients and their families.	4.80 (± 0.63)
3. Explores students' leadership skills	4.80 (± 0.63)
4. Explores students' self-regulated learning	3.00 (± 1.33)
5. Explores student experience of clinical skills related to medical knowledge in a CBE setting	5.00 (± 0.00)
6. Asks students about the etiology determinants of health in the family/community health problems they encounter.	5.00 (± 0.00)
7. Explores students' knowledge about the natural history of disease in the family/community health problems they encounter.	4.60 (± 0.52)
8. Asks students about the epidemiology of diseases discovered in the field, including global-national-local priority diseases.	4.60 (± 0.52)
9. Asks students' knowledge about health promotion strategies based on five-level disease prevention.	4.80 (± 0.63)
10. Assists students in understanding the meaning during the community visits/ CBE.	5.00 (± 0.00)
11. Gives reflective questions about what students have done that are satisfactory/proud/good.	4.80 (± 0.63)
12. Appreciates what students have done that are satisfactory/proud/good.	4.80 (± 0.63)
13. Provides reflective questions regarding things that need to be improved when they return to the patient/community (help formulate student problems)	4.70 (± 0.95)
14. Facilitates reflection for balancing students' soft skills and hard skills	4.80 (± 0.63)
15. Provides initial information to encourage students interested in further information regarding the problems they encounter.	4.90 (± 0.32)
16. Asks open-ended questions regarding students' soft and hard skills in concrete experiences.	4.80 (± 0.63)
17. Does not judge the information submitted by students.	5.00 (± 0.00)
18. Probes student answer/narrative.	4.80 (± 0.63)
19. Listens actively during the tutoring session.	5.00 (± 0.00)
20. Helps students understand the relationship between theory and their experience.	5.00 (± 0.00)
21. Provides students recommendations for learning resources in knowledge, skills, and professionalism.	2.30 (± 0.48)
22. Assists students in articulating a concept of overall discussion in their language.	4.60 (± 0.84)
23. Provide opportunities for students to conclude the discussion.	4.60 (± 0.84)
24. Provide students with the latest scientific evidence-based learning resources, such as journal articles, books, health reports, or web-based illustrations to answer their problems.	5.00 (± 0.00)
25. Helps simplify learning resources suitable for common languages, such as print-out demonstrations, web-based, and others.	1.90 (± 0.32)
26. Encourages students to attempt alternative solutions to the discussed problem.	4.80 (± 0.63)
27. Provides opportunities to conduct role-play simulations and feedback related to learning topics.	4.60 (± 0.84)
28. Encourages each student to determine a study plan independently.	3.80 (± 1.48)
29. Closes the tutoring session by ensuring that students identify their future learning needs.	4.20 (± 0.92)
30. Ensures that students know what to accomplish when faced with a similar case.	4.40 (± 0.97)

B. Supervisors' Perception Questionnaire

Most supervisors' responses to the pre-and post-test questionnaires showed a positive trend, with all constructs rated at 3.50 or higher. Paired t-test analysis showed that the supervisor responses to the constructs of reflection on observation, abstract conceptualization, and active experimentation did not change significantly after the training (p > .05). However, the construct concrete experience (Wilcoxon test) and total item questionnaire (paired t-test) showed significant differences after the reflection facilitating training with 'intensive supervision'. The average score of all the construct questionnaires from the supervisor responses increased between the pre-and post-tests (Table 2).

In addition, supervisors were asked to complete open-ended questions inquiring about the strengths and aspects that needed to be improved in the facilitating reflection. Responses indicated that the supervisors can learn to become

facilitators who listen and explore student experiences, help students interpret experiences, direct their thinking, find solutions to problems, and improve their soft skills. However, the supervisors still tended to dominate the discussion, and need to improve their mastery of teaching materials and feedback.

Table 2. Comparison Data of Observers, Supervisors, and Students' Perception Questionnaires

| Construct questionnaires | Mean values of the perception questionnaires | | | | | | | |
| | Observers | | Supervisors | | | Students | | |
	Posttest M (SD)	p	Pretest M (SD)	Posttest M (SD)	p	Pretest M (SD)	Posttest M (SD)	p
Concrete Experience	4.62 (±0.18)		3.83 (±0.46)	4.24 (±0.43)	.017*	4.09 (±0.71)	4.59 (±0.49)	.000*
Reflection on Observation	4.86 (±0.32)		4.21 (±0.43)	4.46 (±0.42)	.111	4.33 (±0.50)	4.66 (±0.39)	.000*
Abstract Conceptualization	3.90 (±0.26)	.000*	4.03 (±0.46)	4.20 (±0.58)	.405	4.35 (±0.54)	4.67 (±0.46)	.001*
Active Experimentation	4.36 (±0.62)		3.74 (±1.05)	4.34 (±0.49)	.099	4.26 (±0.68)	4.73 (±0.35)	.000*
Total	4.51 (±0.21)		3.98 (±0.44)	4.32 (±0.44)	.035*	4.25 (±0.56)	4.65 (±0.38)	.000*

* *p*-value statistically significant at *p* < .05

C. Students' Perception Questionnaire

The students' perceptions were rated highly on the pretest questionnaire and at higher levels for the post-test questionnaire (the average score exceeded 4.50). The data from students' responses were compared using the Wilcoxon test and the results showed a significant difference between pre and post-test values of the supervisors' skills to facilitate reflection using 'intensive supervision' (Table 2). From the open-ended questions inquiring about the strengths and aspects that needed to be improved, supervisors helped students gain insight and knowledge related to learning materials and problems in the community. They allowed students to actively discuss and evaluated what needs to be improved regarding soft and hard skills. However, students suggested that supervisors need to provide literature that focuses on the problems found.

D. Comparison Between the Perceptions of Observers, Supervisors, and Students

The results of the perception post-test questionnaire between observers, supervisors, and students were statistically tested using a one-way ANOVA test and indicated a significant difference (*p* = .04). Because of the significant difference, the Post Hoc test was used for the follow-up. Based on the Post Hoc test, as shown in Table 3, the perception between observers and students or supervisors is the same, but the perceptions between students and supervisors are significantly different (*p* = .014). This result can also be seen in the descriptive mean score in Table 3. The mean results of students = 4.65, observers = 4.51, and lecturers = 4.32 indicate that the observer scores on post-training differ between students and supervisors. Students rated their supervisors' skills higher than their supervisors' corresponding ratings of themselves.

Table 3. Comparison Data From Supervisors, Students, and Observers Using Post Hoc Tests

Group (1)	Group (2)	Mean difference (1 – 2)	p
Supervisors	Students	-0.33026	.014*
	Observers	-0.189	.26
Students	Observers	0.14126	.284
	Supervisors	0.33026	.014*
Observers	Students	-0.14126	.284
	Supervisors	0.189	.26

* *p*-value statistically significant at *p* < .05

Discussion

This research was conducted to determine the effects of reflection facilitating training using the experiential learning method to strengthen the tutoring program by facilitating students' reflections during a community-based educational program called: 'intensive supervision'. Evaluation of the training using the Kirkpatrick levels must be conducted in stages to ensure the effectiveness of the training program (Kirkpatrick & Kirkpatrick, 2006).

In Kirkpatrick level 1, the participant of the post-workshop session showed a positive reaction to the satisfaction with the content, facilitators, facilities, and the overall course. The workshop's sharing sessions, video discussions, interactive courses, role-play simulations, feedback, and reflection appeared to support participants' development skills as CBE supervisors. Supervisors learned the steps for conducting tutoring, 'intensive supervision' methods, and reflective learning. This finding is similar to other studies in that video review and role-play used in the training program showed a significant positive change in teaching behaviours (Johansson et al., 2012; Merriam et al., 2018). Meanwhile, several suggestions about the insufficiency of the facility equipment could affect their attitudes toward the training. Therefore, training must consider the environment with adequate facilities and a diversity of methods to keep learners interested, arouse curiosity, and enhance their understanding and retention for practical training (Alsalamah & Callinan, 2021; Ismail et al., 2015).

The learning skills of CBE supervisors were evaluated with Kirkpatrick level 2 using a supervisor's performance skills questionnaire based on the perceptions of observers, supervisors, and students. The students' and supervisors' perception questionnaires showed a significant difference in supervisors' skills who were assessed before and after training. Our results from observers' perceptions indicated that most of the supervisors' ability to facilitate student reflections changed following the 'intensive supervision' in each construct of concrete experience, reflection on observation, abstract conceptualization, and active experimentation. Based on 'intensive supervision', supervisors explore soft and clinical skills experience in the community (Concrete Experience), encourage student reflection on the experience gained (Reflection on Observation), provide learning resources and help interpret concepts into their own language (Abstract Conceptualization), and students simulate role-play and formulate several plans to do active experiments now and for the next time (Active Experimentation) (Claramita et al., 2019).

However, several stages in each construct were not done. The supervisors lacked exploring students' self-directed learning and study plans and were less skilled in simplifying the teaching materials. The supervisors should provide recommendations for learning resources outside the guidebook which led to problems in the discussion to encourage students' self-directed learning. Students still need the presence and assistance of teachers in their independent learning process, although the responsibility for learning is still their own (Dornan et al., 2005; Tjakradidjaja et al., 2016). Pagatpatan et al. (2020) suggested that supervisors should pay appropriate attention to affective, psychomotor, and cognitive domains in the learning process of medical students, since it contributes to the total development of future medical practitioners. The CBE program's effectiveness depends on how the reflection process is conducted.

Differences in assessing the supervisor's ability to facilitate student reflections can be seen from the perceptions of observers, supervisors, and students. Students rated the highest, followed by the observers, and the lowest scores were from the supervisors themselves. Baseer et al. (2020) also found that the students rated the supervisor's feedback skill score higher than the supervisors did. The results imply that students felt the supervisors had met expectations in facilitating reflection according to the 'intensive supervision' stages. The students appreciated the supervisors directing the objectives of implementing CBE activities, helping students reflect on the lessons and experiences, providing opportunities for active discussion, and encouraging students critical thinking and problem-solving.

On the other hand, the supervisors assessed that they did not fully meet the expectations of the 'intensive supervision' stages. This facilitating reflection approach is a new method applied in the CBE program, and the supervisors were aware of being assessed in this research. Supervisors need to adapt their teaching to the ever-changing environment, while individual students need to anticipate and overcome obstacles in learning (Mann et al., 2001). Meanwhile, the observers' assessments act as a bridge between supervisors and students in observing the skills. Supervisors can explore students' soft and hard skills, and not only focus on questions from the guidebook. Supervisors must act as facilitators who understand the individual learning process and provide constructive feedback. Students need guidance to better understand the material and feel more confident to master it, so they can become more active in the learning process (Tjakradidjaja et al., 2016).

The strength of this research is also evident in the training design using Kolb's experiential learning cycle. Guidelines in mentoring sessions also support supervisors' ability to facilitate reflection apart from the workshop sessions. Guidelines and explanations before the supervisors facilitated students' reflections, helping supervisors focus on the 'intensive supervision' method. Mentoring positively impacts new teaching approaches by sharing existing problems, encouraging reflection, and increasing responsibility for personal growth (Káplár-Kodácsy & Dorner, 2022). Thus, mentoring strengthens teaching and learning and develops professional knowledge and skills for both those being mentored and those doing the mentoring (Aderibigbe et al., 2018; Steinert, 2014).

Conclusions

This study assessed how reflection facilitating training with 'intensive supervision' could impact the supervisors' skills from the observers, supervisors, and students' perceptions. The training, designed using an experiential learning cycle, positively affected the trainees' satisfaction and can improve the teacher's capability to facilitate students' reflections in the CBE program. Although in the observation process, not all stages of the 'intensive supervision' method are carried out by the supervisor, the training influences both the supervisors and students. This training helps supervisors learn

how to become facilitators who can explore students' soft and hard skills experiences, provide opportunities for students to discuss actively, and direct students' critical thinking and help develop practical skills to solve problems. Thus, students feel assisted in the learning process and can reflect on their learning experiences in the community.

Recommendations

The 'intensive supervision' method must be applied continuously with the continuous training program, especially in other health profession institutions. Providing constructive feedback such as The Seven Jumps in problem-based learning tutorials, the Pendleton in clinical skills, and mini-CEX in clinical clerkships have been widely applied in the medical education system. However, no specific guidelines have been applied to provide constructive feedback to interpret and reflect on experiences in the context of community learning. Therefore, this 'intensive supervision' as a new guide in providing constructive feedback can help students reflect on their CBE experiences.

Finally, the recommendations for future studies include the use of the control and treatment groups to reduce bias and ensure the increase in ability caused by the training. In addition, further research with a qualitative study is needed to explore factors that influence the increase in scores.

Limitations

We acknowledge that our study has several limitations. This study was conducted at one institution with a small sample size. Therefore, this study did not have a control group to examine more deeply the differences between those who were trained and those who are not using the 'intensive supervision' method. An additional limitation is the different settings involved in the implementation of the training. Although the workshop training was conducted offline, the mentoring for supervisors and facilitating students' reflection sessions occurred online due to an increased number of COVID-19 cases around the time of the training. Therefore, it caused less optimal interactions between supervisors and students or supervisors and mentors.

Authorship Contribution Statement

Pradnya: Conceptualization, design, data analysis/interpretation, writing, drafting manuscript, securing funding. Claramita: Editing/reviewing, technical or material support, critical revision of manuscript, supervision, final approval. Emilia: Editing/reviewing, supervision, final approval.

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