Viewpoint

Defining and Exploring Experience in Health Education

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Abstract

The term “experience” is widely used in health education literature. However, it has not been explicitly defined in this field, which could lead to multiple interpretations by researchers, teachers, and health students. Philosophical works offer clear definitions of “experience,” which can provide useful theoretical insights for its appropriation in research, practice, and teaching. Notably, pragmatist, rationalist, and phenomenological philosophers John Dewey, Georges Canguilhem, and Maurice Merleau-Ponty define experience as the significance that emerges during the interaction between a subject and its environment. They distinguish between episodic (making an experience) and cumulative (acquiring experience) dimensions. The article further explores the implications of this definition in health education, particularly in relation to experiential learning, simulation-based education, and assessment. This conceptualization has also paved the way for a method of exploring experience designed to facilitate awareness, known as the “explicitation interview.” Studies using this method have yielded interesting results in understanding the activities of students, health care professionals, and patients in real-life situations, particularly regarding the influence of context on reasoning and decision-making. The explicitation interview can also be used as a training tool through the supervision of past situations. Practical guidance for its implementation in educational settings is provided. Overall, highlighting individuals’ meaning-making processes opens new perspectives for research, teaching, and assessment in health professions education.

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KEYWORDS

experience; explicitation interview; medical students; learning; interview skills

Introduction

The term “experience” is used extensively by students, teachers, patients, and researchers in the field of health professions education (HPE). It can refer to clinical experience (eg, “early clinical experience” [1] or “experienced clinician” [2]). In other cases, it refers to learning experiences, as something induced by educators [3]. In addition, the term is used to describe a learning approach, experience-based learning, in contrast to classroom-based learning [4]. In phenomenological research, it is also mobilized in studies investigating the lived experience of professionals [5], students [6], or patients [7].

The term is so overused that it is rarely defined, as if its meaning were self-evident, and its various applications warrant further examination. We argue that existing uses of the concept in HPE often oscillate between a broad, underspecified notion and narrow operationalizations that risk reducing its scope.

This lack of clarity creates practical challenges for educators. It affects how experience is elicited and analyzed, as well as how debriefings are conducted and how learning environments

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are designed and assessed. In the development of competency frameworks, early stages of in situ analysis of practitioners' experience for competency mapping are often overlooked in favor of expert opinion. During debriefing or feedback, attention may focus primarily on observable performance or expressed opinions, while overlooking how learners perceived, acted, and interpreted the situation. When designing learning environments, educators may aim to improve learners' experience (eg, by structuring simulation scenarios to reduce stress and uncertainty) without clearly identifying which dimensions are involved (eg, meaning-making processes). In evaluating learning environments, "experience" can be reduced to questionnaires that measure a set of predetermined parameters, which are disconnected from real-life situations and focus more on students' opinions and satisfaction [8]. These issues are particularly salient in contemporary HPE, where learning increasingly takes place in artificial environments, such as simulation [9]. This raises practical questions about the nature of the experiences afforded and their relationship to real clinical situations, learning objectives, and assessment practices.

In this context, our primary contribution is conceptual: we propose a theoretically grounded definition of experience that aims to clarify its use in HPE. Building on this clarification, we then examine its methodological implications and the perspectives it opens up for debriefing in learning and clinical settings.

Advancements stemming from constructivist research suggest viewing experience not as context-independent information that can be easily measured and transferred but rather as an active construction by each individual based on their prior experiences and interactions with others [10]. Consequently, it became crucial to describe individuals' experience from their point of view, that is, through a phenomenological approach [11]. In phenomenological research, experience is mainly explored through interviews [12]. However, the literature does not provide consensual practical guidelines for conducting such interviews [13]. Most studies rely on in-depth semistructured interviews that focus on participants' perceptions and meaning-making [12,13]. However, this approach is prone to memory reconstruction. As a result, the data collected often reflect general and decontextualized judgments disconnected from the specific situation under study [14]. This limitation arises from considering experience solely in its passive dimension, whereas perceptions and meaning are inextricably linked to the subject's activity: sensations mark interruptions in the course of action, inciting meaning-making [15]. In phenomenological terms, prereflective consciousness—that is, the part of our experience that is lived without being recognized or without being immediately accessible to consciousness and verbal description—must be seen as consciousness in action, requiring guidance to become aware [16]. This observation led to the development of an interview method called the explicitation interview (EI). The EI explores experience by focusing on the interviewee's action-perception-meaning triad in lived situations. It aims to produce a detailed description of the lived experience, using action as the guiding thread [17]. It is particularly well aligned with the aims of phenomenological inquiry [18].

We first present a definition of experience based on the work conducted in 3 major philosophical currents that have studied this concept in the 20th century. Then, we attempt to engage the reader in experiencing this definition through a literary illustration. Following this, we discuss the connections this definition has with its developments in the fields of education and, particularly, HPE. Next, we introduce the EI, describing the techniques it uses to focus on activity, along with the results it has yielded in the field of HPE. Finally, we propose an example of an interview guide to be tested with students.

Definition of Experience

Pragmatist, phenomenological, and rationalist philosophers, including John Dewey, Maurice Merleau-Ponty, and Georges Canguilhem, have devoted part of their work to the conceptualization of experience. John Dewey (1859-1952) focused his work on a philosophy of experience grounded in action and the relationship between organism and environment, which he also extended to education through the idea of "learning by doing." Maurice Merleau-Ponty (1908-1961) emphasized the embodied and situated nature of experience. Georges Canguilhem (1904-1995), working at the intersection of philosophy and medicine, underscored how individuals actively construct meaning and norms in relation to their milieu, offering a perspective that resonates with patient-centered care. Although emanating from different traditions, they share a constructivist vision of experience built on the Darwinist understanding of the dynamic relationship between living beings and their environment [19].

Their conceptualizations of experience share a common ground in defining it as the meaning that emerges between the action and the perception of subjects during the interaction that links them to their environment [20-22]. In this definition, "subjects" refers to the agents who give meaning, and "environment" refers to the subjects' world, both external (whether inert or social, ie, embodied by other subjects) and internal (embodied through sensations and emotions). A continuity of experience emerges in the course of interaction, which means that every episodic experience both takes up something from those that have gone before and modifies in some way the quality of those that come after [23].

This definition is consistent with the uses of the word "experience" in academic, nonacademic, and philosophical discourses [24].

An Illustration

In the following text, we develop these theoretical considerations by illustrating them with a passage from Proust's [25] novel *Swann's Way*, segmented into 3 quotations:

> *The year before, at an evening party, Swann had heard a piece of music played on the piano and violin. At first, he had appreciated only the material quality of the sounds which those instruments secreted.*
>
> *But at a given moment, without being able to distinguish any clear outline, or to give a name to what was pleasing him, suddenly enraptured, he had*

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> *tried to collect, to treasure in his memory the phrase or harmony—he knew not which—that had just been played, and had opened and expanded his soul, just as the fragrance of certain roses, wafted upon the moist air of evening, has the power of dilating our nostrils [25].*

In this situation (ie, the singular contextual whole composed of Swann, the evening party, and their interaction), Swann lives a meaningful episodic experience. The relationship between Swann and the piece of music evolves over time, moving from continuity (in the first paragraph) to disruption (in the next).

This first quotation allows a specification of each author's specific contribution to the concept of experience. Merleau-Ponty [20] emphasized the role of the body in linking perception and action: the perceptions of Swann arise from his embodied activity, and vice versa. This idea was later developed in cognitive science through the concept of enaction, which views cognition as emerging from interactions with the environment [26]. According to enaction, perception consists of action guided by perception, and cognitive structures emerge from recurrent sensorimotor patterns that enable such guidance [26]. Canguilhem [21] showed that the milieu is shaped by the subject's activity, norms, and values: the quality emerging in Swann's experience arouses his interest and modifies both his perception and his engagement. Dewey [22] further articulated that the meaning constructed by the subject is not only related to its purpose but also to the logic that emerges in the relationship between the subject's actions and their consequences. He formulated a theory to describe the emergence of all forms of logic from experience, called the theory of inquiry [27]. Inquiry, in the sense of Dewey, begins with this perception of indeterminacy that Swann experiences in relation to the musical phrase, which leads him to a reflective effort [25]:

> *And so, hardly had the delicious sensation, which Swann had experienced, died away, before his memory had furnished him with an immediate transcript, summary, it is true, and provisional, but one on which he had kept his eyes fixed while the playing continued, so effectively that, when the same impression suddenly returned, it was no longer uncapturable.*

Experience is accumulated: the episodic experience Swann has enacted and undergone influences the experiences that follow. This accumulated experience constitutes Swann's singular culture, the memory of which he mobilizes in the course of his present experience [25]:

> *But when he was once more at home, he needed it, he was like a man into whose life a woman, whom he has seen for a moment passing by, has brought a new form of beauty, which strengthens and enlarges his own power of perception* [...]
>
> *Indeed this passion for a phrase of music seemed, in the first few months, to be bringing into Swann's life the possibility of a sort of rejuvenation.*

The change in Swann is meaningful because it is connected with the return wave of consequences that flow from it. The modification of the course of Swann's activity is reflected in a change made in him, loaded with significance: he learned something [22]. Language can help Swann put this experience and learning into a narrative, objectifying and sharing them [28].

This literary illustration can be directly related to educational practice in HPE, as it exemplifies how meaning emerges from the unfolding of action and perception in a situation. Making this dynamic accessible is central to educational practices, such as debriefing, where educators aim to understand not only what learners achieved but also how they experienced the situation.

Developments in Educational Sciences

The theoretical foundations presented so far emphasize that experience arises through the sensemaking activities of individuals in relation to their environment over time. They have been extended by research in educational science, which has explored this interaction in school and professional contexts.

The link between experience and learning has been studied under the term "experiential learning," following the work of Dewey [23] and his advocacy for educational systems that prepare individuals for richer future experiences. Experiential learning has developed in contrast to a "traditional" learning approach that focuses on the transmission of theoretical knowledge before it is put into practice by the learner [29]. For instance, traditional methods often require students to memorize the structure of a medical interview before meeting a patient, whereas experiential learning favors the use of practical situations. Among the significant authors of experiential learning, Knowles [30], Kolb [31], Coleman [29], and Jarvis [32] each developed specific theoretical aspects in line with the definition of experience presented here. Schematically, Knowles [30] developed the importance of anchoring learning in the learner's accumulated experience, and Kolb [31] modeled experiential learning as a cycle between reflection and experimentation, highlighting the importance of the action-perception-meaning coupling in learning. Coleman [29] detailed the nature of the relationship between experiential learning and the transmission of symbolic information, while Jarvis [32] emphasized the social dimension of experience in meaning-making. Jarvis defined learning as a continuous process of making sense of everyday experiences through interactions with time, space, society, and their multiple relationships [32].

These developments have given rise to many studies in the field of HPE, sometimes referring to simulation [33], gamification [34], or the clinical environment [4], which can be understood in the light of our definition of experience.

The notion of interaction between the subject and the environment prompts an examination of the triggers and feedback provided by learning environments, particularly artificially constructed settings such as simulations or gamification. It also emphasizes the importance of engaging learners in active learning environments where their actions have a perceptible impact [35].

The importance of the meaning that participants give to their activity in the constitution of the experience raises questions

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about the values conveyed by the educational context. As Coleman [29] has pointed out, simulations or games can transform the traditional teaching of theoretical knowledge into engaging learning experiences, as they artificially create meaning through the scenario and the objectives of the activity. Rather than reproducing the full complexity of authentic clinical situations—including the challenges of care and the richness of patients' accumulated experience—these environments are designed to provide safe, structured, and standardized conditions for learning, practice, and assessment [9]. This leads to 3 practical implications. First, during scenario design, instructors can intentionally highlight specific dimensions of experience, for example, diagnostic uncertainty, communication in difficult interactions, or attention management under pressure. Second, during observation and assessment, educators may complement performance-based evaluation by exploring how learners reason within the situation (eg, what they notice, how they prioritize, and what goals guide their actions). Third, during debriefing, explicitly discussing how the scenario shaped the experience (eg, through predefined roles or objectives) may help learners understand the limits and affordances of the simulation and support transfer to clinical practice [36].

Whether in a clinical or simulated setting, this focus on meaning also invites inquiry into the clinical sensemaking activities of students [37]: How do students discern salient situational elements? What meaning do they give to their relationship with the patient and care context? How do they gain further insight into the situation? What meaning do they give to their own actions? What tensions emerge between their narrative and those of others? These questions lead the educator to clarify the significance of the values to be communicated, particularly that of health, as a goal of care and HPE. Canguilhem [38] developed an experiential conception of health as the individual's feeling of being able to interact with their environment in their own way [19]. Similar to the contrast between experiential learning and traditional education based on the transmission of theoretical knowledge, this definition of health emerged in opposition to the tendency inherited from physiology to assess individuals' health according to externally established quantitative norms.

The principle of continuity of experience offers a way of examining the relationship between educational contexts and learning:

- Does learners' prior experience enable them to interact with this context? This question raises the issue of assessing the resources that learners can mobilize and the difficulties posed by the situation in which they are placed, so that supportive actions, such as debriefing, can be tailored accordingly.
- Will the experience they have in this context enable them to engage in future experiences in a more enriched way? This question of the transfer of learning also leads to an examination of the often-misleading correspondence between artificial learning environments and the unapparent complexity of real work situations. This examination can be discussed with students during debriefing [36].

Verbalization is a valuable approach for exploring past activities from the subjects' perspective [26]. However, the subject's verbalization of his or her experience is not a given: it requires awareness [16]. It is very difficult, for example, to describe precisely the succession of actions and perceptions involved in reading this article: what rhythm I am reading at, what ideas come to me as I read, when and how my attention drifts to other ancillary tasks, how the atmosphere of the place I am in influences my reading, and so on. Our most immediate experience, the one we live here and now, is also the most foreign to us [16]. Thus, the "talk-aloud" method, which involves asking the interviewee to verbalize their experience while performing the task, does not allow a detailed account while maintaining a certain coherence in the execution of the task they are attempting to comment on [14]. Among retrospective methods, the "critical incident technique" and "depth interviewing" are subject to problems of constructed recollection [14]. Indeed, when a subject tries to describe their experience, they often formulate general theoretical knowledge, explanations, and justifications [16]. It is therefore useful to explore a subject's experience by accompanying them toward a speaking position in which they relive the past situation [39]. The EI has been developed specifically to address this challenge [40].

A Method for Exploring Experience: the EI

The EI is a method formalized by Vermersch [17] in the 1990s to help subjects become aware of and verbalize their experience. It can be used to gather information about what is not observable in the interviewee's activity (particularly his or her logic) and/or what is no longer observable [41]. It can also be used for pedagogical purposes, enabling the interviewee to reflect on his or her own way of acting. Sometimes, it is combined with traces of the subject's activity, such as audiovisual recordings [42]. It is based on a specific way of relating to the subject's experience, which aims to avoid the usual explanatory speaking position, in which the interviewee is turned toward the other with the intention of communicating but in which the description of lived experience is altered by generalizations and reconstructions. The EI, by contrast, is designed to guide individuals toward a mode of embodied, introspective expression, to reconnect with the lived experience being explored [43]. It explores real-life situations, precisely situated in space and time. However, the type of memory targeted by this act of recall, which can be described as embodied memory, is inhibited by conscious effort to remember. A fundamental aspect of the method is to elicit effortless recall, a process of letting memories emerge spontaneously [17]. It is therefore preferable to allow the interviewee to choose the situation to remember by using phrasing such as "take your time...to let a memory...come to you..." rather than prompting an effort to recall with "remember precisely..." Additionally, because this type of memory is intimate and involves exploring information that the subject has not yet consciously accessed, an explicit prior communication agreement is required ("...if you agree," along with careful attention to the nonverbal dimension of the response) for ethical and functional reasons. Verbalization is promoted through reformulations and specific open-ended questions, empty of content, formulated in the present tense and focused on

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describing the articulation between perceptions and actions, as well as the goals being pursued (eg, "What do you perceive?," "How do you go about it?," and "What goal are you aiming for by doing this?") [17]. Meanwhile, questions related to the explanation or causality of the situation (eg, "Why did you...?" and "Can you explain...?") are avoided, as they tend to generate interpretations, justifications, and comments that are disconnected from the actual experience. Certain observable clues indicate whether the interviewee is reconnecting with past experience (unhooking the gaze, slowing the pace of speech, congruence of verbal and nonverbal communication, use of "I" verbalization in the present tense, and descriptive vocabulary specific to the situation and its sensory connotations). The progression of the activity is explored step-by-step and can also be broken down into smaller steps by asking the following: "And when you do this, how do you go about it?" The moments of apparent inaction are explored through EI-specific questioning, such as "When you're not doing anything, what are you doing?" or "When you're not doing anything, what do you pay attention to?" This type of EI-specific question also helps overcome certain impasses linked to denials from the interviewee, such as "I don't remember" or "I don't know." These denials are to be considered not as missing information but as judgments that the interviewee makes about the state of their knowledge. In this regard, it can be fruitful to ask follow-up questions, such as "When you don't remember, what do you remember?" or "How do you know you don't know?" [17].

The EI can be used at several distinct yet complementary stages of research in HPE. First, by enabling verbalization of experience, it allows for the exploration and analysis of actors' practices (including students, professionals, and patients), facilitating an understanding of their underlying logic and contributing to the development of competency frameworks [44]. Second, as it helps actors become aware of their experience and express it in words, it can be used during debriefings and thus contribute to learning and the development of reflexivity. Third, because it explores their interaction with their environment, it facilitates the design of artificial learning environments (eg, simulations) that more accurately replicate the resources, error sources, and obstacles present in natural settings. Fourth, the exploration of learners' experience in the learning environment can lead to a better understanding of how the latter is likely to enable the transfer of learning to the clinical setting and adapt it accordingly.

Empirical Contributions of the EI in Health and HPE

The EI has led to interesting discoveries in the fields of health and HPE, both in research and in training.

In the study of caregivers, it revealed elements of their experience that are not immediately apparent or spontaneously accessible. Analysis of the first impressions of caregivers during an encounter with a patient revealed the influence of external (ambience and patient's attitude) and internal (bodily sensations and emotions) perceptions on the caregiver's generation of hypotheses (about the patient's internal state and intentions and about the relationship) and decision-making [45]. It also provided directions for understanding the actions and perceptions involved in clinical attention [46] and building a therapeutic alliance [47]. The exploration of the experiences of physicians working in medical emergency call centers has highlighted experiential knowledge, such as the physician's attentional dynamics when collaborating with both the team and the patient, as well as the crucial role played by the patient in the coconstruction of a shared context [48]. Among expert emergency physicians, the use of EI coupled with video recordings from a subjective perspective (via camera glasses) revealed the importance of intuitive reasoning and emotions in clinical reasoning [49]. With expert optometrists, it highlighted the importance given to the patient's point of view and planning in therapeutic reasoning [50].

In health care training, it has been used to explore the development of reasoning between preclinical and early clinical training of medical students, particularly the emergence of scripts [51]. It has also been used to support the development of emotional skills among nursing students by exploring significant caregiving situations [52]. An EI conducted during the training of childcare assistants regarding situations considered successful allowed them to become aware of their knowledge, the lessons learned, and the challenges faced, enabling them to implement adjustment actions [53]. The use of EI with students in family therapy training appears to contribute to the development of their professionalism, while supervisors enhance their relational skills [54]. Among expert nurse trainers skilled in technical procedures but uncertain about their teaching abilities, discussing past situations has enabled them to recognize their procedural knowledge, articulate it, and consider evolving their teaching methods [55].

The EI has also been used to study the experience of patients. It revealed the existence of prodromal symptoms in patients with epilepsy, in contradiction with the medical literature, according to which seizures are sudden and cannot be anticipated by the patient (right down to the etymology of the word "epilepsy," which means "to surprise") [56]. It has been used to explore the experience of breathing in a patient with pulmonary fibrosis [7], the impact of a widespread chronic pain condition in the bodily experience of people with fibromyalgia [57], the implicit thoughts and perceptions involved in emotional eating [58], older age challenges and measures to safeguard their existential survival and sustainability [59], and the experience of performing spirometry in patients with chronic obstructive pulmonary disease [60]. A study of patients' experiences of health problems during primary care consultations showed how patients identify and articulate their concerns, generate and compare hypotheses, and make decisions about how to address them, including whether to schedule an appointment with a general practitioner, as well as how they interpret the physicians' messages [61]. The study also emphasized the role that physicians can play in recognizing and supporting patients' inquiries.

Practical Implementation of the EI

To consider implementing the EI in your training practices, we invite you to try out the questioning style of this method using

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the examples presented below. Please note that this is a written overview of the interview method, which does not include the techniques necessary to help stabilize the interviewee's attention on the situation in question.

The following guided exercise invites you to practice the questioning style of the EI by revisiting a recent teaching situation, so that you can experience its effects firsthand as a reader.

Sit down comfortably, take a deep breath, and let yourself be reminded of a recent situation in which you successfully completed a training session with students…

Take your time...

When you have identified the situation, read the following questions one by one, giving yourself time for the memories to return: (1) Where are you at that moment? (2) What's going on around you? (3) When you are there, what do you start with? (4) How do you go about it? (5) When you do that, what is your goal? (6) What happens to you when you do that? (7) Finally, in all of this, what is important to you?

This approach can be translated into practical strategies that are readily applicable in everyday teaching. For instance, educators can invite learners to revisit situations that were meaningful to them through either oral reflection or written formats, such as portfolios, to support the articulation of experiential knowledge.

It can also be integrated into routine teaching, even in time-constrained contexts. During bedside teaching, supervisors can introduce focused questions (eg, "What was your first impression of this patient?" "What came to mind when he says that?" and "What led you to respond in this way?") to help the learner make explicit how they experienced the clinical situation. In simulation debriefing, this perspective can complement established models by inviting learners to describe how they perceived the situation as it unfolded (eg, "At that moment, what did you notice first?" "When you notice that, where do you start?" and "What are you aiming for by doing that?"), thereby linking action, perception, and clinical reasoning. In the assessment of direct observations or indirect supervision, short elicitation sequences can be introduced—for instance, asking the learner to briefly describe a key moment of the encounter and what guided their action—before moving to formative and summative feedback. These brief prompts could help make learners' underlying interpretive frames more explicit, thereby enabling educators to provide more targeted feedback. They may also enable supervisors to better grasp the course of events during indirect supervision.

However, exploring experience through the EI also presents several limitations that warrant consideration. First, directing the interviewee's attention to specific moments of their past activity may require changes in habitual practices (eg, avoiding "why" questions) [17]. Second, the re-experiencing of past situations is shaped by the relationship established between the interviewer and the interviewee, as well as their shared understanding of the interview's aims [17]. Third, it depends on the interviewee's capacity to reaccess their lived experience, a skill that may vary between individuals and can be developed through practice [16]. More broadly, the phenomenological framework underlying the EI emphasizes the situated construction of meaning, which may not be compatible with assessment goals that aim for standardization and efficiency.

In this respect, the EI should be understood in relation to other qualitative approaches that provide access to different dimensions of experience. The think-aloud method provides access to concurrent verbalizations during task performance, offering insights into cognitive processes as they unfold [62]. Semistructured interviews, widely used in HPE research, provide insight into participants' representations and interpretations of past experiences [63]. Stimulated recall methods, based on video or audio recordings, enable participants to comment on specific moments of their activity, anchoring both the interviewee's and interviewer's reflections in observable data, and can be combined with elicitation techniques [42,64]. As a complement to these approaches, the EI offers a method that specifically aims to access the unfolding of action, perception, and meaning, including dimensions of experience that are not immediately available through spontaneous verbalization.

Conclusions

Despite the common and diverse uses of the term "experience," a unifying definition can be formulated as the meaning that emerges between action and perception in the interaction between individuals and their environment. The principle of continuity of experience allows us to distinguish between 2 main uses of the term: episodic (to experience) and cumulative (acquiring experience).

On the basis of this clarification, we have identified implications for research and education. We argued that studying experience requires approaches capable of accessing the dynamics of action, perception, and meaning and highlighted the potential contribution of the EI in this regard. At the pedagogical level, attention to learners' experience can enrich existing practices in teaching and assessment by making explicit the processes through which learners interpret and engage with situations.

The practical examples proposed in this article illustrate how this perspective can be implemented in routine educational settings, including those characterized by strong time constraints. By incorporating brief, targeted, and well-formulated prompts, educators can access otherwise implicit dimensions of learning, thereby fostering action-oriented reflection.

Beyond these pedagogical implications, taking into account the diversity of embodied sensemaking processes among professionals, students, and patients could enrich the development of more practical competency frameworks. We therefore call for the development of empirically grounded research to examine how experience can be elicited, analyzed, and integrated into educational practice. This includes examining the feasibility of experience-oriented approaches in routine teaching, their articulation with existing assessment frameworks, and their impact on learners' development over time.

In this perspective, the EI—and, more broadly, the principles that underpin it—offers a promising avenue, depending on the educational and research context, not only as a research method but also as a practical resource for supervision and feedback.

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By rendering learners' meaning-making processes more accessible, it can contribute to the development of more coherent, reflective, and learner-centered approaches to HPE.

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Authors' Contributions

All authors jointly discussed the content of the article. LBJ wrote the first version of the manuscript, which was critically reviewed by the other authors. All authors approved the final version of the manuscript.

Conflicts of Interest

None declared.

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Abbreviations

EI: explicitation interview
HPE: health professions education

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