Further reading

There is a vast array of resources on reflection, reflective practice and expertise. For that reason we suggest a strategic approach to any additional reading that you do:

1. Search the titles and annotations in this list for any resources that seem to relate specifically to your clinical area or the sort of episodes that you are observing.
2. Work with those articles that are available online.
3. Work through what you read with a view to forming arguments that you will later make about expert practice – these arguments will contribute significantly to the quality of your assignment.
4. Consider whether reflection characterises expert practice or enables us to discover it?

Irrespective of whether you work in this specialist field, reading about the evaluation of others’ expert practice can be instructive. This work is particularly pertinent with the current development of consultant nurse roles.

This grounded theory study provides an interesting account of how researchers perceive the evolution of expertise in this field of practice. Consider, to what extent do these conclusions depend on observation and interview and to what extent are they influenced by Benner?

Even if stroke rehabilitation is not your professional field of practice, this research study illustrates the ways in which practice can be mapped out. The paper prompts us to ask whether one can have a general expertise or does expertise only exist when you limit yourself to a discrete field of practice. It contains thought-provoking ideas, and your response may depend on your ideas about the relationship between expertise and knowledge.

This paper is interesting because it introduces another approach to formulating reflections, whether you are a midwife or not.
Nursing is described here as a social construct; a notion that nurses rarely discuss. This is an accessible article about the construction of working concepts, in this case intimacy. It is instructive to consider what reflection offers to such concepts if we accept that they are actively created.

This article is particularly useful if you have taken Exploring Expert Practice as a first module of study. It is also relevant to the Dissertation module.

Learning involves an emotional as well as a cognitive dimension; this research paper reports on the reflective journeys taken by a group of nursing students. It is a useful paper with which to compare your own development in reflective thinking.

Palliative care is a powerful setting for any reflection and this one makes good use of phenomenological techniques to explore personal meanings attributed to caring.

Papers such as this demonstrate the extent to which the medium of reflection can help us define practice, expert or otherwise.

The literature on expertise in education is probably not as developed as that associated with clinical practice. These authors argue that teachers develop a unique expertise, requiring different forms of knowledge to be combined with specific practice contexts.


This paper reports the results of a research study involving 61 registered nurses, which found that intuitive and analytical elements should be acknowledged as nurses develop their clinical expertise. This study was undertaken in high-risk practice environments where intuition would seem to have a potentially important contribution to make. It provides an opportunity to reflect on the role that intuition plays in the definition of clinical expertise.
Metacognition is a term used in educational psychology to describe advanced self awareness (that is, the active monitoring and regulation of cognitive processes). This article explores the therapeutic use of self.

The conclusions from this paper may resonate strongly with the experience of some students. Pause a little longer though, and ask, is there something here about expert practice too? Is an expert practitioner also an expert manipulator of ideas, images and relationships?

Moore, P. (1998), *The Effectiveness of Reflective Learning*, Bangor: School of Nursing and Midwifery Studies, University of Wales.
This paper discusses case study research carried out by a nurse academic working in Bangor, North Wales.

This is a good example of the meeting point between reflection and philosophy. When reading this work it is worth contemplating what represents expert behaviour – whether it is about knowledge and skill, or whether it could also be about sensitivity and debate.


The above two papers are innovative in that they offer contrasting views about what constitutes expertise in occupational health practice. It is refreshing to read about a consumer’s view on expertise, especially at a time when the quality of care aims to be increasingly transparent.

O’Callaghan offers a simple and clear example of reflection in practice from a nurse teacher’s perspective. The most useful aspect of this work is that it supports Study Guide arguments about what represents expertise.

Paget describes a number of perceived changes in practice that students believe are derived from the use of reflection within their education. The students report on the value of group reflection and describe how reflection can be cathartic.

The authors conclude that reflective practice can assist family-centred care by helping practitioners to reframe ideas, recognise the meaning of family stress and incorporate the family more into care.


Platzer and colleagues report findings from a study in which focus groups were used to facilitate reflection. The paper questions whether learning to reflect is simple, and highlights a range of issues that need to be considered if nurses are to benefit from this approach.


Price examines the different ways in which reflection and self assessment can combine in nurse education, and concludes that the combination is not always well thought through.


Self-belief is key to the professional development of innovative practitioners and Roberts argues that it may be in short supply among nurses. The paper examines what can be learnt about building the self-esteem of nurses. Although this is an American paper and written in relatively philosophical terms, you may find it extremely encouraging to your own development. This link will take you to the home page of the journal, from which you can find the relevant issue and article.


Clinical supervision is clearly a significant skill and one not readily acquired by all practitioners. The authors question whether we have, to date, understood all the dimensions of excellent supervision practice.


This paper offers a summary of the reflective process, strengths and limitations of different forms of reflection and a summary of best practice reflection.


This New Zealand nurse describes a research study that explores the different ways in which individuals reflect, and suggests a hierarchy of reflection. This paper could be used in conjunction with your discussions with a reflective partner or supervisor to examine ways in which you reflect on different episodes.
This work is a case study of reflection within the ICU. It represents a powerful example of the challenges associated with reflection as a means of making sense of events.


This highly accessible and thoughtful paper examines the different ways in which expertise might be gained and critically evaluated within nursing. Woodall contrasts expertise through intuition, education and reflective supervision before considering what expert practice means in law. She cautions against applying the term ‘expert’ too liberally.

Professional autonomy, based on expertise, is limited and in some respects supported by organisational contexts. These authors remind us of the importance of context when considering expertise.

**Prepared by Bob Price, Programme Director, MSc in Nursing.**