

## REVIEWING CARE

# How to write a reflective practice case study

Price B (2017) How to write a reflective practice case study. *Primary Health Care*. 27, 9, 35-42.

Date of submission: 13 June 2017; date of acceptance: 22 August 2017. doi: 10.7748/phc.2017.e1328

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## Conflict of interest

None declared

## Peer review

This article has been subject to external double-blind peer review and checked for plagiarism using automated software

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## Abstract

As evidence and experience play an important role in underpinning primary healthcare, combining them in a reflective practice case study has significant potential for purposes of publication and revalidation of professional practice.

Reflective practice case studies have the potential to help other nurses in the community re-examine care challenges and the opportunities before them. Nurses writing about a clinical case experience can add to the relevant evidence, as can discussion of the insights and issues that emerge. While research and reflective practice are regularly written about more generally in the press, there remains scope for nurses to combine them in a more analytical and pertinent way.

This article guides the reader through the process of identifying suitable case studies to write about and structuring the work they produce. Clear distinctions are made between case study as research methodology and case study as reflective practice process.

## Keywords

case study, evidence review, reflective practice, revalidation, writing for publication

## Introduction

Primary healthcare is a promising environment for exploring how experience and research evidence might be combined to review patient care. A wide variety of healthcare research is relevant here, such as research relating to different treatments, the psychology of illness and coping, the arrangement of services and what links health and social care (Summerton 2011, Roberts 2012). Primary healthcare is also an environment where experience and reflection are especially important. Nurses work with many patients over protracted periods of time, developing care relationships that the nurse in acute care cannot easily emulate (Meier and Rovers 2011). The community-based nurse comes to know the patient well and will discover how the patient perceives personal health circumstances, uses resources and draws on professional and lay support (Madden 2015). Both experience and evidence have something to offer practice improvement, but the community nurse needs to know how to blend them if the measured and best new care is to be chosen (Pearson et al 2007). They are also important as nurses write up reflective practice records for revalidation with the Nursing and Midwifery Council (NMC) (NMC 2015, Finch 2016).

Case studies looking at individual or small groups of patients are valuable sources of

practice insight. They review relevant research evidence and explore how that might relate to incremental work with the patient (Flippin 2010). Well written case studies can feature as part of NMC revalidation reflective practice submissions or as work worthy of publication (Box 1) (NMC 2015). The case study can be used to highlight problems or challenges in delivering care and to identify promising approaches used by the nurse that might be useful in other circumstances too. What will the patient commit to, what can they tolerate or understand, what will reassure or motivate them? Case studies can highlight the unusual, detail risks that have not been previously recognised and identify interventions that were well received by patients. A well-written case study can show what is involved in individualising nursing care, negotiating support and making realistic use of the available resources (Bowles 2015).

This article outlines the process of identifying cases that have merit, and might usefully be written up and published as part of work to assist colleagues elsewhere. Good organisation and clarity must be demonstrated when writing up accounts for journals and for revalidation records. Published case studies explain, recommend or raise issues for colleagues to discuss further. This article covers reflective practice case studies designed to bring

together experience and evidence; research case studies are not covered.

### Aims and intended learning outcomes

The aim of this article is to explain how to prepare a reflective practice case study to highlight points of discovery, discussion and debate in a journal article or as part of a revalidation submission to the NMC (2015). It describes what a reflective practice case study should include and what is involved in the step-by-step process of preparing this work.

After reading this article and completing the time out activities, you should be able to:

- » Describe what it is in an episode of patient care that might make it a valuable case to discuss as part of evidence of enquiry and practice improvement.
- » Outline how a reflective practice case study differs from one used as a research method.
- » Summarise the features of a reflective practice case study and what purpose would be served by writing it up.
- » Discuss the best ways to structure a reflective practice case study article to give the reader a clear sense of what was discovered.
- » Summarise how combining experience and evidence helps raise practice insights and issues for discussion.

### What is a case study?

Case studies feature in research and reflective practice healthcare writing. In research, the case may be represented by an individual patient or a practice situation or approach that illuminates much wider practice issues and concerns (Cope 2015). With descriptive

research offering illustrations of social or healthcare processes, the research case study might exemplify new insights that deepen understanding of the experience of study individuals or groups (Atchan et al 2016). The research case study is a planned enquiry, requiring relevant research access permissions and detailed planning of the design of the study, data gathering and data analysis methods.

In contrast, the reflective practice case study is a post-event analysis of the care or treatment of patients, looking at patients or situations that seemed remarkable in some way (Covington 2015). Instead of the practitioner operating as a researcher, planning an enquiry with stated aims, the practitioner evaluates what was learned from the patient experience, care, support and treatment (Marple et al 2014). Experience prompts debate in the practitioner's mind, encouraging additional enquiry in the literature. The premise of reflective practice case study work is that reporting experiences, insights, debates and further related enquiry usefully informs other practitioners working with similar patients or encountering similar situations (Covington 2015). This indicates that the nurse has demonstrated the ability to look critically at practice, a requirement for revalidation. Reflective practice case studies therefore start with experience and add evidence to clarify what was at issue. The researcher starts with questions or stated aims, while the reflective practitioner discovers questions and produces insights through the process of delivering care.

### TIME OUT 1

#### Research questions and experience

Think of one of your cases that feels important in your field of care. How would you approach the case study if you were using it in a research case study? Now imagine that you have no prior targeted individual that you wish to work with/study to answer a research question. What feels different about starting with experience, something that happened, rather than a research question? What is the appeal for the reader in an article that starts with experience and then draws in evidence?

#### Selecting the case

Reflective practice case studies are written by practitioners who are interested in making better sense of challenges encountered, using examples that other nurses can relate to. The discussions often relate to practical concerns on assessing and supporting patients. Sommers and Launer (2013) highlight the value of reflective practice in primary care settings where nurses collaborate with patients on a range of concerns. As care expectations can

### BOX 1. Case studies as a possible basis for reflective practice revalidation written submissions

- » Case studies focus on the patient as a person, the experience of illness, injury and healthcare. Patient need is seen in the round. The Nursing and Midwifery Council code of conduct highlights the importance of attending to the patient as an individual.
- » These explorations are an opportunity to draw on experience as a valid basis for future patient care. Patients attest their experiences and nurses wish to attend to that as part of care improvements.
- » They are an opportunity to apply evidence to practice, re-examining what evidence has to teach and identifying gaps in research-based knowledge.
- » Combining experience and evidence thus gives the nurse a chance to demonstrate critical thinking and an ongoing quest to develop new approaches to care delivery, that which fits well with patient need and which makes best use of evidence from further afield.

(Source: NMC 2015)

vary widely, nurses need to work out how best to interpret needs and customise care to individuals. Where colleagues then write up case studies, assistance might be offered to readers as they contemplate how best to adjust care to suit developing circumstances. Nurses in the community, like colleagues elsewhere, have a duty to be reflective practitioners, continually re-examining care assumptions and working to improve care (Timmons 2006). While research evidence is extremely important, the work of researchers can seem less applied because they have not necessarily studied care situations as intrinsic to work. Reflective practice cases shared by clinicians through case studies attend closely to challenges faced by the nurse and how knowledge might best be used (Gardner 2014).

Which care episodes warrant further study and could be usefully written up as a case study? Which episodes of experience, combined with research evidence, might offer convincing proof of the nurse's professional enquiry when seeking revalidation on the register? What has to be remarkable about the work for it to warrant being published in an article?

## TIME OUT 2

### Case studies

Note down why a case study in a journal such as *Primary Health Care* might be of interest to you. Would you use a case study as part of reflective work toward revalidation on the NMC register for the same reasons? Do you want the case study to impress others with your skill, or is there something more rewarding about understanding a patient and the efforts to address a challenge that would motivate a colleague to read the article or convince a senior colleague to sign your work off for continuing registration as a nurse?

In healthcare literature, the case study is adopted because it highlights new insights into a patient circumstance or need that the practitioner should attend to (Stansfield et al 2012). It may concern patients with unusual combinations of needs whose care is less straightforward. A second classic reason for choosing to write about a case is when it explores the effectiveness of a new treatment or approach to care (Schadewaldt et al 2016). The case study is not meant to aggrandise the team, but to provide a critical examination of what makes care work well. Imagine a primary care nurse who uses a new patient education strategy to help a patient with renal failure to manage a restrictive diet. The case study focuses on how the new approach was used, what lessons were learned, what did and did not work.

A case study might also be chosen because the care relates to ongoing debates in the

profession (Sykes and Simpson 2011). The case study illuminates bigger challenges and ongoing debates in primary healthcare. For example, a case study might help nurses to explore:

- » Ethical decision-making with the patient.
- » Securing ongoing consent to care.
- » Delivering care in the home environment.
- » Liaising sensitively with families and other lay carers.
- » Exploring what psychological support means.
- » Making and adjusting care plans with patients.
- » Managing professional distance with the patient.
- » Managing wounds in the community.

These issues enable the author to reach out to a wider audience of readers, who have wondered how best to manage care.

Whatever the prompt, case studies should be chosen with regard to whether the identity of the patient and other clients can be adequately protected (Holland and Watson 2012). Not only should the patient be asked permission if the case is to be used for professional revalidation and publication purposes, but the patient should be assured of confidentiality. It is important that in describing the case the patient does not become readily identifiable. This can be difficult; although names and locations can be changed, unusual healthcare needs might make the patient more easily identifiable. In such circumstances, the patient must be consulted on what they are happy to have published. When the article is submitted to the journal editor the editor needs to be informed that permissions have been obtained.

## TIME OUT 3

### Reflective practice

Discuss with colleagues whether they have a patient whose care might be a suitable subject for a reflective practice case study for publication. What seems unusual or remarkable about the patient or care delivered that means it needs additional reflection and further reading before an article is prepared? Does the patient's care relate to broader nursing concerns which might be discussed in the nursing literature?

## A reflective practice case study structure

Reflective practice case studies can be presented in several different ways. Some are currently presented as a reflective practice exercise. In these the author places considerable emphasis on the reflective approach and may discuss at some length the reflective practice model used (Svenberg et al 2007). Valuable as these are, the emphasis on reflection is only a part of what a fuller reflective case study could offer.

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The reflective practice case studies discussed in this article have more affinity with those published in medical, psychological and other therapist journals (Stansfield et al 2012, Nigro Stimato et al 2015). Attention focuses as much on care strategy, service and analysis of the challenge as the reflective cycle. It is important that the case is described succinctly and the context established clearly. As well as reflection on the interaction between nurse and patient, consideration is given to what the literature offers. Does research evidence add insights into the care challenge? What in the research evidence or theory could explain what the nurse was trying to resolve in this case?

Each reflective practice case study includes four key elements, although the order in which they are presented may differ.

1. A context is set so the reader or reviewer can appreciate the circumstances under which care was delivered and the role of the nurse. The author needs to explore the practice context and the issues arising. What aspect of the chosen care situation demonstrates a problem or a need, an issue that goes beyond the patient and the immediate care?
2. The case is described. The case includes the situation of the patient and how the nurse (and others) responded to patient need and concerns. This might be summarised as 'what seemed needed' and 'what we did'.
3. Evidence from the literature is related to the case. This typically focuses on the problems or needs that the nurse helped the patient with. While research may have been conducted with patients dealing with the same medical diagnosis, the literature search might draw in discoveries from further afield. For example, if the case looks at patient education for someone with diabetes, a variety of other patient situations might be related to the case study of improving diabetic control. Evidence from how patient education was conducted elsewhere may offer insights.
4. The final component of the case study is the discussion of the insights and issues. It is in this section that the nurse debates 'so what?' What do we now know about these care situations? What remains unclear? What problems or challenges have we uncovered?

#### TIME OUT 4

##### Case and evidence

The sequence of case and evidence sections in a reflective practice case study are sometimes reversed, evidence being discussed before the case is described. Where evidence is presented first the case study often concentrates on a care

process problem and the patient's circumstances exemplify that. For example, the case study might major on managing insulin and diet in diabetes. Where evidence follows the case, the emphasis is usually much more on learning from the patient, focusing on individualised care. Think back to time out 3 and consider which sequence of sections seems most important there. Will the emphasis of your case study be on understanding a care process, or on individualising care?

#### Setting the context

A case study's context is important because the circumstances in which care was delivered has a fundamental influence on the care itself (Flippin 2010). In reflective practice case study writing authentic analysis of practice challenges and achievements is linked to prevailing circumstances. Were contextual constraints to be stripped away and local resources not taken into consideration, the nurse would in effect be writing theory.

Box 2 illustrates a sample paragraph from a reflective practice case study, setting the context for the case study and the issues that it raised.

In the Box 2 case study, the author quickly introduces the reader to the issue that the case study will focus on. Anxious patients require additional help, may attend clinics more often than others and prompt further investigations, and may ask for more reassurance from the community nurse. They may become labelled the 'worried well' and be treated as attention seeking. Such introductory sentences are designed as a 'hook' to catch the reader's attention. This is not simply a writing technique, it shows the issue quickly so that the nurse can identify whether the article is of interest. It might chime with something the nurse has already noticed and encourage the reader to give the article more weight. For the nurse signing off the nurse's reflective work at revalidation (NMC 2015), it may demonstrate immediately that the nurse is aware of recurring problems that deserve better planned patient support.

#### BOX 2. Context setting paragraph

Sometimes the anticipation of a healthcare problem can create significant anxiety for a patient. In our experience, this is certainly possible in the sort of recurring anxiety some patients experience about their health status. Irrespective of whether the patient has an underlying illness, fears about a possible problem might lead the patient to make repeated requests for help. At the outset of the case study explored here, W was considered by staff of the group practice to be one of the 'worried well'. While some past blood results were on the edge of a normal range and the patient had continued to have a chesty cough, further clinical tests including an X-ray revealed no underlying pathology.

The patient context is briefly alluded to in this first paragraph. There will need to be some more information about W in subsequent paragraphs and in the case itself. But the patient context has been alluded to: the concerns W has about his chest and the tests that have been carried out. Readers might quickly relate to patients that they have supported with similar patterns of concern.

### TIME OUT 5

#### Setting context

*Jot down what you would wish to set out as context relating to your chosen patient. Remember it should be clear early on what care issue your case study considers. There should be enough information about the chosen patient to help the reader see why the patient's experiences deserve attention.*

### Describing the case

The case describes in more detail the patient, the patient's perceived needs, and how the nurse and others responded (Covington 2015). This section of the paper describes what happened and should have a clear beginning and end. Case studies may cover differing lengths of time, some as little as half an hour (a case study on history taking, for example), or it may cover care lasting several weeks or months (when the patient's condition and needs evolve, for example). It is important that the case's time frame is chosen so that it focuses most clearly on the issues that the author wishes to raise. For example, a case study about the need to help a patient recognise a predisposition to be anxious will encompass a period over which this exploration unfolded. This might be one of incremental insight, as the patient confronts the possibility that their worries regularly exceed any discernible pathology and then seek help, trying to establish what can be done to remove the problem.

The case encompasses more information about the patient, thoughts, emotions and actions, as well as information about how the patient was responded to (Covington 2015). This is exactly the sort of patient centred care required for revalidation (NMC 2015, 2016). At this stage the writing should be factual, describing events and responses as straightforwardly as possible, without engaging in speculation about what the problem, or need, was. In the case study first introduced in Box 2, that might relate to consultations between the patient and the nurse. A sample paragraph of such simple descriptive and factual writing is presented in Box 3.

### TIME OUT 6

#### Sequence and speculation

Look at Box 3 and answer the following questions:

1. Why do you think it important that the reader or reviewer understand clearly the sequence of events in a case study such as W's?
2. Why is it important for the author to avoid speculation about the problem for W at this stage?

A strength of the case study is that care is related in a factual way. The care has to be summarised crisply and clearly so the reader can understand what was done, in what sequence and with what protocol or policy in mind (Bowles 2015). In Box 3 the nurse might follow a standard problem mapping approach to first consultation. But at this stage, what the reader requires most is a clear description of events. Just as a police officer makes notes on an investigation at a crime scene, without speculating prematurely, so the nurse relates events without interpreting what is at issue. Nurses given such clear expositions of events will be in a better position to compare the case being written about with their own care work.

### Relating the evidence

If the case summarises the experience (in this example W's worries and the responses made) then the evidence illustrates what the author believes are the salient points towards

#### BOX 3. 'The case' section

By the beginning of January 2017 W had had six consultations with his GP over this chest condition and completed the tests alluded to in the previous section of this paper. He was referred to me as the nurse working with patients reporting psychological problems complicating use of primary care services. The caseload included patients who struggled with self-treatment measures but others, such as W, expressed continuing health anxieties despite tests failing to show underlying illness.

In the third week of January I started to establish with W how often he thought about his health problems and what effect this had on his relationship with his family. This first consultation established that W thought about his chest worries most days of the week. He had become especially interested in health documentaries and would search the internet for respiratory conditions that might explain the symptoms he reported experiencing. I ensured that W's experiences were gathered and recorded. The goal of the consultation was simply to understand the nature and extent of the felt problem.

W explained that he hid rather a lot of his chest worries for fear of seeming a hypochondriac. He said that he felt his wife had little time for men with 'man flu'. He then explained that his sleep was being disrupted several times a week due to his fears, making it harder for him to concentrate at work the next day.

understanding the case (Roberts 2012). Research evidence may already be available to the nurse, but if not, it is sought. Evidence for reflective case study writing may include research evidence, but it may also have audit information or other case studies previously presented in the healthcare press. The purpose of evidence is to cast further light on the events described. In the case study example of W this might be research relating to:

- » The nature of health anxieties and how they typically present.
- » The influence of media on promoting, shaping or countering health anxieties.
- » The impact of health anxieties on personal and family lifestyle.
- » Possible correlates of health anxiety (for example, depression).

Before this section of the paper can be written the nurse author may have to conduct a research literature search. Initial reading is linked to the topic of interest as it applies in the patient's context (general practice patient support), but it is important not to limit the search to this. Research relating to (in our example) the development of health anxieties in other contexts might also be valuable, for example, on the difficulties that patients experience talking about their worries to others.

The availability and quality of research evidence varies widely. Some is more modern than others. In the evidence relating section the author summarises the evidence found and notes any caveats on its value. Does the research relate to patients with a similar background? Does the research relate to situations where similar protocols or policies are used? Was the research adequately conclusive about what was discovered and did the research methods suggest that data was collected in the right way to determine that? Pearson et al (2007) emphasised that research evidence cannot be taken at face value: its authority, fit and clarity needs to be scrutinised. Texts that can help the nurse evaluate research evidence are recommended in a resource box at the end of this article. In a written up reflective practice case study it is appropriate to note any paucity of available research and/or to note gaps in the evidence. A case study that alerts the reader to evidence shortfalls is just as valuable as one that marshals a lot of evidence for application to the case in hand.

### Discussing insights and issues

The next section of the reflective practice case study is the discussion of insights and issues. Case studies do not automatically resolve all

the nurses' concerns (Flippin 2010). The case study might simply reveal a state of knowledge, work that requires further analysis, perhaps by research in the future. Insights are those aspects that the author did not know or fully appreciate when care was delivered. Issues are the questions and debates the case study provokes, especially where evidence has not adequately explained what was witnessed.

### TIME OUT 7

#### Insights and issues

*Imagine you have written up the description of events for your chosen case study patient and that you have found, sorted and evaluated the relevant evidence. What insights and issues do you think they offer readers or reviewers? A number of possibilities exist. Research evidence might clarify some points. It might run counter to what seemed important from experience. A combination of experience and evidence might suggest what is not yet adequately understood in the chosen care work.*

The purpose of providing insights and issues is to invite discussion and describe what seemed important. In the sample case study, one insight might relate to just how fast health anxieties multiply and can start to affect the patient's quality of life. While the healthcare consultations might have been widely spaced, the acute levels of anxiety may have been reached comparatively quickly for W. This is significant because it raises questions about how nurses persuade patients to report concerns and about what damage might result for the patient or family if mental health issues are not attended to promptly.

An issue associated with the sample case study might be the disparate accounts of what fuels health anxieties and what works best to help the patient counter them. The literature associated with the chosen case study might not offer an easy or an unambiguous solution. Another possible issue relating to the example case study might be practice premises, that the 'worried well' can be cost-effectively, sensitively and efficiently responded to by selected clinical tests and measurements (helping to exclude the diagnoses the patient worries focus on) and by reassurance about what symptoms often represent.

In a case study of 4,000-5,000 words the section on the insights and issues might be the longest section. The context and case are typically described relatively succinctly (for example Nigro Stimato et al 2015). Evidence typically requires a longer section. Nonetheless, the nurse has to decide carefully what the most important issues and insights are. Important insights and issues are those that have already prompted a rethink of practice locally. They

are those that seem likely to be of widespread interest to many other nurses. Insights and issues invite professional discussion and learning through clear analysis of the case study and well explained insights.

### Reaching case study conclusions

Whether or not the author adds a fifth section to the reflective practice case study covering conclusions reached depends on the coherence and completeness of the experience and what the evidence seems to point to. Some conclusions will be required in a reflective practice revalidation submission, even if they are interim ones (NMC 2016). The nurse needs to demonstrate the ability to deduce what the case signifies and what the future care should be. For a journal, it might be less important to reach a conclusion as the purpose here is to invite debate. In some instances, the only conclusion possible is that the challenge or problem is much more complex than previously realised. The author has already clarified the remaining issues. Such case studies are extremely valuable because they alert the reader to the problem. The fact that no clear solutions are yet available does not obviate the value of writing a case study.

Where experience and evidence are clearer, and especially where they appear to reinforce one another, conclusions might be proposed. These may include:

- » The value of reconsidering care protocols or policies.
- » The importance of focusing on particular aspects of care.
- » The value of reconceiving care needs or support.
- » New ways to cast patient or carer roles that might improve care.
- » The value of supplementing current insights with additional research.

It is important not to overstate conclusions. The insights come from one case and associated evidence discovered (Cope 2015). While the observations are valuable and relate intimately to the business of delivering primary healthcare, it is possible that other cases might suggest rather different useful ways to proceed. So, while conclusions might be reached and deductions shared, it is critical that the nurse writes it up in a way that invites the reader to consider whether it marries with their experience. The writer's approach should be to say 'this happened here, this is what we learned, this is what we read and concluded, but does it seem true in your practice? Can you relate other insights and issues that we did not consider?'

### Conclusion

This article has made an argument for completing and writing up reflective practice case studies that may be of interest and value to fellow primary healthcare nurses. It has distinguished reflective practice from research case studies and recommended the former as being something that complements both published research and reflective practice exercises. Uniquely reflective practice case studies step beyond a reflective cycle to review evidence and focus discussion on insights and issues founded on a balance of evidence and reflection.

Reflective practice case studies require clear exposition of context, case and evidence so that readers understand how the nurse proceeded and what has been subsequently analysed about the experience. This sort of disciplined writing is required for publication and is likely to be welcomed when reflective practice records are examined as part of revalidation (NMC 2016).

Historically this form of case study writing has been important in therapist and medical writing, while nurses have tended to present either research evidence or a reflective practice exercise for consideration. Reflective practice case studies offer a focus on episodes of care and the way nurses think about service, answering the needs of patients. In primary healthcare this is especially valuable. Nurses do have a longer span of time caring for many patients, they work with them more intimately as the experience of illness and the need to live well come face to face. There are good indications for nurses to write in a new way, building on their ability to reflect on practice to engage further in a critical review of evidence. Box 4 offers resources for valuating research reports.

### TIME OUT 8

#### Write your own case study

Now that you have completed the article you may feel inspired to write up a case study based on your work. To discuss publication options and gain guidance email [julie.sylvester@rcni.com](mailto:julie.sylvester@rcni.com)

### BOX 4. Resources for valuating research reports

Fawcett J, Garity J (2008) *Evaluating Research for Evidence-Based Nursing Practice*. FA Davis, Philadelphia.  
Morgan G, Gliner J, Harmon R (2008) *Understanding and Evaluating Research in Applied and Clinical Settings*. Taylor & Francis e-Library. [www.eBookstore.tandf.co.uk](http://www.eBookstore.tandf.co.uk).  
Dane F (2017) *Evaluating Research: Methodology for People Who Need to Read Research*. Second edition. SAGE Publications, Thousand Oaks, California.

## References

Atchan M, Davis D, Fourer M (2016) A methodological review of qualitative case study methodology in midwifery research. *Journal of Advanced Nursing*, 72, 10, 2259-2271.

Bowles D (2015) *Gerontology Nursing Case Studies: 100+ Narratives of Learning*. Second edition. Springer, New York NY.

Cope D (2015) Case study research methodology in nursing research. *Oncology Nursing Forum*, 42, 6, 681-682.

Covington S (2015) *Fertility Counseling: Clinical Guide and Case Studies*. Cambridge University Press, Cambridge.

Finch A (2016) Revalidation and reflective practice. *Nursing Management*, 23, 1, 22-25.

Flippin C (2010) Case studies: the value of sharing experiences. *Plastic Surgical Nursing*, 30, 1, 1-3.

Gardner F (2014) *Being Critically Reflective: Engaging in Holistic Practice*. Palgrave Macmillan, Basingstoke.

Holland K and Watson R (2012) *Writing for Publication in Nursing and Healthcare: Getting it Right*. Wiley-Blackwell.

Madden H (2015) Provision of person-centred care in the community. *Learning Disability Practice*, 18, 4, 38-39.

Marple R, Ling C, Pollack J (2014) Clinical case study of syphilis: another example of the 'great imitator'. *The Journal for Nurse Practitioners*, 10, 9, 729-736.

Meier A, Rovers M (2010) *Helping Relationship: Healing and Change in Community Context*. University of Ottawa Press, Ottawa.

Nigro Stimato V, Didier D, Beghetti M et al (2015) Atresia of the aortic arch in 4-year-old child: a clinical case. *Frontiers in Pediatrics*, 3, 19.

Nursing and Midwifery Council (2015) *How to Revalidate With the NMC: Requirements for Renewing Your Registration*. NMC, London.

Nursing and Midwifery Council (2016) *The Code for Nurses and Midwives: The Code and Resources*. NMC, London.

Pearson A, Field J, Jordan Z (2007) *Evidence Based Clinical Practice in Nursing and Health Care: Assimilating Research, Experience and Expertise*. Blackwell, Oxford.

Roberts L (2012) *Community-based Participatory Research for Improved Mental Healthcare: A Manual for Clinicians and Researchers*. Springer, New York NY.

Schadewaldt V, McInnes E, Hiller J et al (2016) Experiences of nurse practitioners and medical practitioners working in collaborative practice models in primary healthcare in Australia – a multiple case study using mixed methods. *BMC Family Practice*, 17, 99.

Sommers L, Launer J (2013) *Clinical Uncertainty in Primary Care: The Challenge of Collaborative Engagement*. Springer, New York NY.

Stansfield J, Collier R, King R (2012) Adults with intellectual impairment who stammer: a clinical case study. *British Journal of Learning Disabilities*, 40, 1, 23-30.

Summerton N (2011) *Primary Care Diagnostics: The Patient-centred Approach to the New Commissioning Environment*. Second edition. Radcliffe Publishing, Oxford.

Svenberg K, Wahlqvist M, Mattsson B (2007) 'A memorable consultation': writing reflective accounts articulates students' learning in general practice. *Scandinavian Journal of Primary Health Care*, 25, 2, 75-79.

Sykes C, Simpson S (2011) Managing the psychosocial aspects of heart failure: a case study. *British Journal of Nursing*, 20, 5, 272-276.

Timmons J (2006) Using case reports to aid reflective practice in wound care. *British Journal of Community Nursing*, 11, 3, S14-S20.

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