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# 'Doing being an expert': A conversation analysis of expertise enactments in experience discussions in medical education

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## ABSTRACT

Traditionally, medical experts are key actors in the socialization of future doctors. In this paper, we focus on how medical teachers and residents enact for the teachers the institutionally provided identity of 'expert', and how that enactment contributes to the socialization of medical professionals. Using Conversation Analysis, we analyze a collection of instances where teachers 'do being an expert' in group discussions about experiences from practice in the context of Dutch postgraduate training of General Practitioners. We show how enactment of expertise is an interactional accomplishment. Participants enact expertise in two sequential contexts, which are consequential for the interactional function of the displays of expertise and contribute to socialization in various ways. Theoretically, this detailed description of contributes to our understanding of expertise in educational context. The practical suggestions derived from the analyses can contribute to training of future medical professionals in a variety of educational contexts.

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## 1. Introduction

Professional socialization (Brown & Finn, 2021; Biesta & van Braak, 2020) is key to the educational journey in medical contexts. From students to specialists, doctors in training engage in activities that establish their membership of the profession (Goodwin, 1994; Goodwin, 2017; Lave & Wenger, 1991; Ochs, 1991). Experienced members of the profession play a key role in this process by modeling professional ways of being and doing, and enacting the community's shared norms and values in encounters between 'becoming' and 'experienced' professionals. The modeling role, however, is a sweet-sour one: while it is indispensable in the process of professional socialization, it also endangers just that which it seems to promote. Contributions from experienced professionals in educational contexts can set the tone, direct the discussion, rule out options, open up venues, and redirect professional conduct (van Braak, Huiskes, & Veen, under review). Thus, the role of experienced professional, often institutionally assigned to teachers in medical education, poses a didactic dilemma (Maudsley, 1999): do I proffer my expertise, or not?

In this paper, we take an *interactional* approach to expertise in the context of medical education. We provide an account of how the teachers and students collaboratively establish the expert identity of teachers within educational discussions of experiences from practice. We use the notion 'expert' here as a *participant* category which refers to the teachers' institutional task of facilitating discussion about medical situations as an *experienced professional*. In our analysis, we describe how teachers and residents in group discussions on experiences from medical practice collaboratively enact for the teachers the institutionally provided identity of 'expert'. In doing so, we translate the participant category 'expert' (an *institutional* identity) in discourse practices which construct the *situational* role of teachers as experts. We also describe how those practices contribute to the socialization of 'learners' into the profession. Such description fosters our understanding of expertise in relation to knowledge as part of the conceptual framework of epistemics (cf. Harms, Koole, Stukker, & Tulleken, 2021; Heritage, 2012). Such description also helps to understand how, interactionally, learning from experienced professionals contributes to the socialization of medical professionals (cf. Arminen, Koole, & Simonen, 2021) and provides practical suggestions for teachers in the context of socializing 'new' members into the medical profession.

From an interactional perspective, expertise in interaction "has to be inferred on the basis of documentary evidences interpreted by the observer" (Arminen et al., 2021). That is, expertise is not

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readily observable, but must be inferred by the analyst from the connection between participant actions and what counts as “accountable excellence” in a certain domain or from the way recipients treat the action as expertise (Arminen et al., 2021, p. 575). In that sense, ‘doing being an expert’ (Sacks, 1995) is an interactional accomplishment (Arminen et al., 2021). While someone may be assigned an expert role institutionally, this role needs to be established and ratified in the local, situational context of ongoing interaction. Like any identity, expert identities in conversation are provisional (they can but need not be established in a particular interaction) and multiple (people take on different identities over the course of interaction; cf. Goffman’s notion of ‘footing’, Goffman, 1979; Myers, 2004). Someone’s position as an expert is always subject to negotiation (Heritage & Raymond, 2005; Mondada, 2012; O’Connor, 2015; Nissi & Lehtinen, 2016): it can be claimed, induced, projected, invited, taken up, ratified and resisted discursively (Jacoby & Gonzales, 1991; Antaki & Widdicombe, 1998; Mesinioti, Angouri, O’Brien, Bristowe, & Siassakos, 2020). Indeed, typical features of expert identities in conversation, such as authority (role asymmetry; Heritage & Clayman, 2010) and high epistemic access (epistemic asymmetry; Heritage & Clayman, 2010; Stivers, Mondada, & Steensig, 2011) are achieved interactionally (Matoesian, 1999; Pomerantz & Rintel, 2004). For example, participants can consistently orient to someone as the one who can provide ratification on certain topics, thus enacting for that someone the role of expert, by positioning themselves as a novice or as having low epistemic access (Sarangi & Clarke, 2002; Carr, 2010) or by treating the other as possessing privileged access to some knowledge or experience (Heritage & Raymond, 2005; Nguyen, 2006; Carr, 2010; Stivers et al., 2011; Saito, 2012; Morek, 2015).

So how do people accomplish ‘doing being an expert’? People do so using a variety of discursive practices (Goodwin, 1994; Reichert & Liebscher, 2012). These practices constitute actions that can be interpreted as and are treated as expert activities, e.g., explaining, giving advice, and instructing (Herijgers & van Charldorp, 2020). People use explication of knowledge as a vehicle for “the display of expertise and epistemic superiority” (Heritage & Raymond, 2005; Morek, 2015, p. 240). Expressions of moral stances of certainty, evidence for claims, modality markers and reported speech can be used to signal one’s direct access to knowledge and experience (Kiesling, 2009; Storey, 2012; Chovanec, 2016; Gordon & Luke, 2016). Authorized voice (Mondada, 2012), such as “the use of declarative mood, linguistic means that convey generalized assertions or abstractions, as well as the use of standard language and a certain prosody (e.g., a schoolmasterly tone, Keppler, 1989)” (Morek, 2015, p. 241), further constructs the speaker’s expert identity. Also, by showing an entitlement to engage in interaction (Myers, 2004; Nissi & Lehtinen, 2016) (which is linked to epistemic responsibility; Stivers et al., 2011), people constitute their obligation to know and contribute something (Nissi & Lehtinen, 2016), thus constructing themselves as ‘owners’ of that knowledge domain.

Various institutional settings have their own specialized practices for construing expertness. In educational context, teachers can construe doing ‘being an expert’ in various ways. Role performance in medical educational setting is one example (Storey, 2012). The instructional Initiation-Response-Feedback sequence (Hall & Looney, 2019; Sinclair & Coulthard, 1975) used in primary and secondary education is another. In these sequences, teachers pose Known Information Question (Mehan, 1979), which posits them in a position of being knowledgeable and having prime epistemic access to the topic of the question. The third turn subsequently provides opportunities for the teacher to enact a higher epistemic and/or interactional position relative to the students: it is used to accomplish a variety of pedagogical actions such as assessment and explanation (e.g., Lee, 2007; Richards, 2006).

In this paper, we take an interactional approach to expertise in the context of medical education. We report a Conversation Analysis of a collection of instances where teachers and residents collaboratively enact for the teachers the identity of ‘expert’ in group discussions on experiences from practice in the postgraduate training of General Practitioners, focusing on moments when teachers are seen to be doing ‘being an expert’. We will show how the sequential positions in which instances of ‘doing being an expert’ occur are related to the function of those displays of expertise. The sequential position and uptake of enactments of expertise will give us insight into the interactional accomplishment that such enactment is. The contribution of this paper is in its translation of the *participant* category ‘expert’ into discourse practices that construct the interactional role of expert in an *educational* setting around experiences from practice, a setting which so far has not received much attention in educational CA literature. In attending to this issue, the paper aims to add to the broader discussion of the role of experience and expertise in the conceptual domain of epistemics.

## 2. Methods

### 2.1. Data and participants

This study is part of a larger project on collaborative reflection in eight Dutch institutes that train general practitioners (van Braak et al., 2021). The training for GPs, for which graduates of basic medical training can apply, comprises three years of internships in GP practices and related care contexts; educational days are scheduled each week. These days usually begin with a group discussion of experiences from practice (45–90 minutes). During the group discussion, residents (GPs in training) and teacher(s) collaboratively discuss experiences from practice (e.g., difficult patients, personal dilemmas, successes and failures) with the aim of generating educational value for all present (van Braak et al., 2021). Sessions are most often moderated by the teacher(s), who start the session by making an inventory of experiences that residents would like to share for discussion. The group then prioritizes the experiences and discusses on average three of those in one session. Each experience discussion is usually structured in four phases (Veen & de la Croix, 2017): one resident tells the experience, the group asks exploratory questions, all participants discuss the experience (they share similar experience, suggest solutions, etc.), and the experience discussion is closed by the teacher or telling resident in the form of a learning uptake. Participants are usually seated at tables in horseshoe formation, sometimes in a circle with no tables in front of them.

We video-recorded 41 of these group discussions, distributed over the eight institutes, with three cameras. The first author installed the cameras prior to the session start and collected them afterwards, she was not present during the recording. Participants could stop the recording mid-session when they felt it hampered the discussion in any way; this option was not used. Participants could also request deletion of a part of the recording up to one week after the recording if they felt uncomfortable about it being included in the study; this option was used twice.

Group discussions in this setting are attended by on average 10 residents and one or two teachers (GP and/or behavioral scientist/psychologist). Residents in our data set were in their first year (14 groups), second year (12 groups) or third year (15 groups) of GP training. Teacher experience ranged from 0.5 to 18 years. The groups differed in the number of times they had met as a group (seldom to weekly for almost a year). All participants gave written informed consent to record, analyze and report on the session they were attending. Ethical approval for this study was obtained from the Ethical Review Board of the Dutch Association of Medical Education (NVMO), dossier 829.

## 2.2. Analytic procedure

We used Conversation Analysis (CA) to describe interactional situations that showed explicit instances of teachers collaboratively with the residents enacting for the teachers the identity of 'expert'. CA is an ethnomethodological, inductive approach to social interaction (Ten Have, 2007; Sidnell, 2013). Rooted in sociology, CA aims to describe how people in interaction perform social actions that construct the world around them on a moment-to-moment basis. In analyzing the multimodal unfolding of that interaction, the conversation analyst tries to describe *why* and *how* a certain action (*that*) is done at this point (*now*) in the local context of this interaction (Schegloff & Sacks, 1973). Applying this approach to instances of expertise construction in our data means describing how this instance of doing expertise has come about, how it is done, what it does, and how it is responded to.

As Arminen et al. (2021) point out, expertise is often tacit in interactional practice. To select sequences in which participants are observably 'doing expertise' is therefore challenging. In line with Harms et al. (2021), our analysis was guided by an understanding of expertise as specialist knowledge of procedures, reasoning and practices, which signals "accountable excellence" (Arminen et al., 2021). We began our study with a detailed analysis of a collection (Sidnell, 2013) of all instances of moments where the teacher, in interaction with residents, can be seen to be doing this type of expertise in recordings from randomly chosen two of the eight institutes (n = 12). We initially collected instances based on (1) action descriptions of demonstrations of expertise in the broader CA literature (e.g., explanation, cf. Heritage & Raymond, 2005; Morek, 2015; Chovanec, 2016; Herijgers & van Charldorp, 2020), (2) displayed member orientations in the interactions, e.g. orientations to higher epistemic access, and (3) our lay intuition on interactional constructions of expertise, e.g. references to track record of being a doctor, mentions of established habits or 'best practices'. We excluded ambiguous expert contributions, such as stand-alone compliments, which may signal specialist knowledge of procedures, reasoning and practice, but are oriented to as primarily doing something not related to expertise (e.g., closing an activity).

Analyzing several instances closely in data sessions (Sidnell, 2013), we worked to identify what characterized these instances as explicit forms of 'doing being an expert'. In all selected cases, participants orient to some kind of epistemic gradient (Heritage & Raymond, 2012). Their actions construct a difference in epistemic status, and most often also demonstrate the grounds that justify this difference with reference to time or otherwise privileged access ("what I always do..."). Going back and forth between specific instances and the growing collection, we categorized the instances into two sequential contexts (Schegloff, 2007): contexts where expertise was explicitly requested, or licensed. We use the term *requested expertise* in the context of our broader observation that expertise has to be interactionally established. Therefore, whenever we mention *requested expertise*, we mean requests for actions that enact for the teacher the role of expert.

Once we had a definitive description of the phenomenon, we turned to recordings from the other six institutes to complement our collection. We analyzed the new instances globally to see if our close analysis of the instances in the first two institutes' recordings would apply beyond the initial collection.

## 3. Analysis

In this section, we present examples of (1) explicitly requested expertise in Extracts 1-3, and (2) expertise licensed by prior talk but not explicitly requested in Extracts 4-8, by describing how it comes about (sequential position), how it is done, including the source of expertise referred to, its function, and how it is received

(interactional consequences). Overall, the examples show how participants collaboratively enact expertise in this professional socialization context.

### 3.1. Requested expertise

When residents request expertise, they orient to the teacher as the one who can provide information or ratification. Explicit solicits demonstrate a clear orientation on the need for expertise, e.g., as *ratification* (Extracts 1-2) or *information* (Extract 3). This need can be addressed (Extracts 1-2) or resisted (Extract 3) by the teacher in second position. Whether it has indeed been addressed becomes clear in third position, when the teacher is treated as (not) having adequately attended to the displayed need.

Extract 1 (Table 1) shows a simplest example of a request for ratification. In a discussion about residents' performance, one resident mobilizes a tag-like question to request confirmation from the teacher ("I think so, right?"; see Enfield, Brown, & de Ruiter, 2009) about how many residents per group eventually do not meet the performance standards (line 6). Both teachers readily provide confirmation by nodding and muttering "yes" (lines 8-10). The resident who posed the request then moves the discussion forward by building onto the information just confirmed (lines 11-12).

The requested confirmation is provided in second position, without reference to the teacher's experience. Yet, by virtue of asking the teacher for confirmation, the teacher giving that confirmation, and the participants accepting it, the participants collaboratively establish the teacher's identity as someone who has access to repeated instances of residents not meeting performance standards (cf. Antaki & Widdicombe, 1998; Myers, 2004). In this situation, requested and given knowledge seem aligned in the provision and acceptance of minimal ratification. Yet, the extent of what is requested is subject to negotiation. The teacher makes an assumption about the scope of expertise needed to address the request. In Extract 2 (Table 2), we see how the extent of the requested expertise is accomplished interactionally over a series of turns.

As in Extract 1, the resident in Extract 2 asks for confirmation. This time, the item for confirmation is an insight (line 4-8) gained from an external source: an absent supervisor (line 3; Qs in lines 4 and 6 denote the start and end of a direct quote). The teacher's subsequent ratification of this insight (lines 11-12) could have closed the sequence, as we saw happening in the previous Extract, but it does not. Although the resident treats the ratification as adequate (lines 13-14, 20-21), the teacher continues to build his ratification using increasingly more explicit references to access to experiences like the one discussed (15, 18, 22).

In singling out one teacher (lines 7-10), the resident in this Extract orients to the significance of this teacher's identity for ratification of the gist of the conclusion so far. Her "I don't know if" acknowledges the teacher's expertise as an alternative expert voice juxtaposing that of the outside expert. Though only minimally requested in a yes/no-formatted request for confirmation in the form of an embedded interrogative, the teacher resists the formal constraints set by the resident's implicit invitation (Raymond, 2003) to expand his initial strong agreement with the proposed insight (line 15-19). The resident's "and that I thought" (line 14) could be read as signaling that the resident has more to say - which appears so in the indexically related upshot of the discussion later on (lines 20-21). When the resident gets the opportunity to indeed add something to the ongoing interaction (lines 20-21), she treats the teacher's turn, in which he refers to repeated encounters with similar situations (i.e., own experience), as further corroboration of the provisional conclusion of the discussion so far, and also as a learnable for all (line 21) (Zemel & Koschmann, 2014). What is going on here thus may be an attempt by the resident to claim 'secondhand' expertise by having knowledge of a worthy lesson to

**Table 1**  
Extract 1: request for confirmation

1	R1	(ja tis best wel u↑niek) dat het al zo (.) redelijk goed gaat. (yes it's really u↑nique) that it's going so (.) well already.
2		((several residents make sounds of agreement))
3	R2	(>maar dat is ↑ook een dingetje hē want<) per groep valt er (>but that's the thing ↑too because<) per group on average
4		gemiddeld al (.) ↑één iemand [ui:t, one person drops [ou:t,
5	R3	[ja ja. [yes yes.
6	R2	volge[ns mij toch? ] I thi/nk so right? ]
7		[____--((looks at T1, then T2))____--]
8	T1	[((nods))
9	T2	[((nods))
10		[ja:.. [yes:..
11	R2	en dat (.) ergens is het ook wel fijn dat (.) het misschien nu and that (.) in a way it's also nice that (.) it might be
12		gebeurt, happening now,

share with everyone. In that sense, what we see unfolding here, is clearly a *collaborative* construction of knowledge, in which the expert 'identity' of the teacher is an interactional accomplishment by teacher and resident.

The following interaction could be interpreted as a negotiation of expertise between resident and teacher. The explication of a learnable, as we see R doing in line 20–21, is usually interpreted as closure-implicative in this setting (Veen & de la Croix, 2017). But again, the teacher continues his account by pointing to yet another reference to expertise (lines 22–30): an option for future conduct presented as part of a repertoire of options in situations like these ("you can also"). This suggestion moves the upshot of the discussion beyond the abstract "realization" proposed by the resident (line 21). Formatted as an end point of a learning process ("ultimately", "you still have to learn that", lines 23–24), the suggestion reinforces the asymmetry in professional competence between teacher and learners (line 24) while establishing his expert status in relation to the initial reference to the external source of expertise mentioned by the resident. With that, he reclaims his position as an expert on the matter, a position which is further established by the resident's acknowledgements of it (lines 29, 31, 34).

In this Extract, then, we see how a resident presents herself as a developing professional who has gained an insight outside of the group that may be worth sharing with her peers but licenses confirmation by the experienced professional in the room. In response, the teacher modifies and expands this 'learnable', presenting himself as someone with access to this type of situation independently of the external source, while at the same time delivering the upshot of the discussion as shared by all members of the profession ("that's ultimately the GP game", line 33). This, in turn, is ratified by the requesting resident (line 34) and also initiates a demonstration of understanding by another resident (lines 35–37) (Koole, 2010). Collaboratively, then, the participants have now interactionally constructed an expert understanding to which the teacher and residents relate from various positions along the trajectory of socialization into the profession.

Teachers may also *not* go along with the course of action through which their expert role is interactionally established, for example, when the information explicitly requested should already be known or when the preferred didactic option might be to build collaboratively toward an understanding of the matter (see Zemel & Koschmann, 2011, on teachers avoiding explicit third-position evaluations in favor of a questioning sequence to facilitate convergence in thinking). Extract 3 (Table 3) is an example where resi-

dents and teacher negotiate a need for sharing expertise as the interaction unfolds. In this case, the requested expertise is not ratification, but *information*. This request, directed at one teacher by direct eye gaze, makes doing being knowledgeable relevant (Steensig & Heinemann, 2013). Indeed, teacher's ready "no" (line 3) can be interpreted as establishing an expert identity.

The direct elicitation (request, eye gaze) of information from the teacher establishes his primacy to know (Myers, 2004; Stivers et al., 2011). Requests like these are analyzed by Steensig and Heinemann as demonstrating lack of substantial knowledge, and thus as containing "an implicit open question, the answer to which becomes relevant upon the requested confirmation" (p. 226). In a sense, then, the request here is implied (by signalling a lack of knowledge) instead of explicitly done (as a request for information). In his elaboration, the teacher positions himself as 'lacking' particular knowledge by mitigating the information provided (lines 3–6: hesitations, "kind of threshold", "I guess", "possibly"). Displays of lack of knowledge signal relatively low epistemic access or rights to know (Drew, 2018). In this case, the teacher's conveyed compromised access to the information requested initiates *collaborative* knowledge construction (line 9 and onwards). Ratification of the provisionally provided information would be relevant in this context and, indeed, that is what a resident provides in lines 9, 11 and 13. By ratifying the information, she constructs the knowledge as shared, which also establishes the knowledgeable status of the teacher as someone with access to knowledge in the field. Here we see the process of professional socialization unfold in an interactional accomplishment of consensus about a piece of profession-related knowledge.

As these three Extracts demonstrate, requesting of expertise shows an orientation to the need for expertise and creates the opportunity for participants to collaboratively and progressively constitute a teacher's expert identity in that educational moment. In all three situations, residents appealed to expert access to knowledge (either experiential, as we saw in Extracts 1 and 2, or factual, as in Extract 3) in the form of ratification and information provision. The presented situations show that establishing expertise is an interactional accomplishment: the extent and sufficiency of the requested provision of expertise is under negotiation as the interaction unfolds.

### 3.2. Licensed expertise

Expertise may also be licensed by prior talk instead of being explicitly requested. In this case, the expertise is offered in first po-

Table 2

Extract 2: request for confirmation followed by negotiation about extent of expertise requested

1	R1	maar dat zei iemand- wie ↑zei dat nou. <i>but someone said that- now who ↑said that.</i>
2		(.)
3		>volgens mij< een opleider vorige ↑week ofzo.= <i>&gt;I think it was&lt; a supervisor last ↑week or sometime.=</i>
4		=die zei van Qja jullie in je eerste jaar ben je altijd heel <i>=he said like Qoh yes in your first year you're always very</i>
5		erg (.) bezig met ↑echt een diag↑nose (.) eh eh erop plakken,= <i>very (.) busy ↑really um um coming up with (.) a diag↑nosis,=</i>
6		=terwijl dat soms ook helemaal niet eh (.) ↑hoeft.Q <i>=when sometimes that isn't necessary um (.) ↑at all.Q</i>
7		[>k weet niet< of je het daarmee ↑eens bent? <i>[&gt;I don't know&lt; if you a↑gree with that?</i>
8		[---((looks at T))-----
9		maar,] <i>but, ]</i>
10		-----]--[-----
11	T	[(nods [ ] )]
12		[ja daar [ben ik het [heel erg heel erg mee eens. <i>[yes I [agree with [that very very much so.</i>
13	R1	[ja [ja <i>[yes [yes</i>
14		en dat ↑dacht [ik- <i>and that I ↑thought-</i>
15	T	[(dan heb je) duizeligheid, <i>[(there is this) dizziness,</i>
16		ja en dat eh (.) dat is een symp↑toom. <i>yes and that um (.) that's a ↑symptom.</i>
17	R1	[ja. <i>[yes.</i>
18	T	[en dan (.) ja bij negentig procent ↑heb je daar niet echt een <i>[but then (.) yeah for ninety percent you don't really ↑have</i>
19		[een een onderliggende ziekte bij. ] <i>[an underlying disease. ]</i>
20	R1	[nee en dat- (0.4) dat dacht ] ik van ↑oh ja.= <i>[no and that- (0.4) that I thought ] like ↑oh yeah.=</i>
21		=dat is eigenlijk ook wel voor ons [alle↑maal om te beseffen,] <i>=that's actually relevant for us [↑all to realize as well,]</i>
22	T	[en en je kunt ook] <i>[and and you can also]</i>
23		tegen een patiënt ↑zeggen uiteindelijk,= <i>↑tell a patient ultimately,=</i>
24		=maar dat moet je inderdaad nog leren, <i>=but you still have to learn that,</i>
25		(0.8)
26		dat het dat het een klacht is, <i>that it it is a complaint,</i>
27		en geen ↑ziekte, <i>and not a ↑disease,</i>
28		en dat het niksernstigs is, <i>and that it's nothing serious,</i>
29	R1	[nee <i>[no</i>
30	T	[en dat het vanzelf weer over gaat,= <i>[and that it'll get better by itself,=</i>
31	R1	=ja.= <i>=yes.=</i>
32	T	=maar dat is het- <i>=but that's the-</i>
33		dat is uiteindelijk het het ↑huisartsen[spel.] <i>but that's ultimately the the G↑P [game.]</i>
34	R1	[ja.] <i>[yes.]</i>
35	R2	net als die huidproblemen. <i>just like those skin problems.</i>
36		daar is het ↑ook zo. <i>it's the ↑same thing.</i>
37		eh ik heb het heel vaak dat ik een plekje zie en denk van (...) <i>um it often happens to me that I see a spot and think (...)</i>

**Table 3**  
Extract 3: request for information initiates collaborative knowledge construction

1	R1	wordt dit ver↑goed eigenlijk door de zorgverzekering.= <i>is it actually being reim↑bursed by the health insurance.=</i>
2		=die taxi? <i>=that taxi?</i>
3	T	nee alleen als je e::hm heb je een soort ↑drempel van volgens <i>no only if you u::m you have a kind of ↑threshold I guess</i>
4		mij ehm eh eh <i>um um um</i>
5		het verandert wel per jaar hoor, <i>it does change per year,</i>
6		>en misschien per zorgverzekering<= <i>&gt;and possibly per health insurance&lt;=</i>
7		maar >volgens mij heb je< een drempel van de eerste honderd <i>but &gt;I think you have&lt; a threshold you have to pay the first</i>
8		euro moet je zelf betalen,= <i>hundred euros yourself,=</i>
9	R2	=ja.= <i>=yes.=</i>
10	T	=en als je dus dan- taxi voor chemo of voor [voor bestraling <i>=and so if you- a taxi cab for chemo or for [for radiation</i>
11	R2	[ja. <i>[yes.</i>
12	T	[dan dan zit op een gegeven moment] dan eh ben je heel snel <i>[then then at a certain moment ] then um you'll very quickly</i>
13	R2	[ (ja die dialyse) ] <i>[ (yes that dialysis) ]</i>
14	T	door die drempel heen, <i>pass that threshold,</i>
15		[( )]
16	R3	[maar je kan] toch ook lid ervan zijn (.) of? <i>[but you could] well be a member (.) or?</i>
17		((several people agree simultaneously))
18	R4	deel[taxi. <i>sha[red cab.</i>
19	R3	[gedeeld. <i>[shared.</i>
20	T	ja dat is dan ehm <i>yes that is then um</i>
21	R3	zorgtaxi of regiotaxi. <i>care taxi or regional taxi</i>
22	T	ja dat zijn van die taxi's. <i>yes there are those taxis.</i>

sition. Though not conditionally relevant (that is, sequentially implicated by a prior action), licensed expert contributions are formatted as touching off and building on something in the prior talk. As such, they show the teacher's orientation to a need for expertise. In the following section, we present five examples in increasing degree of indirectness (i.e., excerpts show specific practices that make an enactment of the expert role less or more relevant).

Extract 4 and 5 show examples of interactional contexts in which *indefiniteness about professional conduct* creates a context for actions recognizable as constructing the teacher as the expert in the room. In Extract 4, the teacher's 'doing being an expert' settles an issue of 'what is allowed' related to the formal rules of supervision. In Extract 5, it normalizes disputed behavior. In both situations, the teacher conveys (higher) epistemic access to the norms of the profession, which is acknowledged by residents who thus retrospectively constructs the teacher's interactional role as expert member of the professional community.

The licensing context in Extract 4 (Table 4) is a discussion about the formal rules applicable to a situation in this specific educational context: is a GP-in-training allowed to do home visits with someone other than their supervisor? One of the teachers raised the issue of doing co-visits with "you went alone" (not shown). Though formatted as a check, it is treated by the telling resident as an accusation of wrongdoing: she strongly disputes the suggestion that she did the visit on her own and follows this with an account of why she went with another supervisor. She concludes by sug-

gesting that the other supervisor may have been a factor at play in the situation (lines 1–4). This could have rounded off the issue, but it did not. In addition to accounting for her supposedly not-quite-textbook situation, she now claims access to the formal rules and the messy mores of the profession by projecting yet another account ("but", line 6). The reference to formal rules of the profession seems to stir a reaction in the group (lines 7–10). Faced with this indistinct collective response, the teacher responds first non-verbally (line 9) and then verbally (lines 11, 13–15) by demonstrating expert access to professional resources. This response is treated as 'settling the issue' (lines 16–20).

The way the residents discuss the issue of taking another supervisor along on home visits shows how potential 'blame' is handled and calls on a semantic field of rules of conduct in the profession ("allowed" "officially"). Residents offer their convergent interpretations of these rules (lines 8–12). In overlap, the teacher takes a turn to formulate an even stronger heuristic ("it doesn't even need to be"), which makes the prior argumentation irrelevant (lines 13–15). His display of access (Stivers et al., 2011) to the formalities of the profession in this situation initiates the closing of the issue. It is acknowledged with a change-of-state token (Heritage, 1984), which does understanding of something that had been problematic (line 16) (Seuren, Huiskes, & Koole, 2016), as well as retrospectively acknowledges the teacher's expert role at this point in the interaction. With the following well-prefaced turn, the resident treats the former as an interjection and returns to the main topic of the discussion (Mazeland, 2016) (lines 17–20).

Table 4

Extract 4: expertise settles an issue of interpretation of formal rules

1	R1	ehm (.) dus ik was ook met een andere opleider.= <i>um (.) so I was with another supervisor.=</i>
2		=dus misschien eh dat dat ook wel [eh- <i>=so probably um that that might well [eh-</i>
3	T1	[ja [ja. <i>[yes [yes.</i>
4	R1	[wat eh (>heeft <i>[have eh (&gt;made</i>
5		uitgemaakt<). <i>a difference&lt;).</i>
6		>maar het< mag officieel ↑niet >weet ik< maar, <i>&gt;but&lt; officially it's ↑not allowed &gt;I know&lt; but,</i>
7		((several people talking [indistinctly))
8	R2	[jawel [met een opleider dat mag wel <i>[okay [with a supervisor it is allowed</i>
9	T2	[((nods))
10	R3	(mits ze zoveel) jaar er↑varing hebben mag het. <i>(at least if they) have so many years of ex↑perience it's allowed.</i>
11	T2	ja.= <i>yes.=</i>
12	R1	=oh maar hij is ook al [jaren opleider.] <i>=oh but he's been a supervisor for [years and years]</i>
13	T2	[(het hoeft ook niet eens een opleider) ] <i>[(it doesn't even need to be]</i>
14		te zijn, <i>a supervisor),</i>
15		maar als het maar een ervaren huisarts is. <i>so long as it's an experienced GP at least.</i>
16	R1	↑oh. <i>↑oh.</i>
17		[nou, <i>[well,</i>
18		[((several [people talking simultaneously))
19	R1	[(ik vond-) op ↑zich vond ik het heel leuk <i>[in it↑self (I found-) I liked it a lot</i>
20		om ook eens met een andere opleider mee te gaan, <i>going with another supervisor for a change,</i>

In this Extract, then, we see how ambiguity about the interpretation of formal guidelines induces a teacher to take a turn and dissolve the indefiniteness with reference to the rules of the profession. The residents implicitly position themselves as 'not-yet-full-members of the profession', which licenses a display of expertise, which in turn is treated as settling the issue. Together, participants thus construct the teacher's identity as an expert who is granted the final say in issues that concern professional standards. Gaining access to these standards could be understood as part of the process of socializing into the profession.

A similar indefiniteness about professional conduct is visible in Extract 5 (Table 5). In exploring the desirability of searching the internet for information during consultations, one resident claims a feeling of incompetence ("clumsy", "very strange", "I've just got to look it up"; not shown). Others respond that internet use can be okay if framed in a particular way and that patients do not necessarily mind. Still, the suggested wording of this framing (not shown) and the reaction of one patient to one resident's internet use (lines 1–3) are treated as laughables (Glenn, 2003; Ford & Fox, 2010), indicating a nonseriousness that further contributes to the ambiguity of the informal norms at play here. Such ambiguity in combination with the discourse of perceived inadequacy calls for a reassuring normalizing action (lines 7–15). Indeed, the teacher self-selects following the closing-implicative formulation (Heritage & Watson, 1979) of one of the residents in line 6. By referring to repeated occurrences of the type of situation under discussion (line 8), as well as by referring to himself as "even I" who, just like the residents, "still" has to look something up, he constructs his opinion as coming from a professional at the established end of the socialization spectrum.

At play here is professional expertise and ways to deal with the lack of it in front of a patient who may assume that you have expert access to that knowledge. The discourse of incompetence in the face of the perceived informal norms of the profession creates a slot for reassurance. By marking a contrast with the previous ("but still", line 7), doing sharedness in experience ("even I", line 8), and endorsing the problem as a recurrent issue ("still", line 8), the teacher normalizes the problem. His 'doing allowing' ("I don't mind that") and his presentation of the case as nothing extreme ("completely", line 14, and "really not that weird", line 15) further normalize the behavior. In combination with the conclusive "really not" and "hey", this normalization provides the reassurance that touches off from the prior discourse of incompetence and ambiguity.

The reassurance is received with tokens of acknowledgment (lines 9, 11, 13, 16) and an upgraded positive assessment of the discussed way of doing: it is not merely "not that weird" (line 15), but "often it's being meticulous" (line 21). With that, the residents treat the teacher contribution as a timely, fitted, and 'potentially to be agreed with' action. That is, they retrospectively establish the teacher's expert identity by accepting the contribution of the teacher as a demonstration of heightened access to the standards of the profession. The teacher's 'dissolving' action, as shown in this and the preceding Extract, is exemplary for contexts that license expertise.

Another context that licenses displays of expertise, is problem talk (cf. Jefferson & Lee, 1981; Riccioni et al., 2014), an example of which is presented in Extract 6 (Table 6). Here, the teacher demonstrates access to the type of situation that resident 1 has been sharing by offering a possible strategy for dealing with a re-



**Table 5**  
Extract 5: expertise normalizes an issue of ambiguity

1	R1	maar een patiënt zei ↑gister tegen mij <i>but ↑yesterday a patient said to me</i>
2		Qhé ken jij dokters versus >internet<.= <i>Qhey do you know doctors versus &gt;internet&lt;.=</i>
3		=maar jij bent alle↑bei. <i>=but you're ↑both.</i>
4		((laughing and [indistinct mumbling [by several people])
5	R1	[dus- <i>[so</i>
6	R2	[('tis een combinatie ja.) <i>[(it's a combination yes.)</i>
7	T	>maar toch< is het niet ↑gek.= <i>&gt;but still&lt; it isn't ↑weird.=</i>
8		=ik zeg ook nog wel eens [tegen een patiënt <i>=sometimes even I still say [to a patient</i>
9	R3	[ja. <i>[yes.</i>
10	T	dat ik iets [moet opzoeken, <i>I have to look [something up,</i>
11	R2	[ja. <i>[yes.</i>
12	T	of dat ik het ↑ook niet precies uit mijn hoofd weet, <i>or that I don't know it off by heart ↑either,</i>
13	R2	[ja even in de protocollen (of zo) ] <i>[yes just the protocols (or something) ]</i>
14	T	[en van mij mag je- dat is helemaal- ] <i>[and I don't mind that- that's completely-]</i>
15		dat is echt niet zo ↑gek ↓hoor. <i>that's really not that ↑weird ↓hey.</i>
16	R4	nee= <i>no=</i>
17	R5	('k heb ook wel een paar keer gehoord) Qja het is ↑logisch dat <i>(I've heard that a few times) Qoh yes it's ↑logical that</i>
18		je [niet al die namen [kent ofzo.= <i>you [don't know all those [names or something.=</i>
19	T	[ja. [ja. <i>[yes. [yes.</i>
20	R5	= 'tis (ook niet zo dat- [ ) <i>=it's (not as if- [ )</i>
21	R3	[ik vind het juist (vaak) zorg↑vuldig. <i>[I think (often) it's being me↑t<u>i</u>c<u>u</u>lous.</i>

current problem. This proffer of advice is formatted as a contrast (“can”, line 14) to the “difficulty” (line 3) of the as-yet only partially solved situation (a conflict with a patient; lines 4–13). The form (“I” “sometimes” “that”) highlights the sharedness of the feeling, ‘does’ experience, and also allows room for alternatives. While a go-ahead for the offer is markedly absent (line 16), the teacher goes on to produce it anyway (lines 17–18).

By proffering her advice in the form of a personal coping strategy, which closely resembles the organizational structure of a second telling in response to a first telling (Arminen, 2004), the teacher orients to the need for a solution to the problematic situation. Her advice – an action typically perceived as expert conduct (Herijgers & van Charldorp, 2020) – is not accepted at first but rejected as unworkable (“yes but”, line 19) and treated jokingly with reference to a solution to such situations which is out of proportion given the setting of daily GP practice (to go skiing, lines 20–23). At this point (line 22/23), the teacher could have worked to account for or elaborate on her advice, by referring further to her experience and the benefits outcomes of the strategy, for example. None of this happens. Instead, the resident shares how she did something similar to what the teacher ‘advertises’ (lines 17–18). This initiates a sequence in which several residents and the teacher collaboratively establish the value of the coping strategy. Midway this collaborative construction, the teacher repeats the ultimate goal of the strategy, this time from the perspective of the other (“just putting it away from yourself”, line 31, see line 18).

The consensus now seems to be that the proposed strategy can be helpful in dealing with situations like these. Once again, however, the tide is turned, when the resident seems to diminish the value of the strategy by noting that talking did not take away her bad feeling (line 33), but that a similar strategy (to talk it over with her supervisor) did (lines 35–38).

Extract 6 thus shows an instance of not directly requested but rather implicitly licensed (in the context of a troubles telling) expertise that was not readily accepted but triggered a negotiation about its usefulness in the type of situation discussed. In this negotiation, the teacher did not hold her stand *because of* her expert status, nor did she explicitly *refer to* her expert status to establish the value of her contribution as an expert professional (although giving advice in the context of a troubles telling conveys knowledgeability and establishes her institutionally assigned knowledgeable status; cf. Drew, 2018). The troubles telling context (Jefferson & Lee, 1981), as well as the advice being unrequested (Riccioni et al., 2014), may explain its hesitantly construed acceptance. In any case, what we see play out here is a *negotiation* of the teacher’s interactional role as expert member of the professional community.

The trickiness of proffering expertise without it being asked for is also evident in the last two Extracts that we present here. In these examples, the licensing context is even more indirect: what licenses the teacher’s enactment of expertise is *something amiss, missing, or otherwise oriented to by the teacher as in need of* ‘re-

Table 6

Extract 6: offering a possible way to deal with a recurrent problem

1	T	maar <u>toch</u> had je de hele middag nog dat rotgevoel. <i>but still you had that bad feeling the whole afternoon.</i>
2	R1	ja. <i>yes.</i>
3	T	ja (0.5) ja ↑das lastig. <i>yes (0.5) yes ↑that's difficult.</i>
4	R1	het was ze was uitgeraasd en ze sna- <i>it was that she'd finished raging and she did un-</i>
5		ze ze zei ook dat ze mijn punt snapte hè dat het .h eeh <i>she she also said that she understood my point you know that it .h um</i>
6		ik ↑had ook gezegd dat die ↑vrijdag wat onhandig van mij was,= <i>I'd ↑said that that ↑Friday I'd been a bit clumsy,=</i>
7		=hè? <i>=you know?</i>
8		de rest heb ik niet gezeg- (dat zeg ik) Qdat daar kan ik <i>I didn't say the rest- (I mean to say) Qthat I can't say</i>
9		helemaal niks over zeggen,= <i>anything about that,=</i>
10		=dat moet u ↑niet met mijbespreken, <i>=you ↑can't discuss that with me,</i>
11		(0.4)
12		eeh (0.8) ja. <i>um (0.8) yes.</i>
13		nee dus het was wel- het was wel deels uitgesproken. <i>no so indeed it was well- it was partially set straight.</i>
14	T	ik kan je wel vertellen hoe ↑ik dan soms van dat rotgevoel een <i>then I can tell you how ↑I sometimes try to ↑sort of get rid of</i>
15		↑beetje af probeer te komen? <i>that rotten feeling?</i>
16		((blank [stares between residents]))
17		[en dat is even bij mijn c(h)oll(h)ega <i>[and that is by dr(h)opp(h)ing in on my</i>
18		b(h)innenlop(h)en (.) hahaha van me af. <i>c(h)oll(h)eaque (.) hahaha getting it off me.</i>
19	R1	ja maar ↑die is dan al bezig met ↑spreekuur zeg maar. <i>yes but then ↑they'd be busy doing consul↑tations- just saying.</i>
20		haha[haha
21	R2	[ja (.) ↑ik dacht altijd dat je ging ↑skiën. <i>[yeah (.) ↑I always thought you went ↑skiing.</i>
22	T	[(nou) ((head shake)) <i>[(well)</i>
23		[[((group laughs))
24	R1	nou ik ben wel even- volgens mij ben ik nog vijf minuten bij de <i>well I think I popped in for just five minutes</i>
25		assistente even wezen e:h- <i>to see the assistant u:m-</i>
26	R3	ja das wel [goed even bakkie thee halen ja. ] <i>yes that's [good just grabbing a cup of tea yeah.]</i>
27	R1	[ thee drinken zeg maar ja ] ik (dacht) <i>[ a tea break you know yes ] I (thought)</i>
28		Qloop [toch al een half uur uit dus eeh ]Q <i>Qoh I'm [half an hour behind schedule already so eh]Q</i>
29	T	[ evenja even ] <i>[ just a moment yes just a moment ]</i>
30	R1	haha[ha
31	T	[even van je af e:h <i>[just putting it away from yourself e:h</i>
32	R1	precies.= <i>exactly.=</i>
33		=even- maar toch blij- ja het ↑blijft gewoon hangen ↓ofzo. <i>=just- but then still- yes it's ↑still in the air ↓or something.</i>
34	T	ja (.) nu ook nog? <i>yes (.) even now?</i>
35	R1	nee nu niet meer.= <i>no not anymore.=</i>
36		=want ik had dat was vrijdag, <i>=because I had that on Friday,</i>
37		toen had ik zaterdag alweer dienst, <i>then I had rotations again on Saturday,</i>
38		heb ik met mijn opleider alweer nagesproken, <i>I've already discussed it with my supervisor,</i>

**Table 7**  
Extract 7: disputing an expert's positive evaluation of resident conduct

1	R1	heb je 't uiteindelijk wel met een goed gevoel ehm- <i>did you end up with a good feeling um-</i>
2	R2	'k heb met een goed gevoel- ja ook uh >toen ik wel hoorde dat <i>I did with a good feeling- yes also um &gt;when I heard that</i>
3		ie was overleden< dacht ik Q↓ja ↓jaQ. <i>he had passed away&lt; I thought Q↓oh yes ↓oh yesQ.</i>
9		((5 lines omitted, further description of situation and feelings)) en dan slaap je toch wat rustiger,= <i>and so you're sleeping a bit better,=</i>
10		=en dan zit je niet 'ergens meer mee'. <i>=and then you aren't left 'with anything anymore'.</i>
11	?	'ja goed'. <i>'yes right'.</i>
12	T	nog even uh uhm bij een niet bekende patiënt terwijl d'r met de <i>just one more thing um um starting palliative se↑dation</i>
13		eigen huisarts niet over gesproken is palliatieve se↑datie <i>for an unknown patient without discussing it</i>
14		starten, <i>with their own GP,</i>
15		dat vind ik wel een dingetje zeg maar. <i>I think that is quite a thing just saying.</i>
16		[[several residents produce soft yesses, nodding)]
17	T	[zou ik zelf niet zo makkelijk zo snel doen. <i>[I wouldn't do that so fast so easily.</i>
18	R2	'nee'.= <i>'no'.</i>
19	T	=he want anders- je kent al die omstandigheden niet, <i>=you know because otherwise- you don't know the circumstances,</i>
20		ja als je dat start dan is dus die persoon ook inderdaad in <i>yes if you start it then that person is indeed</i>
21		slaap.= <i>asleep.=</i>
22		=en die wordt niet meer wakker [in principe. <i>=and he won't wake up again [in theory.</i>
23	R2	[ <sup>o</sup> ja'. <i>[yes'.</i>
24	T	dus die ja die heeft ook- kan dan niet meer met z'n huisarts <i>so yes he also- in this case he can't communicate with his own GP</i>
25		'of naja'. <i>'or yes'.</i>
26		communi↑catie is ↑ook gestopt. <i>communi↑cation has been stopped ↑too.</i>
27		((R3 and R4 talk simultaneously))
28	T	hè? <i>what?</i>
29	R3	dan kan je dat intermitterende doen toch? <i>then you could do that intermittent thing couldn't you?</i>
30		((several people talking indiscernibly))
31	T	ja maar dat [ zou ] <i>yes but that [would ]</i>
32	R3	[want ] zo'n pomp kan je weer stopzetten hè? <i>[because] a pump like that can be stopped again can't it?</i>
33	T	nee ↑dat kloptook, <i>yes ↑that's right too,</i>
34	R3	( [↑afspraken. ] ( [↑arrange it.]
35	T	[>dat klopt ook<'. <i>[&gt;that's right too&lt;'.</i>
36		maar je je neemt wel een enorm <↑vgorschot> [op op het beleid <i>but you you're really getting &lt;a↑head&gt; [of of the policy</i>
37		say yesses))] <i>[(several people</i>
38		van de eigen] huis[arts. <i>of the own ] GP</i>
39	T	
40	R5	[ja (.) tenzij het beleid al ↑vast ligt. <i>[yes (.) except when the policy has been ↑set.</i>
41	T	naja dat (.) goed dat kan [kan. <i>well then (.) okay that's [possible indeed.</i>
42	R5	[ ( [ )
43	T	[zorgplan (.) gaan we weer. <i>[care plan (.) here we go again.</i>
44		nee dat klopt. <i>no that's right.</i>
45	R6	maar je zou dan dus wel doen wat ((R2)) gedaan heeft? <i>but in this case you would do what ((R2)) did?</i>
46		((T explains that he indeed would do so))

Table 8

Extract 8: collaborative exploration of a heuristic for practice

1	R1	en en tussendoor is er nog weinig <i>and and in the meantime the GP</i>
2		door de huisarts gebeur- <i>hasn't done mu-</i>
3		in ieder geval (.) bij ( )= <i>in any case (.) with ( )=</i>
4	T2	=want dat vroeg k me af hē, <i>=because I was wondering about that you know,</i>
5		want want als je het no↑teert, <i>because because if you take ↑note of it,</i>
6		hē (.) als je ↑echt wil dat de huisarts iets doet, <i>you know (.) if you ↑really want the GP to do something,</i>
7		(1.0)
8		is no↑titie dan (1.1) [(°voldoende°.)] <i>is a ↑note then (1.1) [(°sufficient°.)]</i>
9	R2	[ er is ] laatst iemand <i>[ recently ] someone got</i>
10		aangeklaagd omdat-ie de ↑post niet op tijd had gelezen.= <i>sued because he didn't read his ↑mail in time.=</i>
11		=dus ik denk dat dat wel redelijk (leidend) is. <i>=so I think that that is relatively (leading).</i>
12		als in (0.6) je bent als huisarts verplicht om (.) <i>as in (0.6) as a GP you are obliged to (.)</i>
13		je:: (.) schriftelijke:: brieven van de HAP te ↑lezen.= <i>↑read you::r (.) letters:: written by the GP post.=</i>
14		=dus ik denk dat ja ik kan me voorstellen dat je- <i>=so I think that yes I can imagine that you</i>
15		gevoelsmatig= <i>feeling-wise=</i>
16	T1	=ja= <i>=yes=</i>
17	R2	=e:h wel een belletje doet, <i>=u:m you would give them a call,</i>
18		maar (0.4) ju↑ridisch >is dat ↑denk ik< °voldoende°. <i>but (0.4) ↑legally &gt;it is °enough°&lt; I ↑think.</i>
19	T2	ja precies want zo gaat het (.) v:aker met de post. <i>yes exactly because that's how it (.) o:ften goes with the post.</i>
20		dus je bent er niet, <i>so you're not there,</i>
21		of je bent net twee dagen weg, <i>or you're away just for a couple of days,</i>
22		assistente (.) voert alvast de post in, <i>assistant (.) is already registering the mail,</i>
23		(1.6)
24		ik denk als je echt wil dat de huisarts eh <i>I think that if you really want the GP eh</i>
25		op de hoogte is en eh (.) ( ) (.) <i>to be informed and eh (.) ( ) (.)</i>
26		dat dat je niet op de: (0.4) ↑post (0.3) moet vertrouwen. <i>then then you shouldn't (0.3) trust the: (0.4) ↑mail.</i>
27		(1.4) ((soft agreeing sounds))

pair' (van Braak et al., under review). Such enactments of expertise need to be ratified, for example by a resident's claim or demonstration of new understanding, in order to establish the teacher's expert identity. The teacher can endorse such ratification, which completes the interactional accomplishment of 'doing being an expert' (Extract 7). Alternatively, the teacher's offered expertise may also be resisted, initiating a pursuit or topic change (not shown), or the need for expertise may be very implicit (Extract 8).

In Extract 7 (Table 7), the post-positioned proffer (Schegloff, 1996) bears a hint of correction. Situated toward the end of a discussion, one resident invites the teller resident to share her feelings (line 1). In her reflection (lines 2–9, partly shown), the teller mentions her supervisor's positive evaluation of her conduct in practice (not shown). The evaluation is placed in a closing-implicative report of positive feelings, setting the scene for a change of topic. The teacher, however, brings up "just one more thing" (line 12), showing an orientation to something in need of being set straight. He displays some reservations about the resi-

dent's conduct ("I think that is quite a thing") with reference to his own practice ("I wouldn't do that so fast so easily") and accounts for that opinion ("I think") in terms of generalities (lines 19–26) that constitute his expert identity (Morek, 2015). This contribution accomplishes a disagreement between the external source and the teacher himself, setting the tone for further discussion (lines 27–46).

By presenting his doubts as necessary to be mentioned despite the topic nearing its closing, the teacher treats both the other expert's evaluation of the resident's conduct and the residents' conduct itself as problematic. This could have instigated a defense by the resident (R2), but it does not (see also lines 18, 23). Rather, it initiates a negotiation about the topic in which the teacher presents himself as knowledgeable (lines 27–44). This negotiation ends with a reference to the "care plan", which is treated as an already-closed topic (line 43). With the next move (line 45), a request for confirmation, one resident also more explicitly orients to the teacher as the one who can provide ratification on certain

topics, thus enacting for the teacher the role of expert. Thus, here we see a post-formatted enactment of the retrospectively ratified teacher expert identity.

Teachers' monitoring of the interaction for something 'missing, 'wrong', or otherwise in need of 'repair' highlights their heightened epistemic access to professional ways of doing and being. Sometimes, teachers enact expertise by orienting to a *tension* between those professional ways of doing and being and informal procedures that go against them. In Extract 8 (Table 8), the teacher enacts for herself the role of expert without their being a clear orientation to a need for an expert contribution to the ongoing discussion. In this Extract, we show how this type of very indirectly licensed expertise initiates collaborative construction of a best practice for dealing with communication with the GP's weekend service. In the Netherlands, GP visits outside office hours are organized in regional centra manned by GPs who work in a GP practice in the region. That means that consultations outside office hours usually are with a GP who is not the patient's own GP. To communicate the results of the consultation, GPs make notes in the patient dossier or send results by uploading documents in the digital patient system.

In this Extract, the teacher initiates the sequence by connecting an ambiguously critical question to prior talk ("because I was wondering about that you know", line 4). In this situation "I was wondering" seems to introduce a doubt about what has just been established as common practice or 'just the way things are' (lines 1–3 and before, not shown). The question in lines 4–8 seems to prefer a no-response in this contrastive context: just by posing the question, the teacher presupposes that it is *not* enough. Resident 2, however, builds a case that notifying a patient's GP by mail should indeed be enough (11–13, 18). She contrasts 'feelgood' behavior with lawful behavior (lines 15, 18). This contrast is further unpacked by the teacher in a contribution based on her own experience (lines 19–26), which is then treated by various residents as settling the issue (lines 27).

Here we see a collaborative exploration of how to deal with a situation: communicating (as an out-of-office hours GP) something very important to a patient's own GP. The teacher's contribution to this sequence of searching for good practice is, first, initiating it in a way that may raise doubts about the proposed approach, and second, closing it. In this closing, she demonstrates access to the way things are (lines 19–22: "that's how it often goes", generic 'you', declarative syntax). This exposition is received in silence; its commonness remains unacknowledged. Nonetheless, it functions as a powerful buildup to the practice-based heuristic of dealing with the situation in lines 24–26. The if-then format in combination with the stressed "really" (line 24) and downward intonation contour present the heuristic as a final say. It indeed is treated as such by the residents' minimal agreement (line 27), who with that retrospectively confirm the teacher's expert status in relation to this issue.

In this example, then, the teacher proffers a heuristic based on experience with messy practice instead of the formal rules presented in textbooks. She does so in a way that aligns her contribution with the ongoing discussion, though her exposition of hands-on lived experience in fact positions her subsequently presented heuristic as a lived one that may be based on a reality that the others do not yet have access to. The other participants orient to the power of experience to seal the discussion by not contesting the proposed heuristic, going along with its closing-implicative nature. In both Extract 7 and 8, the post-formatting of the teachers' action signals the constant monitoring work that the teacher seems to be doing: whatever creates a wrongful idea about the professional norms or rules of conduct in certain situations must be corrected before it is ratified by the closure of the topic to which it relates. By such monitoring actions and the acceptance of those as

settling an issue, the teacher and residents together enact for the teacher the role of expert.

#### 4. Discussion

In this study, we describe practices of expertise and their function in two sequential contexts. Residents consistently orient to the teacher as the one who can provide e.g. ratification on certain topics, thus enacting for the teacher the role of expert. From our Conversation Analytic study in the context of group discussions on experiences from practice in GP training, we draw two main conclusions about the interactional accomplishment that teachers' enactments of expertise are.

The first main finding is that 'doing being an expert' is enacted in two sequential positions (similar to types described in mundane conversation, see Schegloff, 2007) that have implications for its interactional function. When residents *request* expertise (that is, they do requests for actions that enact for the teacher the role of expert), they explicitly position themselves as not-yet-full-members of the profession, making e.g. ratification, confirmation, or the provision of information by an experienced professional *conditionally relevant*. In our recordings, these displays served ratifying and informing functions (see Extracts 1–3) that build on high access to formal as well as informal knowledge and practice-based experience. Experience in contrast to knowledge here is oriented to as "manifestations of professional medical knowledge" (Harms et al., 2021). In that sense, knowledge is 'part of' experience. In terms of epistemics, knowledge and expertise may in a way be seen as distinct (Harms et al., 2021; Heritage, 2011; Sacks, 1995). Knowledge (or, more precisely, information) can be shared and become equally accessible by the one who shares the information and those receiving it, thus flattening the epistemic gradient. Experiences (in the literal sense, 'having been present in a situation', however, if shared in interaction with others, merely become second-hand experiences for those with whom they are shared (Sacks, 1995), retaining the epistemic gradient to a certain extent. Similar to participants in Harms et al.'s (2021) study, participants in our data orient simultaneously to information balance and to information imbalance in the context of experience sharing (see especially lines 29–46 in Extract 7). In our data, the telling of an experience is treated as working towards common ground regarding the knowledge shared, while at the same time that telling is treated as establishing the imbalance in expert status between novice and experienced professionals. Until residents themselves have had an experience that a teacher claims to have recurrent access to, the experience can never be 'owned' and thus never be understood as lived experience. In that sense, sharing experiences only foreshadows the path to socialization in that type of situation; it does not work toward it in the way sharing of information does.

When residents' prior talk *licenses* 'doing being an expert', as is the case when residents implicitly position themselves as 'on the way to' full membership of the GP profession, teachers treat expertise as *called for* (van Braak et al., under review). Offering unsolicited expertise might go against norms of engagement in everyday interaction (cf. Jefferson & Lee, 1981), but in the current educational context it appears acceptable (at least to some extent). In this sequential context, enactments of expertise typically accomplish clarity about what is normal or allowed in the profession (see Extracts 4–5). As well as actions that settle an issue when ambiguity about the norms licenses such decisive action, proffered expertise actions like those in Extracts 7 and 8 closely link to the normative nature of socialization. The existence of formal rules and informal ways of being and doing implies rights and wrongs (and possibly gray areas, too) and calls for interventions directed toward good, professional behavior. More than requested expertise, 'doing being an expert' as touching off

from prior talk needs to be ratified by residents for the teacher's expert identity to be accomplished. Here we see how casting an institutional identity is indeed "indexical and occasioned" (Antaki & Widdicombe, 1998, p. 3).

Summarizing these findings, then, our first main conclusion is that participants negotiate the expert status in interaction, and that this negotiation is part of how participants constitute their locally relevant identities. Teachers' expert role is not merely provided for by the context of training, but has to be accomplished by all participants through talk. Like teachers, residents also convey or claim an extent of epistemic access (sometimes even primary epistemic access) to aspects of the topic at hand (see e.g., Extract 5, 8). Such displays can result in sequences of collaborative knowledge construction (see e.g., Extract 3). This finding is largely in line with a growing body of work on how participants in talk-in-interaction orient to their epistemic positions, that is, an interactional sociology of knowledge (e.g. Antaki & Widdicombe, 1998). It adds to this body of work by discussing the relation between information and experience (which builds on and creates knowledge), showing that both are relevant and distinct for participants in enacting for themselves and each other the role of expert.

An important contribution of this study to research on professional expertise lies in the connection between the collaborative construction of expertise and professional socialization (Biesta & van Braak, 2020). Socialization is not something that is easily visible in the extracts shown; rather, it is an emergent property of larger bits of interaction. Our analysis of the extracts points at three ways in which discourse practices associated with the interactional construction of expert identity may contribute to that continuous process of socialization.

First, by positioning themselves and being positioned as expert representatives of the profession, teachers provide access to the culture, tradition, and practices that are lodged within the specific professional community (Goodwin, 1994; Biesta, 2020). The interaction in which this takes place is a "meeting point of discourses and practices" (Widdicombe 1998; 200), in which the resident is invited to 'locate' or 'position' themselves in some way in the professional ways of doing and being (Widdicombe 1998; Carr 2010; Biesta 2020). This process of locating oneself is what we see playing out in negotiations of expertise (e.g., Extract 6), ratification of expertise (e.g., Extract 5), and transfer of expertise to other situations (e.g., Extract 2). This is the identity work that socialization entails (Biesta 2020). In our data, such identity work thus is a shared accomplishment between teachers and residents.

Second, enactments of expertise contribute to socialization in the way they are used to attend to the tension between textbook guidelines and messy practice (see especially Extract 9). Access to the messiness of practice is treated as a resource that creates room for dialogue between the formal guidelines and actual practice; what may be referred to as the hidden curriculum (Biesta, 2020).

Third, the interactional accomplishment of expertise contributes to the construction of 'socialized' understandings of situations, or "professional vision" (Goodwin, 1994, 2017). More than just gaining access to knowledge, this contribution is about learning to see in a professional way. What is professional about this way of seeing the world is that it is oriented to, presented as, and recognizable as ways of seeing that "shape events in the domains subject to their professional scrutiny" as "objects of knowledge that become the insignia of a profession's craft", objects that "animate the discourse of a profession" (Goodwin, 1994, p. 606). By constructing situations as instances of a type of recurrent situation, teachers thus transform those situations into something significant, recognizable, and discussable as part of the profession. By modeling professional ways of 'seeing', they enact the profession's shared understanding of the world and establish themselves as members of the profes-

sion (Goodwin, 2017; Lave & Wenger, 1991). This is the very act of socialization.

Our study has provided a detailed description of one of the most steering interventions that teachers can do in medical experience discussions: bring in their own expertise. We have portrayed different sequential positions in which teachers can do actions that enact their identity as expert, and the sequential trajectories that these actions set in motion, as well as the inherently interactional nature of expertise enactment. This portrait of expertise enactment is valuable as a representation of practices for discussion in teacher professionalization training. The extracts could be used in a CARM-like training (Stokoe, 2014), where actual educational situations are played, stopped, and discussed as the interaction unfolds. Apart from that, our analyses provide several suggestions for educational practitioners. The different ways of bringing in expertise show the plethora of options that teachers have to represent the culture, tradition, and practices of the profession (Biesta, 2020). Interestingly, some of these representations are done on teachers own behalf, with reference to probably unique individual experiences. These can be effective, too – contrary to what teachers may believe about withholding individual experiences for the detrimental effect it is sometimes perceived to have on the interactional process. Further research could investigate situations where the individual expertise of a teacher is oriented to as individual-in-contrast-to-collective expertise, to describe how these situations get treated and probably work toward socialization in different ways. Embedding such work in the broader educational literature on expertise in the context of the development of professionals (e.g. Kong, 2014) could further establish our understanding of expertise in professional settings.

The current research also shows how 'doing being an expert' is never a solitary action. One suggestion related to that finding is for teachers to exploit the provisional status (Myers, 2004) of expert identities. Teachers could deliberately adopt an epistemic higher or lower stance to elicit different types of responses and thus steer the ongoing discussion. We have not systematically researched how lower epistemic stances adopted by teachers are responded to and how they could contribute to socialization – this is an area for future investigation.

Our analyses show when and how participants invoke, manifest, or otherwise make 'doing being an expert' live (Widdicombe, 1998) in the context of socializing into the profession of general practice. Although we acknowledge that our definition of displays of expertise has been quite broad, our approach has allowed us to formulate suggestions about what may create an environment for ratification versus resistance to the expertise and, following that, how we value these reactions in such didactical terms as socialization. Such description helps us understand how teachers as established members of the profession can create opportunities for the formation of professional identities of residents (Crues, Crues, Boudreau, Snell, & Steinert, 2014) – which is at the heart of professional socialization.

#### Declaration of Competing Interest

None.

#### CRedit authorship contribution statement

**Marije van Braak:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Validation, Visualization, Writing – original draft, Writing – review & editing. **Mike Huiskes:** Conceptualization, Formal analysis, Investigation, Methodology, Supervision, Validation, Writing – review & editing.

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