

**13th Pacific-Rim Real Estate Society Conference
Fremantle, Western Australia, 21 to 24 January 2007**

**REVIEW OF PROFESSIONAL SOCIALIZATION AS A MECHANISM TO
IMPROVE GRADUATE OUTCOMES**

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Abstract: *Professional socialization can be described as the acquisition of values, attitudes, skills and knowledge pertaining to a professional subculture. This paper reviews recent research on the study of professional socialization in fields such as nursing, health sciences, sport and medicine, as they apply to the tertiary education context and the beginning of work.*

The findings of this review suggest that study and consideration of professional socialization assists in improving tertiary education and graduates' preparedness for the real world pressures of professional working life. These include the themes of early context, role models, placement, reflection, ceremonies, curriculum and long term impacts paper that could be considered in the development and of valuation and property programs.

Introduction

Professional socialization refers to the acquisition of values, attitudes, skills and knowledge pertaining to a professional subculture.

This review is being done in conjunction with a second paper that examines some of the socialization aspects of property programs in Australasia. Both papers follow the previous review undertaken by Page (2004) and research relating to socialisation with respect to property professional bodies (Page 2005). The socialization model that was used as the basis of the review by Page (2004) is shown in Fig. 1, which assists with providing context for this review.

Fig. 1 Conceptualizing graduate and professional student socialization

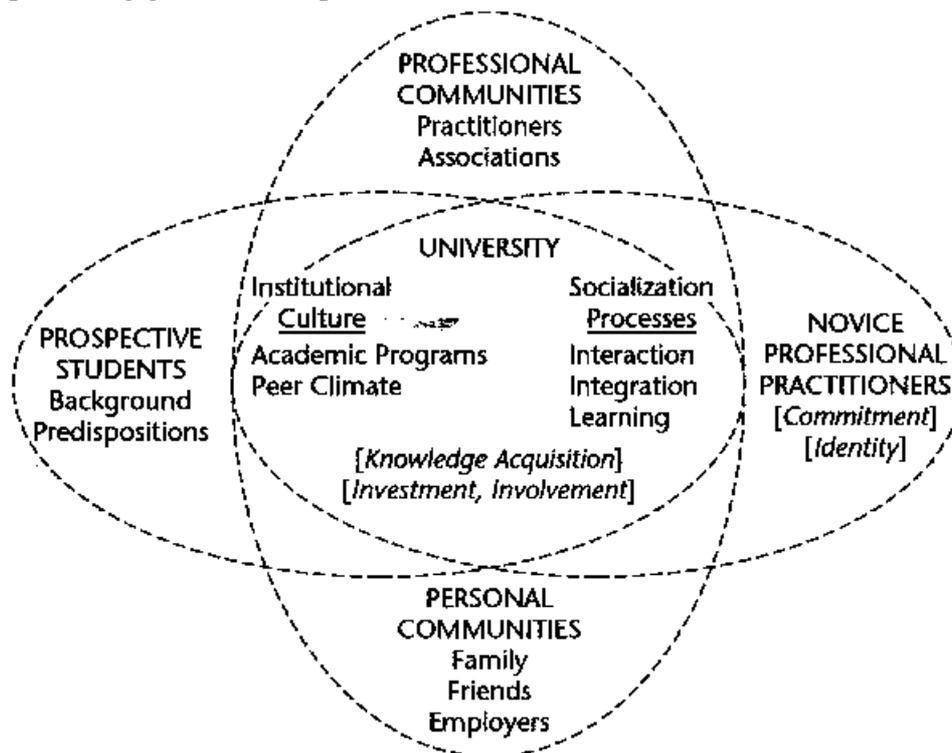


Figure 1 shows a framework for understanding the socialization of graduate and professional students. At the centre is the core socialization experience in the professional degree program consisting of the institutional culture of the university, the socialization processes and the core elements of socialization. This is the part of the socialization process that universities have key control over.

Surrounding the central portion of Fig. 1 are four other components of professional student socialization: prospective students (background, predisposition), professional communities (practitioners, associations), personal communities (family, friends, employers) and novice professional practitioners. These components are outside universities control, though prospective student's backgrounds may be taken into account in the selection process.

The ultimate outcome from this model is the professional who has been transformed with respect to self-image, attitudes and thinking processes.

Page (2004) focussed on the professional socialization component related to the professional bodies and the university component. Page (2005) further explored aspects relating to the professional bodies requirements for membership.

Page (2004) reported on the socialization process and the transformation that occurred:

Graduates have not only obtained technical skills through university studies but have also changed their values and how they think. Their socialization means that they think like, look like and have values of their respective professions.

Pages (2004) key conclusion from literature reviewed was:

- the influence of socialization is long lasting;
- field experience plays an important role in the professional socialization in the fields of pharmacy, nursing and teaching;
- field experience should be undertaken early in university program so it assists in understanding of material presented;
- an understanding of professional issues should be integrated throughout the program and not left as an add on in final years;
- celebrations of milestones can assist in the socialization process e.g. ‘white coat ceremonies’, and
- professional socialization can only be addressed when it is identified as a problem requiring change.

This paper summarizes recent socialization studies undertaken in the fields of medicine, physical therapy (physiotherapy), nursing, occupational therapy, certified athletic coaches, library studies and business education. The literature is a mix of examining issues in the tertiary education context and socialization in the work place. The disciplines listed have been examined as there are no specific socialization studies of property in the reported literature. These disciplines have been selected as like property they are seen as new professions and require field experience and examination before becoming full members of the profession. The review concentrates on what the studies offer in the development of the graduate, the role of the university and a graduates first few years in the workplace. This paper also examines a selection of papers on property education that have been published since the last review.

Medical student socialisation

Aperk & Eggly (2004) note that the socialization process for medical residents is one characterized by numerous rites of passage. They report on the medical socialisation that occurs through the Morning Reports at “Metro Medical Center”, which is a teaching hospital. Aperk & Eggly (2004) analysed transcripts from 20 morning meetings. These meetings occur at each weekday morning and include department faculty physicians, residents and occasional invited guests. The main purpose of these meetings is to impart knowledge and evaluate the performance of the resident. The residents explain the case in the following prescribed order: (a) history of present illness, (b) physical exam results, (c) results of diagnostic procedures, (d) diagnosis, (e) diagnosed condition and treatment with the process repeated for each emergency cases presented.

Aperk & Eggly (2004) authors noted that faculty physician’s discourse that deviates from medical ideology, particularly aspects such as language is stopped though sarcasm and critical humour. They conclude that:

- discussions occur in a manner that prioritises medical science over the patients’ experiences,
- despite reforms to make the medical education more human, friendly and sympathetic, that these were all lost in this process.

The socialisation process ensured doctors maintained their language of scientific medicine and the lesson learnt from this paper is that the changes implemented in the academic program were destroyed by this socialization process in the internship program.

Pitkala & Mantyranta (2003) reported on medical students undertaking their first clinical year in 1997 or 1998. The 22 students kept reflective diaries for the 12 months of clinical practice and they

had a series of questions about the experience: what learnt, what difficult, personal interactions, inspiring and successful. They were expected to produce 1-2 pages every 3 to 4 weeks.

The students commented on the staff's arrogant behaviour and of being humiliated in front of patients, which they did not think this was in their or the patients' interest and hindered their development. The students were initially concerned about self image and tried very hard to portray to patients that they were professionals. As their confidence grew, they spent less effort in trying to portray the image. It was the patient feedback that provided the confidence which allowed the role to grow. This was self fulfilling as the patients would further comment on their success.

The authors other findings include that the first year period of clinical practice is a period of intense emotional experience and that these portfolios as learning tools may have helped the students recognize key experiences and as such support their socialization.

Two key aspects of this paper are the usefulness of the diary for reflection and the critical role, sometimes detrimental, that supervisors have on the socialization into the practical work situation.

Physical Therapy Students

Teschendorf (2001) reported on a pilot project to obtain faculty perspectives on professional socialization of physical therapy students. The study was confined to the socializing experiences in the academic and clinical placement. The data was collected by running focus groups of program directors at physical therapy conferences with seventeen people taking part in the focus groups.

These groups indicated that physical therapy was a service profession and a caring profession. The group thought the values were embodied in the code of ethics and Guide for Professional Conduct. One of the important traits they tried to develop was evidence based practice. Additional traits of importance for staff were students behaving in a professional manner, excellent interpersonal skills, good communication skills and enthusiasm. Valued personal characteristics included caring, interested and ethical.

Program directors saw it as essential to use role modelling in the education process. They thought it was useful to use case studies and class discussion time on topics that displayed professional values. The used examples in clinical practice which displayed behaviours' that student's could emulate.

Academic staff were expected to act as gatekeepers in not allowing anyone to enter the profession who was unfit to practice. There was an emphasis on student behaviour and behaviour examples for students. Students were expected to be respectful of staff and fellow students. Staff frowned upon students being late, disruptive and discourteous. Safety and communication were imperative.

Staff accepted students could be sponges with their learning initially but they were expected to rapidly change to being responsible for their own learning. They had to ask the questions and put the effort in. The final socialization was done in ways to leave lasting effects. They talked of graduation and induction ceremonies, presentations of research or clinical capabilities and role clarification exercises. Students were asked frequently to reflect on their studies.

The critical aspects of this paper are the role model played by staff, which includes frowning upon unprofessional behaviour and encouraging students' reflection and the inferred acceptance of university staff role as gatekeepers of entry into the profession. Historically, the 'gatekeeper' role was possible in Australia but this is not really possible in current university modis operandi and presents challenges. It would need to be made clear to industry and others that just because students have passed each individual component of a program that this is only one aspect required for graduation i.e. that socialization factors are also important.

Mostrom (2004) reinforced that it is not just content in physically therapy academic programs that is important, she emphasises the importance of how we are teaching and who we are as teachers in relation to our students. She notes that professing to values is meaningless. It is living them that are

important. She draws attention to the 2004 Pauline Cerasoli Lecture: The Influence of leaders presented by Samuel Feitaberg (subsequently published Feitaberg 2004) who reflects on the development of physical therapy as a profession and the importance of having students active, inquiring and intelligent mind to survive the programs. Feitaberg (2004) p7 stated

I know that if we show students they are valued, and we provide support and recognition that elevates their self esteem we will bring out the best in them.

The Mostrom (2004) and Feitaberg (2004) articles again reinforce the academic staff role in the socialization process and the need to treat the students with respect.

Sellheim (2003) reports on her PhD study on educational factors influencing Physical Therapy Students approaches to learning. The most important point from this study was for the student to see the relevance of what they are learning. Students who could not see relevance were more likely to rote learn for exams. There is a greater chance of deep learning if students perceive the material to be of highly relevant. The learning environment was also very significant, which has much to do with the presence and demeanour of the faculty member.

Sellheim (2003 p. 10) noted:

Positive presence factors (enthusiasm, attitude, accessibility, humour) tended to contribute to students motivation to participate in learning by making students feel comfortable asking questions or making mistakes; they generated interest in the course and ultimately appeared to move students towards deep process learning.

Negative presence factors (egotistic attitude, intimidating presence, lack of trust) resulted in physical therapy students reporting decreased interest in course, discomfort in asking questions and making mistakes, and decreased learning in these situations.

Other factors which she identified that influenced student learning were issues of assessment methods and curriculum overload. The critical lesson from this paper is the importance of providing early in the program the big picture including the end point. This helps the students learn but also encourages in-depth learning.

Meyer et al (2005) reports on the development of a Doctor of Physical Therapy curriculum. The curriculum was constructed to promote three themes 1) evidence based practice 2) patient centred care and 3) sound clinical decision making. Meyer et al (2005) note that physical therapy programs traditional start with foundation courses such as anatomy and gradually build up theory and practice culminating in clinical experience. This model relies on the graduate finally putting all the pieces together to make the big picture. The danger with this model is that either the 'big picture' is not developed or the wrong picture is developed.

To avoid this problem the new Doctor of Physical Therapy curriculum was designed to give the students the final big picture in the first course. The staff speculated that this could enhance the professional socialization. Qualitative assessments were undertaken of the students in the 2003-04 academic year and the overall assessment was that student socialization was enhanced by presenting the big picture first.

This paper again reinforces the benefits of providing the big picture upfront. I found it interesting that this still occurred at doctoral level when all the previous studies I read had advocated this at undergraduate degree level.

Nursing

As nursing changed from hospital training to Education Institute training around the world, a significant gap developed between what was taught and what was actually done in the hospitals. Maben et al (2006) reports on literature from the United Kingdom, United States, Canada and

Australia that describe the theory-practice gap. This gap arose as education institutions promoted the ideals and professional values and notions that included autonomy, individual and personalised care and more holistic approaches.

This gap was addressed in the United Kingdom with 'Project 2000' programs. Changes were made to the teaching in an attempt to address this gap and graduates who started work in 2000 and beyond would have had these changes implemented in their courses.

Maben et al (2006) study was a longitudinal study of these graduates. Seventy two final year nursing students from three colleges were surveyed. Twenty six of these were then interviewed at 4-6 and 11-15 months after graduating.

The study found that the education process did provide the theoretic background that was needed but that when the graduate nurse started work they discovered an impersonal approach and work that was task and procedure orientated. The organizational situation effectively 'sabotaged' the socialization of the education process when the nurses started work. Maben et al (2006) identified four key covert rules that overrode the training. These were:-

- Rule 1: Hurried physical care prevails
- Rule 2: No shirking, so make sure the physical work is done rather than softer work of talking to patients.
- Rule 3: Don't get involved with patients – which immediately means a holistic approach can not be undertaken.
- Rule 4: 'Fit in' and don't 'rock the boat'.

The following table from Maben et al, which they modified from earlier authors, shows the nursing mismatch between professional and bureaucratic work.

Table 1 Comparison of professional and bureaucratic work structures in nursing (Maben et al 2006 p. 473)

Professional Work	Bureaucratic Work
Reliance on evidence and expertise to facilitate decision-making	Reliance on rules and protocols to facilitate decision-making
Holistic whole task organisation (e.g. primary nursing)	Part task organisation (e.g. task allocation often in the guise of team nursing)
Individual qualified nurse undertakes all care for one patient	Care for one patient fractured and distributed between different grades of nurse
Power derived from expertise	Power derived from position in hierarchy
Care individualised to meet individual needs	Care standardised for all patients
Evaluation of process rather than just output	Evaluation through output
'Caring' approach to patients wanting to go extra mile, and be close to patients	Attitude often appears uncaring and staff advocate keeping distance from patients
Ethos of care which emphasises psychological and holistic care, where talking to patients is important	Ethos which emphasises the physical tasks over psychological care, which become an 'add on'
Autonomy as a professional practitioner	Autonomy dependent upon position in hierarchy and position of nursing to medicine in some areas
Innovation and new ideas welcomed	Innovation and change regarded with suspicion as challenges old order and 'rules'

This paper clearly shows that any changes that are made at the education institute are not going to have an impact unless changes are made at the work environment where graduates commence. Maben et al (2006) conclude that for the problems to be addressed, it is essential that high quality role models in the workplace are identified and support is provided so that the new roles can be implemented. This also involved an appropriate resource and skills mix.

Bozich-Keith & Schmeiser (2003) provide examples of material and activities they use during the first few weeks of a nursing program to assist socialization. They believe this is critical as students' perceptions of nursing on entering the program is often based on media presentations, family stories or personal encounters. The activities are designed to start the socialization process and develop the communication skills. The activities encourage the students to reflect on what it is to be a nurse.

This paper was cited as it provides some practical material on how to start the socialization. However, what is of more relevance is that the authors are convinced of the need to be proactive in the first few weeks of a nursing program.

Occupational Therapy Students

Clouder, L (2003) undertook a three year longitudinal study of the twelve occupational therapy students. The students were interviewed approximately every 10 weeks through their study. She reviewed the literature on professional socialisation from two separate educational discourses. First, the literature relating to social control, maintenance and reproduction of social order (learning to play the game). This is about learning both the written and unwritten rules and then conforming to both. It also means when things are not right, 'you put up with things' and 'not rock the boat'

The second discourse was the realisation of autonomy and agency through developing the capacity to reason (presentation of self and/or acting the part) This about portraying the image of a professional. It involves being confident and enthusiastic and it's looking the part. Clouder (2003) then reviewed the students relative to these discourses. She did not advocate one discourse over the other but made it clear that some students fail as they do not get it right. It is these that need help through the socialization process.

Koenig (2003) reports on the development and validation of a professional behavior assessment instrument used with occupation therapy students. The skills students need to be successful in a clinical placement are those that develop through the socialization process. The rationale behind the development of the instrument was that 'economic rationalizing' and 'down sizing' had reduced the resources available to develop students during clinical placement. If the instrument could predict potential performance and the reasons for it, then resources could be directed at addressing deficits. The basic skills used in the instrument included critical thinking/clinical reasoning, interpersonal skills, initiative and organization. The assessment tool developed had a high degree of accuracy and as such could be used to identify students who may need more intervention to become professional socialized.

Certified Athletic Trainers

Mersch et al (2005) report on the socialisation of Certified Athletic trainers in American high schools. The study examined the precursors of their effectiveness in supporting school athletes and involved interviewing twenty coaches and ten certified athletics trainers about support and expectations for three distinct periods, off season, preseason and during the season. The main roles the certified athletic trainers undertook were dealing with injury, pre match stretching, pre match taping of potential injuries and stretch and condition work with athletes in the preseason.

The study found that the coaches did not know the qualifications, skills and abilities of the athletic trainers that supported the team. The coaches indicated good communication between coach and trainer was essential, yet the athletic trainers indicated they were mainly left to their own devices.

The athletic trainers were normally the only qualified medically trained staff at the school and so they become responsible for injured athletes. They were however, not socialised into a role they could play at high schools.

The study showed there was a need for coaches and athletics trainers to better understand the roles and support for athletic trainers to develop their roles.

Pitney et al (2002a) also examined the professional socialisation of certified athletics trainers. They interviewed sixteen athletic trainers about their socialisation process. They devised a five phase socialisation model: (1) envisioning the role, (2) formal preparation, (3) organisation entry, (4) role evolution, and (5) gaining stability.

They found the majority of the athletics trainers were themselves former high school athletes and that had been injured. It was during this phase that they envisaged a role. The preparation involved undertaking a formal undergraduate professional education and then working as a graduate assistant to gain the necessary experience. However, the period as an assistant provided little support for them to become certified athletics trainers as there were few expectations. Upon appointment as a certified athletics trainer they encountered a period of uncertainty and adjustment. They struggled under the volume and diversity of the work and lacked a clear understanding of what was required. Most of participants interviewed indicated that there was no induction except to a few administration tasks.

In the role evolution stage the athletic trainer's role changed from being a provider of best possible health care to one of being a friend and mother of the athlete. The athlete saw these people as non threatening and as such sought advice and support for other parts of their life. The final phase of socialisation was of gaining stability and this occurred as they gained role stability in their job.

The conclusions of this study were that the professional socialisation process was primarily informal or unstructured. Trainers commented that they learn on the run" or "learning by doing". In many cases, the trainers contacted previous mentors for guidance and advice. They finally note, that though significant effort has been undertaken in the reforming of the undergraduate education process, little had been done on changing or researching the socialisation process after graduation.

Pitney (2002a) reported on a study of how athletic training coaches learned their professional role in high school settings. This was based on a qualitative investigation of 15 individuals who were current or past certified athletic trainers.

The study found that much of the learning was classified as informal learning. The study questioned the appropriateness of professional development for the athletic trainers, which concentrated on content and the transfer of this via lecturers and home study courses. Given the importance of informal learning, Pitney (2002a) advocated greater efforts on improving critical thinking, self evaluation and critical reflection. These skills needed to be developed both within the undergraduate education and the following professional development. He also advocated research on the environmental inhibitors to informal learning in various athletic training settings.

Pitney (2006) reinforces the importance of socialisation into the profession. The socialisation can have either significant positive or negative impacts. One conflict reported by Pitney (2006) is dealing with the injured athlete. The athletics trainer is trained to do the best by the athlete but the bureaucracy wants the task done cheaply and the coach just wants them fixed as quick as possible so they are back on the field. Neither may be in the best interests of the athlete. In many cases the athletics trainer is not supported in dealing with this situation and an individuals':

An individuals socialization into a profession has always been recognized as important, and indeed inevitable. But only in recent years has the socialization process been viewed as ambipotent, that is, a process carrying the power to affect either positive or negative results for health professionals and society. Thus it is understandable that the idea of socialization is receiving new and careful attention (Pitney 2006 citing Purtillo).

Pitney(2006) is again reinforcing the importance of professional socialization. The critical aspects of the Pitney (2002, 2006) papers are that successful career starts are not made by just providing undergraduate education. It is essential to provide induction, instruction and if possible role models to assist people into their careers.

O'Loughlin (2005) reviewed the role of Professional Development Plans and the completion of these for physical therapy students at Cleveland State University. The plans were done to encourage commitment to lifelong learning and professional development plans. Students were required to develop plans at the beginning of their program and had to complete 24 points of professional development in order to be eligible to graduate. The plans were overseen by faculty advisors whose roles were threefold: (1) to help student develop their career goal and objectivism, (2) assist student identify activities that match career goal and objectives and (3) approve professional development activities and monitor completion of requirements.

O'Loughlin (2005) concluded that the evaluation data suggests that the professional development program enhanced professional socialization.

This paper has some consistency with literature cited earlier with respect to getting graduates to keep logs of experience and to reflect on their studies.

Library Studies

Hoivik (2005) reports on surveys of library freshman undertaken in the 1995/96 – 1998/99 and again in 2004/5. The results show that the library education program had a significant effect on socialising student to a more professional concept of librarianship. The students were surveyed on enrolment and again six months later.

The significance of this paper was that ten years from first survey similar results were obtained. That is university education in the first six months can have a significant affect on the socialization of students.

Business Education

Abeygurawardana (2005) reviews the socialization of the United States Military Academy and the University of Florida College of Medicine. He uses this to formulate a series of questions that could assist MBA schools in developing the ethical role. These questions and the socialization process are useful for educators in developing professional values in their graduates.

This paper is reported because it provides a good set of questions for the program developers to use as a check list in trying to ensure a program develops certain values.

Property Education

Page (2004) discussed some of the debates and drivers for change in property education. There were efforts to harmonize valuation practice and standards around the world. Professional societies were developing standards of practice in response to problems in previous times. There were efforts to raise the minimum education requirements. The debate on property education was about the enormous volumes that could be covered but what do you keep in and what do you leave out.

Boyd (2005) raises concerns about property education in Australia with the pressures from many of the stakeholders having a significant impact on the education programs. This change must be monitored and thought through. There are dangers. Elliot & Warren (2005) also discuss some of the pressures on the profession and implications on the profession and educational institutions. Boyd (2005) insists property graduates must have sound property discipline knowledge, an ability to analyse property market behaviour and communicate their understanding in an appropriate way. He

defines the essential knowledge fields of property as property law, building studies, planning, finance, market research, urban economics and accounting. (*this misses the 90% of Australia that is rural*) Boyd believes there needs to be more behavioural, cultural and environmental studies included in the curriculum, noting that these had been ignored to some extent. He notes that the discipline knowledge by itself does not create a property professional and advocates five changes to improve the learning environment for property students, which are:

- 1) Quality interaction between academics and students
- 2) Industry-linked learning
- 3) Emotional intelligence development
- 4) Integrated problem based workshops
- 5) Online learning

Boyd also urges the professional bodies to ensure that universities have adequate resources to teach. Everist et al (2005) reported on a pilot mentoring scheme for Property and Construction students at Melbourne University in 2004. They examined the students' motives for participating. The highest motivations were 'locating work/work experience' and 'Practical insights into the workplace'. students also scored highly the following 'not working within my profession, 'personal career development' and 'learning new job readiness skills'. The 2004 pilot scheme was successful and the authors were planning a longitudinal study of those who participated and those that had not. The mentoring motivation factors are consistent with supporting the socialization into the profession.

Discussion

From the literature cited on professional socialization, a number of themes emerge.

Early content

It is important to provide early understanding of the end point and also an understanding of why students are learning particular content. If they understand why, there is a greater chance of in depth learning. This theme was reported in Page (2004) in reviewing pharmacy studies. Meyer et al (2005) found that providing the endpoint early improved socialization in the Doctor of Physical Therapy. Bozich-Keith & Schmeiser (2003) developed materials to socialize students early in nursing and Sellheim (2003) found that students were more likely to deep learn, rather rote learn if they understood the end point. Pitney (2002a) advocated the need to also provide an end point for new staff. This was based on problems faced by certified athletic trainers whose only induction was in how to fill out forms. They did not have clear role statements It is essential to clarify the roles of the people entering workplace. Provide instruction and induction.

Role Models

Role models can have both a positive and negative influence. Teschendorf (2001) advocates positive role models in all aspects student interaction, including program administration.. Students read the staff behaviour and not what staffs say. Mostrom (2004) also advocates the necessity to provide positive role models in the teaching of physical therapy students. Maben et al (2006) reports on the sabotage to the Project 2000 in which the nursing curriculum was changed to provide a more holist and patient centred care. Socialization into the new care model was destroyed by the role model and work practices when the graduates entered the hospital. Aperk & Eggly (2004) report similarly of medical curriculum changes that were destroyed in the medical internships. Pitney(2002a) lamented the lack of any role model for certified athletic trainers. Teschendorf (2001) also promotes the importance of expecting professional behaviour from students including taking responsibility for their own learning and gradually increasing this expectation. Coupled with this is the frowning upon non professional behaviour of students.

Placement

Field/clinical placements provide significant socialization, but as reported above it is essential that positive role models are provided and people have clear expectations. Koenig (2003) reports on a instrument developed to predict performance in these placements. Often placement students are provided little supervision so it is important to identify those who are having or likely to have trouble and support them. Clouder, L (2003) also notes the need to help those that do not have the appropriate skills in these placements.

Reflection

Pitkala & Mantyranta (2003), O'Loughlin (2005), both promote the value of reflection in the socialization process. The keeping of diaries or use of professional development plans aided this reflection

Ceremonies

Pharmacy and Medical programs have included white coat ceremonies early in programs. This reinforces to students that they are becoming professionals.

Curriculum

The curriculum should contain content and values that are expected of professionals. Significant efforts have been made to change the professions by changing the curriculum. This has been done in pharmacy, nursing and medicine. However this can all be sabotaged if the right role models and resources are not provided afterwards .It can also be lost if graduate enter the workplace without induction or clear expectations. Provide mentors that represent the practice you want in the new organisation.

Long-term impact.

The evidence suggests good early socialisation will provide benefits both at the start of working career as well as later on. Page (2004) reported on studies that show good socialization provided benefits later in the career as well as first up.

Conclusion

This literature review provided similar insights to the last one by Page (2004).It did however provide a greater incite with the respect of the importance of appropriate role modelling when students start work or placements. The literature is from fields that have the similarity with property in that field work/clinical experience/is required before being recognised as a full member of the profession. It is essential that academics work with the profession and industry to maintain and improve graduate standards while responding to the pressures outlined by Boyd (2004) Neither can do it in isolation.

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