

Preceptors' Influence on Athletic Training Students' Development of Excitement and Commitment to the Field of Athletic Training

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Context: Athletic training students (ATS) who are excited about their chosen profession are likely to persist to graduation. Preceptors exert significant influence on ATS; however, little is known about the methods that preceptors use to help ATS develop their own professional commitments.

Objective: To investigate the methods used by preceptors to facilitate the development of excitement and professional commitment to athletic training among ATS.

Design: An exploratory qualitative study.

Setting: Athletic training education programs.

Patients or Other Participants: Seventeen preceptors (3 males, 14 females) volunteered for our study. The participants had an average of 6 ± 2 years of experience as a preceptor and were engaged in clinical education an average of 20 ± 3 hours each week.

Main Outcome Measure(s): One-on-one interviews followed a semistructured format. Interviews were transcribed and shared with participants before analysis. Data were analyzed with a grounded theory approach consisting of open, axial, and selective coding. Multiple analyst triangulation and member checks were included as steps to establish data credibility.

Results: *Mentoring*, the central emerging theme, was characterized by modeling excitement for athletic training, accurate representation of professional practice, strong preceptor/ATS communication, and providing ATS with hands-on experience. *Teaching and learning* was identified as a positive attribute associated with being a preceptor. Preceptors indicated that their excitement for athletic training often stemmed from a desire to help others and the dynamic nature of the field.

Conclusions: Preceptors mentor ATS by displaying excitement for their profession and providing them with realistic learning experiences that are aimed at accurately representing the profession. The dynamic nature of athletic training appears to be an attractor to the profession, but it is a responsibility of the preceptor to help ATS develop an appreciation for that dynamic nature if they are to persist to graduation and eventual professional practice.

Key Words: Student excitement, mentoring, socialization

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INTRODUCTION

Research¹ has indicated that athletic training students (ATS) who are excited and committed to the field of athletic training are likely to persist to graduation. Potential recruits are often attracted to a career in athletic training because of the dynamic and exciting nature of the field. Athletic training students who pursue postprofessional athletic training degrees upon completion of their undergraduate studies also cite their excitement and desire to work in the role of a certified athletic trainer (AT).² On the contrary, Dodge et al³ found that ATS who are not excited and passionate about the field of athletic training are not likely to continue their athletic training studies as they begin to lose interest and recognize their shift away from a career as an AT. Professionally, individuals who leave the athletic training profession do so because of role conflict, role overload, and life balance issues.⁴⁻⁶ If excitement and professional commitment are 2 factors that drive potential recruits to pursue athletic training roles and to be successful as professionals, then it is important to determine which types of experiences facilitate the development of these attributes in ATS.

Numerous authors⁷⁻⁹ cite preceptors as the most important individuals who are involved in the teaching and socialization of ATS. Preceptors have an incredible amount of influence on their ATS and are highly involved in the mentoring process. Mentorship has been documented as an important socializing agent, as it allows the ATS to learn and appreciate their future roles and responsibilities. The mentorship process, moreover, can serve as a positive influence over the ATS's professional maturation,¹⁰ which can plausibly lead to retention and excitement regarding the profession. The process of learning often involves modeling the behaviors of a mentor; therefore, there is a need for preceptors to display positive attributes for their ATS. Athletic training students expect their mentors to not only demonstrate a strong knowledge base and facilitate learning but they should also display professionalism¹¹ and exhibit and encourage positive professional perspectives.¹⁰ Positive mentorship has been reported¹¹ as an important influencing factor for senior ATS when making postgraduate decisions and in many cases leads to continuation into the profession.

Athletic training educators are continuing to investigate the most effective methods for retaining ATS and preparing successful ATs.^{1,12} Athletic training students indicate that they value a realistic and authentic clinical education experience, as facilitated by their preceptors through direct mentorship.¹³ Preceptors appear to be in the best position to influence ATS's perceptions of the field of athletic training. Therefore, there is a need to investigate the ways in which preceptors represent professional practice for their ATS and foster the development of professional commitments. Also of interest are the methods that are used by preceptors to enhance ATS excitement for practice in the field of athletic training. Therefore, the purpose of our exploratory study was

to investigate the methods used by preceptors to facilitate the development of excitement and professional commitment to athletic training among ATS. Also of interest were the modeling behaviors of preceptors, with special attention to their representation of the positive aspects of working in the field of athletic training.

METHODS

Participants

The participants for our study were 17 (3 males, 14 females) ATs serving as preceptors for one of 2 athletic training education programs in the northeast region of the United States. Preceptors were purposefully recruited from both on-campus and off-campus sites in order to obtain a range of settings, athletic training experience, and clinical education experience. The participants had an average of 6 ± 2 years of experience as a preceptor and were engaged in clinical education an average of 20 ± 3 hours each week. Seven of the preceptors worked at the National Collegiate Athletic Association (NCAA) Division 1 level, while 6 worked at the NCAA Division 3 level. The remaining 4 worked at the secondary school level. Table 1 provides a full demographic description of the participants. Participants were recruited and interviewed until data saturation was achieved.¹⁴

Data Collection

After institutional review board approval by the host institutions was obtained, data were collected via semi-structured interviews conducted by the primary researchers. Preceptors were asked about their personal enthusiasm for their current position and the methods they use to instill that same enthusiasm for the field of athletic training in their ATS. Demographic data, including number of years serving as a preceptor, practice setting, and average weekly hours engaged in clinical education, were also collected during the interview. The interview guide was developed by the researchers specifically for our study. Questions were created after a review of the literature regarding preceptor development^{7,8} and best practices.⁹ After the initial development of the interview guide, it was piloted on 3 ATs serving as preceptors. Data from the pilot study were not included in the final data analysis, but small modifications were made to the ordering of questions based on the completion of the pilot study. The content validity of the interview guide was further verified via a peer review from an independent AT with prior qualitative research experience in the area of ATS socialization. The interview guide can be found in Table 2. The interviews were transcribed verbatim in preparation for coding.

Data Analysis

We coded all transcriptions independently, and data were analyzed via a grounded theory approach. Both researchers

Table 1. Descriptive Characteristics of Participants

Preceptor Name	Years Serving as Preceptor	Sport/Rotation	Weekly Clinical Hours	No. of Students Supervising
Jane	6	Division 1 WSOC	20	2
Shane	4	Division 1 MSOC	18	1
Lauren	3	High school	20	1
Bridget	14	Division 1 track	20	2
Joe	5	High school	15	2
Betty	7	Division 1 WIH	20	1
Ashley	1	Division 1 FH	20	1
Jeff	3	Division 1 MIH	22	1
Amy	14	Division 1 WBKB	22	1
Janet	7	High school	20	1
Becca	4	High school	20	1
Linda	1	Division 3 WSOC	25	3
Suzanna	6	Division 3 gymnastics	20	3
Anna	4	Division 3 MSOC	25	2
Kimberly	5	Division 3 FH	25	3
Kelly	6	Division 3 football	23	2
Marcy	6	Division 3 soccer/volleyball	20	2

Abbreviations: FH, field hockey; MIH, men's ice hockey; MSOC, men's soccer; WBKB, women's basketball; WIH, women's ice hockey; WSOC, women's soccer.

had previous experience with the analysis process involving a grounded theory study. In this approach, focus is placed on understanding social phenomena, which makes the approach appropriate for a study of this type.¹⁵ Data analysis took place in 3 distinctive steps. First, open coding involved breaking down data into discrete parts and comparing the data for similarities. For example, all data concerning modeling behaviors were identified in this first step. The second step, axial coding, consisted of connecting the data from the open coding process in order to identify major categories and subcategories. For example, modeling behaviors concerned with displaying professional commitment were related to one another. Finally, we used selective coding to connect major categories to one another with the intent of identifying central categories and themes.¹⁵ To expand on the aforementioned example, the specific modeling behaviors that preceptors used to directly influence ATS commitment were identified in this final step. These steps were conducted simultaneously but independently by the primary researchers before comparing findings.

Trustworthiness

Trustworthiness was ensured via data analyst triangulation, peer debriefing, and member checking. These methods are useful for establishing credibility in the data, which is defined simply as congruence with reality.¹⁶ The data were analyzed initially by 2 independent coders, and central themes were discussed until 100% agreement was reached. An experienced qualitative researcher examined the recorded transcripts and coding scheme in order to ensure that both were valid. The peer reviewer also verified the final themes that were agreed upon by the independent coders. Member checks were completed after transcription and after coding procedures. The transcripts themselves were shared with individual participants in order to ensure their accuracy. After data analysis the central themes derived from the data were also shared with 2 of the preceptor participants in order to ensure that they were reasonable. Selection of the participants who verified the central themes was based on convenience and willingness of the participants to evaluate the presentation of

Table 2. Guiding Questions for Semistructured Interviews

For how long have you been a preceptor or clinical instructor?
What is your current position?
Would you describe this position as your "dream job," "a good fit," or a "stop along the way" or something else?
How would you assess your level of excitement with your current job?
Approximately how many hours each week do you spend working? How many of those hours are spent in clinical education?
What are the positives (what excites you) about your current job?
How many students do you supervise currently?
What are positives associated with being a preceptor?
In what ways do you provide mentoring for your athletic training students?
Do you feel that you are a good mentor for athletic training students? Why or why not?
What excites you about the athletic training profession?
In what ways do you model your excitement about the athletic training profession for your students?

the findings. Feedback from the participants was digested by the researchers and applied where appropriate.¹⁴

RESULTS

Mentoring emerged as the central theme as preceptors discussed using various strategies to model appropriate professional behaviors in order to help ATS to develop an appreciation for the athletic training profession. The mentoring process was characterized by preceptors *displaying excitement for the field of athletic training*, providing ATS with an *accurate representation of professional practice*, actively *communicating* with ATS, and providing them with *hands-on learning experiences*. Preceptors also spoke positively about the teaching and learning relationship that they shared with their ATS, also known as reciprocal learning.^{17,18} Each of the supporting themes related to mentoring are discussed in detail, and supporting quotes from participant interviews are presented as well.

Modeling Excitement for Athletic Training

Preceptors often discussed their excitement for the field of athletic training and indicated that they often modeled this excitement through actions and conversations with their ATS. Excitement often stemmed initially from a love for helping others. For example, when asked about his role as an AT, Shane said the following:

I think, at the end of the day, I'm here for a purpose—to help people, and that's why I got into the profession. I still enjoy doing that, and the fact that I get to watch a sport that I enjoy helps that as well.

Linda agreed, when asked about the most exciting things associated with her job. She stated the following:

I just like seeing and getting that sense of reward after you treat a patient. I like where the profession is going. I know that it is going through a rough spot right now with identification and evidence-based practice (EBP). But I can see that if things continue to go in the right direction it could be a very good profession to be in . . . not just "I get to watch sports every day." It's a health care profession where you can actually help someone get back to what they love to do. That's what I like about it.

Preceptors often remarked about enjoying their jobs because of a desire to help others. They were eager to discuss this enjoyment with their students, which facilitated their displayed excitement for the field of athletic training.

Preceptors also indicated that one of the more exciting aspects associated with athletic training is the dynamic nature of the field. For example, Anna stated:

Clinically, AT is just a very exciting field to be a part of as we are changing and evolving. Our knowledge base is expanding and we are producing new research and learning new techniques. It's nice to be able to keep our students up to date and excited about what is coming out in the research and what is expected of them. It's a great field and we want them to carry on that excitement to learn. It's awesome to be able to work with athletes and see them from initial injury to the

time of return to play and be there every step of the way. That's the aspect of our field that no other profession gets.

Kelly, when asked what excites her about the profession, simply stated: "unpredictability as far as the field situation goes." Therefore, it appears that ATs recognize that athletic training is an ever-evolving profession and that daily professional practice itself presents opportunities for different occurrences. Preceptors are drawn to these qualities and are therefore able to develop excitement for the field. Preceptors model their excitement for the field through daily interactions with patients as health care providers. Athletic training students are drawn into these AT/patient interactions and are able to witness this excitement and passion firsthand.

Accurately Representing the Profession

Part of the mentoring process included numerous conversations about the state of professional practice. Preceptors felt a responsibility to their ATS to display athletic training practice as accurately as possible during clinical education. At times, this practice entailed discussing the negative aspects of the field (eg, long hours, low salaries) with the ATS in addition to highlighting the positive aspects. Shane, when asked about mentoring associated with clinical education, stated the following:

Mentoring is a huge component, but mentoring and having a strong positive clinical experience doesn't mean that it's always good; it means that it's honest and it's eye-opening and it's sharing the negative and the positive and not just sugar-coating it.

Betty felt the need to expose her ATS to the rigors of her position on a daily basis. She stated:

I expect them to be there whenever I'm at the rink. So, I mean, if they [the students] request a day off, then I will give them the day off, but I want them to get the full effect and see all the stuff that I have to go through. They do get to travel with me, so that's another side that some students don't get to do.

Interactions such as the ones quoted here provide ATS with realistic learning experiences, but they also provide them with an appropriate view of professional practice as an AT.

Communication

Whether discussing clinical care, advances in the field, or specific responsibilities of the AT, preceptors indicated that facilitation of proper communication among ATS and instructors was a key component to mentoring. Preceptors valued communication with their ATS, as it facilitated a more agreeable and holistic learning experience. Kimberly, when discussing the ways that she communicates with her ATS, stated the following:

I like to try and make it clear to them that I am there for them for more than just their practice time. I try to get to know them as people. They have things going on. The good preceptors that I remember (from college) are still some of my very best friends. I learned so much from them, but they are still great friends to me. Obviously there is a line that you

can't cross, but you have to pull them out so that they know that you are there for them for anything. One of my students is going through some issues with a friend of hers, not related to AT, but it affects her when she is at her clinical. On her rough days, I made a point to ask if she was okay. If there was anything I could do (day off, talk).

Kelly agreed that part of her role as a preceptor was to communicate effectively with her ATS and be open to different types of discussions as needed. She stated that she would often “ask students how things are going in their life, both inside and outside the athletic training realm and give advice with whatever they need.” She also felt that she was a good mentor for her ATS because she was “approachable and easy to talk to.”

Providing Hands-On Learning Experiences

Many preceptors highlighted the extremely hands-on nature of athletic training practice and therefore tried to provide their ATS with specific learning experiences that would allow them to grow as clinicians. Though preceptors took slightly different approaches to providing these hands-on opportunities, the theme of real-life experience was very apparent. Ashley had a system of graded autonomy that she often used to facilitate real-time learning:

I have her [the student] watch me do stuff and then when I feel that she's comfortable with it I'll have her do like an eval. Or she'll just ask questions throughout my eval. Once a week we set up times just the two of us so that we can go over questions that she has about specific things. So it's like more hands on.

Becca agreed that hands-on experience was essential for proper learning and skill development and stated the following regarding her clinical teaching style:

I believe in real-life situations in the clinical setting. There are times where demonstration then practice is appropriate, and there are times where the student is asked to do a task (ie, evaluation) and he/she is critiqued and an open discussion is started. I like to teach with example, as the profession is a hands-on profession that demands proficient skills and application of knowledge with the skills.

Preceptors also indicated that on days during which real-life experiences were lacking, the time was often filled with practicing discrete skills, such as manual muscle testing, taping, or mock injury scenarios, that the ATS would have to work their way through. Experiences such as these again highlight the role of preceptors in facilitating hands-on learning among ATS.

Teaching and Learning

Numerous preceptors indicated that teaching was an enjoyable and rewarding experience, something that facilitated their mentoring role of their ATS. Many preceptors felt that they had a lot to offer their ATS because of their previous experiences in health care. For example, when asked why she was a strong mentor for her ATS, Marcy stated: “I have a good skill set, not only clinical skills, but things like critical thinking, problem solving and compassion for my patients.

The students really pick up on that.” Most preceptors agreed with the fulfilling nature of mentoring ATS and sharing their knowledge with the next generation of ATs. Suzanna summed up this feeling of enjoyment and fulfillment well by stating:

I like working with the students. They are fun and refreshing and give you a lot of energy. They make me laugh. I learn a lot about them that I wouldn't know if I wasn't their preceptor. I stay more knowledgeable and fresh with my skills by interacting with them as well.

Another positive aspect associated with clinical education was the reciprocal learning that took place between ATS and preceptors. Preceptors often felt that working with ATS helped them to stay current with regard to new techniques and topics about which the ATS were learning. For example, when asked to identify the positive aspects associated with serving as a preceptor, Marcy stated the following:

The ability to learn current techniques and skills [from the students]. The field has grown so much since I was in school. They are expected to know so much more. They are performing skills that I never learned. I think I answered it with that. There is a good interaction and a good exchange of ideas.

Linda summed up the entire reciprocal learning experience with the following:

I am excited about personal development and learning from other people that I work with. I love working with students and what they bring to me also helps me to further my education, but I like teaching them and helping them. I like seeing where they are at and where they get to by the end of their time with me.

DISCUSSION

Preceptors have been identified as highly influential to the socialization process of undergraduate ATS.^{9,19} The mentorship provided by the preceptor has been shown to facilitate retention in the workforce¹¹ and readiness to assume the role of the AT.²⁰ Previous research¹⁹ has indicated that preceptors aid in the legitimation of ATS, which is an important factor in their initial socialization into their future roles. Athletic training students have identified that interactions with preceptors who display excitement for their roles as health care providers provide them with additional validation of the dynamic and exciting nature of the athletic training field.¹³ The results of our study concerning specific behaviors of preceptors link very well to the student perspective that has been researched previously.¹³ Athletic training students who are affirmed and excited about their roles as professionals stand to develop strong professional commitments.²¹

The purpose of our study was to investigate the methods used by preceptors to facilitate the development of excitement and professional commitment to athletic training among ATS. The preceptors in our study fostered excitement for the profession through a number of mentoring and modeling strategies. The strategies, in particular, provide a theory for enhancing student excitement that has numerous implications for student integration, student retention, professional social-

ization, and eventual professional persistence. Displaying enthusiasm, communicating effectively with students, and creating a learning environment that is highlighted by real-time experiences and an exchange of knowledge are thought to facilitate the development of professional commitments among ATS.

Displaying Excitement and Representing the Profession Through Communication and Modeling Behaviors

Preceptors overwhelmingly expressed their excitement for the athletic training field. This passion stemmed from a strong desire to help others. This result is consistent with the results of Malasarn et al,²² who indicated that expert ATs at the NCAA Division 1 level felt a strong responsibility to their patients and highlighted the importance of caring for them. By nature, it would appear that preceptors are caring individuals who feel a great responsibility to those who they either care for or are charged with mentoring. The socializing influence of preceptors could therefore extend beyond that of simply helping ATS to learn distinct skills, management strategies, and treatment interventions. Preceptors appear to be positioned to teach their ATS how to essentially care for others in the role of an instructor and/or health care provider. Therefore, it seems imperative that preceptors are able to model this type of caring behavior for their ATS.

Similar to their perceived responsibility to their patients, preceptors felt a strong sense of responsibility to their ATS. Preceptors unanimously agreed that one of their primary roles was to provide ATS with an accurate representation of the rigors and daily routine associated with clinical practice as an AT. Preceptors felt that ATS needed to be exposed to all aspects of the field, both positive and negative. This result is noteworthy, as previous research¹³ has indicated that ATS appreciate preceptors' honesty when describing their future role as an AT. Providing ATS with an accurate representation of the field has implications for professional preparation and student retention as well because it allows them to better understand where they fit into the profession.¹¹ Preceptors often highlighted the dynamic nature of the profession in their interactions with ATS. This result is encouraging, as ATS have indicated that the dynamic nature of the field is a facilitator to developing strong professional commitments.¹³ As athletic training programs strive to provide ATS with exposure to diverse clinical education experiences in a multitude of traditional and nontraditional settings, a clinical education experience highlighted by realism in the mentoring process has implications for career choice and eventual professional persistence.

The mentoring relationship between the preceptor and ATS was highlighted by regular communication among parties. Communication took numerous forms, as preceptors often facilitated conversations on topics ranging from health care to ATS's interests and hobbies. Preceptors not only appreciated the educational value in communication with ATS but also felt a duty to interact with their ATS in an attempt to get to know them as individuals. Communication of this type increases clinical integration among ATS,³ as it facilitates having the ATS feel validated as individuals and as members of the health care team.¹⁹ Athletic training students have also reflected on the benefits of regular formal and informal communication with their preceptors.¹³ The communication

practices that were identified in our study have significant implications for ATS retention,³ and preceptors are encouraged to be open about communicating with the ATS under their supervision.

Learning Experiences of ATS and Preceptors

The mentoring relationship between the ATS and the preceptor paired with the dynamic nature of clinical practice often resulted in opportunities for reciprocal learning to occur. Reciprocal learning is operationally identified as a learning experience in which the preceptor and ATS learn from each other.^{17,18} The preceptors commented positively on this relationship that they shared with their ATS. They enjoyed helping them develop new skills and understand how to apply their classroom knowledge in the clinical setting. Identifying and facilitating real-time learning experiences are essential for the development of competent practitioners.²³ In some cases, preceptors used strategies to encourage peer learning and skill development. Peer interaction has also been shown to positively affect learning among ATS.²⁴ Therefore, it would appear that such practices are also of paramount importance.

Interestingly, the preceptors in our study commented very positively on their own learning that took place when serving in the role of preceptor. As the entry-level knowledge base continues to grow for ATs, preceptors viewed their affiliation with an education program as a means to stay up to date with current practices. Preceptors indicated they were unfamiliar with certain skills on which they were responsible for evaluating ATS (eg, new special tests, use of oropharyngeal airways). In many cases, the preceptor welcomed these opportunities to learn about new techniques and open up various discussions with their ATS. Aside from learning about more current material, evaluating ATS on specific knowledge areas and skills was another way for preceptors to review information that they may not use on a regular basis in their clinical practice.

Limitations and Future Directions

Our study examined a small cohort of preceptors. Although secondary school and college settings are represented in the sample, our study does not exhaust all possibilities for preceptor work settings. As the sample was one of convenience, we did not make any attempts to identify specific preceptors who could be classified as experts in clinical education. Also, we did not seek out specific individuals who are outwardly enthusiastic about their field; however, some of the participants clearly demonstrated excitement. Despite a small sample size and lack of representation from nontraditional settings, it can be argued that the sample was quite representative of the normal preceptor population affiliated with a particular athletic training education program. We also realize that the professional commitments of ATS are shaped by a number of different factors. Our study only sought to assess the self-reported educational and socializing efforts of preceptors. Previous research¹³ has examined students' perspectives on developing professional commitment. However, that perspective is not present in our study.

Future studies should extend to a larger population of preceptors and those affiliated with a wide variety of athletic

training education programs. Additional research should also focus on the socialization processes of preceptors and how these processes influence success as a preceptor. Lastly, researchers might seek to identify expert-level preceptors and those who are known to positively influence the development of enthusiasm among their ATS. The socializing experiences of these preceptors can then be examined to determine appropriate paths to develop preceptors who can properly navigate their role as health care providers while still providing ATS with top-quality clinical education experiences.

CONCLUSIONS

As a result of their essential role in ATS socialization, the responsibility that preceptors in our study took for the learning and well-being of their ATS is rather encouraging. Coordinators of clinical education should continue to seek out preceptors who are excited, passionate, and enthusiastic about their profession with the hopes that they will foster the same level of excitement among their ATS. Preceptors in our study viewed the mentoring relationship shared with their ATS as a positive one. Since communication was identified as a key component to the mentoring relationship between preceptors and ATS, both parties are encouraged to communicate frequently and to plan specific times to work on skill development and clinical competencies. Preceptors and ATS can also benefit from exploration of the reciprocal learning relationship, as it fosters professional development among all parties. Preceptors should welcome the opportunity for continuing education that occurs with reciprocal learning as it, in turn, enhances the overall learning experience for the ATS.

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