

Orientation Tactics Utilized in Postprofessional Athletic Training Programs

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Context: Some newly credentialed athletic trainers pursue a postprofessional degree with a curriculum that specifically advances their athletic training practice. Orientation sessions are a tactic used to assist these students' transition into these new roles of graduate student and independent clinician, yet the structure of these sessions is unknown.

Objective: Understand how postprofessional athletic training programs' orientation session structure integrates new students.

Design: Qualitative.

Setting: Semistructured phone interviews.

Patients or Other Participants: Nineteen program directors (10 men, 9 women) from 13 Commission on Accreditation of Athletic Training Education–accredited and 6 unaccredited postprofessional athletic training programs.

Main Outcome Measure(s): Phone interviews were digitally recorded and transcribed verbatim. Data analysis used the principles of conventional content analysis. Credibility was maintained using peer review, member checks, and researcher triangulation.

Results: Orientation sessions were used to familiarize students with policies, procedures, and expectations regarding their roles as student and clinician. These sessions occurred before role engagement, and were described by the themes *type* and *time*. Type referred to whether the orientation session was blended or individual. Blended sessions discussed information pertaining both to the academic program, such as course registration and research expectations, and to the clinical information affecting the graduate assistantship. Individual orientation sessions, on the other hand, discussed only academic program information or clinical information, not both. Time referred to the frequency of the orientation sessions. One-time orientation sessions occurred over the course of 1 day or 1 week, after which no additional orientation activities occurred. Conversely, ongoing orientation occurred throughout the semester.

Conclusions: Postprofessional athletic training programs used different orientation methods to help newly credentialed athletic trainers transition into graduate students and practicing clinicians.

Key Words: Mentoring, role inductance, transition-to-practice

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INTRODUCTION

Orientation sessions and workshops are a formal way to provide individuals transitioning into a new role with information on the position's expectations, the organization's attitudes and beliefs associated with the position, and any additional resources that may benefit the new hire through the role transition or inductance.¹ Role transition is a process described within the socialization framework as a tool necessary to allow individuals the chance to develop an understanding of the values, attitudes, skills, and behaviors associated with their profession.²⁻⁴ Socialization is a formal process where learning is structured and planned (eg, workshops, educational coursework, planned meetings), and is often associated with educational training, preparation, and/or time spent in a classroom. Informal socialization, on the other hand, is unplanned or spontaneous, and can occur through observation, networking, and reviewing the current literature within the field.⁵ Although the socialization process can be viewed as an integration of both formal and informal processes,^{3,4,6,7} prescribed implementation methodology is necessary to ensure adequate socialization occurs so that transition to clinical practice is smooth.⁸

Emerging data suggest that orientation sessions are becoming more commonplace in athletic training education as a means to formally educate students at the professional level about their future roles and responsibilities.^{6,7} These sessions are often described as helpful toward establishing expectations by providing direct communication between the athletic training program and the student. Furthermore, orientation sessions can also deliver foundational information, including early education, exposure to the profession, and establishment of professional behaviors and skills,^{6,7} and can help socialize graduate assistants.^{9,10} Simply put, they provide the groundwork for role understanding and review of workplace policies, procedures, and expectations for the setting.

Mazerolle et al^{6,7} found that professional athletic training programs use orientation sessions to discuss program expectations, professional behaviors, and other aspects of degree completion and certification. Similarly, postprofessional programs use orientation sessions¹¹ to help navigate the transition. Communicating employee expectations and responsibilities associated with role understanding takes considerable time and resources,¹² but can result in a successful entrance into the workforce. Despite knowledge of how important orientation sessions are for athletic training students, little is known about their content and structure. Therefore, learning more about how postprofessional athletic training programs design orientation sessions is necessary.

Role transition is a critical aspect of an athletic trainer's professional preparation and is of concern to the profession as a whole. The work of Thrasher et al¹⁰ and Mazerolle et al⁹ describes the frequency of orientation sessions, but the literature has yet to explain the orientation session structure of delivery timing. Therefore, our purpose was to explore, from the perspective of the athletic training program, how

orientation sessions for newly credentialed athletic trainers are organized. The following questions guided our study:

1. How are orientation sessions structured for the purposes of role transition for the newly credentialed athletic trainer?
2. When are orientation sessions offered for the newly transitioned athletic trainer when assuming the role of the graduate athletic trainer?

METHODS

Research Design

The data presented in this paper are part of a study examining how postprofessional athletic training program directors facilitate their students' evolution from student to newly credentialed practicing athletic trainer, and were gathered using a qualitative paradigm.¹¹ When examining the original data, we found that orientation sessions were an integral part of postprofessional programs' attempts to orient, socialize, and support role transition. Thus, we further analyzed the data pertaining to orientation sessions.

Participants

Program directors of Commission on Accreditation of Athletic Training Education (CAATE)-accredited and non-accredited postprofessional athletic training programs were recruited for this study. Although both types of programs offered a curriculum designed to enhance athletic training practice and provide athletic training assistantships to students, CAATE accreditation at the postprofessional level was not required at the time of data collection. Recruitment occurred through convenience and snowball-sampling procedure.¹³ A total of 19 participants who were serving as program director at the time of data collection participated in this study; of these, 13 represented accredited postprofessional programs and 6 nonaccredited programs. Data saturation determined the number of participants, whose data can be found in the Table.

Data Collection Procedures

After institutional review board approval, participants were contacted via telephone by 1 of the 3 researchers to describe the study purpose and solicit their participation in an interview. After obtaining consent, participants were interviewed via telephone. These interviews were recorded and later transcribed verbatim by an independent transcription services company.

The researchers created a structured interview guide (Appendix) for the original study to understand role transition within the graduate student community in a postprofessional setting.¹¹ This guide allowed the 3 researchers to remain consistent when interviewing participants separately. A peer with qualitative research experience reviewed the interview guide before data collection. It was also pilot tested with 1

Table. Participant Demographics

Participant Pseudonym	Age	Time in Position	Length of Program	No. of GAs
Kim	39	3 mo	2 y	19
Michelle	31	4 y	2 y	30
David	52	11 y	2 y	11
Sherrie	33	2 y	2 y	20 GAs (23 students)
Chloe	41	11 y	2 y	15
George	46	13 y	2 y	15
Jack	54	7 y	1 or 2 y	36
Mandy	47	15 y	2 y	22
Karen	38	1 y as PD, 6 y as CC	2 y	9
Bill	41	6 y	2 y	15–18
Martha	37	8 y	2 y	13
Curtis	47	1.5 y	2 y	17
Nina	41	11 y	2 y	13
Mike	39	11 y	2 y	21
Tony	42	5 y	13 mo	16
Brian	47	7 y	2 y	13
Maralyn	30	0.5 y	2 y	24
Milo	46	25 y	2 y	24
Josh	61	34 y	2 y	19

Abbreviations: CC, coordinator of clinical education; GA, graduate assistant; PD, program director.

program director meeting our inclusion criteria. Interviews lasted approximately 45 minutes, and in addition to the recording that would be transcribed later in the process, each researcher recorded handwritten field notes to assist ongoing data analysis. The process of field notes is used to establish redundancy of the data, also part of the rigor of analysis in qualitative research.¹⁴ Furthermore, the 3 researchers communicated regularly regarding common findings and the interview process to ensure consistency.

Data Analysis

We used conventional content analysis¹⁴ to create coding categories directly from the text data. During this process, we identified numerous references to orientation sessions as a primary facilitator for role transition practices¹¹; thus, we focused our analyses for this paper on the information related to structure and delivery of these sessions. The ensuing analyses included a primary review of individual participants' transcripts holistically. On the second read, we used an open-coding process to identify the main themes that emerged related to orientation sessions as transition-to-practice facilitators and to reduce the potential for research bias that can occur with preset or a priori codes or the possibility of missing emergent themes not anticipated by the drafting of the preset list of codes.¹⁵ The process continued by identifying words/phrases within the transcripts that captured the overall meaning. After labeling potential codes within each transcript, we carefully reread the transcripts to determine repetitive codes and those that could be collapsed because of commonalities. Lastly, we determined that an emergent code must have 50% representation from our participants to be included in our results.

Data Credibility

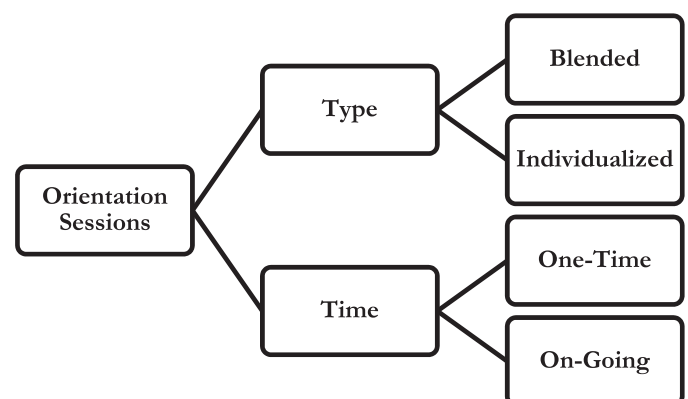
We used member checks, peer review, and multiple coder triangulation to establish data credibility. All participants were given the chance to review their transcripts before data

analysis to ensure they were accurate and portrayed their thoughts and experiences as articulated during the interview sessions. Our peer was involved in multiple steps, including the study development, critique of the interview guide instrument, and evaluation of the data analysis procedures. Upon completion of the content analysis, the peer used the blinded transcripts, coding sheets, and theme descriptions with supporting data to confirm the findings as presented. Finally, the 2 researchers agreed upon the best approach to code the data, independently coded the data, and then compared their findings to resolve the themes.

RESULTS

Orientation sessions, which are used by postprofessional graduate programs to help students transition into their newly credentialed roles as a practicing athletic trainer and graduate student, were described by their *type* and *time* (Figure). Type was further divided into blended or individualized and time into 1-time or ongoing.

Figure. Description of orientation sessions.



Type

The orientation sessions described by our participants were preplanned and structured to prepare graduate student athletic trainers for their responsibilities for the upcoming year. For example, Milo shared this about his program's orientation,

A lot of it [our orientation] is more what I would call housekeeping, which is hierarchy, dealing with coaches, dealing with their new role. If they're specifically in a site where they're the primary athletic trainer, we spend some time talking about their ability to make decisions and keep people informed and communicate. And we talk about the relationship with their clinical supervisors and how our evaluation system works.

A blended orientation session occurred when both academic and clinical personnel information related to the graduate assistantship was discussed. Conversely, an individualized orientation session contained information pertaining to either academic or clinical responsibilities, but not both. Chloe expressed that her program's blended orientation session approach was not comprehensive enough, but did provide a general overview of all roles and expectations. She said,

We have a 1-day orientation which, to be quite honest, is not enough. We sit them down. We get them registered for classes. We go through our sort of sports medicine handbook, practicum handbook, whatever we want to call it, and give them an idea of what the expectations are depending on if they're at the high school or the college.

On the other hand, Bill described his program's blended approach as involving many programmatic stakeholders. He said,

At the beginning of the year we do a lengthy orientation where we address general as well as site-specific issues that we know from our history with these schools and easing the transition and preparing them. Every year we have one of our longtime high school athletic trainers here in the state who does a session or a review and real life preparation for emergency care, such as back boarding.

Using a blended 1-day orientation format, Karen said, "Normally what we will do, we talk a little bit about every aspect of the program." She then described at length the information that program stakeholders contributed to the orientation session to help the students transition into the program and profession. Karen continued,

We talk about the research and I have somebody come in and help to talk about how that process is going to go. I give them copies [of] some of the other master's projects and they can look and see what other people have done. We bring in people to talk about the classes. I bring alumni in to talk about what their experience was as they went through things. And then we also have introductions with people like the department chair and the department secretary...I talk a little bit about the union rules and making sure that they're documenting their hours, they're not abusing their power, or anything like that. So we have a big discussion about everything that can potentially happen in those next 2 years. And then we also

provide them with copies of the handbook that has a lot of information in it, and we go through that as well.

In contrast to the blended orientations, individualized orientation sessions were described as separately conducted meetings to introduce different aspects of the postprofessional program. Martha described her program's individualized approach,

They [our new students] go through a series of orientations before they begin their clinical practice. Different stakeholders will orient them. They'll have an orientation from faculty with regards to being a preceptor and being a graduate student in terms of academic requirements. They'll go through an orientation with the clinical staff with regards to policies and procedures, courses, equipment, emergency action plans. They will go through a department orientation, which covers, again, some of the academic and documentation items.

Similar to Martha's program, David's school used individualized orientation sessions to provide students information needed to navigate their new roles. He first described his program's orientation session for the athletic training graduate assistant component, saying, "So that whole orientation process, for the assistantship, takes place within athletics or within the high school setting. And I have very, very little input in that process." Afterwards, David and his colleague discuss the program's academic expectations with students. He continued,

We have an orientation meeting with the students to get them oriented from an academic standpoint. We have a big meeting with them once a year in September in which everybody's introduced to one another. They meet the doctoral students. They get an overview of our research and our research agendas, our equipment. And then they begin to formulate ideas into projects. And then based on those ideas, they migrate to a respective faculty member who then assigns the PhD student. And the process unfolds that way with regard to their master's thesis work.

Mike also shared the individualized structure of his orientation sessions by saying,

I don't have any direct role in preparing them for their clinical rotations. The preceptors have orientation meetings, several, before the academic year begins, and gets them very well oriented to expectations and to policies and procedures. We [as an academic program] meet with all the students. We have all of our PhD students...I say we, being me and the other athletic training faculty that are associated with the grad program, and we have a meeting, about half a day, we go over things related to the laboratory, thesis, timelines, interaction with their doctoral student mentor, and we get them started on possible thesis research ideas. And then after that, they begin having individual meetings with the faculty members for that part of their academic program.

Time

Most orientation sessions were conducted before students beginning either academic or clinical program components just before the academic year or in the summer. Some

orientation sessions were 1-time sessions, which could be 1 day or continue each day for a few days, whereas other program directors reported ongoing orientation throughout the first semester. Sherrie said, "So I meet with them on the first day." Michelle highlights the use of a 1-time orientation session, saying,

We have an orientation session, the very first day of classes or the day before classes start, so that Monday, and we bring both classes together [first-year and second-year graduate assistants] and the doctoral student and make introductions, run through paperwork, HR [human resources], and run through housing.

Similarly, Mandy highlighted the use of a 1-time, brief session by saying,

It's just a full morning like 9:00 AM to 12:00 PM. And we do programmatic and some clinical, the role of the preceptor, the role of the student, etc. And then the clinical sites have their own orientation.

Other 1-time orientation sessions were described as weeklong experiences that were comprehensive and designed to cover all program aspects. Nina described her orientation session by saying,

So for all our students, those that are just entering in their first year or those continuing to their second year, we hold a week-long all-program orientation that includes all our clinical mentors, our academic faculties that are specific to the athletic training program, and all the students.

Kim, like Nina, spread orientation over a week to present and discuss program and role expectations in detail. She shared,

When they come in, we have a weeklong orientation. And one of those days is spent with the clinical coordinator going over our clinical education handbook, things related to OSHA [Occupational Safety and Health Administration] training, other documents that they might need to have in place, describing the types of positions and the expectations of the program and the expectations of the graduate assistant employers.

Jack and Martha also capitalize on the concept of ongoing orientation sessions as a means to support role transition. Martha shared,

We will hold ongoing seminars with them on a weekly basis that is attended by faculty and all [first and second year] of the graduate students. The graduate students [second year] serve, as a sounding board and continued training and mentoring them. They are also assigned a mentor that is a full-time staff athletic trainer who serves as a resource for dealing with issues that might come up and for monitoring their care.

And Jack shared,

We actually have a month of classes that start in July prior to them starting with their clinical work. And then part of this is

just simply finding out the student's strengths and weaknesses and figuring where [the] bottom line is.

DISCUSSION

The purpose of our study was to explore the structure of the orientation sessions used by postprofessional athletic training programs to orient new students. These sessions were used to communicate various policies and procedures, to socialize students into their graduate academic programs, and to transition them into clinical practice as credentialed athletic trainers. Depending upon the type of position or role, transitioning into a new role within an organization can take an estimated 8 to 26 weeks.¹⁶ Additionally, the evolution from student to independent clinical practitioner can also be stressful because of uncertainty from increased decision making, direct responsibility for patient care, and navigation of a new work setting.¹⁷⁻¹⁹ The orientation process used by organizations and educational programs may provide the support and resources necessary to ease these transition processes.

A core aspect of the initial socialization process is the use of an orientation session, which is a direct means to communicate organizational policies, rules and regulations, and role expectations.²⁰ In a previous study,¹¹ we found that, consistent with the human resource literature,²¹ postprofessional athletic training program directors use orientation sessions to facilitate initial workplace entry and provide support for their students' transition into clinical practice.

In this study, we found that orientation sessions were structured by both type and time. All of our participants reported providing orientation to their program and graduate assistantship expectations and policies and procedures. These sessions either occurred 1 time, lasting a day to many days, or were ongoing throughout the semester. Furthermore, some orientation sessions were blended and contained information pertaining to both academic and clinical responsibilities, whereas others offered individualized information sessions covering one component or the other, but not both.

Type: Blended or Individual

During individual academic orientation sessions, program faculty used the majority of time to relay academic expectations and experiences related to being a graduate student. On the other hand, individual clinical orientation sessions focused on the students' role as a graduate assistant athletic trainer, site expectations, and patient care policies and procedures, and often occurred off campus with the preceptor. In fact, graduate assistant supervisors frequently reported engaging in individual orientations where graduate assistants were oriented solely to the clinical aspect of their role, not the academic.¹⁰ This is also how medical students are familiarized into their new role as a resident.²² The individual approach to orientation can be helpful, as it allows program administrators to simultaneously centralize discussions on expectations that apply to all students and allow each clinical site to tailor their session to location and role-specific duties.

Some athletic training postprofessional education programs used blended orientation sessions, where they discussed both

academic and clinical graduate assistantship information, including overall program values, expectations, and philosophy. Program faculty and preceptors were present at these sessions to create a collegial atmosphere and support newly credentialed athletic trainers' transition to practice and answer their questions. Additionally, this time was used to place equal emphasis on their coursework and role as a graduate assistant to stress that each component was a distinct part of a unified program.

Time

Orientation sessions were offered to provide incoming students knowledge about the organization and the expectations associated with their new position. These sessions ranged from 1 time to several days, or even were ongoing for weeks or months throughout the semester. Similar to research preceding this study,^{6,7} orientation sessions have emerged as a means for athletic training faculty to familiarize students with their future roles. All of our participants described providing 1-time orientation sessions that either occurred during 1 day or continued daily for up to 2 weeks before students began their graduate school and clinical assistantship responsibilities. The session timing was purposeful, like others described in the athletic training literature,^{6,7,10} and helped students to prepare for what was to come in their new role.

The formal nature of these orientation sessions helps make a strong first impression for the program, but also eases the students' transition by providing structure, role awareness, and understanding. Our recent findings help triangulate what we know about orientation sessions, as now we have feedback from faculty, supervisors, and newly credentialed athletic trainers (ie, new hires) that reveals that 1-time orientation sessions facilitate successful job completion. Although the use of formal orientation sessions has been suggested as a necessary organizational human resource¹ offering to help create role understanding for the new employee, we believe that future research that surveys postprofessional program graduates at their program's conclusion to determine to what extent that is true is necessary. For example, retention is a critical issue for professional athletic training programs, and early effective socialization may be necessary to prevent turnover. It is possible that these types of orientation sessions could help with role understanding⁸ and improve retention.

In addition to 1-time orientation sessions, other participants' programs also provided ongoing induction activities throughout the semester. Unlike the limited nature of 1-time orientation, ongoing orientation is a new human resource approach that provides support throughout a worker's first year of employment and role transition.¹ This concept of continued, sustained support is how onboarding is described within human resource literature,²³ and it can last anywhere from 12 weeks²⁴ to 13 weeks²⁵ up to 30 weeks.²¹ Because it can take new employees up to a year to fully appreciate their role within the organization, support and mentoring during this time is critical for a newly credentialed athletic trainer who is navigating autonomous clinical practice for the first time. Furthermore, our participants' use of ongoing orientation is unique in the athletic training literature, as most previously described sessions were 1-time offerings occurring early relative to the position/role/job acceptance.^{6,7,10} This high-

lights the notion that athletic trainers are lifelong learners and value engaging in continued professional training.

Although we did not follow up with current program students, the program directors surveyed did speculate that ongoing orientation sessions were successful by encouraging peer interactions and discourse. Specifically, we found that seminars and advanced practice courses were used during the first semester to support students' professional development and advance their clinical practice by providing opportunities to ask questions, talk with fellow peers, and express feelings about their transition. These methods are supported by Dyess and Sherman,¹⁸ who recommended students receive ongoing support throughout the first year to develop clinical judgment, confidence, and enhanced patient skills and to be given a forum to discuss their experiences with peers and mentors. Similarly, Spiva et al¹⁹ found that new nurses reported having minimal knowledge, confidence, or clinical decision-making skills when starting their orientation.

Limitations/Future Research

Our study investigated only postprofessional program directors' perspectives regarding their orientation sessions' content used to help facilitate role transition. We believe that feedback from all stakeholders (students, preceptors, other faculty members, and program directors) involved with the orientation process should be gathered in the future. Although our specific purpose was to examine orientation session content and structure, future research should investigate their effectiveness for newly credentialed athletic trainers based on how often (eg, weekly, monthly) and how long (eg, 1 hour a week, 1 day a month) the sessions occur. This information could help educators create orientation sessions that meaningfully impact the transitioning athletic trainer.

We also examined only programs that offered clinical assistantships within the postprofessional athletic training curriculum to advance students' athletic training knowledge and research capabilities. Because many athletic trainers pursue graduate degrees outside of athletic training (eg, kinesiology, exercise science, sports administration) and provide clinical services as part of this experience, future research could include cohorts of athletic trainers pursuing both non-athletic training and postprofessional athletic training-specific graduate degrees to investigate the effects of the orientation process on role transition to practice.

CONCLUSIONS

We found that postprofessional graduate program directors placed importance on supporting students through the transition and socialization processes by engaging them in formal orientation sessions. Orientation sessions varied by how often they occurred and what content was presented, and were intended to help newly credentialed athletic trainers transition into their roles as both graduate student and practicing professional. Although we did not assess session effectiveness, the data suggest that initial orientation sessions may offer a more structured means for understanding the organization's expectations and values, whereas ongoing orientation may be a platform for continuing education and support in role transition.

The benefits of orientation sessions, both 1-time and ongoing, should be investigated in the future, particularly as we transition to a graduate model of education. The graduate assistant role will no longer be a part of role transition as a newly credentialed athletic trainer, and the support offered through the academic assistantship model will no longer be present. This change in the processes of role transition heightens the need to research postprofessional support mechanisms for the newly credentialed athletic trainer. Orientation sessions will be greatly needed for newly credentialed athletic trainers, and this research sheds some light as to how they occur. Employers can benefit from our findings by gaining an appreciation that orientation sessions can provide newly credentialed athletic trainers with an initial understanding of what is expected of them as they enter a new role as a credentialed health care provider.

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Appendix. Semistructured Interview Guide

- Would you please describe for me your current role/position in relation to the GAs at your institution? [amount of interaction, etc]
- How long have you been in your current role/position within the program?
- How many athletic training GAs are currently at your institution/program?
 - Describe the placement sites? Factors that are related to placement? Do placements change or stay the same?
- How do you feel GAs prepare themselves for their roles as a student as well as an athletic trainer at your institution?
- How do you prepare the GAs to assume their roles at your institution as a GA [speak to both clinical role and student role—if differences exist]? Could you describe any orientation or meetings with the GAs prior to going to their clinical placements?
 - What are the strengths of the program?
 - What aspects of the program would you like to improve?
- Can you explain the mentoring process for new GAs at your institution?
 - Where/who does the mentoring come from?
 - Do students receive different mentors for academics versus their clinical education or do they have one mentor to assist them overall?
 - Are you satisfied with the mentoring the students receive? If not, what would you change? Are there

differences you've seen between academic mentoring and clinical mentoring?

d. How are students matched with their mentors?

7. What are your goals for the mentorship process? What do you hope your mentees and mentors are gaining from this process?
8. Does your institution do anything to support or hinder your mentoring program?
9. How are the GAs oriented (socialized) to their roles at your institution?
 - a. Is this orientation different from the orientation you received when beginning this job? How so?
 - b. Do you believe it is an effective way to orient the GAs into their role?
10. How long does it typically take for GAs to be successfully oriented into their position as a GA in the clinical setting? How do you describe a successfully oriented GA?
 - a. What do you feel contributes to the length of this process?
 - b. Are there differences noted between orientation in the clinical setting versus the academic expectations?
 - c. Are there noted differences between them as a graduate student and an athletic trainer?
 - d. Have you noticed any differences with clinical placements [GA spots]?
11. What do you feel is the most challenging aspect for GAs as they transition from student to certified athletic trainer?
12. Discuss the expectations you have for GAs (skills, knowledge, etc)?
13. What do you feel contributes to the GAs' ability to fulfill obligations (eg, coursework, patient care) or keeps them from fulfilling obligations?
14. Do your expectations (or obligations) change during their second year?
15. How does socialization change during their second year? (eg, Do second-year GAs attend any of the same orientation as new GAs or do they have a different meeting beginning their second year? Do GAs assist in helping to mentor or socialize the first-year GAs? Do second-year GAs obtain any additional roles?)
16. What processes are in place to help the GAs grow and develop professionally (anything else other than coursework, mentoring)?
17. Do you believe the GA is prepared to assume a full-time position upon completion of your program? Why?
18. How do you assess the program and its ability to accomplish its goals and objectives?
19. Do you currently provide any specific training for preceptors that mentor your GAs? If so, can you discuss this training and any specifics related to the training?
20. Do you have any additional information you would like to share with us regarding your program and GA experiences?

Abbreviation: GA, graduate assistant.