

Longitudinal Examination of Transition to Practice for Graduates of Professional Master's Programs: Socializing Factors

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Context: Transition to practice is a current topic in athletic training and needs to be explored from a longitudinal perspective. Many athletic training programs and employing organizations are supporting transition to practice, yet little is known about the most common methods. Moreover, transition to practice is an ongoing process that can persist up to a year while current literature draws from snapshots.

Objective: Longitudinally explore the educational and organizational socialization practices used to support transition to practice.

Design: Qualitative study.

Setting: Nine higher education institutions.

Patients or Other Participants: Fourteen athletic training students (7 male, 7 female, age = 26 ± 4 years) participated.

Data Collection and Analysis: Participants completed semistructured interviews over the phone 3 times over the course of a 15-month period (before graduation, 4–6 months, and 10–12 months during their first job). All transcribed interviews were analyzed using a general inductive approach. Member checks, multiple analyst triangulation, and peer review were used to ensure trustworthiness.

Results: Two main educational mechanisms were found to support transition to practice; they included (1) mentorship and (2) past experience. Three main organizational mechanisms were identified to support transition to practice: (1) mentorship, (2) orientation to the job, and (3) living the job.

Conclusions: A blend of educational and organizational mechanisms is necessary to help support newly credentialed athletic trainers as they transition into clinical practice. Mentorship is important throughout the process, before and after newly credentialed athletic trainers enter their professional role.

Key Words: Best practices, role inductance, onboarding

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KEY POINTS

- Mentorship supports the newly credentialed athletic trainers transition to practice, before entry into the field as well as during the on-boarding process.
- Clinical education continues to provide real-time exposure for the athletic trainer, which supports their entry into the field as they have more awareness of the complexities of the role.
- Transition to clinical practice is a dynamic process that can be stressful, however after a period of living the role in a full-time capacity it becomes easier.

INTRODUCTION

A great deal of emphasis has been placed on transition to practice within the athletic training field, particularly as the professional educational platform shifts away from the baccalaureate to the graduate level. Although the professional discourse on transition to practice in athletic training has recently become a central focus, other fields such as nursing have been studying the process, because it has been viewed as stressful, and a period of time that is described as uncertain.¹ The increased attention to the transition-to-practice paradigm reflects debate within the field suggesting that newly credentialed athletic trainers are less ready to practice,²⁻⁷ and that they are unable to function as autonomous practitioners.⁸

With the rising concerns around readiness to be autonomous, researchers²⁻⁸ and educators alike have begun to focus their attention on strategies to facilitate transition to practice. Common practices to support those transitioning are the inclusion of mentorship and real-life experiences, as well as orientation sessions before entrance into the workplace.⁸⁻¹² Many of the transition-to-practice support mechanisms are designed to reduce the anxiety and uncertainty that can accompany the process and improve athletic trainers' confidence and competence to provide patient care. For example, orientation sessions allow newly certified athletic trainers the chance to understand the policies and procedures that govern them in their new workplace.⁹⁻¹¹ Additionally, mentorship can assist the role inductance process because it not only provides continued awareness of the nuances of the workplace, but also increases confidence in decision making during provision of medical care.⁸

Recently, Bowman and colleagues¹² investigated the perceptions of transition to practice held by graduate athletic training students enrolled in their final semester of a professional preparation athletic training program preparing to begin their first jobs. Findings of this study suggested that as graduate athletic training students prepared for their first year of employment, they believed their transition would be eased due to mentor networks, their exposure to the breadth of clinical practice, and the autonomy they had been allowed during their educational experience. To this point, there has

been no evidence suggesting that these perceptions were confirmed during the transition.

Therefore, the purpose of this study was to better understand, longitudinally, the socialization tactics valued by newly credentialed athletic trainers and perceived as support mechanisms during transition to practice. Although existing literature has examined transition to practice through an organizational and programmatic lens, no studies have examined this topic from a longitudinal perspective, or from the new educational platform (ie, professional graduate-level transition). This study was guided by the following research aims. (1) What specific educational experiences are valued as providing support during the transition to autonomous clinical practice for newly credentialed athletic trainers? (2) What organizational experiences can be identified as helpful for transitioning athletic trainers?

METHODS

Research Design

We conducted a qualitative, longitudinal study to better understand the transition to practice for athletic trainers as they lived it. Using a general inductive approach allowed us to determine the most emergent themes as they developed during the interview sessions. The general inductive approach¹³ is straightforward, and best used when examining a focused set of questions (see Appendix). Moreover, it also permitted us to describe the actual experiences related to educational and organizational practices used to support transition to practice.^{13,14}

Participants

Fourteen athletic trainers (7 male, 7 female, age = 26 ± 4 years) who completed their degrees at 9 different institutions sponsoring accredited professional master's athletic training programs participated in our study. These participants were recruited upon Institutional Review Board approval. Program directors from all Commission on Accreditation of Athletic Training Education-accredited professional master's programs were sent an email asking for their help in recruiting potential participants by sharing information about our study with students in their last semester of study. We reached data saturation on the 14th interview. Our participants were employed in a variety of settings, including high school ($n = 5$), college ($n = 6$), performing arts ($n = 1$), and professional sports ($n = 2$). We include individual participant information in the Table.

Data Collection Procedures

We completed one-on-one phone interviews with all participants at 3 time points (see Figure 1). The time points were chosen strategically and aligned with the nursing literature¹⁵

Table. Participant Demographics

Name	Sex	Age	Job Placement
Logan	M	23	Professional sport and high school
Emma	F	25	College intern/NCAA D1
James	M	29	Clinic/high school
Charlotte	F	22	High school outreach
Olivia	F	26	Performing arts
Isabell	F	24	Collegiate
Elijah	M	24	Academy soccer—outreach
Benjamin	M	31	Collegiate
Sophia	F	25	Collegiate—doctoral assistantship
Lucas	M	34	High school
Mia	F	23	Collegiate
Mason	M	24	Professional sport
William	M	21	College intern/NCAA D1
Ava	F	28	High school outreach
Mean \pm standard deviation		26 \pm 4	

Abbreviations: NCAA D1, National Collegiate Athletic Association Division 1; F, Female; M, Male.

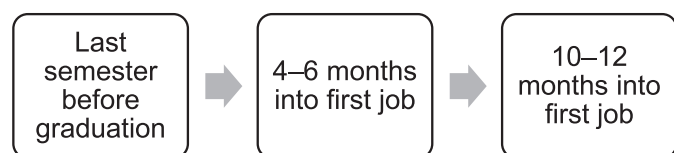
that suggests transition to practice occurs in specific stages. The time points also align with the recent publication by Singe et al¹⁶ when examining transition to practice and mentorship over a year-long period. We selected a semistructured format for our interview sessions because we wanted to ask a prescribed set of questions but wanted the flexibility to ask follow-up questions to probe and gain more insights on information shared during the interviews. The semistructured interview guide was developed to reflect the current literature on transition to practice in health care.^{9,10,15–21} The questions focused on the participants' experiences as they transitioned to their new positions as credentialed athletic trainers, and the development reflected the purpose of the study (see Appendix).

Before data collection, a peer was used to review the interview guide. The primary purpose of the peer review was to have a content review of the questions, and then to help ensure flow and clarity of the interviews. The peer was a content expert in the socialization framework, which is often used to study such constructs as transition to practice, and had extensive qualitative research experience. We also completed a pilot study with 3 young professionals who provided feedback on the order of questions, but no substantial changes were made. The data collected in the pilot study was not included in the analysis or final presentation of the findings. Each interview was recorded and then transcribed verbatim.

Data Analysis and Credibility Strategies

A general inductive approach was used to evaluate the data.^{13,14} The stepwise coding process began after all data were collected. First, an initial read of the data was done as a means to become immersed in the data and gain an appreciation of the overall experiences of our participants.

Figure 1. Data collection timeline.



Analysis included all 3 time points of the data collection. This was done to fully understand the process of transitioning. However, much of the data was extracted from the last 2 interviews (or time points) in the data collection process. On the subsequent reads of each of the transcripts, specific textual data was identified as it related to the aims of the study by highlighting the transcripts. Then, labels were assigned to the highlighted text. To reduce redundancy or overlap, common labels were grouped into categories and then relabeled.

Member checks of all transcripts were completed with each of the participants to ensure the transcription process yielded accuracy in content. The member check process was completed before data analyses. Multiple analyst triangulation was completed by S.M.S. and T.G.B. Each researcher performed the general inductive analysis process as described above, independently. Upon completion, the researchers exchanged their coding schematic that included textual data, definitions of the emergent categories, and final labels. The researchers negotiated only the labels, not the data used to represent them. A peer review was the final credibility strategy used to establish rigor. A researcher with knowledge in the socialization framework, as well as qualitative methodology, reviewed the final presentation of the analyses, confirming its accuracy.

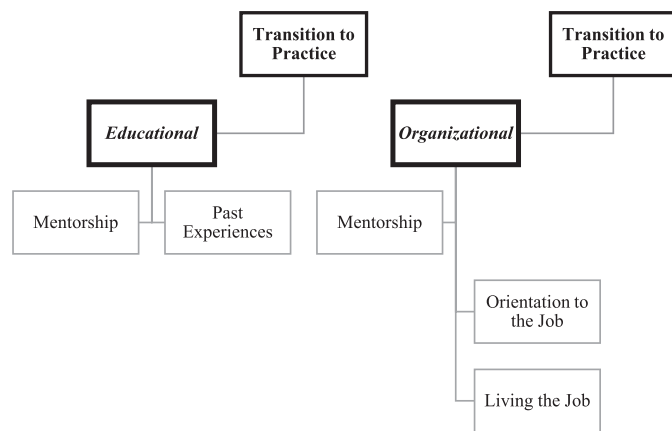
RESULTS

We found 2 main educational and 3 organizational mechanisms (Figure 2) that support transition to practice for newly credentialed athletic trainers. Mentorship was found within each of the 2 primary categories. Data presented in the following sections predominately reflect interviews 2 and 3 conducted in our study (Figure 1).

Educational Mechanisms

Educational mechanisms are those that were identified as occurring before the newly credentialed athletic trainers transitioned into clinical practice, most often in their educational training as students.

Figure 2. Organizational and educational mechanisms to support transition to practice.



Mentorship. Many of our participants shared that they received strong mentorship from their preceptors and faculty advisors, and for this reason they felt ready and supported as they began to transition into clinical practice. Participants readily responded that they “have a mentor,” someone who has “supported their development,” and a person or two who were “instrumental in their success as a student.” It was the mentors, who were preceptors and faculty advisors, who helped provide experiences and exposure to athletic training, which laid the foundation for readiness to transition to practice. Elijah shared in his last interview, “[I] also still reach out to my preceptor back from XXX that I was close with, and I chat pretty frequently about updates and stuff like that.” Isabell recognized the support from past preceptors in her current role during her third interview: “I still reach out to one of my professors at [my school]. I reach out to her a lot, and I’ll be like, ‘How are you doing? What do I do with this?’ And she’s more than willing to answer questions. One of my preceptors from [my athletic training program], also I reach out to him often.” The continuance of the mentoring relationship emerged in the second interview as many realized the preceptors who supervised them in their schooling were going to be supportive even after they had moved on. Isabell shared that she would seek support during her first year of clinical practice from “a handful of mentors.” She talked about having someone who she could “use as a sounding board. I know I could just call her, and say ‘What’s up?’ It will bring nothing but a positive experience for me.” Isabell shared in her last interview that she was “grateful for her mentors, who have been very accessible, and helpful.” Emma recognized that asking for advice was important. Throughout her interviews, Emma talked about the advice and guidance she received from her past preceptors/mentors. Charlotte, also, like Emma, was able to rely on past mentors to support her transition, as they “provided [me] feedback and counsel when it came to my decision making and confidence as I was in charge.”

Past Experiences. Our participants shared that their past experiences, predominately their clinical education requirements, helped them transition to their first position postgraduation. During interviews our participants identified the importance of being around athletic training and being engaged in hands-on learning. Ava in her follow-up interviews felt, because of the exposure she gained during clinical education experiences, she would be ready to practice. During

her second interview, she reflected back and said, “I was prepared for my job, because I had worked in that setting before.” Ava in her final interview attributed her positive transition to practice to her past experiences:

I mean, definitely my past experiences have been very, very helpful, especially in dealing with the sport and nature of track and field and cross country. I would not have been prepared to handle some of the things that have already happened if I didn’t have my preceptors. A lot of very similar situations happen, which I mean, in general not good, but good for me because I was able to learn from those experiences to transition to when they actually . . . I have to be the one that deals with it, if that kind of makes sense.

James in his third interview reflected on his diverse clinical education experiences as a student and explained that he would be prepared for a different job if he planned to leave: “As far as the clinical experience goes, I’ve been exposed to a big football team that has four ATs, and then the baseball team that has one guy who does everything. Regardless of what my job will be, I’m pretty prepared, and I’ve pretty much seen most of it, no matter what.”

Sophia in her second interview directly attributed her successful transition to “my exposure in my educational studies.”

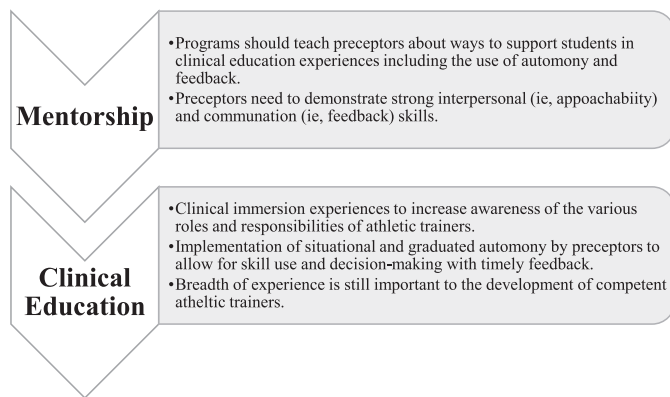
Organizational Mechanisms

Once our participants had fully transitioned into their full-time positions, they recognized that role understanding during the transition came from reviewing their job responsibilities as well as attending their orientation sessions. Additionally, they shared that having mentors within the organization, and having to “live” the job, were ways to gain inductance into their positions and transition effectively.

Mentorship. Our participants shared how coworkers were conduits to their jobs and provided guidance to their transition to clinical practice. For many, when a coworker was available they reached out to that person, due to ease, convenience, and knowledge about their current organization. Mia was quick to point out, “A few of the staff members are more experienced, and they have been super supportive during this last year for me.” Benjamin, in his second interview, talked about the support he received in his first year from his coworker. He shared, “I feel like I am in a good position, as I have someone to ask questions who I see every day. That person can rate what I am doing, and how I am progressing. I also can have my questions answered, if I am unsure.” Mason talked about making sure to develop relationships with his coworkers, as he recognized their mentorship would be helpful as he transitioned. He shared in his first interview, “During the first couple of months of my transition, I can rely on them. If I need help or have questions, my coworkers can help me.” Mason confirmed later, in his second interview, that his coworkers “have been a great resource, as they have shown me the daily/weekly responsibilities, as well as given me a direction on athletic training.”

Orientation to the Job. Learning the policies and procedures was the primary focus of our participants’ orientation sessions, as James said, “It [orientation session] helps the ins and outs.” All of our participants discussed

Figure 3. Recommendations for mentorship and clinical education for improved transition to practice.



completing an orientation session and described these as ranging from very formal to informal. The sessions were conducted before their starting their positions. Participants described the orientation sessions as designed to be informational and to review both procedural items as well as review job responsibilities that would be expected of them. Olivia stated, “I completed a couple of days of training.” Lucas said, “I completed an employee orientation at the hospital and learned all the policies and procedures.” William shared, “They [my employers] made my responsibilities pretty clear, and that helped.” Elijah shared, “Those first few meetings [with my employer] were incredibly helpful in getting me acclimated, and aware of my job.”

Living It. Our participants recognized that performing their job duties, regardless of their past experiences and mentorship, was a part of the transition process. Several participants, like Emma, talked about “discovering what works, because I was doing the job.” Lucas talked about “just having to figure things out. I knew how to be an athletic trainer, but I had to figure out the layout of the high school.” Logan reflected on his first few weeks on the job, sharing “It wasn’t terrible, it was just having to figure it out, and the details of how to get into the daily grind and how to get integrated with the coaches and the timing of the schedule.” Sophia shared, “I think I had to just do it every day. The repetitive day-to-day, I was able to get familiarized with it and get comfortable.” Ava shared, “Realistically, [the thing that has helped me the most] is getting more experience and time here on my feet.” William felt his transition was supported by his ability to do something and then reflect on it:

Previous experience, results, whether or not I’ve succeeded in it, whether or not I felt comfortable with the result. If I didn’t like it I would try something else or ask the athlete, “What did you think of that? Did you like it? You want to try something else?” Sometimes it’s knowing, okay, “Nobody’s complained about doing it this way so I’m going to keep doing it that way” or whatever the case. Just knowing that, “Okay, this works so let’s stick to it.” If it’s not broke why fix it?

DISCUSSION

Transition to clinical practice from a student to an independent athletic trainer can be stressful, and is often accompanied by a period of uncertainty and need for continued reassurance.^{12,22} Although we have seen an increase in the literature on transition to practice,^{10,23–25} no studies have investigated

the topic longitudinally. Our study highlights the use of mentorship and clinical education experience as important mechanisms to support the transition process. Mentoring networks and range of experiences have been found to help reduce the apprehension and lack of confidence newly credentialed athletic trainers can face.¹² Our work recognizes that while living the job is necessary for transition, calling on past mentors and relying on past experiences can also be necessary for a smooth transition throughout the first year. Our findings also suggest that mentorship should continue even after transition has occurred, and that newly credentialed athletic trainers must live the role as a means to successfully transition. Mentorship continues to be the pinnacle that supports transition to practice, and our study illustrates that mentors can be those who were part of the newly credentialed athletic trainer’s educational training and continue to serve in that role, or newly developed mentoring relationships as athletic trainers transition into the job setting.

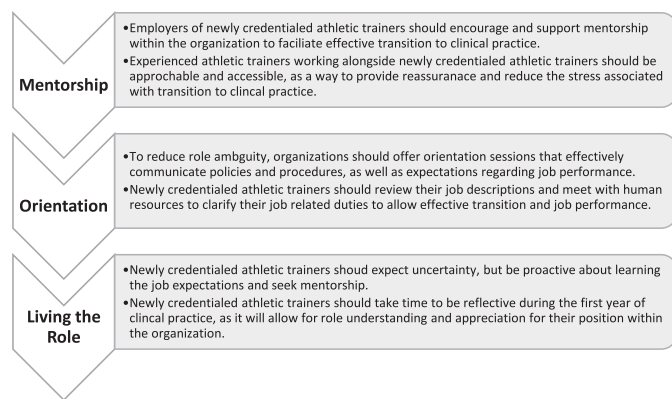
Educational Mechanisms

The socialization framework has been the foundation on which researchers study how individuals learn their soon-to-be professional roles and then consequently assume the roles they were trained to do.¹⁷ The first part of the socialization process, the pre-entry phase, or the anticipatory phase, begins during the individual’s enrollment in a degree program that provides exposure to the roles, the responsibilities, and the expectations associated with that role.^{26,27} Mentorship^{12,25,28} and the chance to be engaged in the role²⁸ are 2 primary means to help individuals, in this case athletic trainers, to be trained and acclimated to their professional role. We provide some recommendations for program administrators and preceptors based upon our findings (Figure 3).

Mentorship. Developing as an athletic trainer is often attributed to effective mentorship, which is provided by preceptors supervising students engaged in clinical education. Preceptors in the past have been identified as mentors^{12,25,29,30} and role models²⁹ for best practices in athletic training education. In fact, preceptors learn how to be effective in their role as preceptors and mentors from their past mentors.²³ Our participants shared that their preceptors/mentors were supportive throughout their first year of clinical practice and recognized the importance of giving them the autonomy to perform and do while they were still students, as this would support their transition to practice. Our participants stressed the importance of preceptors challenging them and encouraging them to do and practice their skills as much as possible as this prepared them the most for what they would experience during their first year as athletic trainers. These findings align with the findings from graduates of professional master’s programs beginning to embark on transition,¹² but add context as our participants mentioned the importance of preceptors and clinical education during the second and third interview time points.

Additionally, past research²² illustrates that athletic training students want a mentor who can demonstrate professional behaviors, but also be supportive, approachable, and educational.^{29,31,32} Walker and peers²² reported that preceptors who facilitated autonomy for their students by engaging them in the athletic trainer role helped them feel confident and prepared to transition. Interestingly, many of our participants

Figure 4. Organizational mechanisms for transition to clinical practice for the newly credentialed athletic trainer.



recognized that the relationship developed with their preceptors would help them in the future, as they would continue to serve as mentors afterward and while they were transitioning into their credentialed role, a finding that supports the notion that mentoring relationships can be lifelong.

Past Experience. Clinical education is a critical aspect of students' professional preparation, as it provides them with the chance to gain formal acquisition of skills and knowledge of athletic trainers.¹² Although how clinical education is delivered can be up to the athletic training program administrators, it has been viewed as an effective means for students to be ready for transition to autonomous practitioners.^{33–35} Our participants, reported that time engaged in their clinical education experiences allowed them to acquire knowledge of the professional responsibility of athletic trainers as well as to be aware of the types of things they would be required to do as well as treat. Moreover, research suggests that exposure to the employment setting one is assuming can also facilitate a successful transition to clinical practice, as awareness can reduce the stress associated with the transition.²⁴

Organizational Mechanisms

The second process within the socialization paradigm is organizational socialization, which is the time period when individuals assume the professional role they received training to do, in a full-time capacity.²⁷ Often referred to as onboarding, the process can be either a formal process, grounded by an orientation, or an informal process such as trial and error. Our results suggest a blend of both formal and informal processes, anchored by an initial orientation session (ie, formal) and then supported more informally through mentorship and performing the roles (ie, living the role). Newly credentialed athletic trainers should expect uncertainty during their initial transition period; however, in time that insecurity will subside as they perform the duties on a daily basis and learn the ropes. We provide recommendations (Figure 4) from the perspective of the organization and athletic trainers as they enter the workforce.

Mentorship. Mentorship was found to be important in both the anticipatory and organizational socialization process for our participants. Gaining support from previous mentors as well as from those employed in their current position

supports past research.^{24,36} As previously discussed, mentors from the newly credentialed athletic trainers' anticipatory socialization can offer support and guidance related to professional decision making and more global aspects of athletic training. Having someone provide affirmation is a critical part of the socialization process.³⁷ Certification, although a benchmark for competency, does not always translate to confidence in decision making, or represent totality of knowledge or experience possessed by the newly credentialed athletic trainer. Mentorship received from past preceptors during the first year of clinical practice seemed to symbolize legitimization for participants, a necessary process in the complex process of role transition and inductance into the workforce. Moreover, mentorship in the case of reaching out to past preceptors seemed to be founded on effectiveness as an athletic trainer, and less on understanding policies and procedures of the organization or work setting.

Mentorship received from coworkers in the same organization or work setting, however, provided clarity on roles and responsibilities that were attributed more to the employment setting itself, which may have some nuances that are specific to that setting, and not just athletic training.^{10,22} Additionally, as pointed out by our participants, coworkers and supervisors provide accessibility in the mentoring relationship as they are present, yet also have a working knowledge for success within the organization itself, which may be independent of the overall professional knowledge of an athletic trainer.³²

Orientation to the Job. Orientation sessions have been found as a way to communicate the organization's policies and procedures associated with the role the athletic trainer will play in that setting.^{12,23} The formal process appears to be a way in which our participants learned the basics to start their transition to a first-time practitioner. A smooth transition can happen when there is role clarity, as the athletic trainer can gain some footing by understanding what is expected of her or him. Role ambiguity has been reported as a part of the transition process for newly credentialed athletic trainers despite effective professional preparation; the ambiguity often results from a lack of orientation before beginning the job.⁸ Research related to burnout has shown a link between a reduction in stress and role overload for employees when role transparency happens.^{38–40} This fact is important to note since role transition is inherently a stressful event for newly credentialed practitioners.

Living the Role. The importance of role engagement, which was defined by our participants as "living the day-to-day role," was discussed as part of the transitioning process. In the literature,²⁴ this process is often organic or informal as newly credentialed athletic trainers must engage in the role to understand the role. This finding makes sense, as clinical education is the pinnacle of the anticipatory process, so "living the role" is a likely necessary step in the organizational socialization process. Transition to practice, especially during the first 6 to 9 months, encapsulates vulnerability for new practitioners because stress can be high as they learn the ropes and begin to gain confidence in their knowledge, skills, and decision-making capabilities.^{8,41} Newly credentialed athletic trainers should demonstrate patience and understand that a learning curve is likely, and through engagement in their responsibilities will eventually gain confidence.

Limitations and Future Directions

We examined transition to practice in a longitudinal manner, which is a unique aspect with respect to the literature; however, there are still some limitations to our study. First, we recognize that there is a diverse representation of employment settings. Therefore, we cannot make any assumptions on organizational practices related to supporting transition to practice from an employment standpoint. Future research may examine each type of employment setting as a way to make some generalizations and recommendations on ways to best support athletic trainers transitioning into that setting. Second, we did not interview program faculty or preceptors, or employers, to gain their vantage point related to transition to practice. Future research should determine those mechanisms and practices deemed useful in supporting newly credentialed athletic trainers.

CONCLUSIONS

Several mechanisms for supporting the newly credentialed athletic trainer were identified within our study. Mentorship permeated both anticipatory and organizational socialization, where preceptors in the professional athletic training program helped prepare newly credentialed athletic trainers by giving them the necessary experiences to be prepared for the role of the athletic trainer and also by being available for them once they had transitioned into their first full-time position. Mentors are necessary for support and advice as they can provide newly credentialed athletic trainers with reassurance that they are competent. Orientation sessions, initiatives that are focused on reviewing and communicating policy and procedures (ie, emergency action plans, facility tours), and clear job descriptions are also helpful to those transitioning to autonomous clinical practice. Finally, our participants also achieved role inductance through working daily as athletic trainers, leading to improved understanding of job duties.

DISCLOSURE

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- emotions did you experience? What processes did you go through as you transitioned to the new role/position?
 2. Were your expectations as you transitioned from student to autonomous practitioner accurate? What was different than you expected? What was exactly as you expected?
 3. What factors influenced your decision to take your current position?
 4. Describe what concerns you most about your athletic training practice.
 5. Did you have previous experiences in this setting? What role did your experience have on your decision to take the job?
 6. Do you believe you have a clear sense of your job roles and responsibilities?
 7. Reflecting back on your time since you entered professional practice after graduation, what challenges did you face regarding your development as an independent practicing athletic trainer?
 8. What strategies did you use to help navigate those challenges you faced over the last several months since we last talked?
 9. So far, what has helped you transition into your current role? Can you give some specific examples?
 10. What do you believe has helped you gain a sense of your role, expectations, and other nuances of your current job over the last several months?
 11. Did you have a formal orientation before you began your current position?
 - a. If yes, can you discuss the orientation? Was it helpful?
 - b. If no, what influence do you believe it (not having one) had on your ability to transition to your current position?
 12. What feedback would you share with your athletic training program director, clinical education coordinator, or other faculty regarding your experiences in preparing you for independent clinical practice?
 13. How do you find support for clinical decisions?

Preliminary Interview Guide: Third Interview (10–12 Months into Professional Practice)

Appendix. Semistructured Interview Guide

Preliminary Interview Guide: Second Interview (4–6 Months into Professional Practice)

1. Can you explain to me your initial reaction to transitioning to autonomous clinical practice? What

1. Reflecting back on your time since you entered professional practice after graduation, what challenges did you face regarding your development as an independent practicing athletic trainer?
2. Do you believe you have a clear sense of your job roles and responsibilities?
3. What strategies did you use to help navigate those challenges you faced over the last 6 to 8 months?
4. What do you believe has helped you gain a sense of your role, expectations, and other nuances of your current job over the last 6 to 8 months?