

# Professional Socialization: A Retrospective View From Graduation to Full-Time Employment

Megan Harper, DAT, ATC\*; Stephanie M. Singe, PhD, ATC†; Jennifer Ostrowski, PhD, ATC‡

\*Department of Kinesiology, University of Mobile, AL; †Department of Kinesiology, University of Connecticut, Storrs; ‡Rehabilitation Sciences, Moravian College, Bethlehem, PA

**Context:** It is assumed that after the transition to practice, athletic trainers will have developed stronger decision-making strategies, will have become comfortable within their role, and will be able to reflect on how their employer assisted them through the transition-to-practice process.

**Objective:** The goal of this study was to gain an understanding of how athletic trainers have gone through the transition-to-practice process and what resources they relied on during and after the transition.

**Design:** Qualitative study, phenomenological design.

**Setting:** Semistructured interviews.

**Patients or Other Participants:** Twelve athletic trainers (10 women, 2 men;  $4.0 \pm 2$  years certified) agreed to participate. Data saturation guided the total number of participants for this study.

**Data Collection and Analysis:** Videoconference interviews were recorded and transcribed verbatim using Zoom. Credibility of the study was maintained using several mechanisms, including expert/peer review, member checks, and researcher triangulation.

**Results:** Two themes emerged as different points in time of the athletic trainer's transition to practice. The first theme was pre-entrance into the workforce, and within this theme, athletic trainers were able to reflect on the strategies and resources that were provided to them by their professional master of athletic training program. Within the second theme, post-entrance into the workforce, athletic trainers were able to recall the resources that were provided to them by their employers and those additional resources that were sought out individually.

**Conclusions:** Athletic trainers recognized how their master of athletic training programs prepared them for the transition-to-practice process based on the didactic coursework and intentional clinical education experiences. Athletic trainers also recognized the resources that were and were not provided to them to assist them in fulfilling their roles and responsibilities, as well as realizing the additional resources they needed to enhance their own clinical practice.

**Key Words:** Transition-to-practice, resources, networking

*Dr Harper is currently Assistant Professor in the Department of Kinesiology at the University of Mobile. Please address correspondence to Megan Harper, DAT, ATC, Department of Kinesiology, University of Mobile, 5735 College Parkway, Mobile, AL 36613. mharper@umobile.onmicrosoft.edu.*

## Full Citation:

Harper M, Singe SM, Ostrowski J. Professional socialization: a retrospective view from graduation to full-time employment. *Athl Train Educ J*. 2022;17(1):75–85.

# Professional Socialization: A Retrospective View From Graduation to Full-Time Employment

Megan Harper, DAT, ATC; Stephanie M. Singe, PhD, ATC; Jennifer Ostrowski, PhD, ATC

## KEY POINTS

- Athletic trainers recognized the strategies and resources used by their master of athletic training programs to help make their transition to practice a success.
- Athletic trainers realized if they received insufficient orientation training, and they developed relationships and mentorships and built networks to help them fulfill their roles and responsibilities.
- Athletic trainers were reflective and evaluative of their own clinical practice to seek out additional certification and continuing education unit opportunities to enhance their practice based on the specific needs of the populations they are serving.

## INTRODUCTION

Increased interest on the transition from student to practitioner has occurred in the athletic training literature, particularly as the mandatory educational reform<sup>1</sup> is nearing completion of the degree transition to entry-level master. Transition to practice was recently conceptualized by work group as

*a complex process whereby a newly credentialed athletic trainer, while redefining their sense of self during disruptive life events, develops and is supported from education to clinical practice, regardless of practice setting.*<sup>2</sup>

Many processes support the transition from student to practitioner, and the framework in which these mechanisms are studied is called socialization.<sup>3–5</sup>

The socialization framework is compartmentalized into 2 main components: anticipatory and organizational.<sup>6,7</sup> Anticipatory socialization occurs before entrance into the workforce, when the student gains the necessary knowledge, skills, and value systems to be successful in their future role.<sup>6–9</sup> During the anticipatory stage, students often engage in coursework that allows them to learn and gain the skills needed for successful transition; as part of this process they often receive mentorship from preceptors in their clinical education experiences. The mentorship offers affirmation and legitimation to be ready to transition into credentialed practice.<sup>10,11</sup> Once the student has successfully completed this training, and transitions to being a full-time professional, they are oriented to their job through a process known as organizational socialization, often referred to as onboarding.<sup>5,7,12,13</sup> Orientation sessions and mentorship are often the platforms to the onboarding process, and in some cases a period of living the role serves as a means for role orientation and induction.<sup>10,12,14</sup>

The onboarding process, as part of the newcomer's transition, generally lasts from the first 2 weeks on the job to the first year or two after being hired.<sup>12</sup> The process of onboarding through organizational socialization is often investigated in the moment, as the process is naturally occurring, but little

research exists from a retrospective perspective.<sup>10–14</sup> There are some assumptions that a period of performing the role, understanding organizational nuances, and navigating clinical decision-making will increase confidence and reduce the stress associated with a new position. Gaining the perspective of athletic trainers who have successfully onboarded may give better insights on what organizational resources and educational experiences could have supported their transition into clinical practice for the first time. At best, the perspective of onboarding after it has been completed has yet to be studied. Therefore, the goal of this study was to gain a better understanding of transition to practice from athletic trainers after they have lived through the transition process. Specifically, we hoped to answer 3 main research questions: (1) How did the athletic trainers' professional master of athletic training (MAT) program help prepare them to enter into the athletic training profession? (2) What resources did employers provide to help prepare the athletic trainers for their current roles and responsibilities? (3) What resources did the athletic trainers, individually, seek out to aid in their preparation for the roles and responsibilities they were filling?

## METHODS

### Research Design

A phenomenological design<sup>15</sup> was used to better understand the transition-to-practice experiences of athletic trainers, particularly from a continuum lens (anticipatory socialization to organizational socialization). Transition to practice can be an individualized experience, and although there can be commonalities in the process, it still is a personal journey; thus, a qualitative paradigm is best suited to understand our purpose. At the outset of the study the authors consulted the Consolidated Criteria for Reporting Qualitative Research<sup>16</sup> checklist for reporting qualitative research and used this as a guide to the development of the procedures, analyses, and reporting of the findings.

### Participants

Before recruiting participants, institutional review board approval was gained. A criterion sampling strategy was used to answer our research purpose. We targeted athletic trainers who (1) had had Board of Certification credentials for a minimum of 2 years and less than 6 years, (2) had graduated from a professional MAT program, and (3) were employed in the traditional athletic training setting (secondary, collegiate, or professional sports). We chose to exclude those athletic trainers who had been certified less than 2 years, as we felt they were still transitioning, and we excluded those with more than 6 years' certification, as we felt memory recall may have been limited. Recruitment of participants was performed through convenience sampling of social and professional networks.<sup>17,18</sup> We used this method of recruitment to help retain participants who met our inclusion criteria. A gatekeeper is often necessary in qualitative research to gain

**Table 1. Participant Demographics**

Pseudonym	Sex	Year Graduated	Year Passed BOC Exam	Employment Setting	Employment Position
Robert	M	2016	2016	D3	Assistant AT
Emma	F	2016	2016	D2	Head AT
Ava	F	2015	2015	HS	Head AT
Olivia	F	2017	2017	HS	Head AT
Avery	F	2014	2014	HS	Staff AT
Charlotte	F	2018	2018	D3	Staff AT
Natalie	F	2017	2017	HS	Staff AT
Abigail	F	2017	2017	HS	Assistant AT
Mia	F	2015	2015	HS	Staff AT
Victoria	F	2018	2018	HS	Assistant AT
Chloe	F	2019	2019	D1	Intern assistant AT
James	M	2019	2019	Professional Rugby	Staff AT

Abbreviations: AT, athletic trainer; BOC, Board of Certification; D, National Collegiate Athletic Association Division; F, female; HS, high school; M, male.

access to participants; we recognize, however, that an open call to participate via social media and professional networks is likely to draw individuals who are passionate about transition to practice. To ensure we captured the totality of experiences, we used a constant comparative process<sup>19</sup> during data collection to establish when data saturation was met. Data saturation was determined to be achieved after our 12th interview. Data saturation was determined when there were no new themes presented during the interviews.

Twelve athletic trainers (10 women, 2 men) currently employed in the traditional setting and had graduated from a professional MAT program completed the study. Our participants were employed in the professional ( $n = 1$ ), collegiate ( $n = 4$ ), and secondary school ( $n = 7$ ) settings. Mean length of certification was  $4.0 \pm 2$  years. Table 1 provides a summary of individual demographic data for each of the 12 participants.

### Data Collection

All participants completed semistructured interviews with the primary author. The interview guide was developed by the authors using the purpose and the literature on transition to practice<sup>10–12,14,20,21</sup> and socialization.<sup>3–5</sup> The questions were grouped by major topics including (1) perceptions of their preparation while enrolled in their MAT program, (2) employer support offered during onboarding, and (3) individual endeavors initiated by the transitioning athletic trainer.

The interview guide was reviewed by an expert panel ( $n = 2$ ) for consistency, clarity, and content. The panel was selected based on their knowledge of qualitative research methods, transition to practice, and/or the socialization process. After the expert review, appropriate revisions and grammatical changes were made to ensure the clarity and content of the interview guide (Table 2). Before data collection, a pilot study was completed with 2 participants fitting the criteria for participation. No changes were made to the interview guide; therefore, both were included in the final analyses of the study.

All interviews lasted  $45 \pm 15$  minutes and were recorded via Zoom (Zoom Video Communications, Inc). We chose to use

Zoom<sup>22,23</sup> because it allowed for the interviews to be recorded in real time and allowed for each recording to be transcribed. Once the transcriptions were completed by Zoom, the primary researcher reviewed each transcribed interview to confirm. Basic member checks<sup>24</sup> were also performed with each participant and their interview transcript for confirmation of accuracy, as well as to gain additional clarity on statements made in the interview. Once the member check process was completed, data analysis began, following the parameters of a phenomenological study.

### Data Analysis and Credibility

Data analysis was completed by the first 2 authors (M.H., S.M.S.) and followed the parameters of a phenomenological approach.<sup>15</sup> The primary basis included becoming immersed in the data, which occurred for the primary author by conducting the interviews (M.H.) and for the second author (S.M.S.) by completing multiple reads of the transcripts. The third author was a member of the research team, but did not participate in the analyses. The coding of the data was done by each author independently, but beforehand each discussed the steps to be taken separately, as individuals, before coming together for comparison and review. After data saturation was established, the transcripts were coded with labels to categorize the text; this allowed the most common themes to emerge. Like labels were grouped together, and then data were extracted to represent the theme and subsequent subthemes. The authors were in agreement with the coding process. The coding process is outlined in Figure 1, using the first theme as an example.

Credibility of the study was established using several mechanisms, including expert/peer review, member checks, and researcher triangulation.<sup>19</sup> The first 2 strategies were previously discussed in the procedure section. Researcher triangulation allowed us to reduce the potential bias that can result in qualitative research<sup>25</sup> by including multiple researchers in the research process. The authors worked together to develop the study's procedures, and then coded the data inductively, as described in the next section.

### RESULTS

Two major themes emerged from the data: (1) pre-entrance into the workforce, and (2) post-entrance into the workforce

**Table 2. Interview Guide**

No.	Questions
Demographic Questions: Recruitment Survey	
1	Please indicate your sex.
2	Did you graduate from a professional (entry-level) MAT program?
3	What year did you graduate?
4	What year did you pass the BOC?
5	What setting are you currently employed in?
6	What is your current position and job title?
Professional MAT program questions	
1	What is the name of the institution you attended/graduated from?
2	Can you discuss the strategies used by your MAT program to prepare you to enter into the athletic training profession after graduation?
3	How many clinical education experiences did you have? How many were immersive?
4	Can you describe your confidence level regarding the transition into your first job upon completion of your MAT program?
5	Is there anything that your MAT program did well to prepare you to enter into the athletic training profession? Please explain.
6	Is there anything that your MAT program could have done better to prepare you to enter into the athletic training profession? Please explain.
7	Think back, were there any unique exposures/experiences provided to you during your time in your athletic training program that contributed to your transition to the athletic training profession? Please explain.
8	While you were in your MAT program, which employment setting within the athletic training profession did you want to pursue and why?
9	How many exposures/experiences did you have in the employment setting you currently work in during your professional education? If yes, then did this have an impact into your transition to the role?
Employment questions	
10	Do you have any previous experience in your current employment setting? If so, how many years?
11	Tell me about your first few days on the job.
12	Did you receive any type of orientation training before starting your first job? If yes, could you describe it, and also describe any materials you were given? Did you find it to be effective in helping you acclimate?
13	Were your roles and responsibilities clearly defined for you before starting your job?
14	Did your employer offer any additional resources, beyond an orientation session, of any kind to help prepare you for your current roles and responsibilities? (ie, assigned a mentor or supervisor) Please explain.
15	Do you wish your employer would have offered any additional resources of any kind to help prepare you for your current roles and responsibilities?
16	Did your employer offer any resources of any kind to help you maintain your confidence level to handle your current roles and responsibilities? Please explain.
17	Overall, is there anything different you wish was offered by your employer that could have assisted you in becoming more prepared with your current role and responsibilities (ie, mentorships, shadowing a similar health care provider, setting up continuing education opportunities, etc)? Please provide examples.
Individual questions	
18	Did you pursue any additional professional development course or certifications since graduation? Please provide examples.
19	What influenced you to pursue these additional certifications? What impact have they had on your acclimation into the workplace?
20	What other resources did you seek out beyond those provided to you by your employer to aid in your preparation for the roles and responsibilities you are fulfilling (ie, mentorships, continuing education units, etc)? Please explain.
21	Did you face any challenges to fulfilling your roles and responsibilities during your first few years on the job? If yes, please explain what they were. What strategies did you use to address these challenges?
22	Is there anything else you would like to share or add to our discussion today?

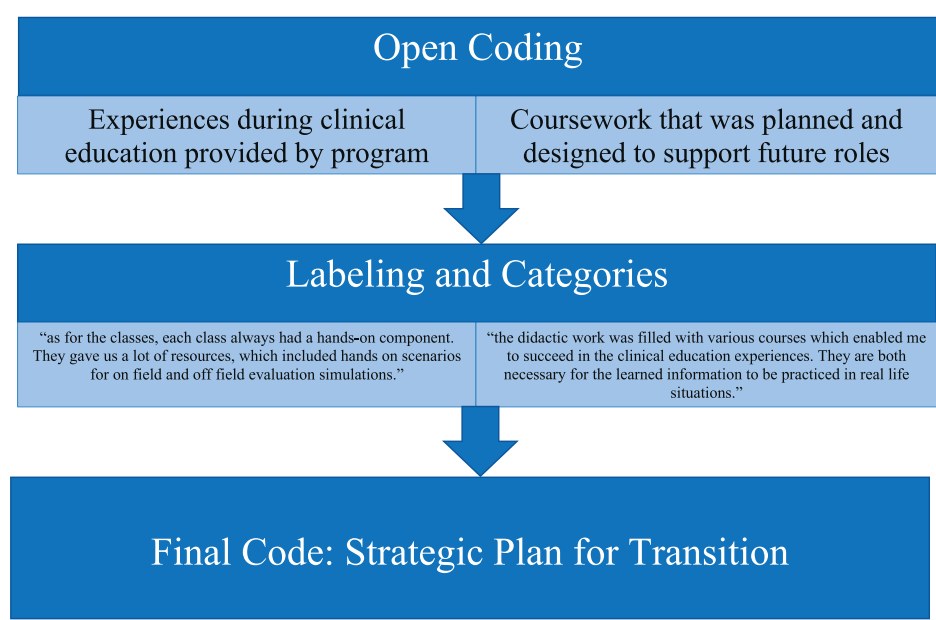
Abbreviations: BOC, Board of Certification; MAT, master of athletic training.

(Figure 2). The pre-entrance into the workplace theme was summarized by 3 subthemes: (1) strategic plan for transition to practice, (2) clinical immersive experience, and (3) preceptors as facilitators for learning. Overall, the theme illustrates the importance of educational experience for the athletic trainer as they were introduced into their future role. The post-entrance into the workplace theme was summarized

by 3 subthemes: (1) inefficient orientation training, (2) self-reflection to advanced clinical practice, and (3) building relationships and support networks. The theme overall illustrates the importance of the athletic trainer being able to adapt in their professional setting and grow in the profession.



Figure 1. Coding scheme.



Pre-Entrance Into the Workforce

**Strategic Plan for Transition to Practice.** The first subtheme was experiences that were premediated, with the intended goal of orientating the future athletic trainer to the necessary knowledge, skills, attitudes, and beliefs to become a certified athletic trainer. Natalie, when reflecting on her program, talked about the necessary aspects of learning, which combined classroom learning and clinical experience. She felt that the program planned this out to be sure she was ready to pass the certification exam and transition to practice. Natalie described,

*The classroom portion gave us the textbook education we needed to pass the Board of Certification, but we all know the textbook isn't real life. Working hands-on in an immersive experience really allowed me to gain the confidence I needed when assessing those chronic issues.*

Strategic plan for transition was centered on the MAT program's specific use of planned didactic coursework and clinical education experiences for role understanding of the athletic training profession. During her interview Abigail reflected on experiences that allowed her to be ready to be an athletic trainer. Her reflections centered on her coursework, and the time engaged in hands-on, guided learning through fundamental concepts. Abigail shared, "As for the classes, each class always had a hands-on component. They gave us a lot of resources, which included hands-on scenarios for on field and off field evaluation simulations."

Along with making content come to life with firsthand experience, this was seen as equally important as the framework continues to build throughout the program. Emma, when reflecting on what she felt contributed to her ability to transition into her current role, talked about learning in a classroom and then applying it in real time during her clinical education experiences. She recounted,

*The didactic work was filled with various courses which enabled me to succeed in the clinical education experiences.*

*They are both necessary in order for the learned information to be practiced in real-life situations.*

A learning-over-time model, which was planned and designed specifically in a scaffolding manner, was discussed by Chloe. Her experiences as a student were built upon the scaffolding idea, as she used the term "building block" to describe her experiences. Chloe said,

*The way that the [athletic training] courses were laid out with our [clinical] rotations. For example, we went over lower limb and emergency type stuff in the fall when we were working football, which is a contact sport. We're going to have more emergencies and obviously a lot of knee and ankle. Then when we were in the spring, where a lot of us had baseball and softball and then we're doing upper body and we were doing more treatment type stuff. So, the way they planned it out like I thought was really beneficial.*

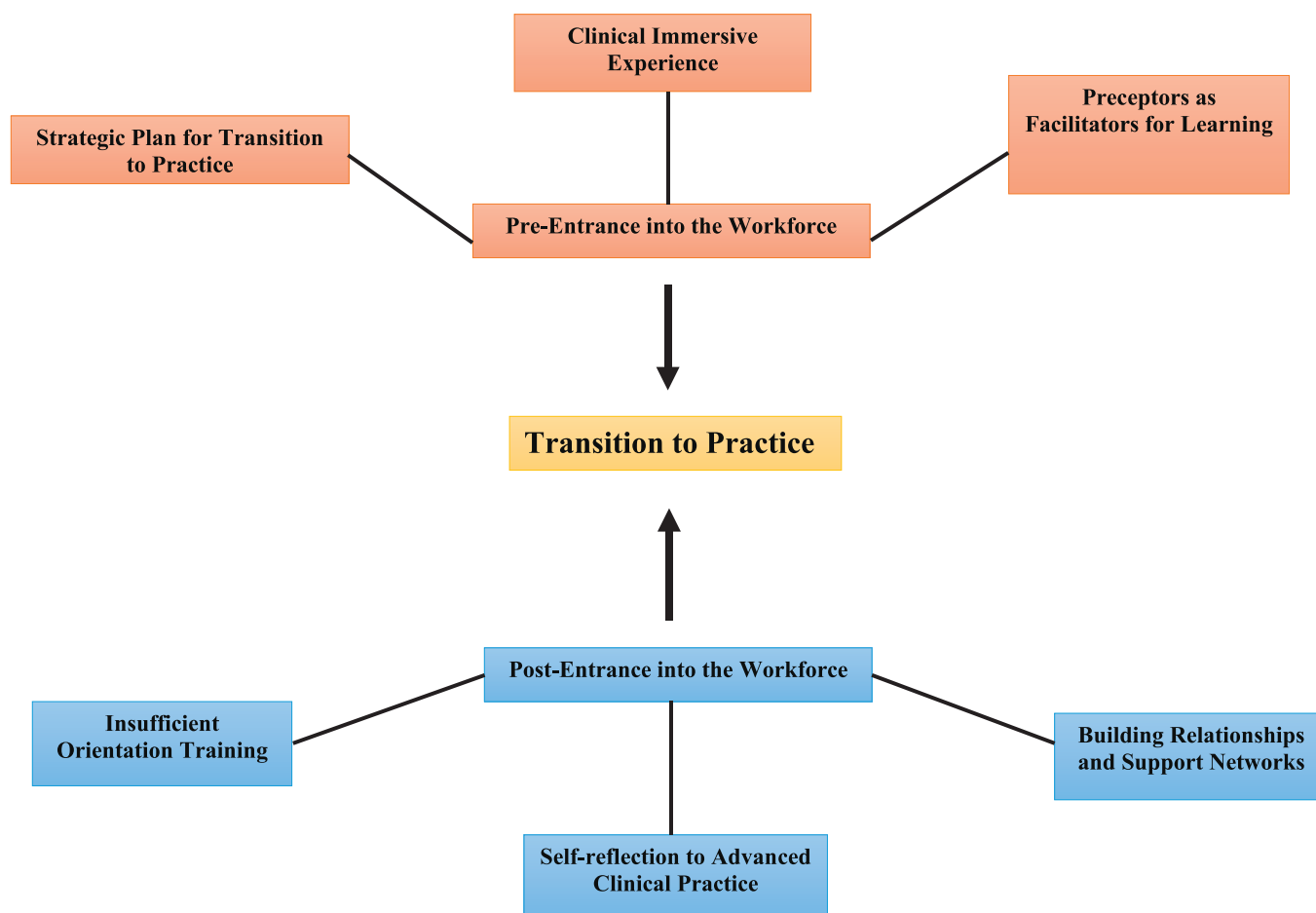
Our participants were able to recognize how their educational experiences were planned with purpose, so as to build upon content knowledge and application in real time. Although our participants recognized the need for didactic work, all discussed the critical role clinical education played in their professional development and readiness to transition.

**Clinical Immersive Experience.** Clinical immersion was a vital initiator that provided insight into "the daily trenches" as discussed by our participants. Victoria's recounting of her educational experiences, and its impact on her professional development illustrates this, as she discussed clinical immersion:

*I was able to get real-world exposure to the athletic profession. I was able to experience how it will be going to work every day instead of just being an athletic trainer halfway through the day. I was able to apply what I learned in the classroom to the situations I found myself in. The classroom is always a more controlled environment, while at the clinical sites it is much more thinking on your feet.*

The immersive clinical experiences were discussed as key to preparing for transition to clinical practice, as they allowed

**Figure 2.** All primary themes and subthemes were strategies and resources participants recognized, which in turn contributed to their transition-to-practice process.



for an appreciation of the totality of the role of the athletic trainer each day, rather than in short periods of time. James was able to explain how the immersive clinical experience was vital to his preparedness for postgraduation:

*Yes, the immersive experience was necessary, I would even say it was critical. Nothing compares to being there every day and not having anything else on your schedule. Not feeling like an outsider to the players, coaches, and other staff. It helped us develop the soft skills that are just as important for an athletic trainer. Those skills aren't a focus in the classroom, so to have an opportunity to work on them before a paycheck is on the line means everything.*

Chloe also had a similar experience with her immersive clinical rotations, as they were an integral part in her becoming confident and prepared for entering into the profession after graduation.

*I strongly believe that immersion clinical rotations are necessary for transition into clinical practice. They allow for a full experience of what it's like to be an athletic trainer every day, as well as allow for deeper clinical reasoning and decision-making that don't occur when you only spend a couple of hours a day 5 days a week with a rotation. Any rotation is better than no rotation, but no, the part time clinicals did not provide the same level of impact that the immersion rotations did.*

The above quotes, as shared by our participants, summarize a readiness to transition into clinical practice as an athletic trainer because they were given the opportunity of real-world experience and patient encounters and the opportunity to gain autonomy.

**Preceptors as Facilitators for Learning.** Preceptors were identified by our participants as teachers, who provided them not only with the necessary experiences to transition to practice, but also the opportunity to practice their skills in real time. For example, Robert talked about how his preceptors were able to allow him to “be,” which helped with skill development and rapport with his student-athletes. He recounted, “The preceptors allowed me to have responsibility with the student athletes, so I can build that kind of trust and relationship factor with them as well.” Preceptors have the ability to supervise the students on how they apply their didactic knowledge and help guide them towards success. Charlotte described how 1 preceptor contributed to building her knowledge and skills:

*I think my biggest experience was the experience with the roller derby, because she was one of my few preceptors that also didn't go to the same university I did. She [my preceptor] taught me a lot of techniques that were new [to me] that I still use but then also I got the most diverse experience through her. So, when I think the first time, I ever felt a positive XYZ test was with her and so a lot of that knowledge I take like through into my practice.*

Our participants described preceptors who were facilitators for hands-on learning, which was important for their professional development. Avery explained, “My preceptor did a good job, throwing us in. I think having been thrown in even more would have been helpful and sometimes it was easy to kind of hide from things that scared me.” Mia, when reflecting on her transition to clinical practice and the role her education played, cited her preceptor as key to her success. During her last semester, her preceptor was an advocate of independence:

*One of my last clinical rotations that was at a high school and my preceptor basically just let me run the athletic training room. Obviously, they were still there, making sure I was doing everything right, but they let me be the athletic trainer at that school and everything went through me instead of my preceptor. So, I think that really helped in order to be my first job at a secondary school kind of being able to organize things and have my kind of flow of things down.*

Our participants recognized their preceptors as an important piece in their professional development, as the preceptor facilitated their transition into clinical practice by giving them the chance to be an athletic trainer through guided autonomy.

## Post-Entrance Into the Workforce

**Insufficient Orientation Training.** Orientation sessions facilitated by human resources are a common practice used to onboard a new employee; however, our participants reported either having an ineffective orientation session or not having one at all. Emma shared, “I received no orientation training to my current job. I was a new head athletic trainer so I wish they would have offered some type of guidelines of like what was expected.” Many of our participants shared feelings on “being thrown to the wolves,” with no orientation sessions to help them gain awareness of the organizational expectations. James’s experiences highlight this practice, as he said about his transition,

*No formal orientation. It was very much a learn as I went, which also had to be in the first 18 hours. So, I had to rely and fall back on my training, education, confidence, what I know, and how I know how to do it.*

Olivia, like many of our participants, shared a trial-and-error transition experience, as she reflected on her first few days on the job:

*I was given keys and a binder full of paper and that was pretty much it. The AD [athletic director]/head football coach said I need you to figure out who’s cleared. Then he said all of your storage stuff is in this closet; however, right now I need to know who’s going to be cleared for next week and if you have what you need to start a football team. I said okay and so that was all the guidance I was given.*

Only a few participants reported having an orientation session; however, they realized the insufficiency of those training sessions. These participants described orientation sessions that were a general overview of the employer; however, there was no guidance or expectations for the athletic trainers themselves. Victoria described this exact scenario when discussing her onboarding experiences, “I mean, for like a new employee training, yes [I had an orientation], but as far as athletic training, no. They just said this is the school district’s

handbook and if you have any questions, it’s in there.” Even though athletic trainers are resourceful, they also recognize that having an orientation session to their specific setting would have better prepared them in terms of what to expect and the various guidelines of their settings.

**Self-reflection to Advanced Clinical Practice.** Our participants discussed being reflective as part of their onboarding process. This practice led to the recognition for continued training or experiences to become a better practitioner within their settings. Emma explained that as she became inducted into her role, she identified a need for improved mental health knowledge/skills. She was inspired to obtain more training:

*I pursued a mental health certification because I saw a need with my athletes, and I would say it has had a positive effect. I think a lot of those mental health ones make me take into account other people’s situations and perspectives.*

Chloe, like Emma, quickly realized she had more to learn, as she reflected on her performance and her student-athletes’ needs:

*I saw that those with deficits in my practice that I could have helped my athlete better and I wish that I had been able to provide that service myself. I want to elevate myself as a clinician and just the way I think in the way that I’m able to evaluate and treat my patients and get them back to their goals and get them back to the field and help them achieve their goals better.*

As health care continues to evolve, athletic trainers must stay current and up-to-date with best practices. By continuing to obtain certifications and have individual resources at their disposal, athletic trainers will continue to provide the best care possible for their patients. Robert explained his take on various resources,

*I’m not trying to really pigeonhole myself into one specific area. So, I think having different certifications or different extracurricular involvement in different areas is going to kind of help me go down a specific path.*

Overall, athletic trainers had the determination to seek out these individual resources to further their knowledge and skill set. The athletic trainers were able to recognize the needs of their patients and their own practice and was able to advance their skill set to continue to provide the best possible care.

**Building Relationships and Support Networks.** As our participants transitioned into their new roles as athletic trainers, they recognized the need to develop professional networks for support. The relationships were twofold: they provided them with continued feedback as they transitioned as well as clarification of organizational nuances as they were introduced. Robert described the mentorship he received:

*I was definitely drawn more towards the PT/AT, CSCS [physical therapy/athletic trainer, certified strength and conditioning specialist] supervisor out of the group. Him and I were just personalities-wise, pretty identical and the way that we handle certain things [was] really identical. I feel like that’s because I was with them [both supervisors] for a good amount of time. So, I would definitely say that he [PT/AT, CSCS supervisor] has always been my mentor. Even though I’m in a different state [now], I will still call him, text him*



*from time to time, just check in, but also maybe just pick his brain about something.*

Our participants discussed networking groups as helpful in their transition, as they not only provided a sense of community by reducing feelings of being on an island, but also provided an informal mentor network. Avery, when talking about her transition experience, shared about a networking group that was developed within her region:

*We now have a great network of 18-plus athletic trainers all around the valley where we all communicate and kind of talk and go through stuff. What happened was our world kind of combined with the valley. So, they had a group of 6 or 7 and we had 2 or 3 other groups of 3 or 4 people. And what we did was we just put them all together because now we're at the same company and we now have monthly meetings together. I think we have a group chat and an app that we all are on where we can, hey, I need help with this or I have this, what would you do, when we can kind of bounce ideas off each other.*

Social media platforms were also discussed as networking groups, with individuals sharing similar experiences (ie, employment settings). Platforms such as Facebook, Twitter, LinkedIn, and others allowed our participants to connect with other athletic trainers in similar employment settings. Natalie talked about using a Facebook group to support her transition. She offered, "The Facebook page is one tool I utilize a ton, whether it's looking through the files, asking questions, you know, whatever it might be, or for networking." The use of social media and mentor networks helped support transition to practice for our participants.

## DISCUSSION

Understanding transition to practice has become a central focus within athletic training, particularly as the athletic training research agenda encourages investigating strategies for professional preparation.<sup>26</sup> Until recently, transition to practice has focused on the baccalaureate student, not the graduate. The graduate student is a unique individual because of their commitment in pursuing the athletic training profession, which allows their focus on athletic training to no longer compete with other courses or degree requirements such as general studies, liberal arts, and foundational sciences.<sup>27,28</sup> The graduate student also only has 2 years to obtain their clinical education experience versus the previous 3 to 4 years at the bachelor level. In the past, athletic trainers have sought out graduate assistantship or other professional socialization opportunities to aid in their transition to practice.<sup>21</sup> With the degree transition to an entry-level master's, athletic trainers may not have professional socialization opportunities,<sup>21</sup> which makes it even more important that athletic training students learn to transition directly into the workforce as part of their professional education.

Our study is one of the first to examine this topic from a perspective of the graduate student who has completed the transition process and been introduced into their professional role. Our results suggest that transition to practice is supported by the planned curriculums and experiences athletic training programs offer to their students. Moreover, the clinical immersion experiences were seen as a favorable mechanism for our participants, supporting this addition within program standards for an accredited program. Once

our participants had become credentialed and were working in their positions, they recognized that they needed to have a better orientation experience to become more familiar with their new positions, yet they also found value in self-reflective practices and support networks to help them transition effectively.

## Pre-Entrance Into the Workforce

Athletic trainers recognized they were able to apply content and clinical skills on real-life patients in real-life scenarios during their clinical education experiences. Based on the CAATE standards, clinical education experience can be broken down into 2 categories: clinical integration experience and clinical immersive experience. The clinical immersive experience consists of a practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers. Both types of clinical education experiences allow the athletic training students the opportunity to gain confidence and autonomy as they are preparing to transition to practice. However, for athletic trainers, the clinical immersive experience was vital to their transition because it allowed them to see the intricacies of the profession. The immersion clinical experience allows athletic training students to engage in a realistic work environment, refine their skills and techniques, and allow them to build relationships with other professionals.<sup>29</sup>

Because more time is spent in an immersive setting versus the traditional integration setting, athletic training students tend to be more confident in themselves and their skills, are able to build relationships with their patients, and generally gain more respect for the athletic training profession.<sup>21,29</sup> Similar results were found with nursing programs that used clinical immersion experiences and had nursing students reporting feeling prepared to transition to practice. Some nursing programs choose to use clinical immersion experience to enhance the clinical education experience and found clinical immersion allowed nursing students to gain confidence in performing assessments, managing patients, seeing patient outcomes, and engaging and collaborating with interprofessional health care providers.<sup>30,31</sup> Research has also shown that nursing students who experience a clinical immersion in a specific environment have more role socialization and feel more equipped and competent to transition to practice in that professional setting.<sup>32</sup> For athletic training students, the clinical immersive experience creates a connection by allowing them to have complete and authentic insight into professional behaviors, displayed by their preceptors, and assists with providing a better understanding of the transition-to-practice process. By this practice, previous research has determined athletic trainers are more likely to transition and demonstrate those learned skills as a novice practitioner.<sup>27,33</sup>

Not only were the clinical immersive experiences fundamental to the development of athletic training professionals, but the preceptors also guided, facilitated, and mentored the athletic training students for the transition to practice. Preceptors were recognized by athletic trainers as the facilitators for their learning and development. The preceptors create an environment that allows athletic training students to perform skills and make independent decisions through guided autonomy.<sup>33,34</sup> This type of autonomy not only allows the athletic training student to gain confidence, but also allows those



independent decisions to be made all while receiving feedback.<sup>35</sup> Our data agreed with Neil et al<sup>36</sup> that by integrating athletic training students in all aspects of patient care, the preceptors are providing them with authentic experiences that will ultimately prepare them for the athletic training profession.

Not only can preceptors help the athletic training students build autonomy<sup>34</sup> during real-life patients encounters and real-life scenarios, they also are viewed as positive role models and mentors<sup>37</sup> to young professionals, whom they can use during and after their transition to practice. Previous research from Walker et al<sup>10</sup> emulated our data on how athletic trainers viewed their preceptors during their MAT programs. As a part of developing and preparing the athletic training student, preceptors are there to provide complete and honest feedback. Walker et al<sup>38</sup> found their participants wanted and needed honest feedback from their mentors, which in turn allowed them to enhance their performance and have a better understanding of various clinical concepts. Not only were preceptors seen as facilitators of learning, but our data showed preceptors were also viewed as mentors for the athletic trainers during their transition to practice. Athletic trainers found reassurance<sup>38</sup> from preceptors as they discussed the diverse autonomous decisions they were now making.

### Post-Entrance Into the Workforce

During the transition-to-practice process, athletic trainers recognized their employment setting offered insufficient orientation training to help assist in their transition to practice. Even though previous research did find that most supervisors do believe athletic trainers have the knowledge base and clinical skills to fulfill their roles and responsibilities,<sup>20</sup> the majority of our participants discussed that their employers were not completely understanding of the roles and responsibilities athletic trainers possess. Insufficient orientation training was also identified by Walker et al,<sup>10</sup> who found role ambiguity among athletic trainers because there was no orientation training that provided clear roles and responsibilities. However, supervisors and employers should and could continue to assist athletic trainers with valuable onboarding materials<sup>39,40</sup> such as but not limited to individualized orientation training,<sup>41</sup> reviewing the policy and procedures manual, reviewing the emergency action plan, meeting the athletic staff and other vital personnel, and a list of athletic staff and contact information, along with any other information the athletic trainer may need to provide the best care possible for their patients.<sup>42</sup> Previous research has shown that orientation training that includes the aforementioned onboarding materials enhances the transition to practice.<sup>12–14</sup> Transiting to practice is unsettling enough for an athletic trainer; however, to help ease the worry and anxiety, employers should provide orientation training specific to roles and responsibilities of the athletic trainer within the employment setting in which they were hired. Even if a form on onboarding does not occur, athletic trainers continue to be resourceful and search for other ways to assist them with fulfilling their roles and responsibilities in their settings.

Athletic trainers can recognize when they need to seek outside assistance because of the lack of orientation training, mentorship, or networks. The majority of athletic trainers were able to acknowledge the areas in their own

clinical practice that needed continual improvement and sought out various opportunities through continuing education units (CEUs), certifications, or courses. Athletic trainers also recognized specific needs within the populations they serve and sought out CEU opportunities to improve those needs. Previous research has also determined that by seeking out these CEU opportunities, course, or certifications, athletic trainers stay current on best practices in the profession and feel they are able to provide the best care possible to their patients.<sup>43</sup> Along with seeking out specific continuing education opportunities, athletic trainers recognize the importance of and invest their time in developing various relationships with their fellow professionals.

Athletic trainers build relationships with mentors and networking groups to assist in fulfilling their roles and responsibilities. Previous research has shown these relationships can be vital for athletic trainers, especially in their transition to practice, but also as they continue to gain experience in the profession. Formal and informal relationships allow athletic trainers to receive guidance and support in various experiences throughout their career.<sup>10,20,21,37,38,44</sup> By establishing these types of relationships, employers provide athletic trainers with optimal opportunities to succeed and prosper in both their setting and their profession.

### Limitations and Future Research

Our research provides a brief representation of the perceptions of athletic trainers who have graduated from a professional MAT program. Although the results of this qualitative study were based on the saturation of data, these perceptions were from 12 athletic trainers, which may not fully represent the entire athletic training population. Recruitment for this study was performed through a convenience sampling of social and professional networks; thus, participants may have had some bias based on similar experiences, which may not fully represent the entire athletic training population. Results of this qualitative study did not reflect athletic trainers in a specific employment setting, but rather a broad population who are employed in the traditional setting. Future research could evaluate the potential differences in resources provided to assist athletic trainers to fulfill their roles and responsibilities in specific employment settings. Because perceptions were gained through the point of view of only the athletic trainer, employers or supervisors may have different perceptions on what was provided to the athletic trainer to aid in their transition to practice. Future research could continue to explore and educate employers on their knowledge of the athletic training profession in various settings. If employers are provided with more education on the athletic training profession, they may be willing to provide a more efficient onboarding process that is specific to the employment setting. Future research could also explore the role of the collaborating physician/medical director in the orientation process. Athletic trainers tend to have a close working relationship with a collaborating physician/medical director in the traditional setting, and it would seem these individuals could assist with the onboarding process through an orientation training session.

## CONCLUSIONS

Overall, athletic trainers can determine the importance of their program's distinct intentions to prepare them for their transition to practice. These intentions are in the form of didactic coursework and clinical integration experiences, as well as the clinical immersive experience. There is still evidence that athletic trainers are not receiving sufficient orientation training to their employment settings. Because of this continual issue, athletic trainers have since relied on their own educational knowledge, past experiences, and resources. They can be self-reflective and seek out various CEU opportunities to elevate their own clinical practice or to address the needs of the populations they serve. Furthermore, athletic trainers remain resourceful by also building and establishing relationships and networking groups to assist them in fulfilling their roles and responsibilities. These formal or informal supports have allowed them to flourish in various experiences within their employment setting and the profession.

## ACKNOWLEDGMENTS

We would like to thank all of our participants who took the time to complete the interviews. We would also like to thank Dr Stacy Walker and Dr Tom Bowman for serving as our content experts.

## REFERENCES

1. Hanson CE, Rocks JE, Longenecker PD, Van Dop E. Athletic training education reform. October 2020. Accessed January 7, 2022. [https://etd.ohiolink.edu/apexprod/rws\\_etd/send\\_file/send?accession=otbn161099572507585&disposition=inline](https://etd.ohiolink.edu/apexprod/rws_etd/send_file/send?accession=otbn161099572507585&disposition=inline)
2. Resources. NATA. April 30, 2018. Accessed January 7, 2022. <https://www.nata.org/professional-interests/job-settings/college-university/resources>
3. Mazerolle SM, Bowman TG, Dodge TM. Athletic training student socialization part I: socializing students in undergraduate athletic training programs. *Athl Train Educ J*. 2014;9(2):72–79. doi:10.4085/090272
4. Mazerolle SM, Bowman TG, Dodge TM. Athletic training student socialization part II: socializing the professional master's athletic training student. *Athl Train Educ J*. 2014;9(2):80–86. doi:10.4085/090280
5. Mazerolle SM, Eason CM, Clines S, Pitney WA. The professional socialization of the graduate assistant athletic trainer. *J Athl Train*. 2015;50(5):532–541. doi:10.4085/1062-6050-50.1.03
6. Mensch J, Crews C, Mitchell M. Competing perspectives during organizational socialization on the role of certified athletic trainers in high school settings. *J Athl Train*. 2005;40(4):333–340.
7. Pitney WA. The professional socialization of certified athletic trainers in high school settings: a grounded theory investigation. *J Athl Train*. 2002;37(3):286–292.
8. Mazerolle SM, Dodge T. Considerations for the use of the observation experience to aid in early socialization and retention of athletic training students. *Athl Train Educ J*. 2014;9(2):54–58. doi:10.4085/090254
9. Klossner J. The role of legitimation in the professional socialization of second-year undergraduate athletic training students. *J Athl Train*. 2008;43(4):379–385. doi:10.4085/1062-6050-43.4.379
10. Walker SE, Thrasher AB, Singe SM, L. Rager J. Challenges for newly credentialed athletic trainers during their transition to practice. *J Athl Train*. 2019;54(11):1197–1207. doi:10.4085/1062-6050-387-17
11. Mazerolle SM, Kirby J, Walker SE. A narrative analysis: examining the transition to practice for the full-time secondary school athletic trainer. *J Athl Train*. 2018;53(3):303–311. doi:10.4085/1062-6050-45-17
12. Walker SE, Thrasher AB, Mazerolle SM. Exploring the perceptions of newly credentialed athletic trainers as they transition to practice. *J Athl Train*. 2016;51(8):601–612. doi:10.4085/1062-6050-51.9.12
13. Mazerolle SM, Walker SE, Thrasher AB. Exploring the transition to practice for the newly credentialed athletic trainer: a programmatic view. *J Athl Train*. 2015;50(10):1042–1053. doi:10.4085/1062-6050-50.9.02
14. Thrasher AB, Walker SE. Newly credentialed athletic trainers' perceptions of their transition to practice. *J Athl Train*. 2020;55(1):88–95. doi:10.4085/1062-6050-429-18
15. Groenewald T. A phenomenological research design illustrated. *Int J Qual Methods*. 2004;3(1):42–55. doi:10.1177/160940690400300104
16. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349–357. doi:10.1093/intqhc/mzm042
17. Mazerolle SM, Clines S, Eason CM, Pitney WA. Perceptions of support networks during the graduate-assistant athletic trainer experience. *J Athl Train*. 2015;50(12):1256–1266. doi:10.4085/1062-6050-50.11.09
18. Crutcher B, Moran RN, Covassin T. Examining the relationship between social support satisfaction and perceived stress and depression in athletic training students. *Athl Train Educ J*. 2018;13(2):168–174. doi:10.4085/1302168
19. Creswell JW. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 3rd ed. Sage Publications; 2009.
20. Compton S, Simon J, Harris L. Employer perceptions of newly credentialed athletic trainers as they transition to practice. *J Sports Med Allied Health Sci*. 2019;5(1). doi:10.25035/jsmahs.05.01.05
21. Bowman TG, Mazerolle SM, Barrett JL. Professional master's athletic training programs use clinical education to facilitate transition to practice. *Athl Train Educ J*. 2017;12(2):146–151. doi:10.4085/1202146
22. Gray LM, Wong-Wylie G, Rempel GR, Cook K. Expanding qualitative research interviewing strategies: Zoom Video Communications. *Qual Rep*. 2020;25(5):1292–1301. Published online 2020. doi:10.46743/2160-3715/2020.4212
23. Archibald MM, Ambagtsheer RC, Casey MG, Lawless M. Using Zoom videoconferencing for qualitative data collection: perceptions and experiences of researchers and participants. *Int J Qual Methods*. 2019;18:160940691987459. doi:10.1177/1609406919874596
24. Candela AG. Exploring the function of member checking. *Qual Rep*. 2019;24(3):619–628. Published online 2019. doi:10.46743/2160-3715/2019.3726
25. Guion LA. Triangulation: establishing the validity of qualitative studies. Department of Family, Youth, and Community Sciences, Florida Cooperative Extension Service, Institute of Food and Agricultural Sciences, University of Florida. 2002. Accessed January 7, 2022. <http://edis.ifas.ufl.edu>

26. Eberman LE, Walker SE, Floyd RT, et al. The prioritized research agenda for the athletic training profession: a report from the strategic alliance research agenda task force. *J Athl Train*. 2019;54(3):237–244. doi:10.4085/1062-6050-374-18
27. Edler JR, Eberman LE, Walker S. Clinical education in athletic training. *Athl Train Educ J*. 2017;12(1):46–50. doi:10.4085/120146
28. Richardson R, Herzog V, Merrick M, et al. Professional education in athletic training: an examination of the professional degree level. Presented to the National Athletic Trainers' Association Board of Directors; December 2013.
29. Eldred CM, Neil ER, Dougal ZJ, Walker SE, Grimes AM, Eberman LE. Preceptor perceptions of the immersive clinical experience in athletic training education. *Athl Train Educ J*. 2021;16(1):42–52. doi:10.4085/1947-380X-20-36
30. Saxton R, Nauser J. Students' experiences of clinical immersion in operating room and emergency department. *Nurse Educ Pract*. 2020;43:102709. doi:10.1016/j.nepr.2020.102709
31. Fowler SM, Knowlton MC, Putnam AW. Reforming the undergraduate nursing clinical curriculum through clinical immersion: a literature review. *Nurse Educ Pract*. 2018;31:68–76. doi:10.1016/j.nepr.2018.04.013
32. Doerner ME, Swenty CF. The effect of a perioperative clinical immersion on senior nursing students' perception of readiness to practice: a quality improvement project. *AORN J*. 2019;109(2):193–200. doi:10.1002/aorn.12581
33. Mazerolle SM, Benes SS. Factors influencing senior athletic training students' preparedness to enter the workforce. *Athl Train Educ J*. 2014;9(1):5–11. doi:10.4085/09015
34. Bowman TG, Pitney WA, Mazerolle SM, Dodge TM. Program directors' perceptions of reasons professional master's athletic training students persist and depart. *Athl Train Educ J*. 2015;10(1):57–64. doi:10.4085/100157
35. Mazerolle SM, Bowman TG, Barrett JL. Autonomy, mentorship, and feedback: the core of clinical education in athletic training. *Int J Athl Ther Train*. 2016;21(6):40–47. doi:10.1123/ijatt.2016-0043
36. Neil ER, Bacon CEW, Nottingham SL, Kasamatsu TM, Eberman LE. Preceptors' frequency and supervision of athletic training students' medical documentation during clinical education. *Athl Train Educ J*. 2019;14(3):182–190. doi:10.4085/1403182
37. Bowman TG, Pitney WA, Mazerolle SM, Dodge TM. Description of professional master's athletic training programs. *Athl Train Educ J*. 2015;10(1):39–46. doi:10.4085/100139
38. Walker SE, Singe SM, Cavallario JM. The role mentoring plays in the transition to practice of newly credentialed athletic trainers. *J Athl Train*. 2021;56(3):227–233. doi:10.4085/1062-6050-0242.20
39. Morrison RE, Brantner TM. What enhances or inhibits learning a new job? a basic career issue. *J Appl Psychol*. 1992;77(6):926–940.
40. Thrasher AB, Walker SE, Hankemeier DA, Pitney WA. Supervising athletic trainers' perceptions of professional socialization of graduate assistant athletic trainers in the collegiate setting. *J Athl Train*. 2015;50(3):321–333. doi:10.4085/1062-6050-49.3.67
41. Walker SE, Mazerolle SM, Thrasher AB. Orientation tactics utilized in postprofessional athletic training programs. *Athl Train Educ J*. 2016;11(3):138–145. doi:10.4085/1103138
42. Thrasher AB, Walker SE. Orientation process for newly credentialed athletic trainers in the transition to practice. *J Athl Train*. 2018;53(3):292–302. doi:10.4085/1062-6050-531-16
43. Edler JR, Eberman LE. Factors influencing athletic trainers' professional development through continuing education. *Athl Train Educ J*. 2019;14(1):12–23. doi:10.4085/140112
44. Professional programs. CAATE. Accessed March 14, 2021. <https://caate.net/professional-programs/>