

The Professional Socialization of the Graduate Assistant Athletic Trainer

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Context: The graduate assistant athletic trainer (AT) position often serves as one's first experience working independently as an AT and is also an important aspect of the professional socialization process. The socialization experiences of graduate assistant ATs have yet to be fully explored.

Objective: To understand the socialization process for graduate assistant ATs during their graduate experience.

Design: Qualitative study.

Setting: We conducted phone interviews with all participants.

Patients or Other Participants: A total of 25 graduate assistant ATs (20 women, 5 men) studying in 1 of 3 academic tracks: (1) accredited postprofessional athletic training program ($n = 8$), (2) postprofessional athletic training program ($n = 11$), or (3) a nonathletic training degree program ($n = 6$). The average age was 25 ± 5 years, and the median age was 24 years. Participants were certified by the Board of Certification for an average of 2 ± 0.4 years.

Data Collection and Analysis: We analyzed the data using a general inductive approach. Peer review, field notes, and

intercoder reliability established trustworthiness. Data saturation guided participant recruitment.

Results: The ability to gain clinical independence as a practitioner was an important socialization process. Having the chance to develop a relationship with a mentor, who provided support, guidance, and more of a hierarchical relationship, was an important socializing agent for the graduate assistant AT. Participants used the orientation session as a means to understand the expectations and role of the graduate-assistant position. Academic coursework was a way to achieve better inductance into the role via the opportunity to apply classroom skills during their clinical practice.

Conclusions: Socializing the graduate assistant blends formal and informal processes. Transition to practice is a critical aspect of the profession; thus, supporting autonomous practice with directed mentoring can promote professional maturity.

Key Words: onboarding, clinical reasoning, independence, mentorship

Key Points

- Professional socialization of the graduate assistant athletic trainer occurs through a mix of formal and informal processes that promote role understanding.
- Graduate assistant athletic trainers sought clinical independence but also recognized the value of continuing education, feedback, and mentoring to improve their skills.

Socialization within athletic training has received increasing attention over the last decade, as it provides a foundation for understanding the recruitment and retention of athletic training students and professionals.^{1,2} The socialization process starts early as an individual begins the process of career planning by fact finding, observing, and shadowing professionals holding positions of interest. This process is often referred to as *anticipatory*. The more specific, detailed portion of the socialization process occurs when the individual is engaged in specific training for the selected career; this, too, is referred to as *anticipatory socialization*. Once the individual completes the specific processes or requirements of the profession and enters the workplace, the *organizational socialization* process begins. This aspect of socialization is often referred to as *onboarding*.¹ Despite the knowledge and skills a person learns during educational training, organizational socialization is a specific mechanism that allows him or her to gain a detailed understanding of the

roles and responsibilities related to the particular organizational environment.

Most literature on socialization in athletic training has focused on a distinct point in time during which an individual is engaged in anticipatory socialization or an athletic trainer (AT) is being socialized into the workplace. Socialization encompasses a blend of formal and informal processes that are rooted in mentoring and general orientation sessions designed to create awareness of policies and expectations.² Interestingly, the graduate assistant AT appears to be engaged in both processes: as a student in an educational setting, possibly gaining more didactic knowledge, while practicing clinically and being socialized by the organizational process of providing patient care. Despite this, investigators have not evaluated the processes that help the graduate assistant AT gain role understanding and inductance, an important factor in reducing role complexity and ambiguity.³

A graduate assistant serves in a supportive role as a way of gaining additional experience to increase future employment options. The graduate assistant model has been described as allowing for independence in clinical practice but involving mentoring for the development of advanced clinical practice.⁴ Furthermore, the role of the graduate student provides a small developmental step toward preparation for a future full-time role as an AT, especially in the National Collegiate Athletic Association Division I setting. Pitney⁴ found that the graduate-assistant position was helpful in preparing ATs for future roles in the collegiate setting, as it helped them to envision role responsibilities and expectations.

Graduate assistant ATs have a choice of 3 academic program routes for an assistantship: (1) accredited postprofessional athletic training (APPAT), (2) postprofessional athletic training (PPAT), and (3) nonathletic training (NAT). The APPAT programs are accredited by the Commission on Accreditation of Athletic Training Education (CAATE) and are designed to prepare ATs for advanced clinical practice while exposing them to research and scholarship to enhance patient outcomes and quality of care.⁵ Postprofessional athletic training programs are not accredited by CAATE but do provide an educational degree that advances the AT's knowledge and offers clinical practice experiences. Conversely, an NAT program allows a graduate assistant AT to major in almost any educational program the college or university offers, without a focus on the applied knowledge of athletic training concepts. Common graduate degree offerings include sports administration or management, allied health, and education. In most NAT programs, mentoring and communication do not occur between educational program administrators and athletic training supervisors (eg, head AT).

Informal and formal socialization occurs in the educational and organizational settings, and often mentorship is the groundwork of these processes.⁶ Moreover, a graduate assistant athletic training position is viewed as a rite of passage to obtain a full-time position, particularly in collegiate athletics.² Scholars have examined socialization with the intent of using the findings to provide practical, viable practices that will better socialize ATs into their various roles. Because graduate assistant AT positions are essential in professional development and the next step in the learning process, it is important to understand the socialization experiences associated with them. The purpose of our study, therefore, was to obtain a better understanding of how graduate assistant ATs gain an appreciation of their role within their employment setting.

METHODS

Research Design

The data presented in this paper are part of a larger study examining the overall experiences of the AT in a graduate-assistant position. We selected a qualitative research paradigm, following the general inductive approach, because we were interested in learning more about ATs' experiences related to understanding their roles as graduate assistants and as ATs and how these processes help them gain inductance into their role. We used this inductive approach because it generates theory directly from the data,

unlike the deductive approach, which tests a theory or hypothesis against the data. Individual phone interviews were conducted with all participants to allow for flexible dialogue between them and the researchers. We selected phone interviews because dialogue can be continuous between the participant and researcher, and they allowed us to gain access to many participants from a regionally diverse population.

Participants

All participants needed to meet the following criteria: (1) enrollment in a CAATE APPAT program, PPAT program, or NAT program; (2) being a Board of Certification-certified AT; and (3) graduating at the end of the semester. We selected second-year graduate assistant ATs, who could reflect on their experiences in their role. Using a maximum-variation sampling underpinning, we recruited participants who were involved in 1 of the 3 types of graduate programs coupled with an assistantship position.

A total of 25 graduate assistant ATs participated in this study: 20 women and 5 men. The average age was 25 ± 5 years. Participant demographics can be seen in Table 1, which also describes their programs, National Athletic Trainers' Association (NATA) districts represented, and whether the academic program had a thesis requirement. Although all participants were enrolled in academic programs at a Division I university, they held various clinical assignments, including intercollegiate athletics, high school outreach, research and teaching positions, and nontraditional settings. All participants were completing the second year of their assistantship at the time of our interviews, and they had been certified for an average of 2 ± 0.4 years. Academic majors were athletic training, exercise science, health promotion, medical science, physical education, public administration, sports management, and tourism administration. Degree requirements varied by academic program and included a master's thesis, comprehensive examinations, or a research project (or a combination of these). Of the 25 participants, 8 were enrolled in APPAT programs, 11 in PPAT programs, and 6 in NAT programs. The thesis requirement was completed by 7 APPAT students, 7 PPAT students, and 1 NAT student. A total of 8 of the 10 NATA districts were represented by our participants.

Data-Collection Procedures

To recruit participants within the NAT programs, we used network sampling⁷ and queried professional contacts, including head, associate, and assistant ATs in each college, to determine whether graduate assistant ATs had been recently hired. Those networks ranged across the 10 NATA districts and reflected our own professional contacts. For the contacts at those programs that had recently hired graduate assistant ATs, we provided details of the study (eg, the inclusion criteria described earlier), and we asked them to give the graduate assistant ATs our contact information. To recruit individuals meeting the PPAT and APPAT criteria, we also used our professional contacts, as well as the CAATE Web site, to identify directors of those programs. Following the same procedures, an e-mail was sent to those gatekeepers, who had access to our criteria for participation.

Table 1. Participant Demographics

Program Type	Pseudonym	Sex	Age, y	Years Certified	National Athletic Trainers' Association District	Clinical Setting	Academic Major	Thesis Requirement?
Accredited postprofessional athletic training	Erin	F	24	2	4	D I	AT	Yes
	Alysha	F	26	2	7	Junior college	AT	Yes
	Mia	F	24	2	4	D I	AT	Yes
	Lisa	F	24	2	4	D I	AT	Yes
	Jennie	F	26	4	3	D I	AT	Yes
	Jill	F	25	2	4	D I	AT	Yes
	Abby	F	25	2	4	D I	AT	No
Postprofessional athletic training	Carl	M	24	2	3	D I	AT	Yes
	Brianna	F	24	2	2	HS	Exercise science	Yes
	Alexa	F	24	2	1	D I	Exercise science	Yes
	Erica	F	24	2	1	Middle school	Exercise science	Yes
	Carrie	F	24	2	8	D I	AT	Yes
	Jessica	F	23	2	9	D I	Medical science	No
	Camille	F	23	2	3	HS	AT	No
	Matt	M	25	2	9	Research/teaching assistant	Exercise science	Yes
	Jason	M	47	2	3	D I	AT	No
	Paige	F	24	2	3	HS	AT	No
Nonathletic training	Jackie	F	24	2	2	D I	Exercise science	Yes
	Randi	F	23	2	1	HS	Exercise science	Yes
	Tara	F	24	2	5	D I	Sport management	No
	Emma	F	24	2	3	D I	Tourism administration	No
	Claire	F	23	2	5	D I	Health promotion	No
	Adam	M	26	2	9	D II	Physical education	No
	Mackenzie	F	24	2	5	D I	Public administration	Yes
	Griffin	M	24	2	5	D I	Health promotion	No
Average			25.1	2.1				

Abbreviations: AT, athletic training; D, National Collegiate Athletic Association division; F, female; HS, high school; M, male.

A 2-member research team (C.M.E., S.C.) conducted each phone interview. One researcher led the interview, which was facilitated by the semistructured interview guide (Appendix). The semistructured interview guide was drafted by 3 researchers (C.M.E., S.M.M., S.C.) and based upon the socialization framework, as well as on the existing literature regarding socialization and job satisfaction.² Before data collection, our peer reviewer (a seasoned qualitative researcher) reviewed the interview guide, and then we pilot tested the guide with 2 participants who met the criteria for study inclusion. The pilot data were not used during final analysis, but obtaining them helped the 2 members of the interview team to establish rapport and improve the flow of the session. The pilot test also allowed us to identify if any novel or follow-up questions would emerge from the interview session. Based on our pilot, we determined that we did not need to make any changes to our interview guide.

One researcher (C.M.E.) took field notes during each phone interview as a way of capturing emergent or key findings the participant discussed. The notes were written as a spontaneous aspect of the collection procedures to provide support during the data-analysis process. The use of written notes during interviewing has been discussed as a benefit to the transcription process that allows the researchers to immerse themselves in the data.⁸ The second interviewer led all interview sessions, with the second researcher providing support. All interviews were recorded and sent for transcription to an independent service company to increase the accuracy and timeliness of the process and to reduce researcher error related to the complex process of transcription.⁹ The use of field notes

during interviewing counterbalanced the use of a transcription company, as it allowed us to capture the main meanings of the data as they emerged naturally. Each interview lasted 30 to 45 minutes.

Data Analysis and Credibility

Data were analyzed using a combination of a general inductive analysis and the systematic steps of grounded theory.¹⁰ We selected this analysis to allow us to develop a contextual understanding of the socialization process for the graduate assistant AT, regardless of academic program. A general inductive approach enabled us to focus on the emergent data by completing detailed readings of the transcripts, and the grounded theory steps provided structure in developing a contextual model of the data. During open coding, we read the transcripts in their entirety to gain a full understanding of the socialization process of the graduate assistant. Transcripts were not separated based upon academic degree program but instead were read collectively as each interview was completed. That is, we read each transcript individually and did not connect it with the graduate assistant AT's academic degree program until we had completed the analysis. In the later stages of analysis, as codes and labels were evaluated and compared with other transcripts and field notes taken during the interview sessions, we made connections if we found commonalities regarding the academic degree program.

For axial coding, we created tentative labels for chunks of textual data to capture the essence of the participant's experiences. We recorded the labels along with the chunks of data to support the label (see examples in Table 2).

Table 2. Examples of Coding

Category and Label	Raw Data, No. (%)
Clinical independence	19/25 (76)
Being on my own	
Treated like a certified athletic trainer	
Significant amount of independence	
Making my own decisions	
Mentorship	16/25 (64)
Bouncing ideas with them	
Support of coworkers	
Security of fellow athletic trainers	
Orientation	25/25 (100)
Preseason meeting with supervisor or staff	
Graduate assistant athletic trainer checklist	
Run-down of policies and procedures	
Authentic didactic learning	14/25 (56)
Learned knowledge	
Classroom experience	

During the ongoing, constant-comparison evaluation of the data, we began to identify relationships between our codes and labels, which were then coded accordingly. Specifically, during the constant comparisons, we evaluated the data for commonalities in experiences related to the socialization process. We used our field notes as support when coding and continually reevaluated the codes that emerged as constant. The use of our field notes was helpful in the process, as it allowed us to identify patterns in the data.¹¹ As part of our member-check process, all participants were provided their transcripts before analysis and given the chance to offer feedback and edits; however, the process did not yield any changes. Finally, using our research purpose, we finalized themes by selecting those that were dominant, as supported by the textual data. A *dominant theme* represented an experience or topic spoken of by at least 50% of our participants.

We established trustworthiness of our data by using intercoder reliability and peer review. Two researchers (C.M.E., S.M.M.) with similar educational backgrounds in grounded theory research design and analysis independently coded the data following the aforementioned criteria. The use of intercoder reliability has been suggested as an important step in the process of credibility because it provides rigor during the analysis process, an often-contested element of qualitative methods.¹¹ The researchers shared their transcripts, coding schemes, and definitions of the themes as a means to establish an accurate representation of the data. The intercoder reliability process ended with complete agreement, including label and definition. The negotiations included label names but not content. For example, the terms *autonomy* and *independence* were discussed; the decision was to use the term *clinical independence*. Upon completion of the analysis process, the researchers shared their findings in a manner similar to peer review. The peer review, a critical step in the qualitative research paradigm,¹⁰ was completed with a seasoned researcher who had experience in reviewing and publishing qualitative research design. The process yielded the same outcome as the intercoder reliability process.

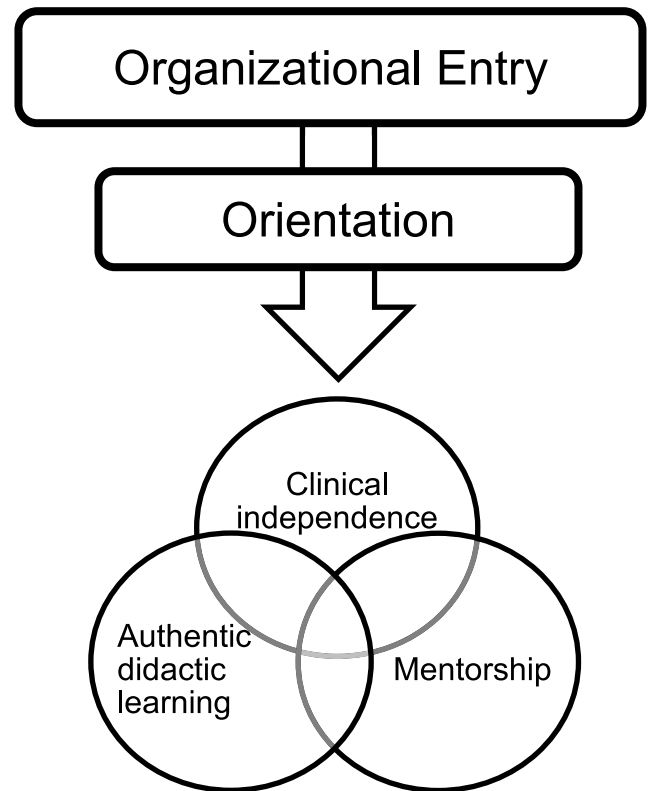


Figure. Professional socialization process of the graduate assistant athletic trainer.

RESULTS

Our general inductive analysis revealed 4 major socialization processes perceived by the graduate assistant ATs as factors that helped them to learn their roles within their positions (Figure). We discuss each theme next with supporting quotes from our participants, who are identified by pseudonyms.

Clinical Independence

The ability to gain independence or autonomy as a practitioner was an important socialization process in their development as ATs. Of the 25 participants, 19 cited clinical independence related to the socialization process in their graduate-assistant positions, including ownership over patient care and decision making regarding treatment protocols, referrals, and return-to-play decisions. For example, Adam spoke about the positive aspects of being treated as a certified AT:

I think the most positive [aspect of my graduate assistant experience] is how much hands-on experience I received. With this graduate-assistant position, being in the Division II setting, I was essentially in charge of women's basketball and cheerleading. I made all the final decisions along with the help of some of our physicians and even this past year with football, my supervisor didn't treat me as a graduate assistant, he treated me as a full-time assistant. I was able to get as much experience as I could handle.

While discussing her experiences and whether she would recommend her position to other future graduate assistants, Jessica shared, "If they are looking for a strong clinical experience, I would 100% recommend it because I mean you are really treated like a certified AT. You are not treated as a graduate assistant or student by any means."

Carrie also enjoyed achieving legitimization through the graduate-assistant role by earning and gaining respect from her athletes and peers:

I really like that I was given full trust and responsibility for my student-athletes. As soon as I got here, you know, I was certified, and I was the one making my decisions, doing everything on my own. I really believe that even though at the beginning was a huge struggle, it really was the best part, being able to be my own athletic trainer from the start.

Having the chance to practice independently in the graduate assistant role offered the AT the chance to better understand the organizational role he or she would play in the future as a full-time employee. The importance of clinical independence was evident; however, the idea of gaining mentorship while practicing autonomously was also discussed. Tara commented, "The ability to be on my own. . . I was given autonomy. I think [the graduate-assistant position] is a great place to start because I always had the security net of my fellow ATs, and the autonomy was great for me."

Mentorship

Having the opportunity to develop professionally through clinical independence was discussed by most of our participants ($n = 19$), yet another important aspect was the chance for mentorship ($n = 16$) while engaged in the graduate assistant AT role. Jackie highlighted the need for a blended approach to clinical practice and the graduate-assistant position:

I wanted to have a significant amount of independence and be a primary AT for a sports team by myself and not have a staff AT working with the same sport. I wanted to gain some autonomy and more confidence in my own skills. Obviously, I wanted to have a staff AT that was available to me, though, and was kind of fulfilling the mentorship role, as opposed to holding my hand and guiding me along the way.

Developing a relationship with a more experienced AT, who could provide support and guidance in more of a hierarchical relationship, was described as an important socializing agent for the graduate assistant ATs. Although gaining clinical independence through the graduate assistantship was important, having the opportunity to seek support and reassurance was also helpful in becoming socialized. Alexa articulated this need:

[My GA position] gave me the hands-on experience and the ability to see that I could handle the team myself. It gave me more confidence in that, but I also had the support of my coworkers and the staff, who have had more experience in the clinical setting. I could go to

them if I had questions, but again, they were not hovering over every decision or every time I did an evaluation; they weren't there. I was the one making that decision. So, having that helped confidence-wise.

Emma, like Alexa, valued the chance to obtain clinical independence but also wanted mentorship. The chance for mentorship allowed the graduate assistant to gain a realistic impression of the role and to be supported in developing skills related to professional practice. When asked which factors influenced the decision for accepting a graduate-assistant position, Emma said, "I really liked that at [school] you were assigned your own team, and while we had a head athletic trainer and full-time staff we could bounce ideas off, it's very much like you have your own team with support."

Mentorship was a natural process within the collegiate graduate assistantship because of the access to many staff ATs. However, in the secondary school setting, mentorship was often gained from a variety of health care providers because of limitations in the number of full-time ATs. Paige noted the importance of interdisciplinary mentorship during her time spent in a clinic and being outsourced to a high school:

I am outsourced, so I am required to be at the clinic for a certain amount of hours per week, so I use those physical therapists and athletic trainers [as resources]. I really am able to hone in on [my skills] by asking them questions and bouncing off ideas with them.

Our participants discussed mentoring ($n = 16$) as a socializing agent. The mentoring was informal and often based on casual relationships with full-time staff members as a means to support professional growth. Mentoring was also viewed by participants as enhancing the clinical independence they received as graduate assistant ATs.

Orientation

All of our participants ($N = 25$) described an orientation, whether it was formal, informal, or absent, as a means to gain an understanding of the expectations and role of the graduate-assistant position. In formal orientation sessions, a supervisor or other member of the athletic training staff reviewed policies and expectations. Lisa recalled

. . . an orientation by our supervising AT. Then we kind of each met separately with our individual supervisors, and it was more specific expectations were given at that meeting at the very beginning of our [assistantship] and then they were revisited at the end of the semester, and then again at the beginning of your second year, and again after the semester.

Jackie said,

When I first started, I was provided a graduate assistant checklist, which is kind of like a packet going through everything I needed to take care of administratively, rehabilitation protocols, and emergency action plans. All those important aspects.

Mia was also given a manual, which helped her gain an appreciation for her role as a graduate assistant AT. When asked about how she learned the expectations of the position, she said, “When we first came in, we were given a manual for the program and just everything was pretty much laid out.”

Jason reflected on the early weeks of his graduate-assistant position as an indoctrination to the role, which provided some foundational knowledge of the expectations. He shared,

We had a 2-week, I guess they call it an indoctrination, or orientation, I guess that is what they call it. So they [staff ATs] reviewed the code of conduct and all the things we were expected to do, all that kind of stuff. So that is really how we learned about [the role].

Abby also had a structured session, during which the policies for and expectations of the graduate assistant were reviewed: “We all met. Right before classes started, we [my classmates and instructors] met and basically were given a rundown of the policies and procedures and how everything would work for the year.”

Most participants described formal orientation sessions that occurred yearly and were a forum to discuss policies and expectations. Carl viewed the ongoing process of orientation as a blend of formal meeting and informal learning sessions:

I met with my clinical supervisors. Some meetings were more formal. Some were less formal and just kind of laid out the way things were and how things operate day in, day out, so on and so forth. So that was part of it. A lot of it to[o] was kind of picking it up as you go. I mean it’s that way with any job. You know, you learned the basics and you know, after that, when you get started, you just find out.

The importance of an orientation session was highlighted by Griffin, who conveyed how the lack of one affected his early role understanding. When asked what would have improved his experiences, he indicated, “Just a better introduction with more clear-cut expectations, like a handbook [could have better prepared me for the role of the graduate assistant].”

Authentic Didactic Learning

Our participants who were enrolled in APPATs and PPATs ($n = 19$) identified engagement in academic coursework as a way to gain better inductance into the role of the graduate assistant AT by applying classroom skills to their clinical practice ($n = 14$). The opportunity to apply classroom knowledge to the clinical aspect of athletic training was helpful as the graduate assistant AT learned more about the role. Jill addressed the concept of integrating information from her academic studies into her clinical assignment: “I was learning [my role] by incorporating the things that I was doing in the classroom into my clinical work.” Applying classroom knowledge to the patient in the clinic was also discussed by Carl as a positive aspect of the graduate-assistant position, which

allowed for professional development and a better understanding:

I feel like I have learned a lot since I have been in graduate school. I speak for myself, but I feel like the major reason a lot of people go to grad school for a master’s degree in athletic training is to gain valuable experience before going out to practice on your own. I feel like I have gained a diverse experience, I have learned a lot, I communicate better, I am better with decision making, and I have really improved as a clinician.

Professional skills and practices were developed and reinforced by learning additional information in the classroom and then implemented while providing patient care in the clinical portion of the graduate-assistant position. None of the NAT participants mentioned their academic coursework as a means of facilitating professional growth or socialization into the role of the AT.

DISCUSSION

Newly credentialed ATs often select the graduate-assistant position as a means to gain more experience in their intended work setting. In fact, the position is often viewed as a rite of passage and a way to transition successfully into the role of the AT.² For an AT who has recently become certified, the graduate-assistant position is often the first time he or she has autonomy and assumes decision-making authority. Despite the significance of this role, little is known about how graduate assistant ATs learn their roles and responsibilities within their work setting. We can draw applications from the existing literature regarding the socialization processes that occur during role orientation and inductance. However, because of the importance of the graduate-assistant position in the transition to practice, understanding the graduate assistant’s perspective is imperative and, thus, was the impetus for our study.

Pitney² identified the importance of formal role inductance during the initial years of socialization. This often starts with the graduate-assistant position, which, as our participants noted, gave them the opportunity to receive a more formal inductance into the AT role. Gaining professional awareness, becoming experienced, and being able to manage caseloads are vital aspects of the first year of clinical practice for the newly licensed nurse.¹² Our findings expand upon the supervised-autonomy model of clinical education.¹³ Although supervised autonomy speaks more to the novice student, it is applicable to the newly credentialed AT, who is placed in a situation that affords independence but provides the structure of mentoring and support from a more experienced, knowledgeable AT. Mentoring can have a profound influence on the professional development of the AT, and, as illustrated by our participants, is viewed as a basic process to aid in continued role inductance.

Clinical Independence

The opportunity to gain more real-world experiences often influences the newly credentialed AT’s decision to pursue a graduate-assistant position,¹⁴ especially as a chance to continue to develop entry-level knowledge and

skills. Clinical independence is achieved when the practitioner is given the ability to use the skills and knowledge learned during educational training. Helping nurses transition from students into practicing nurses is often facilitated by the opportunity to be engaged in the role while gaining feedback on their performance from socializing agents, such as patients and experienced nurses.^{15,16} Paralleling the findings of Klossner,¹⁷ who studied undergraduate students, the concept of autonomy as a socializing mechanism allowed our participants to receive legitimizing feedback and affirmation as they successfully transitioned into the role of a health care provider. Our participants welcomed being treated as full-time staff members but also valued the chance to be mentored and educated, which is fundamental to the graduate-assistant position, because it is inherently viewed as educational.

As previously discussed, program coordinators and clinical supervisors (eg, head ATs) should recognize the importance of directed mentoring. However, they should also recognize the importance of independence in clinical practice; the graduate assistant assumes the role of a certified AT while maintaining the educational and developmental intent of the graduate-assistant position. This recommendation is made in concert with the findings of Thrasher et al,¹⁸ who found that supervisors of graduate assistant ATs promoted decision-making abilities by allowing them to practice autonomously. Independence alone, however, may limit the socialization process if feedback and discourse are not available. This is why mentoring is essential.

Mentoring

The beneficial effect of mentors has been recognized in the medical literature, particularly in academic medicine.^{19–21} Mentorship has boosted personal and career development, as well as research productivity.¹⁹ Additionally, mentors can share life-altering experiences that may inspire erudition, maturity, and professional growth.²² In athletic training, authors²³ of a recent study found that mentors are an essential part of career development. Specific to graduate assistant ATs, Clines²⁴ demonstrated that supervisor support (the mentorship a graduate assistant AT receives from a full-time, experienced staff member) was described by graduate assistants in their second year as an important component of their support systems. This concept of supervisor support demonstrates the hierarchical relationship that is a key foundation of mentorship. Mentors are typically senior members of an organization who purposely embolden and support younger colleagues in their careers.²⁵ Mentors can serve as career guides and are essential figures in times of transition by supporting their mentee's personal growth and professional development by imparting vision while facilitating the development of the mentee's own vision.²⁶ In many instances, mentors act as role models and help a mentee to improve competence, decrease stress levels, and enhance the sense of professional identity.^{27–29}

Previous research²⁹ on mentoring in athletic training observed that athletic training students identified role modeling, effective communication, encouragement, listening, performance feedback, and advice as the most highly rated mentoring skills. Moreover, Pitney and Ehlers³⁰ demonstrated that role modeling and facilitating

skill development were key aspects of a mentoring relationship in athletic training. Our participants valued the access to a more seasoned AT to reach out to or lean on when it came to making decisions or navigating their roles as ATs. By coupling mentoring with independence, the graduate assistant AT position facilitates the transition from student to AT, the next step in role inductance. Clinical practice settings appeared to stimulate varied experiences for the graduate assistant AT in relation to mentoring, being more readily available in the college setting than in the high school setting mostly because of staffing.

The importance of interdisciplinary education or exposure to multiple patient populations and allied health care providers has grown recently, as indicated by updates to the CAATE standards. Programs are encouraged to provide opportunities for their students to engage in experiences that help them appreciate the full spectrum of health care and the need for an interdisciplinary approach to medicine. Although only 1 graduate assistant AT discussed this type of mentorship, it seemed helpful for her to gain socialization into her role. The high school practice setting offers a unique situation for learning, especially if the graduate assistant practices independently without the immediate resource of a peer. Future authors may wish to examine the high school setting and ways to improve the socialization process, as well as the benefits of interdisciplinary exposure.

Orientation

Induction experiences and orientation into a new organization can take many forms. Induction processes can be either formalized, including required orientations or instructional sessions, or very informal, with no mandated orientation and no structure. Jones³¹ explained that organizations use formal tactics by separating newcomers from other organizational members to learn the responsibilities of their roles. Formal tactics increase the degree to which newcomers will share common norms, values, and attitudes that are consistent with other personnel in the organization. With informal tactics, newcomers become part of work groups and learning takes place on the job. Informal tactics allow newcomers great autonomy for different responses. The participants in our study discussed how a formal orientation helped them better understand their role and what was expected of them. Those who did not have a formal orientation felt as though it negatively affected their understanding of what was expected of them and how to handle certain situations. Because graduate assistant ATs often lack experience compared with the full-time staff in an organization, they likely benefit from a more structured, formalized experience. Researchers³² have demonstrated that effective onboarding can lead to improved professional and organizational commitment, reduced stress, and improved performance. Graduate assistant ATs are susceptible to burnout as a precursor to departure from the organization³³; thus, an orientation session that addresses the expectations and responsibilities of the role may reduce the chance for burnout.

Our participants highlighted the concept of onboarding,³⁴ which is a specific, formal mechanism used to educate new employees on an organization's policies and procedures, as well as other pertinent organizational attitudes and

expectations. The use of orientation sessions permeates the athletic training socialization literature; for example, preathletic training students were oriented to program expectations before admission.⁶ Comparably, before assuming their roles, preceptors received formal training on instructional methods and program policies.⁶ The structured mechanism is an effective means to help promote role inductance and reduce role confusion, which positively influences productivity, commitment, and career intentions.^{32,35} Supervisors of graduate assistant ATs should strongly consider offering a formalized orientation session at the outset of each year to reduce the stress associated with the role and aid the ATs in becoming oriented to the position. Moreover, the formal orientation session can be viewed as a means of organizational support, a necessary component to develop professional commitment and role understanding.²

Authentic Didactic Learning

Athletic training students who seek postprofessional athletic training education (via APPATs or PPATs) do so because of a passion for their profession but also as a way to gain continued training and academic mentoring.^{6,36} Our findings thus emphasize that being engaged in classroom learning can also facilitate continued role inductance, as the material is directly related to clinical practice and professional growth for the graduate assistant AT. Although we did not intend to investigate differences between academic coursework and assistantship type, none of our NAT participants reported authentic learning as a socializing agent. Possibly this is because their academic requirements and coursework were not directly tied to athletic training clinical practice and, therefore, did not facilitate role orientation or learning. We speculate that academic and clinical crossover is limited in NAT programs because of the variability in degree offerings and the absence of the collaboration that may exist in APPAT and PPAT programs.

Limitations and Future Research

Our study is not without limitations. The number of NAT participants was less than those in the other academic paths. Despite data redundancy, 6 participants may not be able to speak to all NAT graduate assistant ATs' experiences. A more robust study may help us to better understand the socialization experiences of those ATs who pursue an NAT program. Additionally, future researchers should more thoroughly examine the role and effect of academic mentoring as it relates to clinical practice, career intentions, retention, attrition, and professional commitment. The mentoring our NAT participants received from academic faculty may not have been comparable with the mentoring of our other participants. We also recognize that the literature regarding professional socialization is robust but rooted in qualitative methodology, as was our study. Although the findings generated have yielded comparable results, a more comprehensive study should be conducted to improve the generalizability.

Mentorship is important during the professional socialization process for the graduate assistant AT. Although our findings support this concept, we believe that future authors need to explain the various experiences of mentorship

across practice settings. For example, mentorship can be provided by peers, supervisors, and other health care professionals, yet in the high school setting, the graduate assistant AT is often the sole medical care provider. Unlike the collegiate setting, the high school setting may be deficient in constant, consistent interactions with potential mentors, particularly in the form of a more experienced AT mentoring a novice. Although we studied participants in 3 types of graduate-assistant positions, our purpose was not to investigate differences among them but rather to gain a holistic impression of the socialization process. Future researchers should address the differences noted by those who are employed in various practice settings while engaged in a graduate assistant role. Our data speak to our participants' experiences retrospectively; it would be valuable to gain a longitudinal perspective and collect data during their 2-year experiences as a graduate assistant. We did not present these data, but on several occasions, participants shared their struggles related to adjusting to their new role as first-year graduate assistant ATs; however, they appeared to gain confidence and understanding during their second year. This information suggests that gaining a longitudinal perspective can help supervisors and mentors establish more effective strategies to help orient and mentor the AT during the intense but essential graduate assistant experience.

CONCLUSIONS

The transition from an educational program to professional practice can be stressful as the AT undergoes adjustment to the demands of the new role, including the need to balance multiple responsibilities. Synthesis of the literature reveals that socialization for the AT, regardless of educational level or practice setting, happens through a blended approach whereby informal and formal processes establish role understanding. Our findings align well with this presentation of the socialization process. Role inductance occurs when expectations are clearly communicated through a formal orientation session, but a novice continues to learn over time as he or she engages in the role, while being provided the chance to be mentored to gain competence as a clinician.

Based upon our findings, we have the following recommendations:

1. Formal orientation sessions should be conducted before the start of the graduate-assistant position, as these can aid in role understanding and limit role confusion and ambiguity.
2. A multitiered mentoring process should be established and encouraged. A graduate assistant AT should be assigned a more experienced AT to assist with role understanding and the development of clinical skills. Peer mentoring, such as of fellow graduate assistant ATs, is also necessary to supply and foster role learning.
3. Clinical independence should be a mainstay for the graduate assistant AT. To help facilitate clinical independence, supervisors and mentors should practice ongoing and open communication to help the graduate assistant AT become socialized into the role.
4. Including educational content (ie, advancing the knowledge of the AT) can aid in fostering professional development and socialization of the AT, as it expands

the knowledge base. Our participants spoke of the importance of independence but also the chance to gain feedback and mentoring to facilitate their critical thinking and improve their skills.

Appendix. Interview Guide

1. What process went into your decision-making and final selection of your GA position?
Probe: Who influenced your decision, what resources did you use?
2. How would you describe the relationship between your academic and clinical work?
3. How did you learn about the expectations of the GA position?
4. Do you feel your GA position was accurately presented to you during your interview/tour/etc?
5. Can you describe the relationships between your peers, mentors, and faculty during your educational and clinical experience?
Probe: Do you feel you had a strong support network during your GA? Explain.
Probe: Who provided support?
6. What are the positive aspects of your position?
7. What are the negative aspects?
8. If you had the opportunity what, if anything, would you change about your graduate student and/or assistantship experience?
9. What, if anything, could have better prepared you for the role of the GA?
10. What are your current career goals?
Probe: Over the next 5 years
Probe: In 10 years
11. Reflect back to when you were applying to graduate schools/GA positions. What were your professional goals/objectives?
12. Have your career goals been influenced from your experiences as a GA?
13. Did your career goals/objectives ever change/waver during your GA?
Probe: If they have changed, what do you feel influenced the change?
Probe: If no change, were there any factors that reassured your career objective(s)?
14. If you could pick your GA experience again, would you make the same choice? Explain.
15. Would you recommend your position to another GA candidate? Explain.
16. What advice would you give a new GAAT?
17. What advice would you give the incoming GAAT taking your position?
Abbreviations: GA, graduate assistant; GAAT, graduate assistant athletic trainer.

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