

Support Received During the Transition to Practice for the Secondary School Graduate-Assistant Athletic Trainer

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Context: Transitioning into clinical practice can be stressful for the newly credentialed athletic trainer (AT). The support provided by mentors, peers, and athletic training faculty can increase confidence and enhance the transition. To create specific initiatives for a smoother transition, the perspectives of those in the secondary school setting are needed.

Objective: To examine the transition to practice and mentorship of newly credentialed ATs providing medical care in the secondary school setting.

Design: Qualitative study.

Setting: Secondary school setting.

Patients or Other Participants: A total of 14 ATs (2 men, 12 women; age = 23.0 ± 2.0 years) participated in our study. They were employed in the secondary school setting through graduate assistantships, had been credentialed for less than 1 year, and had completed professional bachelor's degree programs.

Data Collection and Analysis: We completed 14 semi-structured phone interviews. Interviews were recorded and transcribed verbatim. Two researchers independently following the stepwise progression of a general inductive approach

completed the data analysis. Trustworthiness was established through multiple-analyst triangulation, peer review, and member checks.

Results: Two major themes emerged regarding the support received by our participants: past mentors and current networks of professionals. Past mentors provided autonomous learning opportunities during clinical education and then served as resources for guidance and advice. Current networks of professionals were defined by 2 subthemes: professional medical care providers and non-medical care providers within the secondary school setting (ie, athletic directors, coaches, parents).

Conclusions: Former preceptors and faculty provided resources and support to help develop the newly credentialed AT's confidence and facilitate the transition. Preceptors should allow increased independence to help their students develop as clinicians. The creation of networks within the community, that is, the secondary school itself, is also critical in the transition as it provides the AT with role legitimation.

Key Words: mentors, faculty, role legitimation

Key Points

- For the newly credentialed athletic trainer, transitioning to independent clinical practice can be stressful.
- Athletic trainers working in the secondary school setting received support from both their past mentors and current professional networks.
- Current professional networks included both professional medical care providers and non-medical care providers, such as athletic directors, coaches, and parents.

Transition to practice is a process whereby newly licensed or credentialed health care providers begin their progression from educational training to independent practice.¹ This transitory time frame has been described as a process that can take 6 months to 1 year^{2,3} and has been deemed a critical step in developing competence.^{1,4} In some fields, particularly nursing, transition-to-practice programs have been created through a series of mechanisms including mentorship, standardized orientations, and workshops.^{1,5} Using formalized initiatives to help the newly credentialed health care provider transition to practice has been viewed as most effective in supporting the new practitioner so as to reduce the stresses that can accompany the process,⁶ thereby improving patient care⁷ and retention in the field.^{6,8}

Orientation has emerged as a common way for organizations to promote the process of transition, or onboarding, as an individual is introduced to the work setting.⁹ The purpose of the orientation session is to help acquaint the individual with the role he or she will serve, as well as to highlight other important aspects of the setting, including goals, policies, procedures, and role expectations.^{1,9} As in the nursing literature, orientation sessions have emerged as transition-to-practice support mechanisms.^{9,10} However, orientations are often transitory sessions designed primarily to orient the athletic trainer (AT) to the procedures and policies of a workplace. Orientations are described as formal transmission of information, often in a 1-time meeting, from a supervisor to new employees. Yet in athletic training, orientation

sessions may offer a bit more support, particularly if they are conducted over time in learning environments such as postprofessional or graduate degree programs.^{11,12} These sessions are helpful in orienting newly credentialed ATs to workplace-specific expectations and needs^{9,11,12} but may not completely address their transition-to-practice needs.

Another critical part of the transition to practice is mentoring, which is received through a relationship with a more experienced individual.^{1,8} Mentoring can be either formal or informal but is inherently designed to support the new practitioner in an efficient transition to clinical practice.^{1,5,8} The mentor provides the newly credentialed practitioner with continued support during an uncertain time.^{1,2} Mentorship is desired by newly credentialed ATs in their first position after graduation.^{9,13} Support from the mentoring relationship often helps the AT develop more confidence in his or her skills and abilities^{9,14} and eases a time of uncertainty and stress.

Newly credentialed ATs seek positions in a variety of settings, but the secondary school setting appears to be popular.¹⁵ The National Athletic Trainers' Association Secondary School Committee released several recommendations for those transitioning into this setting for the first time, including finding a mentor.¹⁶ Informal support networks¹⁷ were identified as an important aspect of the secondary school setting. That is, ATs in this setting who are relatively isolated call on mentors or other local ATs to learn and continue their professional commitment.¹⁷

Newly credentialed ATs often develop support networks and rely upon them as they transition into clinical practice.^{9,14} Accessibility has been identified as a barrier to developing effective mentoring relationships or feeling supported in a new role.¹⁴ When a mentor or supervisor is not available to provide support or guidance, graduate-assistant ATs may turn to a more seasoned peer or classmate for assistance.¹⁴ Direct mentoring for and development of competence and confidence in and support networks for the newly credentialed AT who selects the secondary school setting for a first position may differ from opportunities available to those who are employed in other settings that may offer more direct and constant interactions with peers and supervisors. For example, in each secondary school, only 1 AT may be employed.¹⁸ Our purpose, therefore, was to explore the experiences of newly credentialed ATs who were transitioning into a position in the secondary school setting. The following questions guided our study:

1. What were the perceptions of newly credentialed ATs regarding the support and mentoring they received during the transition to their roles in the secondary school setting?
2. Did newly credentialed ATs working in the secondary school setting feel they needed additional mentoring, orientation, or support during their transition, and if so, what type of support would be helpful?

METHODS

Research Design

Our study was phenomenologic in nature, as a means to capture the experiences of our newly credentialed or licensed ATs as they transitioned into the secondary school

setting. This method provided us with the backbone for obtaining rich details about our participants' lived experiences during their transition to independent clinical practice.¹⁹ Researchers¹⁹ have suggested using this method of inquiry when the purpose is closely linked to the experiences of a particular group and when commonalities are being examined.

Participants

Fourteen recently credentialed ATs (2 men, 12 women; age = 23.0 ± 2.0 years) participated in our study. All participants held graduate assistantships and were working in either the secondary school setting or both the clinic and the secondary school settings. We limited involvement to those with a graduate assistantship because we expected those individuals had experienced a different transition than did ATs employed full time in the secondary school setting. Previous transition-to-practice and socialization literature^{10–12} suggests that a baseline of support is available to those in graduate assistantships, which is why we focused on this group. Our participants reported spending, on average, 28 ± 6 hours each week providing medical care in the secondary school. All but 2 had had a clinical education experience in the secondary school setting before being employed as a graduate assistant. We provide individual information for each participant in the Table.

Instrumentation and Procedures

A semistructured interview guide (Appendix) was used during our interview sessions, which lasted approximately 30 to 40 minutes. The interview guide allowed us to dialogue with our participants freely while using a set of standard interview questions for consistency. All 3 authors (S.M.M., S.E.W., J.L.K.) interviewed participants; thus, the structure of the guide ensured consistency. We were also in constant communication regarding the interviews as a means to ensure that we asked similar questions of all participants. Before obtaining institutional review board approval, we invited an external researcher to review the interview guide. The external researcher was an athletic training educator who supervised ATs in a graduate program that placed students in the secondary school setting. The peer-review process is paramount in qualitative research, as it supports the rigor and credibility of the procedures.¹⁹ We used the researcher's feedback to improve the clarity and content of the interview guide and to ensure we would meet our research aims. Before data collection, we pilot tested the instrument with 2 newly credentialed ATs who were practicing in the secondary school setting. Their feedback provided minor edits to help improve the flow of the interview and interpretation of the responses. Data collected in the pilot test were not used for analyses, as the 2 ATs had been practicing clinically for longer than 1 year.

After institutional review board approval was granted, we recruited through a purposeful-sampling¹⁹ procedure that allowed us to gain access to participants who had less than 1 year of clinical practice as an AT. Using our professional networks, we contacted program directors of Commission on Accreditation of Athletic Training Education–accredited professional bachelor's and master's programs to gain access to potential participants who met the inclusion

Table. Participant Demographics

| Participant (Pseudonym) | Age, y | Sex | Secondary School Work, h/wk | Athletic Trainers Employed by Secondary School, No. | Secondary School Experience During Professional Education? |
|----------------------------|--------|-----|--------------------------------|---|--|
| Carol | 22 | F | 20 | 1 | Yes |
| Dana | 23 | F | 30 | 1 | Yes |
| Doris | 23 | F | 30–35 | 1 | Yes |
| Estelle | 22 | F | 25–30 | 1 | Yes |
| Helen | 22 | F | 25–30 | 2 | Yes |
| Jerry | 22 | M | 20–40 | 3 | No |
| Joanne | 30 | F | 30–35 | 1 | Yes |
| Kramer | 23 | M | 25 | 1 | Yes |
| Marla | 23 | F | 15–20 | 2 | Yes |
| Renee | 24 | F | 30 | 2 | Yes |
| Ruthie | 24 | F | 15–20 | 2 | Yes |
| Sue | 23 | F | 20 | 2 | Yes |
| Susan | 22 | F | 20–30 | 2 | Yes |
| Tina | 23 | F | 30 | 2 | No |

Abbreviations: F, female; M, male.

criteria of being credentialed or licensed for less than 1 year and working in the secondary school setting for at least 20 hours per week. Additionally, we recruited participants during the 2015 National Athletic Trainers' Association Clinical Symposia & AT Expo. After the participant consented, a phone interview was scheduled. Each interview was recorded and transcribed verbatim for data analysis. Data saturation was met with our 14th interview. Saturation was established by our ongoing analyses, which encompassed memoing during each interview session. The memos served as impressions of key elements of each interview session, which allowed us to confirm saturation.

Data Analysis and Credibility

We followed the phenomenologic approach to data analysis²⁰ to make the most sense of the experiences related to support gained during the transition to clinical practice in the secondary school setting. The first 2 authors (S.M.M., S.E.W.) completed the process independently to establish rigor and reduce bias in the analyses. First, we read the interview transcripts holistically to gain an appreciation for the experiences of our participants. During these purposeful readings, we attempted to bracket our presuppositions regarding what we felt our participants might need or experience during the transition process.¹⁹ Also, for the analysis, we needed to remain open to emergent findings during our readings of the data, a concept referred to as *intuition*.^{19(p193)} This process allowed us to become immersed in the findings and identify key experiences related to the transition process. Our analyses were also ongoing, using a constant-comparison process to link our data together. We used multiple readings of our data to ensure an accurate description.²⁰ Authors S.M.M. and S.E.W. exchanged coding schematics electronically and then verbally discussed the coding. Negotiations about content occurred, including labeling of the textual data that were not content. Agreement was reached and is reflected in the final presentation of the data.

We were able to establish credibility by following the guidelines established for a phenomenologic study,¹⁹ which included an adaptable but planned interview framework, specific analysis procedures, and credibility mechanisms. Our credibility strategies included our peer review of the

study design before data collection, researcher triangulation during our analysis of the data, and member checks (ie, having participants verify the accuracy of the transcription process before data analysis).^{19,20}

RESULTS

Our participants received mentorship and support from past mentors, professional educational training, and a current network of professionals (Figure). *Past mentors* were those individuals who had provided guidance, support, or supervision during the student's educational training before he or she accepted the current position. The theme of *current networks of professionals* described support provided by medical care professionals and non-medical care professionals within the secondary school community. Pseudonyms are used to identify our participants.

Past Mentors and Professional Educational Training

Our participants discussed the importance of their past mentors and preceptors who provided them the chance to engage in autonomous learning opportunities. Such engagement allowed them to gain role understanding during their professional education and to receive continued support now that they were practicing independently. That is, our participants felt as though their educational experiences, specifically in the secondary school setting, along with those preceptors who offered clinical supervision, were instrumental in providing support. Past mentoring and exposure to the secondary school setting were important but not necessarily viewed as dependent on each other. Sue and Tina both said that "having someone" to reach out to, in particular "a past preceptor" as a resource or support system, was helpful. Dana often contacted her previous preceptors for support during her transition. In fact, she admitted that her former preceptor was a mentor:

I've kept in touch with many preceptors that I had through my undergrad. Some days, well, some of the very first injuries that I was in charge of as an athletic trainer, I sent a text like, you wouldn't believe this happened to me. They were like, but I'm sure you were ready. Just reassuring like that has been really helpful

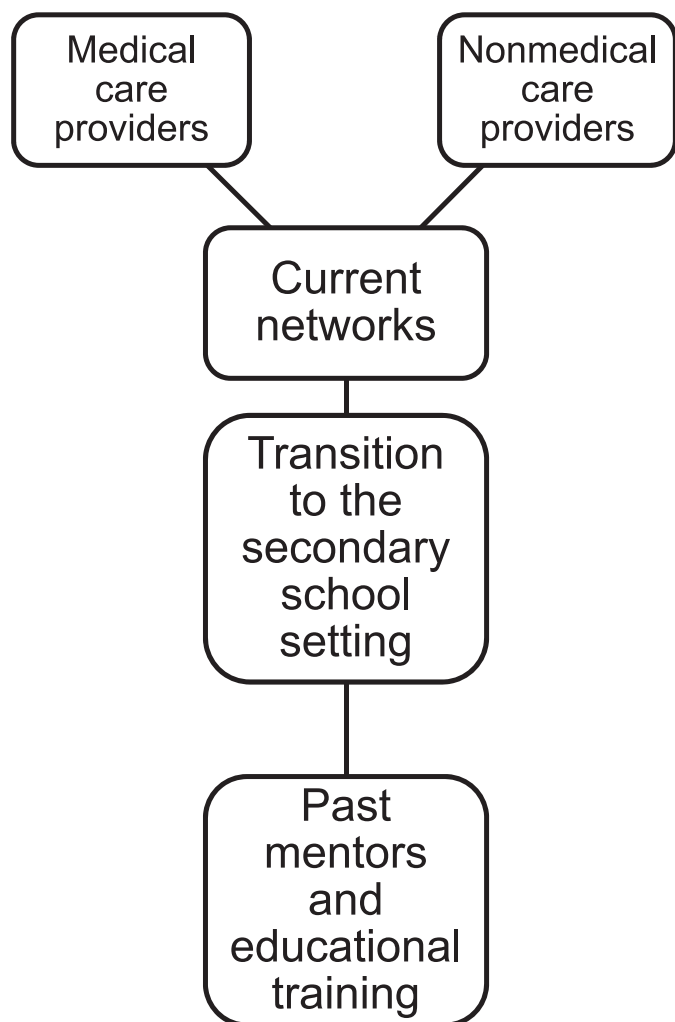


Figure. Support networks for athletic trainers transitioning to the secondary school setting.

whether it ever played out or not just knowing that other athletic trainers that I may have look[ed] up to, that were there when I was learning are still there. I've never had an athletic trainer that I worked with or underneath of belittle me. They [are] always just super supportive.

Dana was not alone in her ability to reach out to her past preceptors to gain support and mentorship as she transitioned. Marla felt that having access to past preceptors who served as mentors was helpful and reduced the feeling of being isolated in clinical practice, which can happen in this practice setting:

Also I've stayed in pretty good contact with a couple of my former preceptors, so when I have questions about stuff, even my own high school athletic trainer. If I'm not sure if something is being done the way that it's supposed to be or if I said, "Oh well, would this work that way?" "Have you ever seen this before, that kind of thing?" I have someone to like bounce ideas off of. I'm not just alone.

Our participants believed their past preceptors were an additional resource for their transition to the secondary

school setting. That is, preceptors were receptive to and helpful in providing support, guidance, and reassurance for their transition into clinical practice within the secondary school setting.

Having independence while being directly supervised was also mentioned as important in the transition to the secondary school setting. Renee and Ruthie discussed how their preceptors recognized they needed to think for themselves and perform duties as credentialed ATs. Marla discussed the influence of her preceptor during her final clinical education experience:

During my last rotation, my preceptor was really good about seeing me as a senior, the year that is going to be you [taking control]. You need to start being comfortable with taking the lead on things and not looking over your shoulder every time you do an evaluation and all those kinds of things and really knowing your skill and being sure of yourself. If you are not sure of yourself, why would anybody else be sure of what you're telling them?

Doris had a similar experience:

As a senior in undergrad, basically in any athletic training program, your goal is to ideally practice independently. My preceptor did a really good job of letting me run the show as he called it. He would just sit back. He had other roles within the school too, but he was always there when I was there. He just let me kind of take over the clinical side of things. That was pretty fun, and I think it helped in building my confidence with working with the high school now.

Much like Doris, Helen attributed her confidence during her transition to the secondary school setting to her preceptor. Helen's preceptor provided experiences before certification that translated to her ability to function as a credentialed AT:

My preceptor did [play a role in my transition]. For example, when I was at [XX] High School during my senior year of college, their athletic trainer was always there pretty much watching over me. He was like, I trust you, and I know you can handle this. But, being the athletic trainer, I want to know. I have to keep an eye on you too, but he would let me interact with parents. He would let me interact with ADs [athletic directors]. He would let me interact with the athletes too. I got a diverse interaction with people.

Helen's quote also illustrates the importance of direct exposure to performing many different skills while in the secondary school setting as a way to gain support during the transition to the setting. Dana said, "If I hadn't had some rotations at a high school, I think there would have been other things that caught me off guard." Regarding the transition to the secondary school setting, Carol noted, "It is good to have a previous experience with the high school, because what I found in my undergraduate [clinical education] is high school is a completely different breed than college."

Past mentors in combination with the secondary school experience were viewed as important factors in the

transition to the secondary school setting, as summed up by Marla:

They [my preceptors] did a really good job at that school of getting me prepared for working in the high school setting. That way when I got here and got into my high school position, it didn't feel new. Some of my classmates who are in high schools have never worked in high schools before, and they're just like I don't even know what do to with them. How do you talk to them? I'm like, they're people. You talk to them like they're people. I think that made it just a little bit easier. It was something that I was used to. It was, I'm used to dealing with parents and the coaches, and sometimes freshmen are whiney. Sometimes they're going to do this and that sort of thing. I know I personally had a great transition. I think a lot of that was just because of the very last rotation that I had. They wanted to make sure when I left there that I was solid, especially after I found out I was going to be at a high school.

Capitalizing on previous experiences with preceptors who allowed autonomous practice during clinical education was helpful for the transitioning AT in the secondary school setting.

Current Networks

Our participants spoke about having current networks of professionals who provided support and mentorship as they transitioned to the secondary school setting. The networks included medical care providers, such as athletic training faculty and peer graduate students, as well as those individuals who were considered constituents of the setting, such as coaches, student-athletes, and athletic directors.

Medical Care Providers. Our participants discussed the benefits of having a network of professionals who could stimulate and foster their role transition, mostly by advancing their knowledge and providing support and feedback. Our participants viewed these health care professionals as individuals who, because of shared knowledge and values, could provide guidance and informal feedback. Sue acknowledged a current direct supervisor as instrumental in her transition by creating an environment that was supportive and nonthreatening. Sue described her head AT's role in her transition to practice: "She never makes me feel stupid for asking questions, which I am very thankful for. She is available, even when she's not present at work. She has been the biggest help as far as transitioning."

Jerry discussed the influence of his current professors, who served as resources and support during his transition:

The professors that we work with, or I guess they teach us in our classes. They always, the first 5 to 10 minutes of class, we go around the room and everyone touches on something that's going on in their high school or in their clinical setting. If they have a case that's kind of bugging them or it's not going as they planned, we can talk about it and discuss it. If there was some really cool incident and that is a case that no one's really seen or heard of, we'll touch on that.

Tina discussed the support from her academic "family" and the role it played in her transition to the high school position:

The most support I received, besides my classmates, was our program director who is also the clinical coordinator. He was a good resource, we met probably once a month at the beginning and end.

Dana felt that her "faculty at my graduate institution have been helpful, because they are just so supportive throughout the transition." She added, "So because it is a graduate assistantship we have our professors, the second years, doctoral students, things like that, which help us [transition]." Her comments reflected a supportive infrastructure that is built on formal experiences in didactic and clinical education.

Relying on peer-group support for "bouncing ideas" or "brainstorming" and "reassurance" was commonly expressed during the interview sessions. Estelle commented, "I use my classmates a lot. I have a girl who really we've gotten to be really close, and there are days in the afternoons when I'll call her and say, hey this is what I think." Like Estelle, Joanne depended on her peers as a support system:

I do have support from my classmates who are also athletic trainers who are in the secondary school setting. I guess like bouncing off ideas and getting support from them was pretty much what I had.

Peers also provided feedback, which helped our participants feel more confident as they transitioned. Kramer explained:

I think even just having that support where you can go, and I live with classmates too, so you go back and say hey this is what happened today. This is how I handled it and having either my roommates and classmates or in class the next day and classmates and professors being like oh I think you handled it right just kind of not being out on your own and being like wondering. You kind of can get used to feedback not exactly on what you're doing but kind of on your thought processes and stuff.

Ruthie discussed the inherent nature of support and professional growth that can occur within the graduate-student cohort:

So fortunately for me in the program that I'm in, we're all certified athletic trainers, and we're all practicing clinically. A lot of times we have like a group text message that if one of us has like maybe something, like the other day we had a guy (one of our classmates) send out a text message to see if anybody had a good post-ACL [anterior cruciate ligament] operation protocol, because it was something he wasn't familiar with.

Peers were helpful because of their ready availability and similar needs as they transitioned to the secondary school setting. When providing recommendations for newly

credentialed ATs transitioning to the secondary school setting, Dana shared,

The other thing I would say is find a safety net. If you're the only athletic trainer at a high school, find neighboring athletic trainers in the same system, maybe somebody who's been there for longer who can offer you advice. Whether it be if you're in a new state, the practice act or the laws in the area or if it's a previous athletic trainer that's worked there, maybe if you're having an issue how to best approach a situation, who to go to, anything like that, anyone you can ask a question to, because not asking doesn't help. Finding someone you feel comfortable enough to ask any number of questions to I think is the other big key to being successful in your first year.

Many of our participants also described the importance of reaching out to the previous AT for support and orientation to the role in the secondary school setting. Jerry said simply, "Go ahead and talk to the athletic trainer that was there before you, as it can be helpful." Like Jerry, Kramer solicited advice and guidance from the previous AT: "I think one of the best things I did was I talked to the previous athletic trainer. I was able to kind of get what worked for him. He knew the little quirks of everyone and helpful tips."

Requesting support from those who preceded them helped our participants gain encouragement and ultimately role understanding as they transitioned to the secondary school setting and clinical practice for the first time.

Non-Medical Care Providers. Our participants also addressed the value of building relationships with coaches, athletic administrators, and student-athletes who were an integral part of the secondary school setting. These individuals were not medical care providers but shaped the workplace environment in the secondary school setting. Obtaining support from non-medical care providers was viewed as helpful. For example, Susan said, "I guess just having a support system of peers and finding your mentor and knowing that your mentor doesn't have to be an athletic trainer or it doesn't have to be your supervisor" can be helpful during the transition. Doris observed, "Building the relationships that I did with my coaches and getting the trust of them and then of the athletes, I'd say was a huge success in my transition." Jerry, too, felt that these relationships provided support during his transition: "I have really enjoyed the community feel and the interactions that I have with the student-athletes, parents, and coaches." Carol explained, "I think the biggest [factor in my] success [transitioning this year] is actually just getting to know my athletes, getting you know, just like having that relationship with them." Joanne illustrated the value of gaining support from supervisors and administrators during the transition to the setting:

It's been great for me [my transition]. My athletic director has always been on my side, extremely understanding, supportive in whatever it is I chose, whether I chose to hold an athlete who's a high-profile athlete who may be looking at, getting looked at by colleges. He still supported me, which is probably the

best thing I could ask for, because he's on the ground every day.

Dana also felt that transitioning to the secondary school setting was made easier because of "my athletic director who is there day in and day out. To have him always having my back, is one of the biggest survival tricks to being new in a high school." She continued:

A lot of athletic directors are into it for the competition, and the[y] enjoy the kids, and they enjoy just the lifestyle that is created around athletics. I enjoy that too, but with that you have to understand there's a reason for medical decisions. If they weren't supported by your athletic director, then you would make your job incredibly challenging. Coming into a situation where my athletic director that I was working with already knew all this made the transition for me even more smooth in that regard.

Having the support of her supervisor and his understanding of her role in the setting was beneficial to her successful transition.

Doris commented on the support offered by non-medical care providers:

The relationships that I have, and that probably helped it become a better experience I guess. My athletic director is great. She keeps me in the loop with things that she doesn't really even need to, but it makes me feel like I am a part of the community, which is great. My coaches are awesome. I don't ever have to feel like I'm on anyone's bad side even with injuries, which is good. So that has helped. Then just the athletes in general. They're very grateful for the things that I do. They're very respectful. They make coming to work a lot of fun.

It is obvious from our findings that support from various individuals in the secondary school setting also affects and can enhance the transition to practice for newly credentialed ATs.

DISCUSSION

Newly credentialed ATs often look for mentorship to gain role legitimization as they transition to independent clinical practice.^{9,10,12} Mentorship frequently provides feedback as well as support for the AT who is still seeking recognition and validation to build self-confidence.⁹ Unlike the collegiate setting, in which support is readily available,^{9,10,21} the secondary school setting can be more isolated. Thus, gaining an understanding of how support is garnered can be helpful in providing encouragement for newly credentialed ATs in this setting.

Past Mentors and Professional Educational Training

Mentoring is a common tactic used by graduate programs to support the transition to practice of newly credentialed ATs,¹² and therefore, it is not surprising that our participants recognized their former mentors and preceptors as resources to help them transition to practice. Furthermore, mentoring relationships are founded on the premise

that a lifelong relationship is formed^{2,22}; thus, our results suggest that this is indeed the case, as our participants sought advice and support from these individuals even after graduation. Being honest, trustworthy, respectful, humanistic, and accessible are essential attributes of a mentor.²³ Once in this relationship, the mentee likely feels at ease reaching out, despite the lack of daily interactions. As Kram²⁴ suggested, the mentoring relationship is often redefined once the mentee gains the confidence and skills to succeed. Moreover, a fundamental aspect of clinical education and supervision by a preceptor is providing role modeling and mentoring to the student²⁵; as a result, effective mentoring may help support the transitioning AT as he or she recalls past support and applies it to the current situation. In fact, it has been suggested that a clinical mentor or preceptor is the critical link to helping a student become ready to transition into autonomous clinical practice.²⁶ The terms *mentorship* and *preceptorship* are often used interchangeably, and at times rightfully so, as preceptors who are viewed as mentors inspire and promote professional commitment in mentees and stimulate them to develop pride in their future role.²⁷

Our findings also illustrate that an AT who is provided with autonomous learning opportunities before transitioning to clinical practice feels prepared to practice independently. This is likely because he or she has real-time exposure and learns to apply the skills necessary to transition to clinical practice. A realistic clinical education experience offers students an awareness of their future roles; through self-discovery and active engagement, they assimilate into their roles.²⁸ The process of assimilation often occurs through legitimization, which is frequently spearheaded by a preceptor.²⁸ Preceptors can profoundly influence role transition because they serve as gatekeepers to real-time learning and exposure to the skills and functions of an AT.²⁹ In addition to the influence of preceptors, engaging in clinical experiences in the secondary school setting itself was perceived as assisting in our participants' transitions. The secondary school culture is different than the collegiate setting (eg, patients are minors, there is increased interaction with school administration and parents), and this exposure allowed the participants to model their preceptors when navigating the setting. Educational standards³⁰ require athletic training programs to offer students a diversified experience, and our research shows how clinical experience in the secondary school setting provides educational value.²⁸ As more ATs are employed in the secondary school setting and demand grows, programs should continue to involve preceptors who practice in the secondary school setting. Moreover, initial attractors to athletic training include exposure to the role of the AT during athletic participation in secondary school, as many recruits recognize the influence their secondary school AT had on the decision to pursue this career.³¹ Again, mentors and direct exposure can be helpful in the transition to clinical practice, as they provide awareness and understanding of role expectations.

Current Networks

An attractor to the graduate-assistant position is continued practice as an AT in a supported role.^{14,32} Inevitably and despite meeting the standards for clinical practice, a

newly credentialed AT desires continued support and guidance. Transition from student to practitioner is considered challenging not only within athletic training but also in other health care professions such as nursing^{1,2}: nurses cite significant stress when graduating from their baccalaureate programs. Mentorship, thus, has been the primary means to reduce this stressful period for nurses and ATs alike.^{1,2,9}

Our findings suggest that mentorship developed organically as the graduate-assistant AT had resources such as program faculty, preceptors, and peers for support and additional learning. Previous literature^{12,14} has suggested that this is a benefit of the graduate-assistant model in the transition to credentialed AT. The graduate-assistant model will soon dissolve as the professional master's model is phased in; however, practical applications can be drawn from the benefit of the graduate-assistant role. Simply, the idea is founded on apprenticeship, whereby the newly credentialed AT is still reviewed as a trainee but is able to function with more independence. This is true, too, for newly credentialed nurses, as they are often paired with a more experienced nurse (preceptor) for support during the transition.¹⁻³ The basis of the relationship is that the newly credentialed care provider has a supporter during the transition. Thus, although the graduate-assistant model has fundamental elements that may create a more transparent means to facilitate mentorship, future offerings such as doctorate of athletic training and fellowship programs can, much like the graduate model, support transition to practice through mentoring. Professional discourse with peers and faculty helped the transitioning AT gain legitimization from those who had role understanding and role congruency. *Legitimation* is simply the process whereby the AT can gain acceptance into the role via engagement in the role, feedback, and support.³²

Gaining legitimization from various stakeholders on the sports medicine team is critical in the socialization process,³² and this finding echoed true for our participants. Our participants shared the importance of gaining the trust and support of their administrators, coaches, and student-athletes. In fact, they felt comfortable in transitioning because these individuals provided awareness of and feedback on their role within the secondary school setting. Initial confidence may be low as ATs gain exposure to their new environment; however, feeling welcomed and supported by their coworkers enables them to transition. Role perceptions and understanding are facilitated by coworkers,³³ which was also true for our participants in the secondary school setting. Successful role performance is necessary for ATs as they become socialized into their future roles,³² and this is often accomplished by forging relationships and assuming ownership over the process. Although legitimization is often founded on feedback provided by those who are in a position that the student or practitioner aspires to, Klossner³² noted that legitimators for athletic training students can be student-athletes, coaches, preceptors, and peer mentors.

LIMITATIONS AND FUTURE DIRECTIONS

We collected our data retrospectively as our participants were nearing the end of their first full year in secondary school clinical practice. Although this allowed us to gain

perspectives on a full year of clinical practice, we know that onboarding usually occurs during this time frame. Thus, future researchers should collect data longitudinally, starting with the first few days of clinical practice and then at specific time points during the first year. We can then identify how role engagement affects the AT's transition and perception of needs.

We collected data from only those ATs who were employed in the secondary school setting via a graduate-assistantship position. This position inherently provides support networks, as peers were critical to transitioning to independent clinical practice. For the newly credentialed AT who is employed directly by the secondary school or via an outreach contract, inherent support networks may not be as readily available. Therefore, future investigators should explore the perspectives of those who are not serving as graduate-assistant ATs. Because the preceptor role appears to be a major factor in the transition to practice, we recommend studying the characteristics of preceptors who enhance the transition to practice. Such information could enhance the development of preceptors.

Our sample included only 2 male graduate-assistant ATs. Although we do not believe that sex is a mitigating factor in the transition to practice in the secondary school setting, it is possible that our predominantly female sample had different outlooks on their experiences of professional development. Future researchers should pursue a more balanced sample of men and women transitioning into the secondary school setting to interpret our findings.

CONCLUSIONS

Transitioning to independent clinical practice can be a stressful time for the newly credentialed AT. However, mentoring appears to assist in the process. Athletic trainers working in the secondary school setting gain support from their baccalaureate-program mentors as the relationships appear to continue. Both current and past mentors were supportive in the transition process as they appreciated what was expected and could provide feedback that helped the newly credentialed AT feel validated. It is interesting that those who were not medical care providers also provided support during the transition process. Specifically, they offered understanding of the politics and nuances of the setting, which in itself was helpful in developing the AT's role understanding, a necessary aspect of developing confidence in one's role.

Appendix. Interview Questions^a

1. What is your BOC certification date?
2. Do you work as an athletic trainer for at least 20 hours a week in the high school setting?
3. Did you hold another athletic training job or complete and internship prior to taking your current position in the high school setting?
4. How old are you?
5. What is your gender?
6. What type of professional AT program did you attend (undergraduate or graduate level)?
7. What type of position do you currently hold?
8. How many hours, on average, do you work daily?

^a Presented in their original form.

9. How many hours, on average, do you work weekly?
10. What is the length of your contract?
11. How often do you see your team physician (hours per week)?
12. Approximately how many student athletes do you interact with daily?
13. How many athletic trainers are contracted at your high school?
14. Do you have any additional responsibilities outside of direct patient care?
15. Can you talk a little about your career goals? What has influenced the goals you've just described?
16. Can you describe what attracted you to your current position in the high school setting?
17. Who is your direct supervisor? If he/she is not an AT, is this individual familiar with athletic training?
18. Can you describe your day-to-day responsibilities?
19. Over the last year, what have you come to enjoy about your current position?
20. If you could change anything about your current position/role, what would it be? Please explain.
21. Did you have previous experience in this setting? If so, please describe it.
22. What role did it have in your transition to the setting?
23. Can you describe the interactions you have with other healthcare professionals and athletic trainers daily, weekly, monthly?
24. What support was in place to help you transition into your role as a high school athletic trainer? Do you have an assigned mentor? Who do you go to when you have a patient care question?
25. Can you discuss your relationship with your Athletic Director? How would you describe your interactions?
26. Was anyone instrumental in your transition into the high school position?
27. Was the support that was in place adequate to help you feel comfortable and successful as an athletic trainer in the high school setting?
28. What are some of the challenges you faced during your first year as an athletic trainer?
29. Would these be different if you were practicing in a different setting?
30. What are some of the successes you had during your first year as an athletic trainer? What went well?
31. What would have benefited you in your transition into clinical practice at the high school setting?
32. Over the last year, how did you maintain your professional enthusiasm? Your personal life?
33. What advice would you give to an athletic trainer who has just accepted a job as a high school athletic trainer?

Abbreviations: AT, athletic trainer; BOC, Board of Certification.

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