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Transition to Practice for Graduate Assistant Athletic Trainers Providing Medical Care in the Secondary School Setting

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Context: Transition to clinical practice can be challenging for newly credentialed athletic trainers (ATs), who are expected to immediately step into their roles as autonomous clinicians. For those providing care in the secondary school setting, this transition may be complicated by the fact that many practice in isolation from other health care providers.

Objective: To explore the transition to practice of newly credentialed graduate assistant ATs providing medical care in the secondary school.

Design: Phenomenologic qualitative study.

Setting: Secondary school.

Patients or Other Participants: The 14 participants (2 men, 12 women; age = 23.3 ± 2.0 years) 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. A general inductive approach was used for data analysis. Trustworthiness was established through multiple-analyst triangulation, peer review, and member checks.

Results: *A period of uncertainty* referred to a time during which participants were anxious as they began practicing independently. *Legitimation through role engagement* signified that as the period of uncertainty passed, participants developed more confidence in themselves and legitimation by engaging in their role. *Acclimation through physician communication and professional relationships* highlighted the importance of developing a relationship with the team physician, which provided a source of feedback and support for continued growth and confidence.

Conclusions: To prepare for this period of uncertainty, educators and preceptors should encourage students to interact with members of the health care team and communicate with parents and coaches. Employers should implement initiatives to orient newly credentialed ATs to their roles, provide clear job expectations, and assign or assist with identifying mentors. Newly credentialed ATs should seek support from many different individuals, including the team physician, who can provide support, feedback, and encouragement.

Key Words: role inductance, legitimation, feedback

Key Points

- For newly credentialed athletic trainers, learning how to communicate and develop relationships with a variety of individuals in their new work environment is crucial to building support networks.
- During the newly credentialed athletic trainer's transition to practice, the employer should assist by being clear about job expectations and encouraging the development of a mentoring relationship.

Transition to practice is described as "not simply change, but rather the process that people go through to incorporate the change or disruption into their lives,"[1(p324)] and this period typically spans the first year of employment.[2,3] As health care providers transition from education to professional practice, they are faced with new surroundings, responsibilities, people, and policies. The transition can be critical to learning[4] as health care providers settle into autonomous clinical practice. To assist in the transition, new health care providers are typically socialized into their roles and taught the skills, knowledge, and values expected of them.[5]

Socialization is usually divided into 2 primary components: anticipatory socialization and organizational socialization.[6] The *anticipatory socialization* process begins during an individual's training and professional education. For athletic trainers (ATs), this includes professional or postprofessional (or both) course work as well as clinical education experiences.[7] *Organizational socialization* begins after an individual accepts a new position and begins to learn his or her role within an organization[6,7] and can include components such as orientation sessions and mentorship programs.[7] The transition-to-practice period links anticipatory socialization to organizational socialization. As ATs enter this period of transition to practice and progress from the student role to that of a credentialed clinician with new responsibilities, they must navigate the different socialization processes. After successfully completing the

Board of Certification examination and obtaining all appropriate credentials (eg, state licensure), ATs are expected to step into roles practicing independently and making their own clinical decisions. However, this transition to practice can be difficult for newly credentialed ATs, and both researchers and employers have questioned the preparedness of new AT graduates.[8,9] During their transition, novice nurses reported feeling unprepared to handle certain aspects of their jobs, such as quickly making clinical decisions and critically examining approaches to patient care.[2] These novice nurses both desired and required strategies to overcome these difficulties.[2] The transition-to-practice period can be difficult not only for ATs but also for a variety of health care professionals practicing in different settings.[2–4]

According to the National Athletic Trainers' Association (NATA) March 2017 membership statistics,[10] the secondary school setting is now the second largest clinical practice setting for ATs, accounting for 8968 certified NATA members. This setting will continue to grow as more secondary schools begin to employ ATs. In a recent editorial, Winterstein[11] noted that ATs practicing in the secondary school frequently do so with little or even no mentorship due to the isolation in which many of them work. Additionally, ATs practicing in the secondary school setting are typically in the early part of their careers[12] and often enter their roles with little or no formal mentoring or orientation.[7] Mentorship can be one of the more important factors for newly credentialed ATs in gaining acclimation and confidence regarding their clinical practice. Therefore, those who employ newly credentialed ATs should be aware of this need during the transition process, similar to other health care models such as nursing, that support transition programs and formalize mentoring relationships.[3] Although helping the newly credentialed provider to identify a mentor, supervisor, or preceptor who can serve as a resource is one of the most common features of a transition-to-practice program,[3] this can be difficult for ATs practicing in an isolated secondary school setting.

A forthcoming study[13] on the transition-to-practice experiences of newly credentialed ATs in various practice settings (eg, secondary school, junior college, college) indicated that they sought support from informal mentors and peer mentors. In the same way, newly credentialed ATs providing medical care in the secondary school setting through graduate assistantships find support during the transition from their past mentors (eg, past preceptors) and their current networks of support (eg, team physician, administrators, coaches). Though transition to practice has been suggested as an important area to investigate,[14] to date, few authors have examined the transition to practice for ATs in the secondary school setting. Our purpose was to explore the experiences of newly credentialed ATs who were transitioning into the secondary school. We used the following questions to guide our study:

1. What processes did the newly credentialed ATs navigate as they transitioned into clinical practice?
2. What were the newly credentialed ATs' perceptions of the transition process?

METHODS

Research Design

A qualitative phenomenologic approach[15] guided this research. It allowed us to capture the lived experiences of newly credentialed graduate assistant ATs transitioning into their positions of providing medical care in the secondary school setting. Phenomenologic methods are suggested when the purpose is to explore the experiences of a particular group of individuals and to examine commonalities among those experiences.[15]

Participants

Fourteen ATs (2 men, 12 women; age = 23.3 ± 2.0 years) participated in this study. We included newly credentialed ATs who (1) were credentialed by the Board of Certification after completing a professional bachelor's program, (2) were employed through graduate assistantships in the secondary school setting, (3) were credentialed for less than 1 year, and (4) practiced on average at least 20 hours each week as an AT in the secondary school setting. We excluded ATs who had completed an internship or held another athletic training job before taking their current position in the secondary school setting. All of the participants were graduate assistant ATs providing medical care in the secondary school or in both the clinic and the secondary school. Participants reported spending 28.2 ± 6.0 hours each week providing AT services in the secondary school. Twelve participants (85.7%) described having had at least 1 clinical education experience in the secondary school setting during their professional bachelor's education. Pseudonyms were used to protect participants' identities. The Table supplies additional participant information.

Instrumentation and Procedures

During each telephone interview, which lasted approximately 30 to 40 minutes, a semistructured interview guide was used to maintain consistency across interviewers but still allow for an open dialogue with the participants. Additionally, as a research team, we were in constant communication regarding the interviews. Before receiving institutional review board approval, we asked an external researcher, an AT educator who supervised students serving as graduate assistants in the secondary school setting, to review the interview guide for content and clarity. This peer-reviewed process is vital to qualitative inquiry because it supports the rigor and credibility of the study's procedures.[15] We used the external researcher's feedback to improve the clarity and content of the interview guide and to ensure that we addressed our purposes. Before collecting data, we piloted the interview guide with 2 newly credentialed ATs who were practicing in the secondary school setting. Minor edits to the interview guide were made to improve the flow of the interview and interpretation of the questions. However, we did not use the data we collected during the pilot interviews for analysis because the 2 ATs had been practicing clinically for longer than 1 year.

Recruitment through purposeful sampling[15] began after institutional review board approval was granted. Using our

Table. Participant Demographics

Participant Pseudonym	Age, y	Sex	Time Worked in the School, h/wk	No. of Athletic Trainers Practicing in the School
Carol	22	Female	20	1
Dana	23	Female	30	1
Doris	23	Female	30–35	1
Estelle	22	Female	25–30	1
Helen	22	Female	25–30	2
Jerry	22	Male	20–40	3
Joanne	30	Female	30–35	1
Kramer	23	Male	25	1
Marla	23	Female	15–20	2
Renee	24	Female	30	2
Ruthie	24	Female	15–20	2
Sue	23	Female	20	2
Susan	22	Female	20–30	2
Tina	23	Female	30	2

networks to recruit participants, we contacted the program directors of professional athletic training programs. Additionally, we recruited participants during the 2015 NATA Clinical Symposia & AT Expo in St Louis, Missouri. All interviews were audio recorded and transcribed verbatim for data analyses. We used memos to capture some of the key elements of each interview, which helped us feel confident that we achieved data saturation.

Data Analysis and Credibility

We followed a phenomenologic approach to data analysis[16] and independently completed the process to reduce the biases produced during analysis and establish rigor. To begin, each author read all interview transcripts holistically to better understand the participants' experiences. During this first reading, we were conscious of our preconceived ideas and assumptions about what the participants might have experienced or what they might need to enhance their transition and attempted to *bracket*, or set aside, those assumptions to minimize bias throughout our analysis.[15] As we continued to read the transcripts and become immersed in the data, we were open to the findings that continuously emerged with each reading, an idea typically referred to as *intuition*.[15] This process[15] helped us to identify the experiences our participants felt were critical during their transitions. These multiple readings helped to ensure that we provided accurate descriptions of our participants' lived experiences.[16] Data analysis was an ongoing process; to connect our data, we used a process known as *constant comparison*.[15] After coding the data, we exchanged codes electronically before engaging in a verbal discussion regarding how we coded the data. We came to a consensus on coding, and that agreement is reflected in the data presented.

Credibility strategies were peer review, researcher triangulation, and member checks.[7,16] Peer review was completed by an experienced athletic training educator who reviewed the study design and semistructured interview guide before data collection to ensure that our design and protocol aligned with the purposes of our study. Our data-analysis process allowed us to triangulate our findings throughout. Additionally, we sent the completed transcript to each participant and asked him or her to review it to ensure the accuracy of our transcription process.

RESULTS

Three themes emerged from the data: a period of uncertainty, legitimation through role engagement, and acclimation through physician communication and professional relationships. The first theme, a *period of uncertainty*, referred to the time during which participants were anxious or tentative as they began practicing independently. *Legitimation through role engagement* referred to the process that occurred as the period of uncertainty passed and participants developed more confidence in themselves and legitimation by being engaged in their roles. The third theme, *acclimation through physician communication and professional relationships*, spoke to the importance of developing a relationship with the team physician, which provided participants a source of feedback, support, and some role acclimation.

A Period of Uncertainty

As participants transitioned into their roles as credentialed health care providers practicing in the secondary school, they experienced initial uncertainty about their abilities, particularly making decisions and feeling confident in those decisions. Some participants, such as Jerry and Marla, described feeling at times as if they wanted their preceptors to help them answer questions or offer reassurance while they were providing patient care but then remembered they were practicing independently. Marla stated:

> It's just that I don't know everything and getting your feet wet and getting more comfortable with yourself and your skill in the position and realizing that the first time that they [coaches/athletes] yell for the athletic trainer. You look around for your preceptor who's not there, because they're talking about you. Getting over that shock, that probably was also one of my favorite things about this year.

Doris shared similar experiences but on reflection recognized the potential value of that autonomy. She said, "I didn't have someone here every day. I think that it was great the way it turned out to be." Feeling comfortable making decisions and engaging in the day-to-day activities while practicing independently seemed to be a process for many of the participants that did not occur instantly.

Even participants practicing in the secondary school with another AT commented on their uncertainty in their new role. Jerry, who was not the sole AT at his school, shared, "But as soon as something happens and it's actually real and you can't just turn around and check your preceptor to make sure you're doing everything correctly, that reassurance, that's a bit frightening." Sue also talked about feeling some anxiety when she was practicing without her head AT: "Some of the challenges I've faced would have to be when I'm on my own completely, and I don't have the head athletic trainer." Similarly, Renee discussed being unsure of herself as a newly credentialed AT:

> I think obviously just not being sure of yourself as a new athletic trainer. Yeah, you passed the BOC [Board of Certification examination]. Yeah, you graduated, but now it's like people are essentially trusting you with their lives or with their children's lives. It's just kind of a big deal.

Dana observed, "I don't think that's ever a comfortable situation where it's your first time doing something. Part of the process of becoming comfortable is just time." Dana spoke to the idea that while independent clinical practice is initially uncomfortable, the feeling begins to fade as newly credentialed ATs settle into their roles.

Legitimation Through Engagement

As the initial period of uncertainty passed, participants developed legitimation by engaging in their roles and became more comfortable and confident. Carol remarked:

> It just took a second to get used to that feeling [of practicing autonomously] and also the feeling of being in a new place type thing, trying to figure out what the daily routines are, things like that. But once you're in it, it becomes your daily routine so you're used to it.

Dana also noted the importance of taking the time to become comfortable in her role and trusting herself as an AT:

> I think I've always had certain support, but I think at some point you've got to put yourself out there to learn as well. Not putting people at risk, but you've got to trust your instincts, trust what you've learned, and be able to put it into practice at some point on your own.

Estelle also talked about how she was unsure of herself at first and then gained more comfort with her role as the AT:

> Eventually, there is a day where you go, oh no. I feel like I've got a little bit of a better handle on this. And to know that you're going to constantly be learning, it's never going to be a day where you go, OK, well I've learned it all. I'm good. You're constantly going to be figuring things out and making mistakes and screwing up. That happens. You just learn from those and do better the next time.

When asked about successes during their first year of clinical practice, 3 participants specifically reported gaining confidence in their abilities, which is part of achieving role legitimation. Renee stated, "It's just amazing how much you can change in 1 year and how much more confident you can be." Joanne shared a similar experience: "I think gaining my confidence is the biggest success of working on my own and making the decisions." Jerry also considered his ability to engage in his role as a credentialed AT a success in his first year of practice:

> I've been able to really formulate and shape myself as an athletic trainer, which it's a huge success this first year out of my undergraduate education. That's something that I definitely need, because we constantly have supervisors that you take bits and pieces of their professional careers and how you like it or what you don't like. When it's you doing it, you need to make sure that what you're doing is how you value yourself as an athletic trainer. What you value and all that you put into it. I would say shaping myself and growing as an athletic trainer would be the number 1 success.

We asked participants if they had any advice for ATs preparing to take a position in the secondary school setting. Many mentioned that newly credentialed ATs should "be confident" and "trust their abilities." Estelle suggested, "Be confident in your skills and be confident in your education. You know a lot more than you realize." Tina recommended, "Be confident in the decision that you make and always try to be one step ahead."

Acclimation Through Physician Communication and Professional Relationships

For some participants, an additional component of transition involved developing a relationship with their team physicians based on communication and professional discourse. Developing a relationship with the physician provided the participants a source of feedback and support and helped them acclimate to their roles. Estelle, who was practicing as the only health care provider on campus, described the effect of her team physician on her practice by saying,

> Also, he'll sometimes ask me for updates. He'll be like, "Hey, how's so and so doing?" Or "How is this progressing?" or what not. He and I are definitely at least on a weekly basis. I don't know if a lot of that is because I'm new, and he's just kind of functioned in that role since I don't have another health care provider that I can bounce things off of or whatever or if he's like that with every one of his athletic trainers at other high schools. I'm not sure, but he's very directly involved. I absolutely love it.

Because there were often no other health care providers on campus, for some participants, the team physician stepped into the role of providing feedback on patient care and assistance in making decisions. However, although some participants reported frequent interactions with their team physicians, others saw their team physicians during football season and then less often throughout the remainder of the school year. Kramer commented on his relationship: "I would say about an hour, a little less than an hour a week. I definitely see her every week, though, but less than an hour." Renee observed, "We really don't see him. During football season, he would come. He came to every home football game, but he doesn't make weekly stops or anything like that. We very rarely see him." Carol's experience was similar: "Less than an hour. The only time I really see my team physician is during football season." Dana, Helen, Joanne, Marla, Ruthie, Sue, Susan, and Tina also said they saw their team physicians infrequently or primarily only during football season.

Even though Marla reported spending little time with her team physician, she portrayed a very positive relationship and offered this advice to newly credentialed ATs: "Make

sure you have a really good relationship with your team physician." Many participants described spending little time in direct contact with the team physician, yet most viewed the experience as positive overall and helping them to acclimate based not on the quantity but rather on the quality of those interactions. Again, the team physician served as a resource who could provide support and feedback and legitimize the overall experience. Therefore, time spent in direct contact with the physician was not the sole determinant of the nature of the relationship. In any case, developing a positive relationship helped the participants find feedback, support, and role acclimation. Estelle also spoke of a positive relationship with her team physician:

> Our team doctor is really good about if he sees a patient and they're a lot better or if he feels I've been really successful, shooting me a text message and saying, hey, so and so looked really good today. Good job or that was a good catch. Those things I think have been helpful to me to kind of push me along.

Jerry, who worked with 2 other ATs at his school, discussed his interactions with their team physicians:

> Overall, the team physicians are very, very good. They take an active role in learning about you, learning about your athletes, especially the ones that they see, and they do kind of give you the show.

DISCUSSION

Newly credentialed ATs can face challenges and stress as they transition from being students to independent clinicians.[17] The data generated in this study indicate that for those practicing in the secondary school setting, there was an initial period of uncertainty in which they lacked confidence in their clinical abilities and decision making. This finding is not surprising, given that any transition can include a period of trepidation as people become oriented and acclimated to the new environment; once they gain reassurance and confidence, their roles become clearer. Eventually, through continued practice and engagement in their roles, these ATs began to gain legitimation. Again, this is a finding supported by the socialization framework that suggests with feedback and engagement in a role, understanding and confidence grow.[7,18] For newly credentialed ATs practicing in secondary schools, many of whom were the sole health care provider on-site,[19] developing a solid relationship with a supervising physician may help facilitate this transition. Understanding the process by which these newly credentialed graduate assistant ATs in the secondary school moved from insecurity to comfort may help faculty, preceptors, and employers better support them during this transition to practice. For newly credentialed ATs who are serving as graduate assistant ATs in the secondary school setting, access to supportive individuals may be more readily available, yet establishing rapport with these individuals is critical to transitioning and reducing the stress and uncertainty that can accompany the process.

Period of Uncertainty

For many newly credentialed health care providers, the initial period of independent clinical practice can be a struggle as they adjust to different demands and responsibilities, and they may experience feelings of apprehension and self-doubt.[3,4] This uncertainty during the beginning stages of independent clinical practice was reflected in the statements of our participants and is not a unique finding of our study. Nurses,[1,3] physicians,[4] and other health care professionals[20] all experienced something similar as they transitioned from students to independent clinicians. Participants in our study said they were unsure of themselves during their initial independent clinical practice, especially when faced with situations in which, as students, they would have consulted preceptors (eg, to confirm a diagnosis or determine an appropriate treatment). Newly credentialed nurses have also reported feeling both confidence and fear during their initial period of independent practice[3] and, similar to the participants in this study, sought support and guidance regarding patient care as they entered practice. These feelings of uncertainty reflect the need for newly credentialed ATs to gain legitimation from those who are working alongside them as well as those with previous experience, such as peer graduate students, supervisors, or past preceptors.[13]

For recently credentialed ATs in the secondary school setting, identifying a support network can be a challenge because they frequently practice in relative isolation.[11] Despite the national increase in ATs employed in this setting, many secondary schools employ only 1 AT.[19] Our participants' graduate assistantships provided automatic systems of support during their transitions.[21–23] For example, many graduate assistants live together, which provides opportunities for them to discuss and reflect with ATs who may share their experiences.[13] However, it is important for newly credentialed graduate assistant ATs to understand how to take advantage of that support and use it to their benefit during the transition to practice. Many secondary school ATs received little or no formal mentorship and were socialized into their roles primarily through unstructured and informal means while they learned through a process of trial and error.[7] However, as suggested by Pitney,[24] informal networks can provide support and role learning; thus, newly credentialed ATs should seek out others serving in similar roles within their community and at conferences.

Many secondary schools do not offer formal mentorship programs.[7] For some secondary schools, the AT may be the first they've ever employed, so there may be a lack of structure regarding their new-hire procedures. Research[2] suggested that providing formal transition-to-practice programs including structured components, such as orientation and mentorship, creates a supportive environment that smoothes the transition and may decrease role strain and improve the quality of patient care. The participants in our study sought graduate assistantships after their professional education. Many graduates seek this type of support and structure as newly credentialed ATs.[25,26] Graduate assistant ATs' socialization and transition into their roles may be different than for those who seek full-time employment, particularly in the secondary school and immediately after professional education. Most graduate assistant ATs experience a combination of formal and

informal socialization.[25] Thrasher et al[25] interviewed AT supervisors of graduate assistant ATs regarding the types of socialization that occurred. The supervisors spoke of formal processes such as orientations and written policies and procedures documents, and they discussed informal learning that occurred by shadowing or when the graduate assistant was expected to step into the role of independent clinician and learn through practice. The participants in the current study were graduate assistants, and they also addressed the idea that they were expected to step directly into the role of autonomous practitioner and learn by engaging in clinical practice.

Legitimation Through Role Engagement

The idea of being "thrown to the wolves" or expected to step immediately into a new role and learn on one's own is not unique to the athletic training profession.[2,27] Our participants reported the initial shock of having to immediately begin practicing independently, which stimulated an early unease. However, over time, they began to settle into their roles. Our participants' confidence in their skills increased as they engaged independently in the roles and witnessed their ability to complete their responsibilities. This speaks to the idea of *informal role learning*,[7] whereby the individual must actually experience a situation to learn from it and to gain confidence in his or her ability to manage it. Fundamental aspects of informal learning are self-direction and self-reflection,[7,28] which our participants recognized as they navigated their first year of clinical practice. Simply put, they realized that they did, in fact, have the knowledge and ability to perform their jobs as ATs in the secondary school setting. Furthermore, many of our participants described appreciation for the learning that occurred over that time, another element of informal learning.[28,29]

As a result of immediate immersion in their new roles, newly credentialed nurses reported a sense of isolation and lack of support regarding patient care during their transition to practice.[3,27] Of our 14 participants, 6 were the sole AT at their secondary school, 7 practiced with 1 other AT, and 1 was part of a team of 3 ATs. For ATs practicing in the secondary school setting, the sense of isolation may grow if no other health care providers practice in close proximity. However, regardless of the number of ATs practicing at the school, participants reported an initial period of anxiety that began to fade as they engaged in their roles. Research[18] indicated that athletic training students achieved role legitimation through socializing agents such as peers and preceptors and by gaining confidence in their role. To facilitate role legitimation, educators and employers should support newly credentialed ATs as they transition into clinical practice to help them gain confidence and feel comfortable. Educators play an important role before the transition to practice and can help prepare the newly credentialed AT by providing a clear picture of the transition process and offering strategies to address the new and different demands of independent practice.

Employers should be cognizant that newly credentialed ATs need support and guidance and be willing to help them find it. Supporting the AT's efforts to connect and communicate with coaches, administrators, and parents can help the AT build relationships more quickly. Also, ensuring that the AT has the time and ability to connect with other ATs and engage in professional development may help the employee feel comfortable and supported. Graduate assistant ATs who provide medical care in the secondary school setting frequently seek support from their classmates and peer graduate assistants to help them feel confident as they transition.[13] Unlike preceptors, educators, or other members of the secondary school community, their peers are uniquely poised to provide support because they are experiencing similar stresses and uncertainties and can easily relate. As a result, peers who offer support often demonstrate greater concern and understanding of the stresses related to the transition to practice.[21,30,31] Although much of the learning that takes place during the transition to practice for newly credentialed health care providers may be informal, those who feel supported may be more confident. For graduate assistant ATs, this support can come from a supervisor[25] or, as demonstrated by the participants in this study, classmates, faculty, or a preceptor or mentor.[13] Identifying a mentor and cultivating that relationship may alleviate some of the anxiety related to the transition to practice and help newly credentialed ATs settle into their roles.

Acclimation Through Physician Communication and Professional Relationships

Support during transition to practice need not always be supplied by another AT or a member of the secondary school community.[7] In fact, role learning can be stimulated by all members in the workplace setting. For the secondary school setting, this may include the coaches, athletic director, and student-athletes.[7,13,17] Regardless of a person's role in the secondary school setting (coach, athlete, or parent), he or she provides knowledge and feedback, fundamental aspects of the socialization process that serve as legitimation to the learner.[18] As a matter of fact, legitimation, which is often facilitated through feedback, can be viewed as supportive, particularly if it is delivered in a positive and constructive manner. Before our study, non–health care providers were identified as socializing agents in the work setting,[7] but for our participants, their relationships and communication with their team physician provided the necessary support during their transition.

For some participants in this study, developing a relationship with their team physician affected their first year of clinical practice by providing affirmation and helping to build confidence. Not all of our participants described their relationships with their team physicians as having a significant effect on their practice, but this is not surprising because several factors might influence the development of that relationship (eg, proximity, personality). However, in cases such as Estelle's, the relationship with the team physician did provide support as she transitioned into her role. This relationship, much like others developed within this setting, offered not only support due to like-minded educational training but also a shared understanding of the setting. Similar to ATs, team physicians have traversed rigorous educational training and a transition into autonomous clinical practice; thus, they too can be supportive by giving feedback that advances the AT's skills and patient care. This is important because ATs in the secondary school setting often practice alone; the team physician can fill that

key role for newly credentialed ATs by supplying feedback on patient care and other procedures. Still, integrating into a health care team can be a challenge for recent graduates. Enabling and encouraging students to be active participants on the health care team may allow newly credentialed ATs to more effectively develop relationships with their team physicians. Both newly credentialed ATs[8] and nurses[3] struggled initially with interpersonal communication. Intentionally addressing both interpersonal communication and participation on a health care team throughout clinical education experiences could better prepare students to handle situations as they transition to independent practice. Integrating interprofessional educational experiences into academic experiences will enable students to develop an appreciation for the collaborative efforts necessary to provide quality patient care and gain confidence in their ability to interact with members of the health care team, including the team physician.

LIMITATIONS AND FUTURE RESEARCH

This study included some inherent limitations in that we collected the data retrospectively rather than longitudinally throughout the participants' first year of clinical practice. Although we believe that we captured rich data through our interviews and that self-reflection is an important part of professional development, a longitudinal perspective could provide a more robust understanding. Additionally, we interviewed only ATs employed in the secondary school setting through graduate assistantships. This employment mechanism may influence the way in which the participants transition, because it inherently provides an organic network of support from peers, faculty, and preceptors. A further limitation was including only graduate assistant ATs; as athletic training education continues to evolve, the graduate assistantship model of employment will end. Although our findings specifically relate to graduate assistant ATs, the ideas and recommendations presented may be helpful in assisting other newly credentialed ATs as they transition to practice. Other mechanisms of employment for newly credentialed ATs are similar to graduate assistantships (eg, working part time), so the experiences of these participants may be similar to those of newly credentialed ATs.

Future researchers should focus on examining the transition to practice longitudinally as students graduate and move through the initial transition period and organizational socialization processes. A longitudinal study may allow participants to more accurately describe their experiences rather than relying on memory recall. Additionally, researchers should consider evaluating the transition to practice for recently credentialed ATs in the secondary school setting who are not completing graduate assistantships. These individuals may not have the same type of support as those employed as graduate assistants, which may significantly affect their transition. Finally, future investigators should focus on evaluating the needs of newly credentialed ATs to determine how to best serve them as they transition into roles as autonomous clinicians.

RECOMMENDATIONS

Based on our findings, we recommend the following for those involved with athletic training programs (ie, program faculty and preceptors); individuals who employ or supervise newly credentialed ATs, with or without graduate assistantships; and newly credentialed ATs.

Athletic Training Programs

1. Program administrators should continue to be intentional about placing students in a variety of clinical education sites, including the secondary school setting, to enable them to gain experience in secondary schools and acquire an appreciation for the challenges of practicing in that setting.
2. Athletic training faculty and preceptors should discuss the importance of self-reflection as a means of supporting professional development.
3. Preceptors should understand the need to engage students in interprofessional collaboration and communication as well as communication with parents, coaches, and student-athletes. These efforts may include facilitating opportunities to actively engage with all members of the health care team as a means of gaining first-hand experience in these skills.
4. Both educators and preceptors should encourage recent graduates to develop support networks that include both past and new mentors as they transition. Support networks are key because they enable newly credentialed ATs to develop comfort and confidence.

Employers and Supervisors of Newly Credentialed ATs

1. Expect newly credentialed ATs to experience a period of uncertainty during the first few months while they transition into clinical practice. Orienting the newly credentialed AT to the work setting can assist in reducing this period of uncertainty.
2. Provide the newly credentialed AT with a clear job description as a way to reduce uncertainty and improve role performance through understanding.
3. Offer continuous support by encouraging communication and creating a dialogue in which expectations are discussed and feedback is given to help the newly credentialed AT gain confidence.
4. Assist the newly credentialed AT as he or she develops relationships with the members of the school community.

Newly Credentialed ATs

1. Seek policy information from those who have similar roles as a means of creating an informal support network.
2. Request feedback regarding performance from supervisors, team physicians, and peers in order to learn and increase confidence.
3. Expect a period of uncertainty but be proactive in communicating and developing supportive relationships with others (ie, supervisors, team physicians, peers).
4. Avoid developing "tunnel vision" regarding support networks. Although it may be more comfortable to communicate with other ATs, receiving support from all members of the health care and sports medicine team (ie, team physician, coaches, administrators) is important.

CONCLUSIONS

Newly credentialed ATs who practice in the secondary school setting experience an initial period of uncertainty as they transition into their new roles. To assist them during this time, employers should consider implementing a structured program in which newly credentialed ATs are oriented to their roles and given the opportunity to identify a mentor. After the period of uncertainty, newly credentialed graduate assistant ATs in the secondary school setting found legitimation by being engaged in their role. However, support should be given during this period to help these new ATs feel more comfortable and competent regarding their skills and the ability to manage their new roles. Additionally, developing a relationship with the team physician may help the newly credentialed AT acclimate to his or her role in the secondary school. These relationships can provide support and feedback that allow the AT to feel more confident. Overall, the transition to practice can be challenging for newly credentialed graduate assistant ATs practicing in the secondary school setting, but as they continue to engage in their roles and build relationships, they feel more secure.

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