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Newly Credentialed Athletic Trainers' Onboarding Process During the Transition to Practice

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Context: As new athletic trainers (ATs) transition into their roles, some employers provide orientation and onboarding to assist with the transition to practice. Research in which authors outline the ideal onboarding process for new ATs transitioning to practice is lacking.

Objective: To examine the onboarding process for new ATs.

Design: Grounded theory.

Setting: College or university, secondary school, and hospital or clinic.

Patients or Other Participants: Seventeen newly credentialed, employed ATs who recently graduated from professional masters' programs (11 female, 6 male; 25.6 ± 2.2 years) and 12 employers (6 female, 6 male; years in role supervising new ATs: 8.5 ± 4.9) participated in this study.

Data Collection and Analysis: Participants were recruited via purposive sampling. Each participant was interviewed via phone using a semistructured interview guide. Employees were interviewed approximately 3, 6, 9, and 13–15 months after beginning employment. Employers were interviewed 1 time. Data saturation guided the number of participants. Data were analyzed through grounded theory, with data coded for common themes and subthemes. Trustworthiness was established via peer review, member checks, and multianalyst triangulation.

Results: Two themes emerged: initial orientation and continued onboarding. Participants reported receiving organizational, departmental, and site-specific orientations for initial orientation. For continued onboarding, participants reported mentoring, site visits, feedback and evaluation, regular meetings, and continuing education and professional development.

Conclusions: Onboarding is vital in transitioning to practice for newly credentialed ATs, as it provides support and helps new employees understand and adapt to their roles. Onboarding should go beyond initial orientation and include regular meetings with supervisors, other ATs, and site visits to provide feedback and ensure new ATs adapt to their roles. New ATs should seek support from supervisors and local ATs to help better understand their role.

Key Words: employers, orientation, professional socialization

Key Points

- Onboarding is important to socialization and transition to practice for new athletic trainers.
- An ongoing process, onboarding includes formal orientation, mentoring, evaluation and feedback, and professional development.
- Employers of new athletic trainers should provide orientation and onboarding to help new employees learn role expectations and institutional procedures.

The preparation of newly credentialed athletic trainers (NC-ATs) and their readiness to practice has been heavily debated in athletic training.[1–3] Upon employment, NC-ATs are expected to immediately provide autonomous patient care, an unnerving process that may disrupt their comfort until they can adapt.[1,4] Newly credentialed ATs may feel apprehensive as they transition from supervised students to independent practitioners.[4] Newly credentialed ATs will likely experience many emotions, including excitement, nervousness, fear, stress, anxiety, and feeling overwhelmed as they transition to practice.[4,5] Researchers have also suggested that NC-ATs feel prepared for their roles but face challenges with decision-making, communicating with coaches, and role ambiguity, which might contribute to their emotional upheaval.[4–6]

One way to assist new clinicians through the transition to practice is through onboarding, a process for integrating new employees into an organization.[7] *Onboarding* is the formalized process of supporting new employees as they are integrated into their new organization to communicate expectations of the position, organizational processes, and the beliefs and values of the organization.[8–10] Onboarding is a continuous process that begins at the interview or time of hire and continues through the first 12–18 months of employment.[9,10] Onboarding often includes an orientation where specific information about the employment setting is communicated. This information includes workplace policies, employment benefits, an introduction to information and communication technology services, facility tours, and key personnel introductions.[8,10,11] While onboarding and orientation are often used interchangeably, they are separate processes with different goals and outcomes. The purpose of orientation is to familiarize new hires with critical policies and procedures at the beginning of

Table 1. Inclusion and Exclusion Criteria

Employers	Employees
Inclusion: • Employers of ATs in college or university, secondary school, or clinic • Employed or has recently (in the past 6 months) employed at least 1 or more newly credentialed ATs • Involved in the hiring, onboarding, or supervision process for an employee who is a newly credentialed AT	Inclusion: • Professional master's graduate • Employed full time in 1 of the 3 largest employment settings • Employed less than 3 months at the time of the initial interview Exclusion: • Graduate assistant ATs, interns

Abbreviation: AT, athletic trainer.

employment, while onboarding is more extensive and includes goals for retention, organizational integration, and improved competence and patient care.[8] In nursing, researchers have stated that onboarding should include an acclimatization period with educational modules and assigning a mentor or designated point person to answer questions and provide support.[12] During initial integration into an employment site, new employees, regardless of past patient care experience, should not have full, independent patient loads until the employee adjusts to the organization. Then new job duties, including patient care responsibilities, should be added gradually.[12] Onboarding in nursing provides positive outcomes including organizational culture integration, role understanding, and safer patient care.[12]

Despite the established importance of onboarding, evidence for NC-ATs indicates the onboarding process varies, ranging from no onboarding to a 6-month onboarding.[8,13] Better understanding of onboarding is needed from both the employer's and employee's perspective to determine how to effectively enhance employer-based onboarding to support NC-ATs through transition to practice. Additionally, this study was longitudinal, occurring throughout the first 15 months of practice. In this study, we examined the onboarding process provided to NC-ATs in 3 common employment settings: college or university, secondary school, and hospital or clinic. Two research questions guided this study: (1) What onboarding processes are employers using to transition NC-ATs into their roles? (2) How do NC-ATs experience the onboarding provided as they transition to practice?

METHODS

We employed a grounded theory qualitative approach using the theoretical framework of symbolic interactionism. *Symbolic interactionism* emphasizes how the interaction, culture, and environment affect an individual and how the individual constructs the meaning of their experience.[14] Grounded theory is appropriate when participants have experienced a process, and its use can lead to the development of a theory to explain the process, in this case, onboarding.[15] Institutional review board approval was obtained before initiating the study.

Participants

Participants included both employers and employees; however, participants were not matched. Inclusion and exclusion criteria are outlined in Table 1. Purposive sampling was used to recruit participants due to the longitudinal nature of the research. Employee participants included 17 NC-ATs who graduated from professional masters' programs and were in their first 3 months of employment (11 female, 6 male; 25.6 ± 2.2 years; work settings included college/university, secondary school, and hospital/clinic). Twelve employers participated in this study (6 female, 6 male; years in a role supervising NC-ATs: 8.5 ± 4.9; settings included college/university, secondary school, and hospital/clinic). Participant demographic information is presented in Tables 2 and 3. Data saturation guided the number of participants.

Procedures

Employees. An email was sent through the Board of Certification (BOC) database for employee participant recruitment. We chose the BOC because their system can send emails based on when an individual was certified and the type of professional program (undergraduate versus graduate) they attended. Emails were sent to individuals who graduated from a professional master's program. The email blast was distributed to 283 individuals. Those who fit the inclusion criteria and were interested in participating emailed the principal investigator (PI) who then contacted the participant to set up a time to describe the study, answer questions, obtain consent, gather demographic information, confirm inclusion criteria, and schedule an interview.

Employee participants were interviewed via phone using a semistructured interview guide 4 times at approximately

Table 2. Employee Participant Demographics

Participant	Gender	Age	Setting
Alex	M	27	Secondary school
Phil	M	23	Secondary school
Claire	F	24	Secondary school
Lily	F	23	Secondary school
Mitchell	M	25	Secondary school and clinic
Gloria	F	29	Secondary school and collegiate
Deedee[a]	F	26	Secondary school
Barb[a]	F	24	Clinic
Beth	F	25	Secondary school and collegiate
Amber	F	26	College (NAIA)
Sarah	F	23	Secondary school and clinic
Sydney	F	25	Secondary school and clinic
Luke	M	29	Secondary school
Haley	F	27	College (D2)
Jay	M	26	College (D2)
Joe	M	24	College
Nina	F	30	Secondary school

Abbreviations: D2, Division II; F, female; M, male; NAIA, National Association of Intercollegiate Athletics.
[a] Did not complete all 4 interviews.

Table 3. Employer Participant Demographics

Participant	Gender	Years in role	Setting	Job title
Svetlana	F	6	Secondary school and college	Manager of Sports Medicine
Veronica	F	3	Secondary school and clinic	Director of Sports Medicine Operation
Fiona	F	20	College	Manager of Sports Medicine
Ian	M	12	Secondary school outreach	Director of Sports Medicine and Community Outreach
Debbie	F	5	Secondary school	Human Resources Manager
Frank	M	14	Secondary school	Director of Athletic Training Services
Liam	M	3.5	Secondary school and college	Supervisor of Athletic Trainers
Carl	M	7	Secondary school outreach	Supervisor of Athletic Training Services
Sheila	F	6.5	Secondary school and college	Program Director for Region
Mandy	F	7	Secondary school	Head Athletic Trainer
Phillip	M	10	Secondary school	Director of Sports Medicine Outreach
Kevin	M	9	Secondary school and clinic	Athletic Training Manager

Abbreviations: F, female; M, male.

3, 6, 9, and 13–15 months after their hire into professional practice. Initial interviews lasted approximately 45–60 minutes, while subsequent interviews lasted approximately 30–45 minutes. All interviews were recorded and transcribed verbatim. Fifteen participants completed all 4 interviews. While 2 were lost to attrition, their initial data were included. Four participants changed employment throughout the study.

Employers. Employers of NC-ATs (employer participants) were recruited through various mechanisms. The PI emailed all employers who provided contact information on their vacancy announcements on the National Athletic Trainers' Association Career Center Website. Snowball sampling was also used to recruit employers. The PI also recruited interested employers at conferences who were subsequently emailed with the same recruitment email initially sent to individuals on the Career Center Website. Employers participated in 1 phone interview that lasted approximately 60 minutes. Data were collected via a semistructured interview guide. Interviews were audio recorded and transcribed verbatim.

Instrumentation

Six semistructured interview guides were developed: 4 for employees (1 per interview time point; 3, 6, 9, and 15 months, respectively), 1 for employees who changed employment, and 1 for employers. Each interview guide consisted of approximately 14–20 questions developed based on the specific aims, research questions, and onboarding and transition to practice literature.[1,4,5,7,8,10] Content validity of the instruments was established via peer review using 4 experts in athletic training research and qualitative research that were independent of the research team. Each reviewed the instruments for clarity, content, and validity and provided feedback for improvement. Minor modifications were made to ensure the interview guides addressed the aims and research questions. The instruments were piloted for clarity and flow of the questions on 6 individuals (3 employees and 3 employers) who met the inclusion criteria but were not part of the study. Pilot testing ensured question clarity and flow and established approximately how long it took to complete the interviews. Minor modifications were made for clarity, comprehension, and content. Questions on the follow-up interview guides were modified based on initial findings from the subsequent rounds of interviews with employees. Pilot data were not used in the final analysis.

Data Analysis

Data were analyzed via the grounded theory approach described by Corbin and Strauss, which involves constant comparative analysis.[16] The constant comparative process involves returning to the field to collect and compare the new data to emerging categories.[15] Collecting data across the first year of employment facilitated follow-up questions to understand the onboarding process better. The data analysis process used open, axial, and selective coding to construct a description of the emergent codes.[14–16] After each interview, the transcripts were read fully by the research team before coding to gain a sense of the data. On the second reading, keywords and pieces of information were reduced into codes (open coding). The most salient codes were synthesized and organized into categories (axial coding), and connections were made between categories and subcategories (selective coding). The research team independently analyzed the data and then met and discussed the emergent themes until a consensus was reached. Data analysis occurred continuously throughout the data collection process to ensure the constant comparative analysis required by grounded theory.

Trustworthiness and Credibility

Multiple methods were used to establish credibility, including (1) multiple analyst triangulation, (2) peer review, and (3) narrative accuracy member checks.[17] Multiple analyst triangulation occurred via the constant comparative data analysis process. The research team analyzed the data and discussed the findings until a consensus was reached. Peer review was also used to provide credibility. After data analysis, 3 peer reviewers reviewed the findings to ensure coherence between the data and emergent themes. The peer reviewers also ensured all meaningful units of data were coded. The peer reviewers did not recommend any changes. Lastly, participants conducted narrative accuracy member checks in which they reviewed their transcripts to ensure accuracy; no changes were needed after this process.

RESULTS

Two emerging themes described the onboarding process for NC-ATs: initial orientation and continued onboarding. These themes are described below, along with subthemes. Additional quotes can be found in Tables 4 and 5. If both groups of participants discussed the themes, they are referred

Table 4. Emergent Theme: Initial Orientation Supporting Quotes

Organizational	
Beth (employee):	When I started, they had orientation with "hospital," but that was very much geared towards the hospital. It was a big group orientation that had physicians, information technology people, nurses, I's, athletic trainers, security. It was very broad. It was an all-day orientation, and none of it really related to athletic training whatsoever. It was mostly about the hospital and your benefits, so it was important.
Sheila (employer):	In the company orientation, they also learn about our history and our culture and philosophy and our mission statement, our core values, and our service culture and things like that.
Gloria (employee):	The problem is they have so many mandated classes that you have to attend, but it's for the hospital. I get that, as a hospital employee, you must do the hospital stuff, but that should not be the bulk of our time because we do not spend our time in the hospital. I don't really care how to call the code because I will never be there in a situation. We should actually do this [orientation] based on the scope of practice that we are working in. It totally makes sense if I'm a nurse, but it does not make sense for someone who is literally there only for the sake of having a conversation with the athletic trainers and then leaving.
Departmental	
Svetlana (employer):	We dive deeper into the benefits. We show how to log onto the computer system, using their new identification badge and username, and we show them how to sign up for their benefits. We answer questions about their benefits. That seems to be, on average, the most common questions we get. We show them how to access their email. We show them how to do their—complete their new hire training.
Sheila (employer):	We do a 3-day training for all our athletic trainers. We do a lot of skills-based things, like manual therapy. They're just taking a couple of quick things that they can learn and bring out to their school and be able to implement right away or going through different breakout sessions of how to treat a diabetic athlete or school safety, such as a speaker on a SWAT team come in to talk about what to do if an unfortunate incident happened at your school and you're on lockdown.
Site Specific	
Veronica (employer):	The regional coordinator, myself, or my coworker will all go out to the schools of our new hires and do some on-site training as well, just making sure that they're getting acclimated, they are getting med kits stocked, they are meeting the people that they need to meet, the room is set up properly, they're using all the documents and resources we talked about. So there is also on-site training within the first week as well.
Lily (employee):	I did about 10 hours of shadowing. I shadowed for about 4 hours watching a football practice, and then I shadowed 3 other athletic trainers who work at the hospital doing outreach, and so I was onboarded to outreach. The whole purpose was just to go and hang out and ask questions and learn from the other athletic trainers. My manager connected me with another athletic trainer in my district who's familiar with the district policies and procedures and kind of could tell me some more about all of that.

to as *participants*. If only 1 group discussed that aspect, they are described as *employee* or *employer participants*.

Initial Orientation

An initial orientation was typically provided to introduce new hires to the organization's values and mission, policies and procedures, and role expectations. The format varied between organizations but often included online modules, in-person meetings, and skill development. Participants reported that initial orientation usually consisted of a broad organizational orientation, a departmental orientation for sports medicine, and a site-specific orientation at the individual AT's site.

Organizational. *Organizational orientation* was the initial phase of orientation for participants, which was broad and commonly involved all new hires of the organization (eg, nurses, physicians, teachers, and professors). Often conducted by human resources, this orientation allowed new hires to learn about the entire organization and procedural information, such as navigating new software systems, receiving a name badge, learning about benefits, and reviewing hospital or overarching organizational policies. This portion of orientation ranged from half a day to 3 days. Kevin, an employer, outlined the organizational orientation:

> First is the actual hospital onboarding process, which is a series of online modules completed by the new hire. Then they come in for 2 days of new employee orientation where they are oriented to the hospital itself, basic policies, and procedures of how our employment works. We spend quite

Table 5. Emergent Theme: Continued Onboarding Supporting Quotes

Mentoring
Beth, (employee):
He's very good at following up if I ever have questions for him. I fill out [a check-in form] on Friday, and he has always responded by Monday. So just continuing that has been very helpful.
Sydney (employee):
She emails me every 2 weeks to check on me, but she always lets me know she has open lines of communication. So I always text her whenever I need something, and she gets back to me pretty quickly.
Amber (employee):
I have had meetings with my supervisors, which definitely helped me to see you're doing this well, but let's improve on this, and this is what I see, so next time try doing this.
Site Visits
Sarah (employee):
They do site visits, so it's kind of like they just come in, see like what the athletic training room is like, if you have certain things, if you don't have certain things, ways you can move it around to make it work best for you.
Feedback and Evaluation
Sheila (employer):
[We evaluate] friendliness, relationship building, quality of care, which is all about their skills and the care they're providing and how they're forming those plans of care. Communication, are they having the right types of communication? Are they confident in their communications? Is their communication clear, whether it's written, verbal, or otherwise? Teamwork, are they a teammate? Are they participating in the mentor program? Are they helping other athletic trainers when they can? Are they going above and beyond and building those relationships to make it better for their athletes? Are they getting involved in the school community?
Regular Meetings
Liam (employer):
We typically have staff meetings about once a month, especially with new hires, to meet with the group and make them feel a part of the group and talk about general things that go on. It's not necessarily a formal process, but it's the way to make them feel a part of our group and a part of the decision-making process for things we're going to do throughout the year and things like that.
Continuing Education and Individual Professional Development
Barb (employee):
We do have—it's usually like monthly or quarterly continuing education things that we have to take hospital wide, but they do encourage us by helping to pay for any educational things. So if there was a conference or a presentation that we wanted to go to, my supervisor would be willing to pay for that to make it more of an incentive to actually go and keep learning.
Veronica (employer):
We host journal clubs, which is where we bring in guest speakers, generally some type of physician. We have relationships with various physicians in different specialty roles. So we'll bring them in. So again, continuing education as well as our new grads just getting to meet different doctors and kind of decide who they want to work with, who they want to send their athletes to. They have the opportunity to shadow physicians as well as view surgeries, and we're always available if they need an extra site visit or if they want to meet or if they have questions about documentation. There's always someone available to go out and help them.
Sheila (employer):
We encourage professional growth and continued education. So we talk to them a lot about goal setting. What are your goals for the first 30 days? What are your goals for the first 90 days? What are your goals for the first year, and then really helping them to kind of stay focused on those goals and achieving them.

a bit of time on our values. Employees are taken throughout the hospital, so they know where all the departments are, issued name badges, understand security, and basically everything available to them through our HR [human resources] department.

Overall, participants felt the organizational orientation provided new hires with information about various policies and an opportunity to meet other new hires. However, when orientation was focused more on hospital protocols, some employee participants felt this time could have been

better spent learning aspects of their specific site or role. Lily, an employee, commented,

> The biggest thing was the first 3 days of hospital training were 8-hour days that felt very irrelevant to athletic training. For example, it was discussing hospital procedures or memorizing hospital codes or talking about what kind of gloves, gowns, and masks you need to wear. It's required, but it feels very irrelevant to how we practice in our individual settings.

While organizational orientation was beneficial to learning values and policies, it was not always relevant to the ATs' daily practice. Organizational orientation was most beneficial when it was followed by departmental and site-specific orientations and not used as the only orientation tactic.

Departmental. In addition to the organizational orientation, some participants described departmental-level orientations in sports medicine departments (eg, college/university sports medicine teams, clinics with outreach ATs in which the department included all athletic training employees). Departmental orientations provided specific information about the role and provided the opportunity to meet other ATs. Not all employees received department-level orientations, especially if hired directly through a secondary school. Participants felt departmental orientations were valuable for learning more about their job expectations and asking questions. Amber, an employee, commented, "I had a specific sports medicine orientation with my Director of Sports Medicine and my head [AT] where she went over expectations, dress code, more specific things to athletic training." Liam, an employer, provided further details about his departmental orientation, which includes orienting new employees to the area and various procedural tasks:

> We have a week-long orientation process where we go over departmental goals, rules, settings, etc. We go over our record-keeping processes, digital recording-keeping processes, how we are going to do referrals and other similar things. It's 5 days, but it can continue, if necessary, where we completely inundate those people into our system and the way we're doing things, which also includes riding around, giving tours of the entire county we serve, making them aware of everything that goes into a day-to-day thing.

The departmental orientation also provided opportunities to ask follow-up questions based on the organizational orientation, provided one-on-one instruction on protocols, and competency demonstration. Beth, an employee, shared that she also practiced skills within her departmental orientation. She reported:

> After [hospital orientation], I had orientation with my direct supervisor. We went over policies and procedures. They did a competency review. We reviewed heat illness, vacuum splinting, spine boarding, equipment removal, and had me review their protocol for everything. We went through scenarios with each competency. That was nice.

Employee participants who had skills practice felt it was a good opportunity to review and receive feedback, while others who did not have skills reviews wished that was a part of their orientation.

Site Specific. The site-specific orientation, which included facility tours and a review of policies and procedures, was potentially the most beneficial orientation aspect for participants and employee participants. Site orientations also facilitated meeting stakeholders at the site where the NC-AT would provide care. Site-specific orientations allowed participants to understand their day-to-day job expectations better. Veronica, an employer, discussed how orientation is provided to ensure the NC-ATs are ready to assume their role:

> We will go out to the schools of our new hires and do on-site training as well, making sure they're getting acclimated, getting med kits stocked, meeting the people they need to meet, getting the room set up properly, and make sure they're using the documents and resources we talked about in orientation.

Part of the site-specific orientation includes helping NC-ATs understand the hierarchy and personalities of stakeholders to help develop relationships. Fiona, an employer, stated:

> We get them familiar with the systems, discuss how things work here at this college, what our hierarchy is, introduce who our coaches are, who the difficult ones can be, just to give them a heads up, how the day usually runs, how the weeks usually run, how the seasons usually run.

Despite its usefulness, the site-specific orientation was not as common and tended to be more informal than organizational and departmental orientations. Typically, this included introductions, tours, and shadowing. Haley, an employee, commented:

> My first day, [the head AT] had me shadow a soccer game to get a feel for set up. He showed me around campus, gave me a one-on-one on who's my boss, coaches, and assistant athletic directors.

Once employees had site-specific orientations, they usually assumed their roles as ATs.

Continued Onboarding

Continued onboarding includes the socialization tactics that continued after the initial orientation. Onboarding ranged from no onboarding for some participants to through the first year of employment for others. Formalized onboarding programs described by many employer participants lasted 6 months to 1 year. The formalized onboarding tactics used include the following subthemes: (1) mentoring, (2) site visits, (3) feedback and evaluation, (4) regular meetings, and (5) individual professional development.

Mentoring. Formal and informal mentoring was a critical aspect of the onboarding process, and participants reported support and mentoring were vital as they were socialized into their roles. Some organizations assigned formal mentors to their NC-ATs, who were supervisors or veteran ATs within the organization. Informal mentors included supervisors, peer ATs, and former mentors (eg, preceptors, faculty). Sarah, an employee, described a mentorship program used by her organization, which assigned NC-ATs to seasoned ATs. Through the program, mentoring pairs were assigned various tasks to complete throughout the first 6 months to 1 year of employment. Sarah stated:

> The company has a good mentorship program to help get used to the way things are done with the company, get tips on how to run your athletic training room, and the best way to handle things. They'll find you a mentor that's been with the company for a couple years. It's a once-a-month meeting just to catch up, see how I'm handling and managing so far. Touching base with me on anything I could be doing different or clarifying things I'm unsure of when I'm in the clinic by myself. Then we also review anatomy, pathology, and other topics. We go through goals and strengths and weaknesses, where I feel weak and what I want to work on from this meeting up until the next to be better.

Veronica, an employer, described a similar program, which reportedly has improved retention and role understanding in her company. She stated:

> They have monthly meetings. There's a course-outlined curriculum. So they do go through that as well, which is continued orientation and training. It gives them an extra go-to person in addition to their regional coordinator.

Some supervisors had formal mentoring check-ins with NC-ATs. Employees also discussed informal mentoring with their supervisors or other ATs at their facilities, which helped participants understand their roles and improved their practice. Barb commented, "My director is pretty good about checking in every day, seeing how I am doing, seeing if I have questions. He's good with the day-by-day stuff."

One consideration when developing a mentoring relationship is to provide NC-ATs with a mentor who is not their direct supervisor. Employee participants felt apprehensive about asking questions directly to the person evaluating them because they did not want to look incompetent. Mandy, an employer, recognized this and assigned another veteran AT to be a mentor. She commented:

> One of the new hires is my assistant, and so I didn't feel comfortable being her mentor because, if she had an issue with me, she needs to be able to talk to someone else about it, so we have another [AT] that is her mentor.

Site Visits. Site visits ensured the NC-AT adjusted to their specific setting, specifically in the secondary school setting. During visits, the supervisor, or a seasoned AT, would work alongside the NC-AT, answer questions, and provide feedback. Kevin, an employer, has a group of ATs where a large part of their role is visiting other ATs. He stated:

> We have an outreach athletic training team that will check on them once a week, face-to-face. They stop in and talk with them and see what challenges and problems they have, to see if we can help them.

Often, the supervisor would work alongside them, check in, review the organization of the athletic training facility, and audit medical records. Some employer participants described a form used at site visits to ensure compliance with organizational requirements. Veronica, an employer, stated:

> We have a site visit form of what we look for when we go out and do the site visits. It is an evaluation tool, but is also an instructional tool for them as well because there's things on there that maybe they're not thinking of. Is their license hung? Are they using a locked filing cabinet to put their doctor's notes in? Are your hours posted on your door? Little things that help with the overall care process. Whenever there is a site visit, we fill out the form and we leave it with the AT, and then when we come back to follow-up, we need to make sure that those necessary corrections were taken care of.

Employees and employers noted benefits of site visits in helping NC-ATs feel supported, get questions answered, and receive feedback and advice. Kevin, an employer, commented:

> They feel comfortable. They feel supported. If they have questions, they get answered quickly, and we do our best to make them feel so they're not abandoned or on an island by themselves trying to figure it out.

Beth, an employee, commented, "My supervisor does school visits, so he tries to come twice a month and just come in and make sure everything is going well. So I do feel very supported in that aspect."

Feedback and Evaluation. Employee participants desired feedback to ensure they were meeting expectations in their roles. Informal feedback was often provided to participants who worked alongside other ATs, such as in the college setting. Jay commented about informal feedback:

> It's in the moment if he sees something or needs me to do something, he just lets me know. If something needs to change, which doesn't happen very often, he'll pull me into his office and let me know.

Employee participants were often formally evaluated in their roles at various times throughout their first year, such as 90 days, 6 months, and 12 months. The results and discussion will focus on the formalized feedback process for the NC-ATs; however, it is important to note that not all employees were evaluated or provided feedback.

Formal evaluation included a review of professional behaviors (eg, timeliness, attendance, honesty, integrity), surveys of coaches and administrators, an audit of patient documentation, a review of effective communication, and an evaluation of the quality of care provided. Debbie, an employer, stated:

> We have an evaluation tool that all our managers have. They are evaluated on willingness to complete their job, knowing their job knowledge, attendance, honesty, integrity, cooperation. All those things are evaluated.

Barb, an employee, noted similar aspects of the evaluation but also discussed a self-evaluation, which was a part of the evaluation process:

> All new hires have the same template they use for everybody. The first section of it was his evaluation of me, so did I show up on time? Was I here for the responsibilities that I was supposed to be here for, how well I handled them, his overall impression of work ethic, treatment of patients, treatment of coworkers, and stuff like that. The second portion was for me to fill out, and it was kind of my impression of the job, my impression of our facility, how I feel like I'm

fitting in, my coworkers, and if I feel like the job is what I expected it to be basically.

The formal evaluation process allows employees to learn what is going well and what needs improvement.

Liam, an employer, uses the elevation process to form goals the new AT can work on for the next evaluation. He commented, "If there are certain specific needs, those are addressed, and then they're reevaluated a month after the initial evaluation."

Regular Meetings. Another part of the onboarding process was regular athletic training department meetings. Participants employed within the college setting or through a hospital/clinic with multiple ATs had regular meetings. In contrast, participants employed directly through the secondary schools did not have regular meetings with other ATs or health care providers. Employee participants felt these meetings were beneficial for collaborating with other ATs, discussing complex patient cases, and feeling a sense of belonging within the athletic training department. Typically, these meetings occur monthly or every other week. Some employers required the meetings, while they were an option for others. Regular meetings also gave new ATs convenient opportunities to ask questions. Jay commented:

> Every Wednesday, we have a staff meeting where all of us ATs come together and ask questions and give updates on how we're doing. Anytime I have a question, I can bring it up during the staff meeting.

Frank, an employer, highlighted the collaboration that occurred at their meetings. He stated:

> We meet monthly as a group of ATs. Our supervising physician attends the meetings. Any situations that come up, it gives us a chance to have the more experienced ATs work with less experienced ATs, tell them how they would handle that situation. Our supervising physician will also jump in with suggestions.

Newly credentialed ATs appreciate opportunities to collaborate with other ATs and learn about how they would handle certain situations. For example, Lily's department meets regularly to discuss relevant topics, such as managing environmental emergencies within their state practice act or difficult situations. She commented:

> We meet every Wednesday with all the ATs, which is about 40. Spending time with other ATs has been the most helpful. We talk about situations somebody has faced and either not known what to do or struggled or thought everybody could benefit from hearing about. Those have been helpful hearing about other situations and what they might do because everybody who's employed there doesn't have the same practice style, but we all got the same education and are working toward the same goals.

Continuing Education and Individual Professional Development. Employee participants described how their employer supported continuing education and individual professional development for new ATs throughout onboarding. This was important to employees since it helped fund opportunities to get continuing education units and allowed them to gain new skills. Employer support in their professional development made the employees feel valued. Employers often supported this through offering in-services, paying for a subscription to online continuing education (eg, MedBridge), or paying for conference attendance. Lily, an employee through a hospital, noted she was able to collaborate with physicians, which also helped her professional development:

> We had grand rounds and a conference we attended because of one of the orthopaedic physicians sponsored our conference attendance. They did a good job of providing the ability to get continuing education.

Phil, an employee, discussed employer-led in-services for professional development: "They cover lots of different topics. There was one we all got recertified in CPR and Glucagon and an EpiPen. That was nice." Employer participants discussed the importance of their role in the employee's professional development. Supervisors discussed working one-on-one to develop individual goals for their employees. Fiona, an employer, commented:

> My big thing is I want you to have a goal for this year. I want it to be a well-thought-out goal. What do you want to get out of this year? Do you want to learn a new skill? Do you want to go out and learn how to do spinal manipulation? Do we need to maybe go as a staff to some kind of CEU opportunity to learn something new as a staff?

Employee participants valued continuing education support and professional development from their employer.

DISCUSSION

In this study, we aimed to examine the onboarding process provided to NC-ATs. The orientation and onboarding processes varied based on the setting. Many who were employed and supervised by ATs or other health care providers (eg, physicians and physical therapists) experienced a formal onboarding process. Participants employed through secondary schools experienced more informal orientations. These results were evaluated within the context of established constructs of organizational socialization, including the socialization model of Pitney et al (ie, 5 phase developmental sequence of envisioning the role, formal preparation, organizational entry, role evolution, and gaining stability) and the theory of organizational socialization of Van Maanen and Schein, which are tactics commonly used to orient a newcomer into the organization.[18,19] In this socialization model, *tactical dimensions* refer to the way the novice experiences the socialization process through transitional activities structured by the organization. The tactical dimensions are bipolar, in which each tactic has an opposite pole. The tactics are (1) collective versus individual, (2) formal versus informal, (3) sequential versus random steps, (4) fixed versus variable, (5) serial versus disjunctive, and (6) investiture versus divestiture. Organizations can choose socialization tactics to produce desired results in their employees. *Collective* refers to a group of individuals who are going through the induction process together, in which all members go through the activities and have the same experiences, while in *individual* socialization, the novice goes through induction tactics and has unique experiences in isolation from others that can be tailored to

individual needs. *Formal* refers to tactics that are clear and are specifically arranged for the novice to learn the roles. In formal orientations, prescribed activities help the novice learn the proper attitude and values of the organization. *Informal* socialization is less hands-on and is often considered on-the-job training. *Sequential* includes specific steps that one must take leading to their desired role, and each subsequent step builds upon the prior stage, becoming more complex as the novice learns. *Random* is characterized by unknown or constantly changing steps to the target, in which one could reach the target without going through specific steps. Novices are exposed to more viewpoints in random socialization than sequential. *Fixed* and *variable* socialization refers to the timetable that is associated with socialization tactics. During *fixed* socialization, the novice will learn how long certain career paths will take to complete. With *variable* socialization, the timetable is more flexible and not specified when the novice enters the organization and varies depending on the person or situation. The next tactic, *serial* versus *disjunctive*, refers to the pattern a novice may take to assume the role of the veteran. In serial socialization, the novice is groomed by a veteran who serves as a role model or mentor for the novice. Disjunctive socialization occurs when the novice does not follow in the footsteps of the veteran, or they do not have information of how to continue in their role. Disjunctive socialization can be stressful for novices, as they do not have anyone to emulate in their role, or they cannot envision how their future will evolve. The final tactical dimension is *investiture* versus *divestiture*, which refers to the novice's identity confirmation when entering the role. Investiture processes confirm the novice's identity and the skills the novice brings to the organization. Divestiture socialization often disaffirms the novice and tends to remove any vestige of personal characteristics and skills. The novice's self-perceptions are often rebuilt based on the organization's beliefs and values, and the divestiture socialization creates strong bonds between the novice and veterans. Our results align with the tactics described in the socialization model.

Initial Orientation

Initial orientation is an integral part of the transition to practice. It provides new employees with institutional information such as vision, mission, values, policies and procedures, tours, introductions, and specific role expectations.[8] Previous researchers in athletic training have shown that, in some cases, no orientation is provided; in others, the orientation process can range from formal to informal.[8,20] New ATs most commonly learn on the job as things come up; however, those who had formalized orientation processes rated the orientation process as extremely helpful for managing their roles.[20,21]

The organizational orientation allows the new employee to learn about the organizational values, obtain information about human resources and benefits, and meet other new employees. Often, this aligns with the collective and formal tactical dimensions described by Van Maanen and Schein.[19] Employers and employees value learning more about the organization, which is consistent with employers in other health care fields.[22–24] However, orientation should not stop after merely learning about the organization. Newly credentialed ATs desire orientations specific to their roles as an AT.[8] Our results showed employees felt the organizational orientation was not as useful for their daily roles; however, employees who had organizational orientation followed by departmental- and site-specific orientations valued the organizational orientation to learn more about the organization and meet other new employees.

The departmental orientation is an ideal follow-up to the organizational orientation, as it provides the opportunity to meet other ATs and provide specific information about the ATs' role and employer expectations. Departmental orientation occurred most often in the college/university setting or clinic outreach. This orientation should include learning about departmental values, vision, mission, and the departmental context within the entire organization.[22] We recommend the departmental orientation to include skill development, which participants noted was very useful. Orientation models that include skill development (ie, competency-based models) have been widely used with nurses and physician assistants.[22,24] Athletic training departments can include skill development and feedback within orientation to ensure the NC-AT is confident in the skills necessary to perform their roles. This could consist of, among other skills, high-stakes emergency skills such as spine boarding, splinting, oxygen administration, or managing heat illnesses. This type of orientation allows the AT to demonstrate skills while obtaining feedback and ensuring they follow organizational policies. Newly credentialed ATs find practicing skills such as the emergency action plan in a low-stakes scenario extremely beneficial during the transition to practice and value skill development and feedback as a part of initial orientation.[8]

Site-specific orientations are vital to ensure NC-ATs understand the expectations and procedures in their respective work setting. We found that most site-specific orientations were informally conducted with a supervisor. This aligns with the individual, informal, and random tactics of the model of Van Maanen and Schein.[19] Researchers have previously demonstrated that, when NC-ATs learn about their roles during orientation, they engage in less trial and error in their positions.[8] Providing an overview of daily tasks and introducing the NC-AT to stakeholders (eg, other health care providers, athletic directors, and coaches) allows NC-ATs to know what to expect in their roles and increases their confidence. Site-specific orientations can be supplemented with shadowing or treating patients with another clinician and providing feedback to the NC-AT. Gradual exposure to patient care with another AT increases comfort levels during the transition.

Developing an effective orientation requires time, planning, and resources; however, the benefits of orientation and onboarding far exceed employee turnover costs.[23] Supervisors can collaborate with human resources regarding organizational orientation. For department- and site-specific orientation, employers could use the New Athletic Trainer Employee Orientation Checklist as a guide to develop this process.[25] Employers can modify as needed to include all aspects of the role. A formal process and checklist can ensure NC-ATs learn all the pertinent information to succeed.

Continued Onboarding

Mentoring. Mentoring relationships are critical in the transition to practice for NC-ATs.[4,20,26–28] Mentors facilitate the transition to practice by providing honest feedback and reassurance, promoting learning, and supporting the new AT.[26] Previous researchers have found many mentoring

relationships evolve organically and are informal; however, some participants in this study described formal mentoring relationships in which they were assigned to a mentor through their employer.[27] Mentoring aligns with the individual and serial tactics of the Van Maanen and Schein socialization model.[19] The described programs lasted 6 to 12 months and could continue if the mentor and mentee were interested. Formal mentoring can be especially useful for individuals in the secondary school setting, as they may not be working directly with other health care providers. Formal mentoring in nursing has resulted in the retention of new nurses, increased competence and professionalism, and a positive working environment, which all positively affect patient care outcomes.[29] We found those with an assigned mentor with specific tasks to complete felt they could learn more about their role, gain advice, and have a particular point person to whom they could ask questions. Mentoring can assist NC-ATs in integrating into their setting and feeling connected while gaining confidence in their roles.[20]

If one is not in place already, employers should develop a mentoring program to assist NC-ATs with the transition to practice. Mentors should be carefully selected and trained to ensure success, and employers should consider using experienced ATs interested in serving as mentors.[29] Other considerations are the setting and location of practice. For example, employer participants looked at the type of institution (eg, public versus private, small versus large, same school district) and the locations of the mentoring pairs. Mentor training can include topics relevant to transitioning to practice, such as conflict management, stress management, and skill development, as well as common challenges faced during the transition (eg, communication, decision-making).[6] As a part of the mentoring program, employers could use a guide or checklist to facilitate meetings. The mentor and mentee can meet initially to discuss goals, and then future meetings can promote those goals while also providing the NC-AT with a safe space to ask questions. New clinicians have reported hesitancy in asking questions because they did not want to appear incompetent or inexperienced.[5] Therefore, it is beneficial to have specific meeting times in which the mentor can check in and ensure the NC-AT is adjusting to their role. Employer participants noted the effectiveness of their mentoring program regarding retention and role integration, which has been demonstrated in athletic training previously.[27] As the NC-AT adjusts to their role, the mentoring relationship evolves, and the frequency and formality of meetings can decrease over time.

Site Visits. Athletic training at the secondary school is unique because new clinicians often practice independently without other health care providers physically present.[30] The lack of like-minded colleagues present to model best practices can result in role ambiguity, a commonly identified challenge during the transition to practice.[6] Site visits can be used to ensure NC-ATs understand policies and procedures at their workplace. Newly credentialed ATs desire feedback on their performance, as it helps develop confidence and role validation.[28] Suppose site visits do not occur in the secondary school setting specifically; the NC-AT might not receive health care–specific feedback and instead rely on coaches' and administrators' opinions on their work performance, which may not be specific to patient outcomes. Site visits help NC-ATs feel supported in their roles. They are an excellent opportunity for supervisors or seasoned NC-ATs to advise new hires, such as ways to organize the athletic training facility, prioritize treatments, or what supplies and equipment to order. Site visits can also be used to set goals and then assess progress on goals.

During the transition to practice, site visits should occur more often in the beginning as the NC-AT adjusts to their setting. Our participants reported varying frequency of site visits, including weekly, bimonthly, and monthly. A colleague often attended the first game to assist with field setup and communication with visiting teams and emergency medical responders while observing the NC-AT providing care. As the NC-AT adjusts and feels more comfortable, site visits can occur less often. Some employers used a checklist during site visits to provide specific feedback and tangible modifications (eg, post athletic training room hours). Employers should conduct site visits regardless of setting to ensure NC-ATs adjust to their roles.

Feedback and Evaluation. Despite being credentialed and often licensed ATs, the transition to practice is stressful for new clinicians, and receiving feedback can alleviate some stress, increase confidence, and assist with decision-making during the transition.[6,21] New ATs want to improve their skills, and honest feedback is essential for skill development and role validation.[26] Many of the previous socialization and transition to practice researchers in athletic training have discussed the importance of feedback; however, it has been described chiefly as informal feedback from the supervisor.[1,6,8,26] Inherent challenges exist for specific feedback in secondary school settings where the AT is the sole health care provider, but input from coaches, administrators, patients, and parents can also help with role validation. Forming relationships with supervising physicians can provide opportunities for feedback on clinical skills.[30] If NC-ATs are not getting sufficient feedback, they should seek feedback from supervisors, supervising physicians, patients, coaches, and other stakeholders.

In addition to immediate feedback, evaluations were also used as a part of the continued onboarding process. Evaluations were conducted on a scheduled basis, typically 3 or 6 months after initial hire. Formal evaluations often included self-evaluation and an evaluation by the supervisor. Some supervisors also surveyed coaches and athletic directors to gain a more holistic view of the NC-AT's skills. Performance evaluation is a valuable tool for employers to provide formal feedback, develop goals, and determine if the NC-AT meets expectations. Supervisors should use this time to establish performance goals and provide resources (eg, continuing education, mentoring) to meet those goals. Organizations should follow best-practice recommendations and regularly conduct evaluations with the NC-AT. Secondary school ATs could be evaluated using the Secondary School Athletic Trainer Evaluation Tool, developed specifically for performance evaluations of secondary school ATs.[31]

Regular Meetings. Newly credentialed ATs, especially those working in the secondary school setting but employed through a hospital or clinic, valued regular meetings with other ATs during their transition to practice. Many new clinicians feel isolated in their roles, and researchers have recommended a greater emphasis on relationship building during onboarding.[28,32] Participants, both employee and employer, noted the importance of regular meetings to build relationships and feel a sense of belonging.

In addition to building relationships, regular meetings can help with collaboration. During their transition to practice, NC-ATs often hesitate to ask for help because they do not

want to look incompetent.[28] Physicians in new hospitals face similar struggles and do not want to ask for help because they feel uncomfortable asking others or do not want to appear inept.[32] However, physicians also note a culture of collaboration or a chance to develop relationships with coworkers can facilitate asking for help. Our participants reported similar experiences, with those who had regular meetings discussing patient cases feeling more comfortable asking for help. They noted experienced ATs also discussed challenging cases, which made them feel more comfortable asking questions while also learning from the experiences of others. Employers should facilitate regular meetings in which NC-ATs can develop relationships with colleagues, provide an opportunity to ask questions, collaborate, and help new ATs integrate into their organization.

Continuing Education and Individual Professional Development. Although NC-ATs are deemed competent to provide patient care once they pass the BOC exam, they still need professional development to enhance their skills and confidence. Continuing education through seminars, journal clubs, monthly in-service, and case study presentations have been used through the onboarding process for ATs.[13] For new nurses during transition to practice programs, multiple modalities are used for professional development, including formal classes, workshops, in-services, reflective journaling, simulations, and case studies.[12] Similarly, in-services and workshops were common ways for NC-ATs to develop skills. Employers should also provide funds to attend conferences, which also helps socialize NC-ATs into the profession.

In addition to providing opportunities for professional development, supervisors and mentors can meet with the NC-ATs to set goals and find the resources needed to meet those goals. Past researchers have highlighted that professional development opportunities can be targeted in pursuit of goal achievement.[1] Newly credentialed ATs desire the assistance of mentors or supervisors in finding professional development opportunities that build their skills.[28] Supervisors and mentors should meet with the NC-AT to discuss areas for professional development that align with professional goals.

Limitations and Future Research

While the 3 most common workplace settings for ATs were all represented (college/university, secondary schools, and clinic/hospital), onboarding practices varied greatly between each setting and organization, making it challenging to generalize most recommendations. While saturation was met in this study, we cannot describe all onboarding practices across all setting types used during the transition to practice for NC-ATs. Future researchers should explore the college setting, especially as the profession moves away from the graduate assistant model to socialize NC-ATs into the profession. Further researchers should include emerging settings such as occupational medicine/industrial athletic training or those working with military or tactical athletes.

Additionally, while, in this study, we interviewed employee participants at multiple time points (3, 6, 9, and 15 months), some onboarding lasts up to 18 months. Longitudinal studies in which authors explore the first 24 months of practice would be beneficial to determine continued processes and perceptions of the success of onboarding on role integration and patient care.

CONCLUSIONS

Transition to practice is stressful for NC-ATs; however, providing a thorough and specific orientation and continued onboarding can help NC-ATs manage transition stress. Onboarding provided to NC-ATs mirrors the socialization tactics described by Van Maanen and Schein and are varied based on the individual and organization.[19] Newly credentialed ATs desire a formal review of policies, procedures, and expectations specific to their setting but also desire ongoing meetings, feedback, site visits, and discussions related to their job duties. Additionally, regularly scheduled meetings with athletic training colleagues help the NC-AT feel a sense of belonging and provide an avenue to ask questions and seek advice regarding patient care. Supervisors should meet with NC-ATs regularly, perform site visits to provide feedback, and ensure they are adapting to their roles.

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