Journal of Athletic Training 2016;51(8):601–612
doi: 10.4085/1062-6050-51.9.12

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Exploring the Perceptions of Newly Credentialed Athletic Trainers as They Transition to Practice

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Context: Research is limited on the transition to practice of newly credentialed athletic trainers (ATs). Understanding this transition could provide insight to assist employers and professional programs in developing initiatives to enhance the transition.

Objective: To explore newly credentialed ATs' experiences and feelings during their transition from student to autonomous practitioner.

Design: Qualitative study.

Setting: Individual phone interviews.

Patients or Other Participants: Thirty-four ATs certified between January and September 2013 participated in this study (18 women, 16 men; age = 23.8 ± 2.1 years; work settings were collegiate, secondary school, clinic, and other). Data saturation guided the number of participants.

Data Collection and Analysis: Participants were interviewed via phone using a semistructured interview guide. All interviews were recorded and transcribed verbatim. Data were analyzed through phenomenologic reduction, with data coded for common themes and subthemes. Credibility was established via member checks, peer review, and intercoder reliability.

Results: The 3 themes that emerged from the data were (1) transition to practice preparation, (2) orientation, and (3) mentoring. Transition to practice was rarely discussed during professional preparation, but information on the organization and administration or capstone course (eg, insurance, documentation) assisted participants in their transition. Participants felt that preceptors influenced their transition by providing or hindering the number and quality of patient encounters. Participants from larger collegiate settings reported more formal orientation methods (eg, review policies, procedures manual), whereas those in secondary school, clinic/hospital, and smaller collegiate settings reported informal orientation methods (eg, independent review of policies and procedures, tours). Some participants were assigned a formal mentor, and others engaged in peer mentoring.

Conclusions: Employers could enhance the transition to practice by providing formal orientation and mentorship. Professional programs could prepare students for the transition by discussing how to find support and mentoring and by involving preceptors who provide students with opportunities to give patient care.

Key Words: socialization, professional education, mentorship, orientation

Key Points

- Preceptors in professional programs are vital in preparing newly credentialed athletic trainers to make decisions and gain experience for their transition into clinical practice.
- Orientation initiatives such as reviewing the policy and procedures manual (eg, physician referrals, concussion protocols), emergency action plans, facility tours, and introductions to coaches and administrators enhance the transition.
- Mentors, supervisors, and peers provide advice and support regarding patient care, policies, and procedures to newly credentialed athletic trainers.

The readiness of newly credentialed athletic trainers (ATs) to independently provide patient care on graduating has been the subject of much recent debate.[1] This concern is not unique to athletic training. For novice physicians and nurses, the transition from supervised student to independent clinician has been reported as stressful,[2,3] and the initial stress of a new environment can negatively affect learning and patient care.[4] The transition from supervised student to independent clinician has been researched in other health care professions, including nursing,[2,5–14] occupational therapy,[15–17] and medicine.[3,4]

Transition to practice is described as the

> process of convoluted passage in which people redefine their sense of self and develop self-agency in response to disruptive life events, not just the change but the process that people go through to incorporate the change or disruption in their life.[18(p286)]

The *disruption* can be described as the clinician in an unfamiliar setting with different policies, procedures, and people. Transition to practice is the ongoing personal and professional growth as the employee adapts to the job. This transition begins during the first weeks of employment and continues through the first year[2,5,11] or even another 1 to 2 years during a residency or specialty training period.[3,4] As

they make the transition, novice nurses need ongoing support in their development, such as improving their interdisciplinary communication and clinical judgment skills.[11] Nurses have reported feeling unprepared to make decisions quickly and to critically think about patient care, and they wanted support and strategies to meet these challenges.[5]

Due to research examining transition to practice, many successful transition-to-practice programs have been developed for new nurses.[11] Recently, the National Council of State Board of Nursing conducted a multistate study to evaluate evidence-based transition-to-practice programs.[19] A recent review of new graduate nurse transition-to-practice research[11] found that most transition-to-practice programs varied in length from 3 to 6 months, and the most commonly reported feature was the availability of a defined resource person. This resource person had many different titles, such as supervisor, mentor, or preceptor, but he or she was a designated person intended to assist the new nurses with their transition and socialize them into their new role. Although transition to practice has been reported as an area to examine for ATs,[1] to our knowledge, no researchers to date have examined newly credentialed ATs' perceptions of their transition to practice.

It is unclear what unique challenges novice ATs face during their first weeks to first year of part-time or full-time employment and how they are oriented to their new role. Employers of newly credentialed ATs were interviewed and identified interpersonal communication skills, independent decision making, initiative, confidence, and the ability to learn from mistakes as deficiencies in new graduates.[20,21] Though these findings lend perspective to employers' perceptions of ATs, investigation into the transition to practice is needed to determine what types of assistance and support can be helpful during this transition. The National Athletic Trainers' Association Executive Committee for Education has called for research regarding the transition to practice.[1] Investigating the transition from supervised student to independent clinician could assist in developing educational interventions or transition-to-practice programs or models. This research would provide insight into how to assist newly credentialed ATs in their transition to practice.

The purpose of our study was to explore newly credentialed ATs' experiences and feelings during their transition from student to autonomous practitioner. Three questions guided this research: (1) What are newly credentialed ATs' feelings and perceptions regarding their transition into their new role? (2) What formal and informal processes orient newly credentialed ATs working full time to their new roles? (3) What are the learning needs and initial employment experiences of newly credentialed ATs working full time?

METHODS

Phenomenology guided this investigation as we explored the participants' experiences during their transition into clinical practice. Phenomenology explores the common experiences that are characteristic of a certain group of people or transitions of interest.[21] Merriam described the defining characteristic of phenomenologic qualitative research as being focused on "describing the 'essence' of a phenomena [sic] from those who have experienced it."[22(p93)]

Participants

Inclusion criteria were having passed the Board of Certification (BOC) examination between January and September 2013 and being employed part time or full time at the time of the interviews. That timeframe was chosen purposefully[21] because the transition begins during the first weeks of employment and continues through the first year.[2,5,11] This timeframe allowed us to capture individuals in the beginning to the middle of the first year of their transition who had 3 to 6 months of job experience. These findings are part of a larger study in which participants were e-mailed and asked to fill out a survey regarding their orientation, socialization, and transition-to-practice experiences. At the end of the survey, we asked for volunteers who were interested in being interviewed.

Thirty-four newly credentialed ATs (18 women, 16 men; age = 23.8 ± 2.1 years) participated in this study. Participants worked in a variety of settings: collegiate (n = 16), secondary school (n = 11), secondary school and clinic (n = 3), and other (n = 4). Twenty-seven participants graduated from professional bachelor's degree programs and 7 graduated from professional master's degree programs. None of the participants had completed any previous athletic training internship or had prior employment experience as ATs. Job titles included graduate assistant (GA, n = 14), staff AT (n = 9), intern (n = 5), as needed AT (n = 4), and head AT (n = 2). The Table contains participant demographics and assigned pseudonyms. Data saturation occurred after 15 interviews, but we continued to collect data due to interviews already being scheduled. One interviewed participant was a former student of one of the researchers.

Procedures

Institutional review board approval was obtained before data collection. The recruitment e-mail was sent in mid-October to those who fit our inclusion criteria according to the BOC database. We chose the BOC database over other commonly used databases because it distinguishes the length of time an individual has been certified as an AT. The e-mail contained a brief description of the study, a link to the consent form, and a survey examining the professional socialization and transition to practice of newly credentialed ATs. Reminder e-mails were sent 1 week and 2 weeks later to increase response rates. Athletic trainers who qualified for the study and were willing to participate completed the survey on an online platform (Qualtrics Lab, Inc, Provo, UT) via a Web link in the recruitment e-mail. At the end of the survey was a question regarding volunteering for an interview. Interested participants provided their name and their e-mail address or phone number (or both). Each interested participant was contacted (by S.E.W. or A.B.T.) using the phone or e-mail to set up a time for an interview. The semistructured interview guide (Appendix) was developed by a 2-member research team consisting of a faculty member and doctoral student (S.E.W. and A.B.T.). The interview guide was based on the literature[23,24] and designed to answer our research questions. Three experts in athletic training

Table. Participant Demographics

Participant Pseudonym	Gender	Type of Professional Program	Work Setting	National Athletic Trainers' Association District	Job Title
Andrea	Female	Baccalaureate	NCAA Division III	4	GA[a]
Carmen	Female	Baccalaureate	NCAA Division III	2	GA[b]
Francesca	Female	Baccalaureate	Secondary school	5	AT PRN
Gale	Male	Baccalaureate	Secondary school	3	Staff AT
Galina	Female	Baccalaureate	Performing arts	4	GA[b]
George	Male	Baccalaureate	NCAA Division III	4	GA[b]
Gretchen	Female	Baccalaureate	NCAA Division III	3	GA[b]
Hank	Male	Baccalaureate	NCAA Division I	2	GA[b]
Huell	Male	Baccalaureate	NCAA Division I	10	GA[a]
Jack	Male	Baccalaureate	Secondary school	3	Staff AT
Jane	Female	Baccalaureate	Youth, secondary, and university/college	4	AT PRN
Janice	Female	Baccalaureate	NCAA Division II	3	Staff AT
Jesse	Male	Master's	Secondary school	8	Head AT
Kaylee	Female	Baccalaureate	National Association of Intercollegiate Athletics	7	Staff AT
Leanne	Female	Baccalaureate	Secondary school	4	Intern
Lydia	Female	Master's	Secondary school/clinic/hospital	4	Staff AT
Marie	Female	Baccalaureate	Secondary school/clinic/hospital	3	AT PRN
Matt	Male	Baccalaureate	Secondary school	5	GA[a]
Mike	Male	Baccalaureate	NCAA Division III	2	GA[b]
Pamela	Female	Baccalaureate	Junior college	6	GA[a]
Pete	Male	Baccalaureate	Secondary school	6	GA[b]
Saul	Male	Baccalaureate	Secondary school	4	GA[b]
Skyler	Female	Master's	Secondary school	9	Intern
Sophia	Female	Baccalaureate	Secondary school/clinic/hospital	5	Staff AT
Steven	Male	Master's	Professional sports	2	Intern
Suzanne	Female	Baccalaureate	NCAA Division III	2	GA[a]
Tasha	Female	Master's	NCAA Division II	4	Intern
Ted	Male	Baccalaureate	NCAA Division I	9	GA[a]
Tiffany	Female	Master's	NCAA Division III	2	Staff AT
Todd	Male	Baccalaureate	Secondary school	8	Head AT
Tyris	Male	Baccalaureate	Health/fitness industry	4	AT PRN
Victor	Male	Baccalaureate	NCAA Division III	4	Intern
Walter	Male	Baccalaureate	Secondary school	2	Staff AT
Wendy	Female	Master's	NCAA Division II	3	Staff AT

Abbreviations: AT, athletic trainer; GA, graduate assistant; NCAA, National Collegiate Athletics Association; PRN, as needed.

[a] Graduate assistant in a nonpostprofessional program.

[b] Graduate assistant in a postprofessional program.

education and qualitative research reviewed the questions for content, bias, and clarity, and only minor modifications were needed. The interview guide was piloted with 2 recently credentialed ATs and only minor modifications were required. The pilot data were not included in the data analysis. Participants consented verbally before the interviews, which took place via phone and lasted approximately 25 to 40 minutes. Interviews were audio recorded and transcribed verbatim.

Data Analysis

We used phenomenology to gain a further understanding of the participants' experiences as they transitioned into clinical practice. Data were analyzed via phenomenologic reduction, and we continually evaluated the data as they were collected.[21,25] Two researchers (S.E.W. and A.B.T.) independently read the transcripts after data collection to gain a sense of the whole and identified concepts regarding the participants' transition-to-practice experiences. The concepts were organized into significant statements, or codes. We then organized the emergent codes into themes, and the themes were used to develop a description of the transition-to-practice process for newly credentialed ATs.

Data Creditability

Three strategies were used to establish credibility of the data: (1) member checks, (2) intercoder reliability, and (3) peer review. For the member checks, we e-mailed each participant his or her transcript with a request to review it for accuracy. We received replies from 15 participants, and no changes were needed. Second, we used intercoder reliability.[26] Two members of the research team (S.E.W. and A.B.T.) independently coded the data. The researchers then compared findings and came to agreement before sharing the results with the peer reviewer. The researchers were congruent with all content; therefore, negotiations included the names of codes and themes but not the content. For the peer review, we called on an athletic training researcher who is an expert in qualitative research. We provided the purpose of our study, research questions, data-analysis procedures, a few of the uncoded transcripts, and the codebook and themes. The peer reviewer confirmed coherence between the themes and the transcript and that

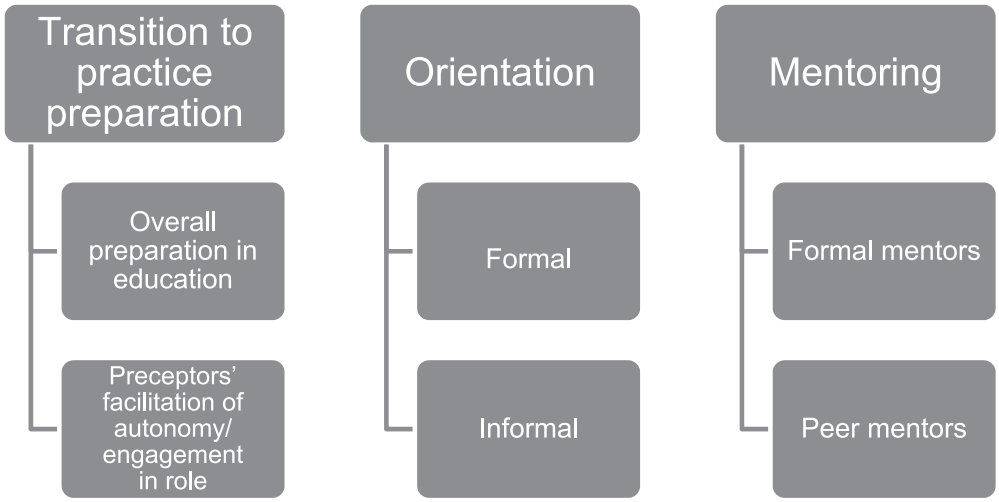

Figure. Emergent themes and subthemes of newly credentialed athletic trainers' experiences and feelings during their transition to practice.

meaningful pieces of data were placed into themes and logically organized.[27]

RESULTS

After our analysis, 3 themes emerged that described the participants' experiences as they transitioned to autonomous clinical practice: (1) transition-to-practice preparation, (2) orientation, and (3) mentoring. Each theme was further broken down into subthemes. The Figure displays the transition-to-practice experiences of newly credentialed ATs. Following are our findings with textual data.

Transition-to-Practice Preparation

The first theme that emerged was transition-to-practice preparation, which refers to how the participants felt their professional programs prepared them for the transition to practice. When asked if their professional program addressed transition to practice, 13 participants (38%) reported no discussions, either in the classroom or during clinical education. Others (n = 21, 62%) felt the transition was addressed through coursework, readings, and discussions with preceptors. Two subthemes emerged: (1) overall preparation in education and (2) preceptors' facilitation of autonomy and engagement in the role.

Overall Preparation in Education. Participants felt that transition to practice was reviewed in their professional undergraduate or graduate programs by discussions of budgeting, insurance, and professionalism. Specifically, this content was covered didactically during their organization and administration or capstone course. Marie, who completed a professional baccalaureate degree and was working in the secondary school/clinic/hospital setting, described how she and her classmates discussed their entry into the profession based on the setting they would be practicing:

> We had an administration class where we talked about the different administrative duties you would have to do, so administrative things like how to do a budget plan, or the preparticipation forms, drug testing, and the different varieties of those things. We talked about taking our BOC and applying to grad school or going into the workplace. We talked about what everyone was doing and what different settings expected as an athletic trainer.

Victor, currently an intern practicing at the National Collegiate Athletic Association (NCAA) Division III level and enrolled in a professional baccalaureate program, cited the administration and organization class in which professionalism was discussed as part of their future roles as health care providers:

> One thing they really stressed was professionalism, making sure you have those boundaries in the way that you act, speak, and even the way you dress, make sure you're taking it seriously, and that they can trust you're part of the health care team.

A few participants reported that they read and discussed articles about employers' expectations in their professional preparation. Pamela, who was a GA in the junior college setting and from a professional baccalaureate program, stated:

> We talked about it [transition to practice] a little bit in our senior seminar class, or our senior clinical. We had to read an article similar to this study about things that new certified athletic trainers felt like they were lacking in, or what other professionals felt newly certified athletic trainers lacked in. . . . I was able [to] look through that article and say, "Okay, this is something I should focus on, whereas this is something I don't need to focus on."

Skyler, who was practicing in the secondary school setting as an intern and graduated from a professional master's program, shared similar experiences of reading the literature. "We would go through a bunch of journal articles, and 1 or 2 of them that we did was on transitioning.

We'd talk about them and kind of talk about ideas of what to do."

Matt, who completed a professional baccalaureate degree and was working in the secondary school setting, learned about transition to practice and other professional development topics during his last semester in a capstone course, which he found very valuable:

> We did a semester of professional development administrative information. It covered any questions or topic areas from documentation to insurance and referral processes to BOC preparation. It was a catchall class. It was super helpful.

For these participants, transition to practice was addressed through various administrative and professional development discussions.

Preceptors' Facilitation of Autonomy and Engagement in the Role. In addition to classroom activities, participants felt that preceptors influenced their transition to practice. Clinical education also provided a foundation for gaining an understanding of the expectations they would face when they transitioned to clinical practice. This facilitation by their preceptor assisted in their transition by allowing independence as a student while still being supervised. This in turn enabled the participants to feel more prepared to enter the workforce. Leanne, who completed a professional baccalaureate degree and was an intern in the secondary school setting, described how her preceptor provided her with independence but also supervision:

> I felt more prepared than she did [another GA at the same location], probably because of my experiences. I took the reins for the second semester of last year. I had my preceptor on hand if I needed her. She was in the room at all times, but she just let me take over the whole team, and that's something I wanted to try to see, to test the waters, to see what I could do on my own. So she let me do that so I felt a little more prepared. She kind of loosened the reins on me and let me do what I wanted to do.

Sophia, who completed a professional baccalaureate degree and was working in the secondary school/clinic/hospital setting, had a similar experience with her preceptor:

> If I had questions, he was there, but whenever I would present my therapies or treatments I wanted to incorporate, I would have to explain to him why I wanted to do that or why I thought it would benefit my athletes. So the last 2 months of my rotation, I was basically running the men's volleyball and men's soccer team by myself with him watching because he trusted me that much. I had already gotten comfortable with being by myself. I had been around the block in my senior year, so I was more comfortable entering that particular role than some people were.

Suzanne, who completed a professional baccalaureate program and was practicing in the Division III setting, was encouraged by her preceptor to communicate with coaches and physicians, which she felt helped prepare her for her transition:

> I worked with the football team. Because we were seniors, [my preceptor] really let us step forward and go to him and say, "Hey, this is what's going on with such and such," and he'd say, "Okay, go to the coach and tell them and tell them why," so we could get that experience. We got used to doing things ourselves like that. My last rotation, I had with the doctor. The doctor would give me tips and different things to look for with evaluations, and then [I learned] how to speak to the doctor. It was more little things like that to prepare for the transition, rather than necessarily talking [with preceptors or faculty] about "you should expect this or you should expect that."

Some participants described how their preceptors impeded their transition. Tiffany, who was working in the Division III setting and graduated from a professional master's program, commented:

> When I was a student, the injury happened near me. It was a knee twisting, and I bent down to evaluate it. The certified [AT] that was there pushed me out of the way. I never had the chance to evaluate an [anterior cruciate ligament] injury right exactly when it happened. So sometimes thinking about that moment and thinking if I would've been able to test that myself, I would've been more prepared to be a certified alone and to do something out on the field. So I feel like there were some times when I was a student when I could've learned more or they could've prepared me more, but it wasn't allowed.

Galina, who graduated from a professional baccalaureate program and was a GA in the performing arts setting, also felt her preceptor could have done more to prepare her for the transition to practice:

> It's meant to be very experimental with stepping out on your own and trying to see if you're doing the right thing. Maybe you should do that more as a preceptor. Let your students make decisions as long as you're not going to seriously hurt anyone and just see what happens, rather than constantly giving reassurance that, yes or no, you're doing the right thing.

Preceptors are a vital part of an athletic training student's preparation. They can either create experiences to further educate and prepare students or impede the transition as well as limit patient encounters during professional preparation.

Orientation

All participants engaged in orientation activities, which were divided into 2 subthemes: (1) formal and (2) informal. Participants in collegiate settings (eg, Divisions I and II) primarily described formal orientations, whereas most participants in the secondary school setting and a few in smaller collegiate settings (eg, Division III, junior college) reported informal orientations. Regardless of the setting, all

participants met with their supervisors and with other staff members (eg, other ATs, physicians, coaches) during either their orientation or the first few days of employment.

Formal Orientation. Sixteen participants (47%) described formal orientation. Thirteen were in the collegiate or university setting and 2 in the secondary school setting. During this orientation, they met staff members, toured campus, reviewed policies and procedures manuals, and pursued a variety of other activities. The orientation was interactive in that participants were expected to read through the policies and procedures either before or during the meeting and to communicate with various individuals during the orientation. Andrea, a GA, reported a 2-week orientation period during which she met with her supervisors and a physician on campus and then received a binder of procedural information to further orient her to her roles:

> I sat down with the recreational director and the assistant and also the coordination clinical support team. They gave me a binder and reviewed how everything worked, and I asked questions. We have a student health center, so I had a meeting with the physician.

Galina, another GA, described a 5-day orientation in which she and other students in the postprofessional athletic training program reviewed the policies and procedures manual: "We went over the manual of the policies and procedures and emergency action plans and just all of the details that don't really change from year to year."

In addition to learning the policies and procedures related to patient care, orientation for some also consisted of learning the nuances of their specific institution. Leanne, an intern at a secondary school, commented:

> We had a week and a half of intern orientation, which included human resources material. They gave us a computer to use and showed us all of the programs that are pretty unique that we have to use. Then we had time every day with our direct mentors in our departments we're all working in. I met with the head athletic trainer, and then we would talk about certain topics, the software that we needed to use for injury tracking, and everything like that. I had to learn the EAP [emergency action plan], and the location where ambulances needed to go and what to do in any sort of scenario we have. Other than that, they took me through each of the athletic training rooms and showed me what was different.

Participants reported that the orientation provided expectations for day-to-day activities, such as patient referrals, EAP review, concussion protocols, spine boarding, and physician clinics. Like others, Victor, an intern in the Division III setting, was e-mailed the policies and procedures manual to review before orientation. He stated:

> A lot of it was expectations for day-to-day stuff. We have 2 physicians that come in every week, so who will be seen, what kind of people will be seen, how that works. Referrals, where the different clinics are located, and where EAPs are. We did a separate one for just the EAPs for the different facilities, and we actually met with EMS [emergency medical services] and went through spine boarding, special situations like football, and how we do things like helmet removal. That's the kind of stuff we do before we get started.

Some participants received information during their orientations and then reviewed these procedures in a meeting. Wendy, a staff AT in the Division III setting, explained:

> [We received information like] here's the concussion management plan. Here's everything we do. Here's the 5-step policy. Here's the EAP. Here's how we deal with that, here's how we stock things, and here's how we track everything. It wasn't overwhelming. We were going through it bit by bit, but it was still comprehensive.

Huell, a GA in the Division I setting, described a similar orientation during which many policies, procedures, and duties were discussed and the facilities were toured, but no policies and procedures handbook was provided:

> We went over the formal preparation orientation and a facility tour where I would be [practicing], then a brief overview. Have you ever worked SportsWare? Do you remember how to use it? Then just following up with physician notes, key things we're looking for and making sure we're passing it off to a physician to review. [We also] organized file folders to have all the information in 1 place. Besides the concussion protocol, there wasn't any formal handout or book. There was a lot of hands on, "Hey, we're going to set up this, like here is this how we are going to do this and work through this."

Our findings suggest those in the collegiate setting engaged in a formal orientation where they were introduced to various individuals they would work with, learned about policies and procedures, and were able to ask questions for further clarification.

Informal Orientation. Eighteen (53%) participants described informal orientations. Eleven were in the secondary school setting, 4 in the collegiate or university setting, 2 in the clinic or hospital and professional sport setting, and 1 worked in multiple settings. Many reported being immediately immersed in their roles after brief meetings with supervisors and tours. They learned many of the details of their position as they gained experience. Marie, a secondary school/clinic/hospital AT, said another AT employed through the same company helped her "adjust to the high school setting," but aside from a tour by the athletic director, she "didn't really have anything else." Skyler, who was working as an intern in the secondary school setting, described her orientation with her supervisor:

> I got an orientation of where things are. I got a tour and was introduced to the staff, but as far as a lot of the policies and procedures, a lot of that was never gone through. It was just day to day. It's like this came up today, so this is what we're doing. I don't have an exact job description in many ways. It's a feeling-out process. I have never seen the policies and procedures manual. I don't know why it wasn't more or if it was just left out because they don't have it. I really don't know.

Walter, also in the secondary school setting, had a similar experience:

> There was a brief orientation with the athletic trainer that was leaving. She introduced me to the coaches. I familiarized myself with the high school and where everything was. As far as anything else goes, I'm pretty much just picking it up on the fly. There hasn't been any formal orientation or anything.

Some secondary school ATs who were employed through a hospital reported procedural orientations through the hospital, which included patient confidentiality, Health Insurance Portability and Accountability Act (HIPAA), human resources, and other specific items. Lydia, working in the secondary school setting, commented, "[We reviewed OSHA [Occupational Safety and Health Administration] and stuff, more for nurses and those types of employees, so it didn't really apply to the high school setting." She met with the previous AT for a tour, but an AT at a different high school helped her learn how to order supplies because she did not have a policies and procedures manual, stating, "I didn't have anything specific or formal." Jack shared a similar experience of an orientation through the hospital, but it did not cover day-to-day information about his position in the secondary school setting:

> I did not get much training for the position, whether it was from the hospital or the school. My mentality and the way I practice or perform my duties is completely derivative from my education experience I had at my university.

Some participants in the collegiate setting, primarily Division III or junior colleges, also had informal orientations. Gretchen, a GA at a Division III university, noted:

> We didn't have an orientation. We showed up and started working. As far as going through procedures, it was learn as you go. The second year GA with football showed me the ropes. It wasn't a formal process or anything.

Gretchen did receive the EAP before beginning in her role, but it was not practiced. She stated, "For emergency action stuff, it was e-mailed to us, and we just had to read it and sign a paper that we had read it, but it wasn't officially done before we started working." George, a GA at the NCAA Division III level, had a similar orientation that lasted 1 day but then was oriented to his role over the next weeks. Pamela, GA at a junior college, described her orientation as "we'll go over it when we get there kind of a thing" and was immediately immersed; however, the first few times she performed job duties, such as completing purchase orders or insurance clinic forms or setting up appointments, her supervisor walked her through the process.

Mentoring

The final theme that emerged was mentoring. Participants reported being mentored by a variety of individuals, including supervisors, peers, and prior preceptors. Most mentoring was informal, with the participant taking the initiative to ask for help. This theme was further divided into 2 subthemes: (1) formal mentors and (2) peer mentors.

Formal Mentors. Participants were assigned mentors who provided support and guidance as they transitioned into their roles. Formal mentors were often supervisors and ranged from ATs to administrators at their institutions. Formal mentors would either set aside specific times to interact with the mentee or they had an open-door policy for the mentee to reach out to the mentor. Gretchen, a GA, remarked:

> After our staff meeting, our head [AT] pulls the GAs into the office just to say, "How's everything going?" If we have any frustrations with work, school, or anything, it's a time that we can just talk about it and get it off of our chest. It's a really supportive atmosphere that helps you cope with the transition from undergrad to graduate school and from being a student to becoming a certified. It was tough to transition, but it went smoothly because I had support.

Leanne, who was an intern at a secondary school, also had an assigned mentor, an experienced AT in her setting, with whom she met regularly:

> My direct mentor acts sort of almost as a second family for me here. He's made it very clear that he'll help me through anything, and we'll meet weekly just to discuss how things are going. It's not even just athletic training, but life in general. "How are classes going? Can I help you apply for graduate assistantships or jobs next year?" He's been an immense help.

Some participants were not assigned mentors, but they had access to their supervisors, who served as mentors. Francesca, who worked in a secondary school, was not assigned a mentor, but she still felt valued by her employers due to their support. Her supervisor, an AT, would stop by her setting to make sure she was doing well. She also described how she could go to him and ask questions as she made the transition:

> I was a little intimidated, and I had a lot of anxiety for the solid first 2 weeks I was working. I asked a lot of questions, and I'm sure my supervisor, he never said he got annoyed with all of my questions, but every now and then, I'm sending him 6, 7 text messages a day and calling him at least twice a day to make sure I knew what I was doing. He was always very understanding of that transition and of my anxieties of wanting to do well.

Carmen, a GA at the Division III level, also felt she could contact her supervisors for advice:

> Either of the 2 head ATs, they have been very open to me calling them whenever I need them, and I do it quite often, even if it's just to bounce a question off of them in regards to an injury or something like that. They understand it's a little scary, and they are the ones with experience. They made that clear from the get go, to call them anytime with any questions, and there were no stupid questions. I feel very comfortable talking to them about anything.

Many participants, especially in the secondary school setting, did not have assigned mentors or even anyone available to mentor them, but they would often reach out to a supervisor for patient care questions or an administrator at the secondary school, such as an athletic director, with procedural questions specific to that setting. Skyler mentioned a few people she reached out to for help as she transitioned into her role:

> If it's a doctor referral, then I would go back to my supervisor who's at the college because I just moved here, so I don't know any of the doctors. If it's administration or paperwork, I go back to the athletic director and his staff and figure out from there, and if they can't answer, they'll direct me to someone who can answer it.

Lydia, in the secondary school/clinic/hospital setting, contacted different people depending on her needs. She stated, "If it's policies and procedures, I'll ask the athletic director, but if it's about like an injury or rehab question, I will text and call another athletic trainer and ask them."

Peer Mentors. Peer mentoring occurred with those participants who were not assigned mentors. Participants would reach out to peer ATs, whether fellow GAs or ATs at other secondary schools in the same athletic conference. Todd, a secondary school AT, noted:

> I have contact with the other [ATs] in the area. I actually talk to them quite a bit. There's actually a pretty good tight-knit group of high school athletic trainers out where I live, so it's been nice to have. We step in and support each other when we need to.

Some GAs had assigned mentors, but they said that they would reach out to their peers for help before they contacted their supervisors. Saul, a GA in the secondary school setting who had an assigned mentor, also used his peer ATs for support and confirmation as he made the initial transition into his role:

> For the first couple of weeks I was in grad school, practically every decision I made, I called other athletic trainers that I'm here with here at [institution], and I talked things out, and they would do the same. My phone literally died at practice one day because it was a 2-a-day practice, and we questioned every little thing we were doing. After 2-a-days were over, we were pretty much set because we had some pretty hard things happen to a lot of our classmates. Thank goodness I didn't have anything that happened, just listening to other people about how they handled situations and then hearing about how they handled it improperly, and them getting repercussions because of it, that actually helped too, because you're like, "Gosh, that's what I would do."

Some participants had assigned mentors who were not available, so they would instead reach out to peers or prior preceptors. Galina, a GA, felt her supervisor was very busy, so she often reached out to peers for help with smaller concerns:

> I try to be as independent as possible because my mentor is very busy with other commitments that he has on campus. If it's something a little minor, then I'll talk to my classmates about it, especially the GA who's with modern dance since dance is a lot different than a traditional sport.

Support and mentoring for our participants were valued and assisted in their transition to practice. Participants were able to ask questions, seek advice, and discuss various topics during these first few months of clinical practice.

DISCUSSION

The purpose of our study was to explore newly credentialed ATs' experiences and feelings during their transition from student to autonomous practitioner. Our results provide a deeper understanding of the transition to practice for newly credentialed ATs.

Transition-to-Practice Preparation

A little more than half of the participants reported that transition to practice was discussed during their professional education. Participants felt that the content, such as professionalism, certification preparation, and administrative duties (eg, budgeting and insurance information), addressed the transition to practice. Participants found this information helpful, as they were faced with many of these duties as newly credentialed ATs. Interestingly, participants interpreted the professional development and administrative knowledge, such as budgeting and insurance, as transition-to-practice information. Professional development and administrative knowledge are part of the preparation to become an AT. Specific policies and procedures regarding how the budget operates or how insurance claims are handled vary depending on the setting,[3] unlike many of the skills needed to evaluate and treat patients. It is possible that, as students, these participants had fewer opportunities to apply skills related to budgeting and insurance than other skills and consequently struggled during their transition.

Responsibility for the transition to practice lies with 3 different entities: the educational training, the employee, and the employer.[28] Although it is unreasonable to expect athletic training programs to fully prepare students for the transition, programs can provide graduating students with some information during the final semester. Topics could include the various feelings they may have when making the transition and challenges they may face. Students and newly credentialed ATs should understand that feelings of shock and nervousness are normal and often characterize the transition.[29] Transitioning happens over time as one disengages from the old ways and behaviors and moves to new ways.[18] Kilminster et al[3] described transition as a critically intensive learning period; even though the new graduates may have completed educational training, they continue to make mistakes as well as to learn and evolve throughout the transition. Educational programs could also address concepts such as resilience,[10] reflection,[5] and time management.[11,13,15,20] Time management has been reported as a deficiency in athletic training graduates by postprofessional program directors[30] as well as employers.[20,31] Another way to prepare students for the transition is to invite

graduates who have recently made the transition to practice to discuss their experiences. This allows students to hear first-hand about the transition process and understand what to expect from those who have just been through it.

Preceptors' Facilitation of Autonomy and Engagement in the Role

Participants also discussed how their preceptors influenced their transition to practice, both positively and negatively. Preceptors discussed communication with coaches and physicians; promoted critical thinking, decision making, and independent thought; and encouraged students to directly manage patients independently. Participants believed these opportunities enhanced their transition, and they felt more confident during their transition than peers who were not given such opportunities. Unfortunately, some participants reported that preceptors hindered their transition by not providing learning opportunities or encouraging decision making. Our findings are consistent with other literature that speaks to the important role the preceptor plays. Athletic training students reported that the preceptor serves as a role model[32–34] and provides a realistic view of clinical practice and what it is like to be an AT.[34] The preceptors' commitment to their role as preceptors as well as ATs inspired the students. The importance of the preceptor was also noted by Bowman and Dodge,[35] who found that students felt their clinical education was monotonous when preceptors were unorganized and provided few or no patient care encounters or opportunities for active learning. Our results highlight how preceptors play a vital role in educating and preparing newly credentialed ATs to transition to clinical practice. More research is needed on the role of the preceptor and the development preceptors need to better prepare future ATs. It is clear, based on the experiences of our participants, that students want more engaging and challenging interactions with their preceptors. We recommend programs investigate which preceptors provide students with more critical thinking and clinical decision-making opportunities and place experienced students with these preceptors.

Formal and Informal Orientation

All participants reported formal and informal orientations during which they met with supervisors, toured facilities, and discussed various policies and procedures, but the length and activities varied by setting. Orientations have been used in athletic training programs to orient new students[36,37] and by supervisors to orient GAs.[24,38] These orientation sessions are crucial[39,40] and provide information regarding expectations, work environment, staff, and policies and procedures.[39] For some, part of this formal orientation was overviewing policies and procedures either in advance via a manual or during orientation. In the former case, supervisors e-mailed policies and procedures manuals and other materials such as EAPs before orientation, and GA ATs were expected to review the materials for discussion during orientation. Supervisors of new GA ATs reported providing a policies and procedures manual before the initiation of their duties,[24] but this has not been described for ATs in the collegiate[41] or high school[42] setting. We are unsure why this has not been reported previously, but orientations may have become more organized and proactive due to the expanded research in the past decade. Postprofessional athletic training programs offered orientations in which students met with supervisors as well as faculty to discuss their new dual roles as both students and clinicians.[43]

Those in the secondary school, clinic, or hospital and smaller collegiate (eg, NCAA Division III, junior college) settings reported informal orientations followed by immediate role immersion. Informal orientations consisted of tours and meetings with administrators or coaches (or both) in the setting. Participants were exposed to policies and procedures, such as filling out insurance forms and physician referrals, as these situations arose in the first weeks and months of their employment. Informal orientation appears to be far more common than the formal type, especially in the secondary school setting,[42] and our findings support this conclusion. One reason could be that, often in the secondary school setting, the AT is the sole health care provider other than the school nurse. An athletic director and not another health care provider serves as the supervisor. An athletic director is unable to provide orientation for many athletic training duties such as insurance claims and physician referrals.

Research in nursing[39] has shown that, if orientation is thorough, sustained, and well organized, nurses describe an easier transition into their new roles. Orientation for those in their first job plays a critical role in satisfaction and retention[40] as well as in confidence levels, anxiety, and patient care.[44] New graduate nurses who had orientations from 6 months to 2 years in length were surveyed. Those with longer orientations were more satisfied with their jobs, and the level of satisfaction can influence the first 1 to 2 years of employment.[40] We recommend that employers, regardless of the setting, create formal orientation programs. This formal orientation should include a policies and procedures manual, which includes EAPs, outlines of specific protocols (eg, concussion protocol, ordering diagnostic tests, physician referral procedures), and role expectations. Participants who did not have formal orientations learned many institutional procedures through trial and error, which can lead to increased stress[39] and be detrimental to patient care. Additionally, providing newly credentialed ATs with a designated "point person" as they are becoming oriented to their roles could assist them in adjusting to their roles and decreasing stress.

Mentoring

Many individuals, including supervisors, peers, and prior preceptors, served as mentors to our participants. Some mentoring relationships were formal with intentional meeting times, whereas others were informal with our participants reaching out for help as needed. Those who found their supervisors or mentors were busy would turn to their fellow peer ATs for help. We were not surprised to see both formal mentorships and the seeking out of support by these newly credentialed ATs. Mentoring is important and beneficial for ATs as they learn to adapt to their roles.[24,34] Research in physical therapy[45] has shown that mentoring enhances the transition to practice by providing new physical therapists with a more experienced person to answer questions about policies or clinical concerns. Our participants felt their mentors supported them beyond the

athletic training realm. They felt supported in all aspects of life, including emotionally. The psychosocial support helped our participants manage the stresses involved in transitioning from student to independent practitioner. This is consistent with how GAs in the collegiate setting view their mentors.[46]

No formal mentoring or transition-to-practice programs have been reported in the athletic training literature, to our knowledge, but formal transition-to-practice programs have been investigated[8,11,19,47] in nursing. One common component of these programs is providing new nurses with a resource person, often called a *mentor* or *preceptor*. Regardless of the title, this individual teaches clinical reasoning, assesses competence, provides feedback, and fosters a culture of safety.[19] Evidence[4,5,11,19,47] in the literature indicates that new health care providers need guidance during their first few months to year of practice. Prince et al[4] found that, at the start of their clinical phase, medical students reported they felt confident in their ability to perform a history and physical examination but were insecure about interpreting their findings. Dyess and Sherman[5] noted similar insecurities in new nurses who needed support throughout the first year of clinical practice in the development of their clinical judgment. It is widely recommended[2,19,48] that new health care professionals receive support in the form of transition-to-practice initiatives for 6 months to 1 year from the start of employment.

Preceptors are vital to the development of future health care providers.[13,49] The mentor or preceptor can enhance or hinder a nurse's transition to practice.[13] Some nurses described their preceptors as helpful, personable, informative, and critical in building confidence and preparing to practice independently.[13] However, other preceptors were portrayed[2,13] as providing little support and guidance. Duchscher[2] felt there should be incentive programs for nurses to serve as preceptors, and Rush et al[11] and Szanton et al[28] stated that nurses should receive formal training and support (for example, a reduced workload).

Limitations and Future Research

We explored only the first few months of the transition, and participants were asked to reflect upon the prior few months. The transition to practice typically occurs over a period of months to 1 year or more. Therefore, these results reflect only the experiences of those in the first 3 to 6 months of the transition. We interviewed individuals who graduated from professional bachelor's or master's degree programs, and we did not gather information on the size of their programs or institutions or information regarding clinical experiences (eg, setting, profession, experience of preceptor) offered and the duration of those clinical experiences. Professional preparation is affected by various factors, and more research is needed. Our sampling was not purposeful, and although we were able to understand the transition experiences of those practicing in a variety of settings, the results could differ depending on the setting. Future researchers should investigate the transition experiences of those practicing in different settings, specifically newly credentialed ATs in the secondary school setting. Unlike the clinic and collegiate or university setting, an AT in the secondary school is often the sole health care provider to pediatric patients and, depending on the circumstances, could be the first AT for that high school. Longitudinal research is needed to explore the transition during these initial months to a year or more. Some of our participants had formal mentors, but others did not. Future investigators could examine the effect of a mentor or assigned resource person as well as other factors, such as patient safety and outcomes, on the transition. Our participants were newly credentialed ATs, but we also need to appreciate the transition experiences of ATs as they change employers throughout their careers.

CONCLUSIONS

Newly credentialed ATs can never be fully prepared for their transition to practice due to the many variables involved, including the people, setting, and policies and procedures. Employers, athletic training programs, and newly credentialed ATs can all assist in the transition in various ways. Employers can enhance the transition by providing formal mentorship and orientation initiatives. Professional programs can prepare students for the transition by discussing challenges they may face, addressing how to find support and mentoring, and providing preceptors who offer students opportunities for patient care and developing confidence and decision-making abilities. Newly credentialed ATs can enhance their own transition by understanding their feelings and seeking support and mentoring from supervisors, peers, previous faculty, and preceptors.

Appendix. Semistructured Interview Guide[a]

1. Please describe your educational background (undergraduate, graduate professional program). When did you graduate? When did you pass the BOC?
2. Please describe your current position (title, patient care duties, part or full time, setting, other athletic trainers around), and how long you have been at that current position?
3. Who is your direct supervisor (other athletic trainer, athletic director, clinic manager, etc)?
4. Can you describe a typical day/the details of activities—hours, educational and clinical supervision, formal and informal education requirements and opportunities, preceptor responsibilities (other prompts—research meetings, audit, journal clubs)?
5. What formal processes (eg, orientation, policy and procedure manual, mentor meetings) have helped you perform and understand your role?
6. What are other ways you've been oriented to your role (meetings with coaches, administration, discussion with colleagues, etc)?
7. Who do you often ask for help (day, night, circumstances)?
8. Do you ever ask anybody else for help? How do you get help?
9. Do you feel your supervisor(s) as well as other individuals (coworkers, coaches, administration) are available and open to various questions?
10. Just thinking about yesterday morning/afternoon (eg, you'll have asked lots of people lots of questions), can

[a] Interview guide is presented in its original form.

you think of some examples of different types of questions to different people (patients, other professionals, doctors, cleaners, patients' relatives)?
11. What else do you do when you're not sure about something?
12. From whom do you learn from when you're on the job? What if no one is available?
13. How would you describe your experiences of transitioning from a student to a full-time position as an athletic trainer?
14. Describe any work-related tasks or responsibilities that have been required but you felt you were not prepared for? Why did you not feel prepared?
15. Please describe any positive and negative interpersonal experiences you have had in the work setting (eg, with patients, coaches, peers, supervisors).
16. What has been most difficult (eg, situations, experiences, personalities) in adapting to your new role?
17. What additional information, skills do you now wish you had learned prior to assuming your new role (eg, water coverage, sport coverage/priorities, medical records storage and documenting, ordering x rays, etc)? Did your professional educational program present any transition to practice advice and/or preparation?
18. Is there anything else you can tell me about your experiences and needs?

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