

Examining the Role Mentorship Plays in the Development of Athletic Training Preceptors

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Context: Mentorship has been identified as a contributor to the socialization of athletic training preceptors. Understanding how mentorship occurs and contributes to preceptor development may help athletic training educators facilitate effective mentorship within their athletic training programs.

Objective: Examine preceptors' perceptions of mentoring as part of their socialization into this role.

Design: Qualitative study.

Setting: Commission on Accreditation of Athletic Training Education programs.

Patients or Other Participants: Twelve athletic trainers representing 4 National Athletic Trainers' Association districts, including 5 men and 7 women, average age = 32 ± 10.5 years, and average of 5 ± 5.0 years' experience as a preceptor.

Main Outcome Measure(s): Participants responded to 14 interview questions regarding their perceptions of mentoring. Two researchers analyzed data using an inductive approach to identify themes and supporting categories. Trustworthiness was established by piloting the interview, using multiple analyst triangulation, and peer review.

Results: Four themes emerged from the data: (1) characteristics, (2) processes, (3) mentoring by emulating, and (4) roles of mentoring. Participants identified that communication and commitment are characteristics of effective mentorship. Preceptors learn to mentor by emulating other preceptors, and mentoring relationships develop through both formal and informal processes. Mentoring serves multiple roles for preceptors, including providing a support system and facilitating reciprocal learning for both mentors and protégés.

Conclusions: Participants perceive mentoring as beneficial to their initial and ongoing development as preceptors. Preceptors learn to mentor by emulating current and past mentors, emphasizing the importance of modeling for both preceptors and students. Clinical education coordinators can facilitate the mentoring of preceptors by educating them on the benefits of engaging in it as well as connecting experienced preceptors with newer preceptors.

Key Words: Reciprocal learning, socialization, preceptor.

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Full Citation:

Nottingham S, Barrett JL, Mazerolle SM, Eason CM. Examining the role mentorship plays in the development of athletic training preceptors. *Athl Train Educ J*. 2016;11(3):127–137.

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Preceptors are certified athletic trainers who are responsible for the supervision and evaluation of athletic training students during clinical education experiences.¹ Although preceptors must be able to effectively instruct, supervise, evaluate, and communicate with students in the clinical setting, most do not receive formal pedagogical training.² Therefore, the training of preceptors is primarily the responsibility of the athletic training program to which they are affiliated.¹ Recent research has found that most preceptors believe formal training prepared them for their responsibilities as preceptors, but many believe that improving these workshops could better prepare them for this role.³⁻⁶ The socialization of athletic trainers into their specific role as preceptor, known as organizational socialization,⁷ appears to be an ongoing process that extends beyond initial preceptor training.⁵ Furthermore, it appears that organizational socialization may occur more organically through mediums such as observation, engaging in the role, and seeking advice and mentoring from others serving in similar roles.⁵

In addition to formal training, recent investigations by Mazerolle et al⁵ and Nottingham⁶ have found that informal experiences such as mentoring have helped socialize preceptors to their role. Athletic trainers describe modeling their behavior after experienced preceptors to help orient them to the role of preceptor, particularly in settings with multiple preceptors.^{5,6} Similarly, novice preceptors describe seeking out more experienced counterparts to help them adjust to their new responsibilities.^{5,6} In a mentoring relationship, the protégé utilizes the mentor as a means to gain feedback and advice to orient to new roles, as it allows them the necessary legitimization needed to succeed in the role.⁵ Overall, mentorship is an important contributor to the professional socialization and ongoing support of athletic training students⁸⁻¹¹ and clinicians.^{7,12} Researchers in nursing have found similar positive impacts of mentorship on the development of nurse preceptors.^{13,14} Likewise, in academic medicine mentorship is viewed as an important contributor to career satisfaction, confidence, and productivity.¹⁵

Although mentorship appears to be an important component of the socialization of preceptors, the findings in athletic training have emerged from broader studies investigating the general preparation and socialization of preceptors.^{5,6} Athletic training researchers have yet to thoroughly examine how athletic trainers have been mentored to serve in the role of the preceptor. Therefore, the objective of our study was to gain understanding of the role of mentorship in preceptor development. Our study was guided by the following research questions: (1) How do preceptors perceive the mentoring they have received to learn their role as preceptor? (2) How do preceptors perceive the mentoring they have provided to other preceptors? (3) How does mentorship contribute to the development of effective preceptors? (4) How can mentorship of preceptors be fostered within athletic training programs?

METHODS

Design

We used a general inductive, qualitative research design to answer our research questions. Qualitative methods allow researchers to obtain rich data from preceptors' perspectives, capturing the different experiences and perspectives of participants.¹⁶ The general inductive approach to qualitative methods emphasizes the connection between the study findings and research questions.¹⁷ We used an online interviewing platform (Qualtrics, Provo, UT) in order to facilitate the interview. Web-based interviewing is an effective format for soliciting participation that is convenient for respondents.^{5,18} Online interviewing allows participants to complete the interview at their convenience and remain anonymous. Several authors in athletic training have used Web-based interviewing methods to obtain preceptors' perspectives on topics related to mentoring and socialization.^{5,18}

Participants

We selected participants from a combination of convenience and maximum variation purposeful sampling techniques of our professional networks.¹⁶ The maximum variation sampling technique is used to obtain a variety of perspectives from participants in the population of interest.¹⁶ In the case of our study, we used this sampling technique to gain perspectives of preceptors with differing amounts of experience.¹⁶ Similar to previous research examining preceptors in athletic training,^{6,19} we sought to include preceptors with ≤ 1 year experience as a preceptor ($n = 4$), 2 to 4 years' experience as a preceptor ($n = 3$), and ≥ 5 years' experience as a preceptor ($n = 5$). Twelve preceptors representing 4 National Athletic Trainers' Association districts participated in this study. Participants included 5 men and 7 women; they averaged 32 ± 10.5 years of age and had an average of 5 ± 5.0 years' experience as a preceptor (Table 1).

Instrument

After completing the demographic information, survey participants completed the interview portion of the survey. The online written interview consisted of questions regarding their experiences with and perceptions of mentoring. These questions were developed based on existing literature related to mentoring and clinical education⁵ and the Athletic Training Perceptions of Effective Mentoring Survey.¹⁰ Before data collection, we enlisted 3 individuals with expertise in qualitative research methods and clinical education to review the interview questions. We provided the interview guide, research objectives, and research questions to the experts and requested their feedback regarding the alignment of the interview questions to the research questions and overall flow and clarity of the interview guide. We edited the interview guide based on their feedback and piloted the interview with 2

Table 1. Participant Demographics

Pseudonym	Experience as Preceptor, y	Experience Category	Gender	Age, y	National Athletic Trainers' Association District	Highest Degree Completed
Ben	5	Experienced	Male	28	1	Master's
Katie	1	Novice	Female	23	1	Bachelor's
Ellie	3	Intermediate	Female	28	8	Master's
Will	11	Experienced	Male	59	8	Bachelor's
Mark	3	Intermediate	Male	41	2	Bachelor's
Rose	3	Intermediate	Female	35	8	Master's
Lynn	9	Experienced	Female	32	1	Master's
Alicia	1	Novice	Female	24	1	Bachelor's
Lauren	1	Novice	Female	24	1	Master's
Blake	5	Experienced	Male	30	8	Master's
Derek	1	Novice	Male	23	1	Bachelor's
Molly	17	Experienced	Female	40	3	Master's

preceptors to further improve the quality of the interview guide and identify potential issues with the interview. Lastly, we integrated these edits to improve clarity of the questions and finalized the interview guide (Table 2).

Procedures

After securing institutional review board approval, we initiated recruitment of participants using our professional networks. We contacted colleagues who served as clinical education

Table 2. Interview Guide

1. How would you describe the ideal mentor (characteristics)?
2. What does it take to be a good mentee?
3. Can you describe how you became a preceptor (what attracted you to the role)?
4. For the role as preceptor, who has served as a mentor for you? Did mentoring impact your development as a preceptor, particularly when you were a graduate assistant or inexperienced preceptor?
5. Would you consider yourself a mentor to any preceptors? If so, can you describe whom you've mentored?
6. How have these mentorship relationships come about? Were they assigned relationships? Did you self-select this mentor or mentee? Did your mentor or mentee seek you out?
7. How have your mentor and/or mentee relationships changed over time?
8. If you could change anything about your mentor relationship, what would it be?
9. What are the advantages of having a mentor? What about the advantages of being a mentor?
10. What are the disadvantages of having a mentor? What about the disadvantages of being a mentor?
11. What are your thoughts on having a formal mentorship program within your athletic training education program? Why or why not?
12. What role do you believe mentoring plays in professional development for an athletic trainer?
13. What advice would you give to a potential mentor?
14. What advice would you give to a mentee?

coordinators for athletic training programs throughout the country by e-mail. Once they agreed to participate, we requested they forward the recruitment e-mail with the survey link to their preceptors. The e-mail included the study description, details of participation, informed consent, and the link to the survey.

We sought to interview 12 to 15 preceptors before conducting initial data analysis as a starting point and a means to gain a global perspective of mentoring in clinical education. A total of 26 preceptors completed some or all of the survey. Once we had obtained 12 complete surveys we initiated data analysis. The remaining 14 interviews were not analyzed because of incomplete data. After completing analysis of the initial 12 surveys, 2 investigators determined that data saturation was reached (described in detail below); therefore, we concluded data collection.¹⁶

Data Analysis

We used an inductive, constant comparative process of open, axial, and selective coding to analyze the data.¹⁶ Two researchers independently began with a general process of reading all participant responses and listing key words to summarize participant responses. Similar key words (codes) were then grouped together and interviews were relabeled with these codes. Data connected to each code were then grouped and categorized. Lastly, categories were reorganized into themes that linked the participants' comments to the research questions.¹⁶ Once independent analyses were completed, the researchers exchanged findings and made comments regarding the names and supporting data for each theme and category. Findings were similar, but each researcher organized and named some codes differently. For example, one researcher titled the "emulating" theme as "modeling" and they agreed to move forward with "emulating" as the title. After discussing differences in organization of themes and categories, the 2 researchers came to a consensus on final themes and categories. At this time the 2 researchers agreed there was adequate redundancy and saturation of the data and therefore no additional participants needed to be recruited.¹⁶ Lastly, a third researcher reviewed the findings and organization of codes and categories to ensure they were sufficiently supported and clearly presented.

We took several steps to establish trustworthiness of this research study and the analysis process.^{16,20} Multiple reviewers vetted the instrument to ensure no bias was present in it, and the interview was piloted with 2 preceptors to ensure clarity of the questions, establishing credibility of the interview guide. The maximum variation sampling technique of preceptors with different experience levels affiliated with a variety of athletic training programs provided a range of perspectives on the topic, improving the transferability of the findings.¹⁶ This is also a form of triangulation, which helps improve the credibility of the findings.²⁰ Lastly, 2 researchers with experience in qualitative research independently analyzed the data and a third researcher peer reviewed the analysis, improving confirmability of and reducing bias in the analysis process.²⁰

RESULTS

Four themes emerged from the interview data regarding preceptors' perceptions of mentoring (Figure).

1. Preceptors identified key *characteristics of mentorship* including relationships where both mentors and mentees exhibited commitment to the relationship and effective interpersonal characteristics.
2. Preceptors perceived that there were various *processes* by which mentoring occurs. Mentoring is developed and facilitated from both formal and informal processes, and there are benefits and drawbacks to formally assigning mentors to mentees.
3. Preceptors' previous experiences with mentors, both positive and negative, shaped their current approach to mentoring. Preceptors *mentor by emulating* the behaviors of effective mentors they've had in the past.
4. Participants described multiple *roles of mentoring* in their professional development as preceptors. Preceptors described that mentoring acts as a support system and a way for reciprocal learning to occur between the mentor and mentee.

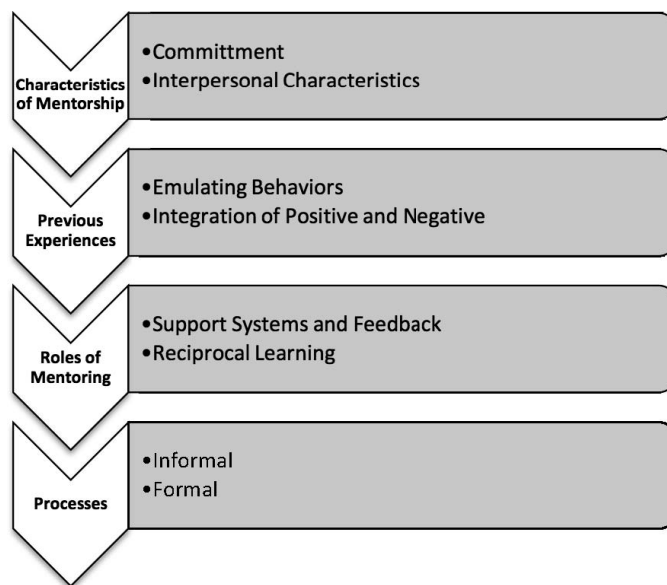
Characteristics of Mentorship

We asked preceptors to describe characteristics of effective mentors and mentees. We grouped our participants' responses into 2 categories related to this theme: *commitment* and *interpersonal characteristics*.

Commitment. Participants perceived that a successful mentoring relationship requires both mentees and mentors exhibit commitment to the mentoring connection in order for it to be effective. Several preceptors, including Molly, used the terms “engaged and invested” when describing effective mentors. Blake said: “The ideal mentor is someone who is willing to help and has an honest interest in my growth and development.” Blake further described that a mentor must be attentive to the needs of the protégé while being eager to assist the protégé throughout their relationship. Similarly, Katie summarized her thoughts on a mentor's commitment by saying:

The ideal mentor is someone supportive who has a willingness to help people and invest time in assisting in skill growth and development. Make sure becoming a mentor is something you truly want to do and can invest your time in.

Figure. Perceptions of mentoring during professional role socialization as a preceptor.



As Katie suggested, mentoring is a commitment that should not be taken lightly and can indeed take time and effort; perhaps such an obligation is not something all athletic trainers should take on.

Participants emphasized that the commitment needed in the mentoring relationship is not the sole responsibility of the mentor but also the responsibility of the protégé. Ben, an experienced preceptor, described:

The protégé has a huge responsibility in the success of a mentor as well. The protégé needs to have a strong work ethic and drive to learn so he/she can take advantage of every learning opportunity. The mentor should not have to motivate the protégé to learn and be active in daily activities.

Similarly, Lauren stated: “The mentee should be a good listener and be open to constructive criticism. They should be inquisitive and ask questions about things they do not understand.” The protégé's role must include taking action and seeking assistance when needed rather than relying on their mentor to provide everything.

Interpersonal Characteristics. Preceptors in our study described that both mentor and protégé should exhibit interpersonal characteristics such as effective communication skills, respect, honesty, and trust. Derek explained the importance of communication skills for effective mentoring:

A mentor should be able to listen and communicate with the mentee so he/she can figure out the best way to be a mentor. Not all mentees are the same and have the ability to incorporate different learning styles is important. Being “in tune” with the mentee from good listening skills will create a better relationship and allow reciprocal learning to take place.

Derek perceived that the mentor should strive to understand each protégé individually by communicating effectively.

Similar to the commitment needed for effective mentoring to occur, preceptors expect mentees to exhibit the same

communication skills. Katie described communication from the role of the mentee:

A good mentee must be a good listener, and listen to the feedback that his/her mentor is giving. Not only be a good listener in general but also be accepting to constructive criticism and feedback. It is important for the mentee not to take this personally, but as a means of improving knowledge, skill, and professional development.

Although preceptors perceived communication as the fundamental interpersonal characteristic, they also identified other important components. Alicia summarized other effective interpersonal characteristics of a mentor: “As a mentor you have to be patient, considerate, knowledgeable, and be thinking of what is best for the mentee. Always strive to improve the protégé clinically, academically, and personally.” Ellie made similar comments about effective mentor characteristics:

The ideal mentor is patient and allows room for growth and opportunity. An ideal mentor is not belittling or condescending, but encouraging. In addition, constructive criticism and feedback are important and necessary for a mentee’s growth and learning.

Blake emphasized the importance of trust in the mentoring relationship: “An ideal mentor is someone I can trust to tell me the truth regarding anything I am seeking assistance with.” Each of these preceptors identified key traits they felt would assist the mentorship experience for both preceptor and protégé; open constructive communication was a consistent thread through each of their descriptions. When both mentor and mentee learn ways to communicate effectively with each other, a positive relationship can flourish along with the development and growth of the protégé from the mentor’s influence.

Participants perceived that mentors and mentees also brought further value to the mentoring relationship by being open-minded about the different experiences, personalities, and approaches to mentorship. Will, an experienced preceptor, commented on the importance of this approach: “Be very open-minded! Have an ability and/or a willingness to learn new skills, but not be bashful about asking why in a professional manner and at the appropriate times.” Alicia, a novice preceptor, said that in order to be a good mentee one should “understand that every mentor is different.” Our participants perceived that this open-mindedness to different ideas and personality styles was another interpersonal characteristic that helped facilitate an effective mentoring relationship.

Mentoring Processes

We asked participants to reflect upon how their mentoring relationships had developed, in addition to their thoughts on the fostering of mentorship for preceptors within athletic training programs. Two categories emerged from this theme, including how mentoring relationships *develop* and how they can be *facilitated*.

Development. Most preceptors described mentoring relationships either occurring from being assigned to a role of mentor/mentee or naturally developing from a personal connection. Several participants described that experienced

clinicians became natural mentors for less experienced clinicians in a work environment. Similarly, several participants described that their mentors today had been their preceptors in the past; therefore, student-preceptor assignments in professional education seem to shape mentor relationships in the future. Derek, a novice athletic trainer, described:

Most of my mentor relationships have happened because of assignment to a specific team or clinical site. Once there the head ATs [athletic trainers] have acted as my mentors even if it is not in their job description.

This willingness to become a mentor links to the effective characteristic of commitment to the relationship, as identified above. Similarly, Lauren stated: “My mentor relationships have been assigned relationships. I was placed at my clinical site and the staff members who were there have become my mentors.” These mentors were individuals who were committed to helping the preceptors grow and develop, and as a result a mentoring relationship was able to thrive.

Ellie described that her mentoring relationships had developed from her work environments, including her role as a preceptor within the athletic training program:

For the role of preceptor, my former preceptors and former coworkers/colleagues all served as mentors for me. Currently my colleagues and our ATEP [athletic training education program] clinical coordinator serve as mentors for me when it comes to the role of preceptor.

Athletic trainers often become preceptors because it is part of their job description, not because they seek out the role. This mechanism is a way of formally assigning someone to a mentor role. Molly described how she had been placed in the position to mentor students:

Being hired as a staff athletic trainer at a university with accredited programs [being a preceptor] has always been by default. Despite this, I am committed to the role and believe it is a win-win relationship.

Although many preceptors are in a position to mentor, participants pointed out that not all of these interactions turned into meaningful mentoring relationships. Several participants described that having a personal connection with a coworker, peer, or former preceptor contributed to whether that relationship was beneficial and long lasting. Alicia described how a former preceptor-student relationship transformed into a meaningful, long-term mentoring relationship:

My former clinical preceptor was assigned to me; however, she became my mentor because we continued our mentor/mentee relationship after my rotation with the clinical site. To this day I reach out to my mentor for advice and any other questions or guidance I need. My mentor cares about my professional and personal life, which has developed into a very valued professional relationship.

Rose described that her mentors developed informally because they had similar interests: “We all work in the same school district and are faced with the same challenges. Relationships came natural.”

Facilitation. In addition to understanding how mentoring relationships develop, we sought to gain preceptors’ perspectives on the potential effectiveness of introducing a formal

mentorship program into their athletic training programs. Many participants were skeptical, stating that they are worried about forced relationships where there was no interpersonal connection between the mentor and mentee. Some participants perceived that mentoring relationships as preceptors stemmed from preceptor-student mentoring relationships. For example, Blake said,

I feel the preceptor and athletic training student relationship puts each person in a possible mentorship opportunity. Making it formal could possibly pair students and preceptors who may not get along. The preceptor and student relationship can be developed through clinical rotations. Each student has multiple preceptors in the athletic training program and can choose who they feel would be the best fit for them as a person and a professional. I think forcing a mentorship program would defeat the purpose of having multiple preceptors.

Blake's comments indicate that although there is some formality to student-preceptor assignments, which allows the possibility of mentoring to develop, it is the actual relationship that develops over time that may speak to the informality of the process. That is, not all relationships that are assigned result in a long-lasting mentoring relationship, but rather through engagement in the clinical education experience a relationship can be solidified. Blake's idea supports the opinion that preceptor-student assignments are enough to initiate a mentorship process that lasts beyond the years as a student and should not be imposed upon mentors or protégés.

Rose and Alicia, respectively, made similar comments about informal mentoring relationships, stating: "I find informal to be better. You are not going to connect with everyone, that is just a fact of relationships" and "I think if the matches are organically made it helps. Sometimes people don't get along with the people [to whom they] are assigned to and it might not work." However, some preceptors pointed out that connecting potential mentors and mentees would be a helpful way to facilitate mentorship, particularly with young preceptors. Will, an experienced preceptor, supported the idea of a formal mentorship program:

Definitely a first-time/first-year preceptor should have some type of mentor in service with a veteran preceptor in the same type of employment site. Perhaps it may have to be subdivided at a preceptor meeting (clinical preceptors, colleges, universities, high schools have "breakout" meetings/training sessions).

The varied responses related to facilitation of mentorship suggest that a semistructured, rather than exclusively formal or informal, approach to fostering mentorship may appeal to most preceptors.

Mentoring by Emulating

Participants perceived the mentoring they received to have shaped their beliefs and practices as a preceptor. Preceptors learned appropriate behavior from their previous experiences as a mentee. Relying upon their previous experience as a mentee to inform their development as a preceptor and as a mentor, the preceptors described learning from their mentors and aspiring to emulate their positive behaviors. Additionally, one-third of participants described specific negative behaviors they would not emulate. One participant, Lauren, described

learning from her mentors through observation. The exposure to mentors while practicing as a professional gave Lauren valuable firsthand experience that allowed her to learn how to be a mentor. "The other staff members served as mentors to me while I was a preceptor. They have had a great impact on me as I watched them mentor young professionals, as well as myself."

Ellie described her desire to emulate former preceptors when she talked about the mentoring she experienced, saying, "I remember what [it] was about him/her that I learned best from and have tried to apply that into my philosophy." In applying what had worked best for her, Ellie felt that she was able to embody the positive traits of her mentor and adapt them in her own way. Like Ellie, Mark indicated a desire to emulate his mentor, saying, "I feel I am equal in experience to my mentor now. I try to impart her values to my students." Mark stated he perceived that as he developed professionally and gained more experience he was able to attempt to emulate his mentor's behavior. Similarly, Ben said: "I try and use the techniques/methods I thought were helpful to me and use them to teach my protégés."

Though many preceptors described positive experiences, some also described negative experiences with former preceptors. Katie recalled,

I became a preceptor because of the positive and negative experiences I had with my preceptors in undergrad. I had a preceptor who made me want to change my major, and I knew from then on that I wanted to become a preceptor to make sure that anyone I came in contact with did not have that same experience.

Katie did not let negative experiences steer her away from the profession and she resolved to not continue passing on negative traits. Katie was resilient and had a desire to provide a positive experience; this may have come from the negative experiences she referenced.

Similarly, Lynn shared,

My previous preceptors have molded me into the preceptor that I am now. I learned from the good ones and the bad ones. My good preceptors have taught me the best way to be a preceptor myself and the bad preceptors have taught me how not to treat or teach my current students.

Lynn indicates that her prior interactions with mentors certainly shaped her understanding of the role of preceptor. Though she admits to some bad experiences, Lynn understands that even negative experiences can inform her behavior by teaching her what not to do. As Lynn's quote illustrates, both positive and negative experiences have served to shape preceptors' attitudes and practices.

This group of preceptors was able to sift through their positive and negative experiences in receiving mentorship and used them to inform their behaviors as they became mentors themselves. Learning from those prior experiences formed the basis for their own mentorship development. The data point to a cycle involved in the mentoring process derived from having a mentor and then becoming a preceptor. Preceptors learn what they perceive to be appropriate and effective

behaviors from their mentors and attempt to emulate them with their students, while discarding the negative behaviors.

Role of Mentorship

Our participants identified multiple roles, or benefits, of mentoring in their professional development. Two categories are included in the role of mentorship theme: *support system* and *reciprocal learning*.

Mentoring as a Support System. Our participants described that mentoring relationships provide a support system for a mentee to ask for guidance, both personal and professional. Katie, a novice preceptor, stated:

Having someone there to ask questions to or make sure I am doing everything right and giving my student a good experience has been a sigh of relief. Knowing that I can go to someone tends to ease the stress of being a first-time preceptor.

Blake, an experienced preceptor, also mentioned mentorship as a support system:

The advantages of a mentor are having someone there for you at all times. You have a support system whenever you need it. I feel the same as a mentor. You have a support system in your mentee.

When reflecting on how mentors had helped them develop as preceptors, several participants described that having a mentor is particularly helpful for novice athletic trainers and preceptors assimilating to independent clinical practice, new roles (eg, preceptor), and new job environments. Rose, a preceptor with 3 years' experience as a preceptor, reflected on the importance of having mentors during her first years as an athletic trainer: "Being able to lean on my mentor during my first years of athletic training (and even sometimes today) was very important to building my confidence and decision-making skills." Blake echoed this, stating:

I think mentoring is essential in the early stages of being an ATC [athletic trainer certified]. To completely start a new job as a professional ATC on your own is a scary thing. So I feel a mentor is definitely needed as a newly certified athletic trainer in their first job.

Although preceptors described the mentoring relationship to be supportive, several also described that effective mentors balance this support with a challenging environment that promotes growth. Ellie described this balance as an effective characteristic of mentors: "The ideal mentor is someone who challenges a mentee but is also supporting. He/she is patient and allows room for growth and opportunity." Blake, an experienced preceptor, made a similar comment: "The mentor should be able to challenge me to become better, help me grow, and make me uncomfortable in situations in order to help me grow."

The final type of support mentors offered to the preceptors was in the form of collaboration. Many participants used the phrases "bounce ideas off my mentor" and "use my mentor as a sounding board." These statements speak to the mentor's ability to collaborate with the preceptor by listening rather than comforting or providing direct assistance. Preceptors felt that their mentor continued to shape their beliefs and practices by working with them not in a question/answer

type setting, but in a cooperative alliance. Blake shared that his mentor

is more open now regarding my performance since we are colleagues. I have 8 years' experience being an AT and I have seen things as well so we are able to compare what we have seen. We are able to have more open discussion about what to do about our experiences.

Blake perceives his mentor to be a confidant he can rely on to not only help him but also be his partner and equal when needed. Josh agreed that working with his mentor allows him to grow: he said, "Having a mentor allows for retrospection on actions and external feedback on decisions." In this case Josh's mentor provided feedback and allowed Josh to reflect on his experiences and learn from them. The mentor is like a teammate in that situation. Similarly, Derek stated, "I can get his/her second opinion if/when necessary. I continue to learn and advance my knowledge through my mentors." This type of support from a mentor goes beyond providing comfort and reassurance and is collaborative, with both preceptor and mentor sharing ideas and working together; it is 2-sided. Similarly, Katie felt that a mentoring relationship could help a preceptor grow: "Mentorship is a great way to create working professional relationships and be able to bounce ideas of each other." Such relationships allow the preceptor to take action on his or her own and make decisions while still feeling the support of a mentor to guide them if needed or work with them. Mentors, through their continued support, helped the preceptors to gain confidence in their roles by providing advice and guidance and working with them to continually develop.

Reciprocal Learning. In addition to providing a support system, preceptors emphasized that benefits of mentoring existed for both mentor and mentee. In particular, preceptors described that reciprocal learning, or mutual learning, occurred for both mentor and mentee. Preceptors described that this occurred when working with students and other preceptors. A mentoring relationship helps develop both the mentee's and the mentor's professional knowledge and attributes. The mentor and mentee challenge each other to learn new things and keep updated in the profession. Lauren, a novice preceptor, stated: "I think that the mentor can learn from the mentee as well and [mentoring] can serve as a form of professional development for the mentor."

Mentorship contributes to the development of a preceptor by motivating the preceptor to continue learning and developing as a professional. Preceptors describe being challenged by their mentees to stay up to date on current research and to continue learning and practicing new skills. Ben illustrated this when he said, "Having protégés keeps me honest. It forces me to stay up to date with current info and continue to practice my communication skills to help teach them." Ben indicated that his protégés forced him to learn new skills and stay updated on current practice so that he could be sure to teach and practice the newest skills. Perhaps without this pressure from protégés he would not otherwise pay attention to new research; therefore, being a preceptor motivated him to develop professionally. Katie similarly stated, "When you mentor someone, you feel obligated to keep up with best-practice recommendations and what is currently becoming known in the field." Katie, like Ben, realized that with students watching there was a pressure to demonstrate skills correctly and appropriately apply new recommendations. It is

possible that without the observing eye of an eager student who is currently immersed in the learning process themselves the preceptor might not pay as much attention to the maintenance of his or her skills.

The obligation to constantly stay aware of new practices could also strain the preceptor. This was mentioned by Kristen, who said, “I feel pressure to make sure I am (at the) top of my profession in order to do proper service to my mentee(s).” The feeling of pressure was echoed by Lynn when she said, “. . . you feel pressure to always be on top of your game, to be great.” Here, Lynn and Kristen both identified a burden that weighed on them, the pressure to maintain and disseminate a high level of knowledge, which by virtue of their position they must constantly do. However, it was apparent that Lynn realized such pressure could be used as a motivating, positive force. When Lynn talked of being a mentor, she also said, “I like that it challenges me to stay on top of new information and education, which in turn should keep me a good clinician and preceptor.” As Lynn stated, although there was pressure to attain and maintain a high level of professional conduct, she understood that such motivation was positive and assisted in her development as an athletic trainer.

An emerging theme related to motivation to learn is that some preceptors indicated their supervision of students created the opportunity for a reciprocal relationship where both preceptor and student could learn from each other. The motivation of preceptors to learn, coupled with their willingness to learn from students, was mentioned by a few participants. For example, Rose saw the students as a source of information, saying, “Take advantage of the knowledge they bring to the table. Our profession continues to evolve and what we learned in the classroom years ago may have changed with new and improved research.” Her openness to students teaching her new things created a reciprocal learning environment that helped her continue to learn and develop as new information and research comes available. Rather than seeing students as a burden or getting weighed down by the prospect of learning new information, Rose was able to seize on the knowledge the students brought to her clinical setting. Katie agreed that it was possible to use the students as a resource; she said, “If you don’t know (something), the person you are mentoring may know and will teach it to you. Mentoring is a 2-way street.” In referencing the 2-way street, Katie was highlighting the concept of reciprocity: both preceptor and protégé can learn from one another. Supervising athletic training students can be beneficial for the preceptor’s development in that way. Lauren agreed with Katie and Rose, saying,

If the relationship is a reciprocal relationship I think the mentor can learn from the mentee as well and this can serve as a form of professional development for the mentor. For example, with the push towards evidence-based practice [EBP] in athletic training the student can keep the preceptor up to date on most recent research and EBP techniques.

Lauren summed up the process of mutual learning and provided an example whereby the student, by virtue of current schooling, may be more aware of current trends and research than the preceptor. If the preceptor is open to learning from the student, then knowledge can be shared between them, creating a supportive environment where both parties feel valued and can contribute. Lauren highlighted the importance of professional development in athletic training and presented

a way athletic trainers can learn new material from students to enhance their own professional development.

DISCUSSION

In order to more fully understand mentoring relationships among preceptors, we solicited preceptors’ perspectives on their experiences with mentorship. The findings of our study deepen our understanding of mentorship for preceptors as described in previous literature, including characteristics of mentoring and how mentoring relationships develop.^{5,10,21} In addition, we identified that preceptors view mentoring relationships to provide a mutually beneficial support system for the mentor and mentee. Known as reciprocal learning, this 2-way teaching-learning relationship is emerging as something that occurs during clinical education.²² Also, preceptors mentor by emulating behaviors of previous mentors, learning from both positive and negative interactions. Program directors and clinical education coordinators may use these findings to facilitate mentorship within the clinical education portion of their athletic training programs.

Characteristics of Mentoring

Preceptors in our study mentioned several characteristics of effective mentoring relationships, emphasizing that mentors and protégés should demonstrate commitment and effective interpersonal communication during their mentoring relationships. Addressing our first and second research questions, participants perceived that these characteristics were important components of the mentoring relationship for both mentors and mentees. These findings are similar to those of a study completed in academic medicine: mentees perceived that mentors who were approachable, respectful, and effective communicators were effective in this role.²³ Additionally, mentors should demonstrate commitment to mentoring their protégés in order for the relationship to be beneficial.²³

Specific to athletic training, preceptors²¹ and professional¹⁰ and postprofessional²⁴ athletic training students perceive that communication and listening skills are important components of preceptor-student mentoring relationships. In addition, preceptors perceive one of the most important qualifications for serving in the role of preceptor is willingness, or commitment, to mentoring students.⁶ Our findings emphasize the importance of previously identified characteristics of mentorship, particularly commitment and quality communication. Interestingly, preceptors emphasized the importance of these interpersonal characteristics rather than more concrete characteristics such as age and experience. These findings suggest that in order to become effective mentors, preceptors should demonstrate willingness in the role as mentor and be effective communicators in order to be effective mentors. Clinical education coordinators should consider these interpersonal characteristics when considering whether potential preceptors should be mentoring students. In addition, our findings emphasize that both the mentor and mentee should be committed to the relationship in order for it to be effective.

Mentoring Processes

We sought to understand how preceptors’ mentoring relationships have come about in addition to their thoughts on facilitating mentorship for preceptors. Participants described

that mentoring relationships often occur naturally among students, preceptors, and colleagues. Similarly, previous studies have noted that preceptors^{5,6} and clinicians^{7,14} naturally seek out mentors in the workplace and that mentoring is a natural process within the collegiate graduate assistantship model.¹³ Our preceptors also described that many of their current mentors were former preceptors, suggesting that preceptor-student assignments in professional education may be long lasting. Benes et al 2014⁹ recognized the importance of preceptor-student matches during clinical education, emphasizing that these relationships are more impactful when there is a personal connection. Considering so many of our preceptors' mentoring relationships began when they were students assigned to a preceptor, this emphasizes the importance of considering characteristics of effective mentoring relationships during professional education clinical experiences. The impact of past mentors appears to have a long-lasting influence on preceptors, a new finding in the literature on preceptor mentorship and socialization in athletic training. Mentoring is inherently built on the premise that a relationship that is forged should be lifelong²⁵; thus, our findings provide some context that this is happening among athletic trainers.

Participants described that their former assigned mentors with whom they made a personal connection remain their mentors today. Many of our participants perceived that the best mentoring relationships emerge naturally from these personal connections that stemmed from a work or clinical education environment. Some were concerned about forced relationships that would be unpleasant for the individuals involved, similar to findings in academic medicine.²³ Although several participants thought that mentor relationships should be developed informally, others pointed out the benefits of formal mentoring relationships. In particular, structuring mentorship may place potential mentors and mentees in touch with each other, allowing the mentoring relationships to form naturally.^{5,7,14,15,23} Some have approached the idea of formal mentorship by hosting workshops to educate individuals on effective mentor characteristics²³ and providing ongoing support for mentors.⁹ Considering preceptor workshops are a component of professional athletic training programs, clinical education coordinators may consider a semistructured approach to facilitating mentorship by connecting novice and experienced preceptors during such workshops. By initially encouraging interactions between more and less experienced preceptors, informal mentoring relationships may naturally develop, similar to the way mentoring relationships fostered in professional education naturally develop into longer-lasting interactions. With this method, preceptor mentoring relationships aren't forced; rather preceptors can choose how they will continue reaching out to their mentor/mentee, if at all.

Mentoring by Emulating

When discussing their approaches to mentorship, preceptors described that their past mentoring relationships, both positive and negative, heavily influenced their current mentor-mentee interactions. Emulating behaviors of previous mentors has been identified as a form of socialization in several health care professions, including athletic training. Mazerolle et al⁵ identified that collegiate preceptors often model behaviors of other preceptors working in the same setting in order to learn the roles and responsibilities of a

preceptor. Similarly, preceptors perceive that being a role model for students is a benefit of being a preceptor,^{18,21} and students identify their preceptors as professional role models.¹² Emulating, or modeling, behaviors appear to be most beneficial for novice physicians²⁶ and athletic trainers¹³ compared with more experienced individuals.

Our research expands upon previous findings that modeling is a common method for learning and socializing in various clinical and teaching roles. One finding of particular interest in our study was the extent to which preceptors discussed negative preceptor role models. Our participants described how past negative interactions with preceptors and colleagues influenced their current behaviors just as much as their positive role models. The data point to a cycle involved in the mentoring process derived from having a mentor and then becoming a preceptor. Preceptors learn what they perceive to be appropriate and effective behaviors from their mentors and attempt to emulate them with their students, while discarding the negative behaviors. Role modeling appears to be widespread in clinical education settings.^{12,18,21} Students emulate their preceptors' behaviors during and after their interactions and preceptors emulate behaviors of other preceptors. Considering the prevalence of modeling in this environment, it is important for program directors and clinical education coordinators to place good-quality role models in positions where they have the potential to mentor. Our participants appeared to differentiate between effective and ineffective mentor characteristics to emulate; however, it is unknown if most athletic training students and preceptors are able to avoid modeling poor behavior, as this perception was driven by self-assessment and opinions may vary for individuals.

Roles of Mentoring

One of the research questions we sought to answer was, "How does mentorship contribute to the development of effective preceptors?" One theme, role of mentorship, addressed this research question and included 2 categories: support system and reciprocal learning. Preceptors emphasized that having a mentor or mentee provided a support system for both work and personal matters. This is the first study, to our knowledge, that identifies the significance of mentorship as a support system for preceptors specifically. Previous literature has identified the importance of mentoring as a support system, but more specifically to athletic training clinicians rather than to those with the additional role of preceptor. Athletic trainers new to autonomous clinical practice¹³ and new work environments⁷ perceive that having a more experienced mentor helps facilitate organizational socialization. Our findings suggest that the presence of a mentor as a support system helps preceptors adjust to the role of mentor to athletic training students. This emphasizes the importance of encouraging novice preceptors to reach out to a mentor as they take on the responsibilities of being a preceptor. In addition, clinical education coordinators can help ensure novice preceptors are reaching out to positive role models who demonstrate characteristics of effective mentors.

Preceptors in our study emphasized that the significance of mentors as a support system is not exclusive to supporting the mentee, but rather pertains to both parties involved in the mentoring relationship. Our participants described that the mentoring relationship was mutually beneficial for both the

mentor and protégé, providing a supportive and challenging environment for each other to learn and grow. Preceptors who are mentors described that they learn from their protégés, particularly student protégés. This is a similar finding to other studies on preceptor-student relationships, finding that protégés help keep mentors “on their toes,”¹⁸ helping mentors keep current in the field.²¹ In some cases this type of learning and professional growth is called reciprocal learning, whereby the roles of student and teacher are interchangeable. This type of learning is becoming more commonplace in athletic training clinical education, as it allows for continued learning and stimulation of commitment for one’s job.²² Preceptors perceive this reciprocal learning to be a benefit of serving as a mentor to students.¹⁸ Researchers in educational psychology have discussed the phenomenon of reciprocal learning in supervisory relationships, pointing out that these interactions are mutually beneficial by helping the mentor learn as well as the mentee.²⁷

Communicating the benefits of mentoring to both current and potential mentors and protégés may encourage individuals to serve in these roles. Considering preceptors frequently experience role strain attempting to serve in multiple capacities,^{4,6} emphasizing the benefits of serving as a mentor may alleviate some of the stress associated with meeting multiple responsibilities. Additionally, clinical education coordinators can connect novice and experienced mentors within an athletic training program to facilitate the ongoing development of their preceptors. Considering the perceived importance and benefits of mentoring relationships for both mentors and mentees, encouraging these interactions within an athletic training program has the potential to improve the quality of clinical education within the program.

LIMITATIONS

We recognize several limitations to this study that may limit the applicability of the findings to a broader population of preceptors and athletic training programs. The objective of the study was to contribute to our understanding of mentorship for preceptors within athletic training, and we recognize the findings may not be applicable to all preceptors or athletic training programs. We used a convenience sample of preceptors we identified through our professional networks, potentially limiting the diversity of respondents. Although our sample of participants represented a variety of experience levels, backgrounds, and National Athletic Trainers’ Association districts, the small sample size may not reflect the views of preceptors in a broader sample. Using the online interviewing format with anonymous completion, we were unable to follow up with participants regarding their responses, ruling out the use of member checking as a form of ensuring accurate representation of participants’ perceptions.

CONCLUSIONS

This study expands our knowledge of the perceived importance and development of mentorship for athletic training preceptors. Our participants identified effective mentoring to include mentors and protégés who are committed to the mentoring relationship and are effective communicators. Preceptors perceive that mentoring provides a support system and beneficial learning environment for both the mentor and protégé. Clinical education coordinators should consider these characteristics of

effective mentoring when selecting and training preceptors. In addition, preceptors often emulate other preceptors’ behaviors when learning how to be a preceptor to students and mentor to other preceptors and clinicians. Considering our participants’ perceptions of mentoring were often based on their experiences as students, this speaks to the impact of preceptor-student clinical assignments during clinical education. The characteristics of effective mentors and role models are impactful for both students and novice preceptors, and preceptors appear to be impacted by negative role models several years after interacting with them. Athletic training program faculty and preceptors should be attentive to the quality of mentorship provided to both preceptors and students within their programs.

Mentoring relationships appear to develop from both formal assignments and personal connections. Considering the importance of mentorship, particularly effective mentorship, clinical education coordinators may consider facilitating mentorship within their athletic training programs to help promote effective clinical education. More research and resources are needed to further our understanding of how to effectively foster mentorship for preceptors. However, knowing that mentorship often organically occurs among preceptors, athletic training programs can facilitate effective mentorship by connecting potential mentors and protégés, educating preceptors on effective mentoring characteristics, and pairing athletic training students with preceptors who demonstrate effective mentor characteristics.

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