A Narrative Analysis: Examining the Transition to Practice for the Full-Time Secondary School Athletic Trainer

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Context: The transition to clinical practice is an important topic in athletic training because it is viewed as a stressful time that is accompanied by self-doubt. Mentorship and previous experience support the transition to practice, but little information is available on the organizational entry of the athletic trainer (AT) who is employed full time in the secondary school setting.

Objective: To understand the experiences of newly credentialed ATs in full-time positions in the secondary school setting.

Setting: Secondary schools.

Patients or Other Participants: Seventeen ATs (4 men, 13 women; age = 25 ± 4 years) were employed full time in the secondary school setting. On average, the full-time ATs worked 40 ± 10 hours per week.

Data Collection and Analysis: All participants completed a semistructured telephone interview with 1 researcher. Data were analyzed using a narrative analysis, and credibility was established by peer review and researcher triangulation. The narrative research paradigm guided our protocol and supported the rigor of the study.

Key Points

- Athletic trainers transitioning into the secondary school setting benefited from having experience in the setting before accepting the position.
- Communication with all members of the secondary school community assisted the athletic trainer in the transition to clinical practice.

When students transition to independent clinical practice for the first time, they experience a period of uncertainty and self-doubt. Transitioning into independent practice is a stressful time, as the newly credentialed practitioner must make clinical judgments and ensure patient safety and optimal care. Current discussions in the athletic training education literature have centered on the level of readiness of recent graduates and their ability to make decisions as autonomous practitioners for the first time. Most were not prepared and were overwhelmed during the adjustment period.

To assist the transition process and gain confidence in their abilities, many newly credentialed athletic trainers (ATs) seek positions that will provide support while facilitating the opportunities for autonomy and decision making that match their new credentials. The graduate assistant and intern positions are common facilitators of this type of position whereby the newly credentialed AT is afforded a guided and supervised experience. The graduate assistant or intern often has a mentor or other person who serves as a resource for reassurance, support, and feedback on decision making and patient care. Support has been identified as instrumental for the newly credentialed AT and is garnered from interactions with more experienced ATs and others who understand the role.

The literature on transition to practice and organizational entry has focused on the collegiate setting. The transition process is often examined through the socialization framework, which offers the perspective of educational training (before entering the workforce) and organizational entry (once credentialed and working). The support networks offered in the collegiate setting are distinct...
when compared with the secondary school setting, as peers and supervisors are more readily accessible. Recently, the experiences of graduate assistant ATs employed in the secondary school setting revealed periods of uncertainty regarding their clinical skills and abilities, but interactions with team physicians and other members of the secondary school community provided legitimation and support. A limitation of these investigations was the exclusion of newly credentialed ATs who were employed full time by a school or contracted through a local clinic. Clinical practice in isolation is a concern that has been raised about the secondary setting, as most schools employ only 1 AT. However, the graduate assistant model supplies an informal support network with common peer interactions and often a degree of mentorship.

The purpose of our research was to examine the experiences of newly credentialed ATs employed in the secondary school setting as they transitioned into clinical practice for the first time. Our study was guided by the following research questions: (1) What experiences did newly credentialed ATs employed in the secondary school setting identify as supporting their transition to clinical practice? and (2) What was the source of support during the transition process?

METHODS

Framework

We used a narrative approach to data collection to gain a better understanding of our participants’ transition to clinical practice, acclimation, and assimilation into the role of the AT in the secondary school setting. Narrative research is descriptive and explanatory and is designed to systematically represent individuals’ experiences as they are perceived. Narrative research allowed the researchers to assimilate the participant’s experiences through dialogue from the interview, which was semistructured and designed to capture the “story to be told” by the participant.

Participants

We recruited 17 ATs (4 men, 13 women; age = 25 ± 4 years) who were employed full time in the secondary school setting; this was each participant’s first full-time position. We used saturation as a benchmark for recruitment. Recruitment of our sample began after institutional review board approval was granted. It was guided by a criterion sampling procedure that reflected being credentialed as a new AT within the last 6 months and employment in the secondary school setting that was considered full time independent of a graduate school position. We gained access to potential participants by soliciting our professional networks regarding our purposeful sampling criteria (ie, convenience sampling guided by criteria). We were able to generate contacts from these networks and invited them via email to voluntarily complete our interview process. The Table provides demographic data for our sample. On average, the full-time ATs worked 40 ± 10 hours per week.

Data-Collection Procedures

After verbally consenting, participants completed a phone interview, which followed a semistructured protocol to allow for consistency in questioning but encourage discourse and engagement between the researcher and participant. Within the narrative research paradigm, the semistructured approach to interviewing is best as it allows for a basic framework that addresses the purpose of the study and flow while it permits a more natural exchange between the interviewer and interviewee. Each interview lasted approximately 30 minutes and was transcribed immediately thereafter. Participants were given the chance to review their transcripts for accuracy and update any information if necessary. This was done before data analysis and was a part of the credibility process.

Our interview protocol followed a similar protocol used to examine the transition to practice for the secondary school AT who was serving in a graduate assistant role. Questions were open ended and designed to encourage the participants to share their stories (eg, “Tell me about your first few days on the job,” “What experiences stand out as most influential in your transition?”). The interview protocol used in the previous studies was piloted and reviewed by an expert researcher, a step that has been discussed as a means of understanding the central question as well as promoting objectivity in data collection. Questions were focused on ATs’ perceptions and experiences during their first year of clinical practice and how they were socialized and acclimated to the setting. Specific topics that were included in the semistructured guide included transition-to-practice preparation, mentoring, past experiences, and orientation. Demographic data were also collected.

Data Analysis. Narrative inquiries are founded on the idea that an individual has a story to tell. Thus, our analysis began with an in-depth, focused review of the transcripts. Narrative analyses need to focus on the key insights and the value placed on specific experiences as identified by the participant; to do so, immersion is required, and therefore, we placed great importance on multiple, focused reviews of the data. The purposes of our initial, focused evaluation of the transcripts were to gain an appreciation for the experiences of our participants and to begin the process of identifying commonalities among our participants as they transitioned into clinical practice. When this stage was completed, we created a summary profile of each participant, which reduced the data to a specific snapshot of the participant’s experiences and identified key aspects of the transition process. This profiling allowed for subsequent evaluations of the transcripts and data so that we could focus on the key experiences that contributed to transition to practice. We coded the participants’ experiences by labeling the raw text with descriptors and then grouping them. We focused on the commonalities that resonated heavily with a majority of our participants. The 2 researchers who engaged in the narrative analyses agreed on the steps to be included and then exchanged coded transcripts, which included themes that were operationally defined and linked to the data. The exchange between the 2 researchers resulted in the findings presented next, and the
We employed several strategies to establish the credibility of our data-collection procedures and analyses. First, we conducted a peer review of our procedures, including the instrument used to guide our interview sessions. Our peer, who was a subject matter expert in the transition to practice, provided feedback on the content of the interview guide as well as the flow of the questions used to examine our participants’ experiences. The peer also supplied final confirmation of the results. Second, we used researcher triangulation to ensure accuracy in the analyses described earlier. By having 2 researchers independently code the data and discuss the outcome, we reduced bias, as both researchers were required to justify their coding and remain honest to their processes. For the triangulation process, both researchers exchanged coded transcripts and a coding schematic that included definitions and supporting quotes. Through verbal exchange, the 2 researchers agreed on the final presentation of the data. Our final credibility strategy followed the guidelines of a narrative inquiry, whereby we used saturation as our guide for recruitment, and our analyses were rooted in the narrative approach.

**RESULTS**

Our analyses revealed that transition to practice was organic: the newly credentialed AT gained awareness by engaging in his or her role daily (Figure) and most experiences were described as informally occurring during the transition process. The transition process was facilitated by previous experience in the secondary school setting, mostly from training received during professional education. Ongoing communication with various stakeholders (athletic directors, team physicians, and peer ATs) in the setting also assisted in the transition process. Finally, mentorship from previous preceptors provided support during this process.

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In Informal Transition Supported by Previous Experience

All of our participants described engaging in clinical education experiences during their professional education and directly linked those experiences to their transition to the secondary school setting. Amanda was asked to recall her clinical education experiences, and without prompting, directly connected her secondary school clinical experience to her transition. Amanda recounted, “Yes, in my undergraduate education, one of my clinical education rotations was at a secondary school setting. That was very handy, as it allowed me to see a lot of what is expected.” Barry, who completed 2 secondary school clinical education rotations, also felt this was crucial to his transition into the setting and clinical practice:

It was the major thing, my experiences [as a professional student]. I saw what it was like at the high school level for my first internship as a student, and it just kind of roped me in. I just saw how you could still be part of it all. When I was an athlete, one of the reasons I wanted to stay in athletics was camaraderie and all that stuff, just being active and all that. You really saw that you could do that at the high school level.

Iris, much like the others, described her past experiences in the secondary school setting and connected those experiences and exposure to her transition: “Yes [being at the secondary school setting], it [positively] impacted my transition. I think it gave me awareness of the responsibilities. I wasn’t certified, at the time, but I was involved in all aspects.”

None of our participants described any formal mechanisms, such as an orientation, as part of their transition but they discussed their experiences during professional education as assisting in the transition process. Most participants also shared that one should “learn from the experiences” and “learn by doing.” The thoughts of our participants reflected an organic, informal mechanism of role acclimation and assimilation that was supported by
past experiences through completion of clinical education at the secondary school setting.

**Ongoing Communication and Interactions**

Participants had many opportunities to interact with and gain legitimation from various stakeholders in the secondary school community. Among those recognized as supporters and socializing agents in this setting were team physicians and peer ATs. Felicity described her feedback from and professional discourse with several local physicians:

> Every once in a while, if a student is going to outside physical therapy or seeing another doctor from another doctor’s office, like maybe a hand specialist, I tend to be in contact with them saying things like, “Is it OK if I work with them on this rehab?” Actually, it’s been really interesting, because there’ve been a couple of doctors who will say “yes, go ahead, work with them.” I’ll send them my rehab plan, and they’ll be like, “Looks good. Just do this and fix this.” I really like that, and I really appreciate that. It helps me with my rehab plan and allows me to make the rehab plan, which feels really awesome.

Felicity’s experiences illustrated the importance of gaining feedback and legitimation through her interactions with physicians. For her, this translated to confidence and reassurance regarding her clinical decision making during her transition. A few other participants discussed positive interactions with their team physician or a physician providing care to one of their student-athletes. The interactions facilitated the participants’ transition processes by providing them with validation, support, and feedback. In one case, the school nurse also offered similar feedback and support, as Patty shared: “The school nurse is probably our biggest advocate as an athletic trainer.” Patty continued addressing the importance of the nurse in her transition:

> It goes back to all the different paperwork we have to process and all the different channels we need to go through. And she [nurse] helped me at first being on top
and making sure I was doing everything right and going through the right channels because it is important and unknown to me. She was definitely a good mentor for me in that aspect.

Several participants (n = 6) were fortunate to have a second AT working alongside them. Over the course of their first few months of practice, the newly credentialed ATs would call on the peer as a resource. Jesse felt fortunate to have several health care professionals to turn to for support and advice but also referenced her relationship with Jane, her coworker and an AT. When Jesse needed help or reassurance about her decision making, she would “seek out Jane, I would rely on her.” When asked to elaborate on her relationship with Jane, Jesse said:

We have become pretty close. And at the clinic, I would say, I would probably go to [inaudible], she is one of the therapists. We seem to be very close in our thinking processes and get along very well. I know if I ask her a question, I will not get judged. She will break it down for me and we are going to look at it all. She is very analytical and likes to look at it from all angles. And she likes to ask all types of questions. She will ask the patient this, she will ask them subjective questions, and she really makes you think. She will not just tell me the answer, which I like. I do not want someone to tell me the answer; I want someone to help me figure it out. If it happens again, then I will know how to get there.

Caitlin also shared the benefit of having an AT with more experience as someone who could support her transition into clinical practice by answering questions and engaging in decision making. The AT was part of the larger community of schools serviced by the hospital who provided her contract. Caitlin explained:

If we ever have any issues, we go straight to them as well as the other athletic trainers. Lucky enough, the athletic trainer I work with at the clinic, we’re super close. She’s been doing athletic training for probably 5 years now. Just kind of bouncing ideas off of her, whether it’s AT based or company based, how things need to be done. And, in emergency situations I have had, I have called my bosses and said, hey this is going on what do you want me to do? It’s really just who can help who and everyone, if we need help, there’s always another athletic trainer there to help somebody. It’s nice.

Amanda talked about the “community” of resources as being a part of a conference that facilitated professional development and growth each year:

I’ll always go up and introduce myself [to the other athletic trainer] at football games. Then the conference that our school is in, we have a big athletic trainers’ meeting back in the fall before our fall sports championship. That was nice because we did talk about what we were doing for concussion safety, spine boarding, and etc. That was really the only meeting like that. I really enjoyed that sharing [of] ideas and hearing what other people do.

Engaging with physicians and other ATs about patient care or job-specific activities helped participants gain a sense of their role and also supported their transition into the secondary school setting. These individuals provided support but also validation and guidance.

Support From the Secondary School Community

A smooth first-time transition to clinical practice was reinforced by athletic directors who displayed support for the AT and understanding of the AT’s role in the secondary school setting. Caitlin described:

I am probably the luckiest person in the world. I have one of the best athletic directors I could possibly imagine. Anything I need, follows up with me, checks in on me, backs me up, which is super important. I had a huge issue this year, and he looked at me and said, “Look there’s nothing in our rule book. I’m going off what you say.” I told him what I was sticking by. I had people threatening to sue. I had everything you could possibly imagine, and he stood by me 110%. I am extremely lucky to have someone who’s supportive and understanding of what athletic trainers do.

Oliver, much like Caitlin, depicted a relationship that was positive and supportive:

Our relationship is awesome. My athletic director lets me do my thing. If I need to order something, go ahead, if you have any questions, come see me. Even if I am in my office, from 2 to 3, come on up. He is at all the games, so obviously we talk a lot. He is a real good guy. He is all about the kids, that is his big thing. And we see things the same way, we agree on a lot of things that go on around here. He is just another one of those people who I can just talk to.

When asked to comment on his relationship with his athletic director, John remarked, “I think it is a healthy relationship. I feel comfortable talking to him if we need help in certain areas and we talk regularly most days of the week. Whether it is in passing, just to catch up with him. I think it is a really good relationship.”

Barry had a similar assessment of his athletic director, initially noting, “Right off the bat I felt like we were on the same page with things.” Barry continued:

He’s not a micromanager, so he trusts me, gave me the reins, here ya go. Do what you do. The mutual respect that we have. I know I can go to him and say, “Maybe we should think about doing this differently or making this a little safer. Doing this will help our program or our athletes.” He’s open to it. So, very comfortable. I don’t mind going to him and saying, what do you think about this. He’s open to, oh they’re having practice Saturday morning. It’s just one team real quick, take the day off. Something like that. That’s happened a few times. He gets that we work hard and understands that we need a break every now and then. We’re on very good terms, I would say.
The athletic director’s support was viewed as important when transitioning to the secondary school setting. Participants felt the athletic director trusted their judgment yet would also provide historical advice on procedures particular to their setting.

**Mentorship From Past Preceptors**

Reaching out to past preceptors was cited by all participants as a mechanism to support their transition to clinical practice in the secondary school setting. Needing advice, feedback, and guidance were reasons to reach out to their former preceptors, individuals they deemed to be their mentors. Laurel referenced her past preceptors as mentors and individuals she could depend on for support during her transition:

Yeah, I talked to my preceptors that I had my senior year in the program, I talked to him a lot about injuries, just things going on with kids. So, he has been my main mentor. And just referring back to my boss, he has been helpful in ways, and the sports med teacher has been helpful with new things or just giving me more ideas of how to make things better.

When reflecting on the factors that supported his transition to clinical practice, John shared that the relationships he built with his preceptors were important. He felt supported during his transition, as he cited being able to reach out to former preceptors if he needed help:

So most of my mentors are people either I shadowed or were clinical instructors during my education. People I grew to become comfortable with and know that I can always ask them a question. Maybe they’ve seen this type of situation or been involved with a situation like this in their first years or things like that. So, there’s, I would say there’s about maybe 2 or 3 that I really go to for things like that. I feel pretty comfortable reaching out to them anytime.

Nyssa stated:

I know that I can still reach out to [institutional name] and have my preceptors and faculty help me out if I need it. And I know several classmates who do that now. One of my classmates is still actively involved there, even though she has already graduated, but I think that is awesome.

Confidence in the support offered by former mentors, faculty, and preceptors was the underlying theme explaining why participants reached out during their transition to clinical practice. Joe and Thea discussed their ongoing relationships with their former professional education programs. They illustrated times of reaching out and gaining support or advice during their first year of clinical practice. Regarding her former preceptor, whom she described as a “mentor,” Thea observed:

She [my preceptor] was the clinic director for 2 of my clinic rotations, so she has been very instrumental in showing me what I need to do, where I need to go, how I address situations. If I am doing job applications, if I am looking to move on, she knows eventually I want to work college and move up to pros, she is going to give me the best way to do that and help me contact different people.

Joe’s reflections were about the enduring support he received as part of a lifelong learning community, and he conveyed that the close proximity of his alma mater assisted in his ability to draw support from his former school: “I am only an hour away from where I did my master’s program, so whenever I have questions or any concerns, I still talk to my classmates and I still talk to my program director, and we go back and forth. And she still has a hand in helping me grow.”

Mentorship is described as a lifelong partnership in which guidance, support, and advice can be exchanged between the mentor and mentee. For our sample, past preceptors who had guided the newly credentialed professional's education continued to provide support after credentialing was achieved and employment was established.

**DISCUSSION**

We intended to understand the transition to clinical practice, determine what prepared newly credentialed ATs for entrance into the secondary school setting, and learn whether support was gained from any specific individuals. Our results indicated that the transition process was organic and that exposure to the secondary school setting before entering clinical practice and having support from various individuals facilitated the transition process for the newly credentialed AT in the secondary school setting.

**Informal Transition Supported by Previous Experience**

Diversity in clinical education supports readiness and preparedness to transition to practice, and Commission on the Accreditation of Athletic Training Education standards require programs to provide students with clinical education that encompasses various settings and patient populations. Exposure to these various settings allows students to appreciate the depth of their roles and responsibilities, as well as allowing them to recognize the differences that may be present in these various settings. Our results showcased that prior experience was beneficial, as it promoted understanding of and relevance to the experience. Legitimation is part of the socialization process, allowing individuals to gain directive feedback and appreciate the expectations associated with the role. Moreover, past experience in the setting accentuated the importance of authentic learning as it translated to understanding by doing and observing, as noted by Pitney, who discovered that many secondary school ATs learned the “ropes” this way.

It is no surprise that exposure to the secondary school setting before working in it assisted in the transition. This setting differs from the collegiate setting in various ways. The students are minors, and often only 1 or 2 ATs serve the entire student-athlete population. This presents unique challenges for the AT when determining which practices and events to attend. The chain of command is different in that ATs in the secondary school setting often interact with the athletic director much more than in the collegiate
setting. This relationship takes time to build. Lastly, secondary schools typically employ few health care providers other than the school nurse and perhaps another AT, depending on the size of the staff.

Following the adult learning principles, adult students learn best when the activities are relevant and practical (i.e., have application to the future). Thus, it makes sense that when transitioning into this setting, our participants viewed their time engaged in clinical education as supporting their organizational entry into the secondary school setting.

Ongoing Communication and Interactions

Transition to clinical practice is often supported by interactions with other health care professionals and individuals with knowledge of the work setting. and the recognition of the need for support and guidance during this period is often a factor in selecting the first position postgraduation. The secondary school setting presents a unique situation for ongoing mentoring, as the AT often practices in isolation, yet our participants cited interactions with their team physicians and other ATs as helpful in their role transition and induction. Mazerolle et al. found that newly credentialed ATs gained support and role awareness from other medical care providers, mostly in the form of peers who were completing graduate degrees and in some cases with the supervising AT at the school.

Regarding the socialization process for the AT in the secondary school setting, informal learning networks were first described by Pitney. Athletic trainers learned their role by engaging in professional relationships with others who shared common experiences. Our participants described their transition mirrored those of Pitney’s sample, whereby role learning occurred through interactions with other medical care providers. Participants were fortunate to have positive interactions with physicians, and these directly supported their transition. Although direct interactions with other medical care providers have been previously linked to role transition, our findings were interesting in that interactions between the AT and team physician in the secondary school setting have often been viewed as limited.

Support From the Secondary School Community

Organizational entry into the secondary school setting has been described as informal but supported by interactions with stakeholders within the community, such as coaches and administrators. Having a current support network is important, as these individuals appreciate the current expectations and policies of the workplace. Participants described strong, positive relationships with their athletic directors that eased their transitions, mostly due to a perception of decreased stress and autonomy to function as dictated by their role. Previous researchers have identified a dichotomy between the role of the AT and the expectations of the coaching staff and administrators in the secondary school setting, opposition that can add stress to the AT already navigating the challenges of being an independent practitioner. Therefore, the support and understanding displayed by administrators and other nonmedical members of the secondary school setting can reduce stress and ease the transition.

Supervisor support and willingness to educate the AT regarding the policies and procedures of the setting have been described as helpful and part of organizational entry for the AT. Participants depicted favorable relationships with their athletic directors as being linked to the informal process of transitioning into the secondary school setting. Knowledgeable individuals, regardless of their medical training, can support the transition to practice as they provide legitimacy to the AT regarding assimilation into the setting.

Mentorship

Fundamentally, mentoring is meant to be a lifelong relationship, and so it is not surprising that our participants acknowledged mentors as part of their transition. Mentorship has been repeatedly recognized as critical for supporting the professional development of the student and transitioning AT. The mentor continues to provide guidance, support, and reassurance with regard to decision making and implementation of policies and procedures.

Regardless of the clinical setting, mentorship has emerged as the primary socializing agent for the newly credentialed AT. Mentorship is available for the newly credentialed AT in the collegiate and secondary school settings. In the collegiate setting, mentorship is seen as more organic because often many ATs are employed in the setting; in contrast, in the secondary school setting, mentorship is more likely to occur indirectly through personal communication rather than direct observation and interaction.

Our results illustrate the importance of not only having previous experience in the setting but also developing strong relationships with preceptors during the professional education experience. As indicated by Mazerolle et al., reaching out to former preceptors and advisors for support and reassurance was helpful for our participants, as they often viewed these individuals as mentors. From the present research combined with our previous work, it appears that mentorship was supplied by individuals who were outside the work setting but had overall knowledge of the secondary school setting; this is in contrast to the collegiate setting, in which mentoring relationships often develop within the workplace itself.

RECOMMENDATIONS

Newly Credentialed ATs

1. Actively seek a relationship with other medical care providers within the secondary school community, including the team physician, physical therapists, and others. The communication should be planned and ongoing.
2. Develop professional relationships with other ATs within the secondary school community in your district. They can serve as mentors and resources for support.
3. Maintain relationships with past mentors and preceptors. Ongoing interactions can support the transition, reduce stress, and support continued professional development.

Professional Athletic Training Programs

1. Provide athletic training students with a minimum of 1 clinical education experience at a secondary school to allow for role understanding.
2. Encourage preceptors to facilitate direct communication between athletic training students and members of the secondary school setting as a means of acclimating them to the setting and the expectations associated with it.

3. Educate athletic training students on the process of role transition and highlight the stressors related to the process.

Administrators and Other Health Care Providers

1. Establish a mentor program between newly credentialed ATs and experienced health care providers and ATs.

2. Develop a plan to support direct, frequent communication between the newly credentialed AT and those who can support the transition, as well as provide directive feedback toward his or her professional development.

3. Promote teamwork and collegiality among all members of the secondary school community who have direct interactions with student-athletes and support their safe participation in sport.

FUTURE DIRECTIONS AND LIMITATIONS

Our sample was isolated to newly credentialed ATs who were employed full time in the secondary school setting. No attempts were made to stratify these individuals into the various employment agreements that shape the secondary school setting (eg, outreach, full time) and could identify differences that may occur when transitioning into the setting. We also believe that future researchers need to include a more robust sample of those employed in various settings, which will also illuminate setting-specific transition practices. Furthermore, it appears that our sample of ATs who were employed through hospital contracts had more interactions and opportunities for support when transitioning. Future investigators could explore more structured programs to assist newly credentialed ATs as they transition into clinical practice. We did not classify the professional education degree each AT had. That is, we did not require our participants to have graduated from a master’s degree program. Although this is unlikely to be a factor, it could be because of inherent differences.

CONCLUSIONS

Our results illustrate that the process of transitioning to full-time clinical practice in the secondary school setting was informal and supported by professional relationships and past experiences. Experiences during professional education provided the platform for understanding the role of the AT in this setting. Legitimation was gained from various stakeholders within the secondary school setting, some without a medical background but all with an understanding of the specific setting. Team physicians and others such as physical therapists gave affirmation through specific feedback and professional dialogue, and athletic directors gave encouragement and freedom to function as an AT without interference.

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