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## The Role Mentoring Plays in the Transition to Practice of Newly Credentialed Athletic Trainers

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Online First

# The Role Mentoring Plays in the Transition to Practice of Newly Credentialed Athletic Trainers

**Context:** Mentoring has been identified as an important method to support newly credentialed athletic trainers during their transition to practice. Gaining a better understanding of this relationship could provide valuable insights that may assist employers and professional programs to develop a plan, which could better facilitate the transition. **Objective:** To examine what aspects of the mentoring relationship provided the most benefit during transition to practice.

**Design:** Grounded theory. **Setting:** Individual phone interviews. **Patients or Other Participants:** 13 athletic trainers who graduated from a professional master's program, were certified between February and July of 2016, and obtained employment between July to August of 2016 participated in this study (6 female, 7 male, 26±3 years; work settings included professional sports, college, secondary and middle school, and clinic). Data saturation guided the number of participants. **Data Collection and Analysis:** Phone interviews using a semi-structured interview guide were conducted at 3, 8 and twelve months of work experience. Data were analyzed using a constant comparative approach. Credibility was established through investigator triangulation, peer debriefing, and member checks. **Results:** Participants recognized the mentoring relationship as a foundational aspect of the transition to practice. Mentors should be available by phone, email, and/or text and to answer questions, provide feedback and/or discuss ideas. Participants want honest feedback, even when that feedback is constructively critical. Feedback was sought regarding topics such as patient care, communication, and networking. Participants needed reassurance and support from their mentor which helped to validate and improve confidence. **Conclusions:** Newly credentialed athletic trainers should seek a mentor who will be available to communicate in various ways and provide regular and

constructive feedback. Future research should investigate how mentoring relationships influence other aspects of the transition such as patient care, overall job performance, turnover, and satisfaction. **Word Count:** 299/300

**Key Words:** Feedback, Socialization, Professional Development

**Key Points**

1. The mentoring relationship assists with the transition to practice by facilitating ongoing feedback which promotes learning and provides reassurance.
2. Mentors of newly credentialed athletic trainers need to provide honest yet constructive feedback.
3. The mentor does not always need to be immediately available to provide feedback but needs to do so in a timely manner.

## INTRODUCTION

Transition to practice is described<sup>1</sup> as the “process of convoluted passage in which people redefine their sense of self and develop self-agency in response to disruptive life events, not just the change but the process that people go through to incorporate the change or disruption in their life”. For the newly credentialed athletic trainer, they are practicing in an unfamiliar setting no longer under the supervision of a preceptor in an unfamiliar new setting with different policies, procedures, and people. Athletic training has examined the impact of mentoring on the transition to practice for the newly credentialed athletic trainer, but more research is needed from the perspective of the professional masters graduate. The information available, mostly from socialization research, suggests that newly credentialed athletic trainers from undergraduate programs seek graduate assistantships due to the expected mentoring and being able to scaffold their transition to practice.<sup>2,3</sup> Serving in the role of the graduate assistant athletic trainer provides the newly credentialed athletic trainer with a sense of support as they begin the process of developing confidence, making decisions, and growing professionally. Individuals who are providing mentoring may vary but may include supervisors (e.g. head athletic trainers), other full-time athletic training staff, former classmates, peers, faculty members and/or other individuals that the clinician has established relationships with whom have knowledge of the workplace expectations, politics, and responsibilities.<sup>2,3</sup>

No formal mentoring or transition to practice programs have been reported in the athletic training literature but formal transition to practice programs which include mentoring have been investigated in nursing.<sup>4,5</sup> One significant component of these programs is providing new nurses with a resource person, often called a mentor or preceptor. Regardless of the title, this individual teaches clinical reasoning, assesses competence, provides feedback, and fosters a culture of

safety.<sup>5</sup> In the nursing literature<sup>6,7</sup>, mentorship has been viewed as the mechanism that supports the transition of new nurses as a means to reduce the stress associated with making decisions independently for the first time. Nurses described their preceptors as helpful, personable, informative and critical in building confidence and preparing to practice independently.<sup>7</sup> Preceptors are vital to the development of future healthcare providers.<sup>7,8</sup> The mentor or preceptor has been found<sup>7</sup> to enhance or hinder a nurses transition to practice.

Nursing education program have also investigated the development and use of formal mentoring relationships on students' educational experiences, which students found to be beneficial while in the process of becoming a nurse. Students reported<sup>9</sup> increased satisfaction with their educational experience based on the ability of their mentor to model the practice of nursing both in actions and thought process. Previous athletic training research<sup>10,11</sup> has found that having a mentor can enhance the transition to practice, but the research has not established what aspects of the mentoring relationship provide the most benefit to the newly credentialed athletic trainer during transition to practice. Understanding how mentoring is established and used during transition to practice can provide employers with the tools to assist in this transition as newly credentialed athletic trainers struggle with their confidence and communication with parents and coaches. Therefore, our purpose was to examine what aspects of the mentoring relationship provided the most benefit during transition to practice.

## **METHODS**

### **Framework**

A grounded theory<sup>12</sup> provided the theoretical groundwork to understand the development of mentoring relationships in athletic training. We wanted to discover what aspects of mentor relationships benefit newly credentialed athletic trainers as they transition to practice for the first

time as a credentialed practitioner. Grounded theory, thus, provided the structure needed to understand the beneficial aspects of mentoring relationships in the first year of clinical practice.

## **Participants**

We recruited 13 newly credentialed athletic trainers (6 female, 7 male, 26±3 years; work settings included professional sports, college, secondary and middle school, and clinic) who participated in our study (Table 1). All participants graduated from professional masters programs and became Board of Certification (BOC) certified between February and July of 2016, and obtained employment between July to August of 2016. Recruitment began after Institutional Board Approval. In order to recruit all potential participants the BOC sent a recruitment email to 211 athletic trainers who became BOC certified between February and July of 2016. All participants completed the first and second interviews, and 10 participants completed the third interview.

## **Procedures and Instrumentation**

Institutional Review Board approval was obtained prior to data collection. Interested participants contacted one researcher (XXX) directly to set up a phone interview, and to ensure they met the inclusion criteria. Phone interviews were conducted using a semi-structured format and were occurred over a one-year period, resulting in 3 interviews (Figure 1). The semi-structured format allowed for a more naturalistic dialogue between the researcher and the participant as well as the chance to encourage more discussions, when necessary or at best follow-up on responses to create clarity and richness to the data.

The semi-structured interview protocol was developed using literature on mentoring<sup>14</sup> and transition to practice.<sup>10,13</sup> Three interview guides were used during the interview cycle, which allowed for us to understand the developing mentor relationships during their first year of

full-time clinical practice. The first interview guide contained 20 questions and asked participants to describe their mentor/mentee relationship, communication styles between the mentor/mentee, the benefits and any challenges they had their relationship with their mentor, the types of meetings which occurred and if their relationship has affected their transition to practice. The second and third interview guide contained 17 and 11 questions respectively, and asked participants to describe how their relationship and interactions with their mentor has developed and if it has affected their transition to practice. The interview protocol was reviewed by two athletic trainers who are educators and qualitative researchers with backgrounds in socialization, transition to practice, and mentorship. They were asked to provide feedback on content and clarity as it related to the agenda. All interview guides were piloted on three newly credentialed athletic trainers who had been certified within the past year and graduated from professional baccalaureate programs. The peer review and piloting process resulted in very few edits but included re-ordering and grammatical edits.

All interviews were recorded and transcribed by an independent transcription company immediately following the interview. The first interview sessions lasted between 30-40 minutes, and all others were 15-20 minutes. All participants were assigned a pseudonym. Data saturation guided the number of participants.

## **Analysis**

A constant comparative approach that was inductively grounded was used to determine the emergent themes regarding the development a mentoring relationship. The constant comparative method is used when developing a theory. Our study involved comparisons within each individual transcript, and then comparisons within the total sample, which allowed for an inductive evaluation of the mentoring relationship. Specifically, we used an open coding process



to capture the overall meaning as shared in the transcripts, as well as to organically allow the data to highlight itself. Then on subsequent reads of each individual transcript key findings were labeled to reflect the overall meaning and define the categorization.

### **Credibility Strategies**

We purposefully selected peer review, researcher triangulation, and member checking as our primary sources of credibility. The peer review process was conducted in two stages: 1) during the methodological development, as previously detailed, and 2) upon completion of the analyses. Upon completion of the aforementioned stepwise analysis, we asked one of our peers to confirm our findings. Four sets of blinded transcripts from four participants and the draft of the results as agreed upon the two researchers were provided. The transcripts, uncoded, allowed them to naturally see the experiences of our participants, which were then organized by the researchers in the form of a results section. The peer confirmed the presentation of the findings. The comparative analysis approach as discussed before was completed by two researchers separately, and then compared before sharing the coding with the peer. All participants were emailed a copy of all of their transcripts and asked to comment on any changes or inaccuracies. In addition, we also used data saturation to guide recruitment, as a means to ensure consistency and rigor to our findings.

### **RESULTS**

Mentorship was an influential aspect of support during the newly credentialed athletic trainer's transition into clinical practice. The mentoring relationship was discussed as a mechanism to reduce the stress associated with the transition, during the first year of practice, as the mentors were available to provide honest feedback, this promoted reassurance, and continued learning (Figure 2).

**Availability.** Participants depended on their mentor to be available to answer questions and provide support during their transition. Communication with the mentor occurred through phone call, texting, email and even in person depending on proximity of the mentor. During Kent's interview he continually used the word 'available' to describe the relationship he has with his mentor. He said, "I recognize that she is available for me and a great resource, to help me shape the way I do things." Kent believed that his mentor's "availability" was extremely helpful during his transition. Selena, too, in her interviews said her mentor was "100% accessible. She always made time, to reach out no matter what" and "always there to answer questions." Ben shared that he felt one of the most important aspects to his mentoring relationship is, "availability. Someone to be there when you have a question about something, or whether you need help with a situation. Or when you just have questions about certain procedures that you have to do for your position. It's always nice to be able to count on someone whether it's during the day or at night, or on the weekends. Someone just, that's there I guess to help you out."

Mentors who couldn't respond immediately were also still perceived as available due to their follow up with the participants. Kent described this how his mentor would follow up with him "the only time that she's not accessible is when she's seeing patients in the office or her doctor's seeing patients in the office. But even then she acknowledges the fact that I called and will respond, "I'll call you back as soon as I get a second." So, she still acknowledges the fact and is still there to reach out. It's just not convenient at that exact moment." Even mentors with busy schedules were viewed as available due to making time to engage in the relationship as soon as they could.

**Honest Feedback.** Participants identified that they were newly certified and wanted their mentor to be honest with them; providing feedback despite them being incorrect. Amy described how she wanted a mentor who will provide constructive criticism: “there’s a lot to know in this field, and you’re not going to get anywhere by having somebody always telling you you’re doing a good job. You need someone who’s going to give you actual criticism and tell you what you can be doing better.” Participants wanted to improve as practitioners and recognized the need for a mentor who could provide them with honesty. Catherine spoke of this regarding one of her mentors,

“she was honest with me, she told me how it was; if she thought I wasn’t ready to do something she would tell me; if she thought I was ready to do it, she would build me up.

Even if the honesty would hurt their feelings, participants still wanted their mentors to discuss concerns with them.”

Dan commented on how he wanted honesty and wanted his mentor to “give it to me straight” and how his mentor “wouldn’t sugar-coat” their comments to him.

Participants sought feedback from their mentor for a variety of reasons to talk through situations or decisions. This interaction was important as they transitioned into clinical practice. Interacting with a mentor helped provide “positive feedback (Aaron)” which was something that was deemed important in assisting in the transition as well as assimilating into their role. Richard described the value of his mentor during his first year of clinical practice, “she was really supportive and understood the importance of advocacy, and giving me positive criticism, constructive feedback. Also telling me when things should be done differently, and then giving me praise about how well I am doing.” Sue described the benefits of having feedback from a mentor over the last year as being a means to have “a support system of letting me know whether

I am on the right track or not with my clinical decision making.” Sue’s perceptions were that her mentor provided her feedback through their professional interactions, and her acknowledgement of her decision-making was beneficial. Amy talked a lot about the professional discourse that occurs between herself and her mentor. The discourse offered the chance for her to reflect, gain perspective, and get feedback on the decision-making process and her critical thinking. Amy recanted, “there are times when I have no idea what to do and she [my mentor] quickly helps me identify what I have assessed and identified quickly.” Aaron valued being able to reach out to a mentor for feedback and not always ask his supervisor questions, he stated “because that it's nice to be able to have somebody to text any time or reach out to that they can provide some positive feedback. Because there's a lot of uncertainty that goes into transitioning into full practice, and it's nice to be able to have somebody.”

**Reassurance.** Participants shared that an important aspect of their mentoring relationship was the reassurance it provided them during the first year. The reassurance was often in the form of discourse; whereby their informal exchanges via phone or text messages allowed the newly credentialed athletic trainer to feel as though they had someone “in their corner.” Jennifer talked about her mentor “always being in my corner. Her supporting me was so important. I feel as though having a mentor has been positive, as I feel I am able to approach things in a calmer way. I have never overacted, but just having someone to bounce my ideas off of, it has really helped me.” Gary, as did Jennifer, valued the chance to interact with someone who could support his transition. He shared, “I wanted someone who could really help me out. Someone that was older, but some who I could bounce ideas off of, and really help me.” The exchange of ideas, as a means to gain comfort in their abilities was identified as important part of the mentor process.

Dan talked about the importance of a mentor, as someone who provides encouragement and support, because “its not possible to know it all.” He also shared that “she [my mentor] gave me a lot of peace of mind knowing that I did have someone [supporting me] as I transitioned.” Catherine believed her mentor facilitated her “confidence.” In reflecting on her first year of clinical practice she said, “she’s [my mentor] made me feel more confident in myself, more so than I thought during my first six months of being a full-time athletic trainer.” Cassandra reflected on a situation involving a difficult situation which occurred over some time with a patient with a concussion where her mentor stated, " If you need anything please let me know, because this is hard ". Cassandra felt reassured by this gesture, knowing if she needed to reach out to her mentor, her mentor was eager to help.

**Promotes Learning.** Mentorship was also recognized by participants as a way to promote learning about patient care and their role within their employment setting. Amy shared, “mentorship has given me the opportunity to learn. I am learning a lot more, just because they [mentor] have figured things out, and they have been doing it for years.” Cassandra reflected that mentors helped her grow, and supported her continued learning, despite her certification. She shared, “I think that having a mentor is important, because for me personally it’s how I learn. I learned through other people’s experiences; I learn from different perspectives.” Amy talked about the field of Athletic Training one that allows you to learn every day, and so having a mentor “supports learning.” She talked about despite educational preparation, “there are so many intangible things you can’t learn in a program, so I think its valuable to have a mentor for that [to keep learning].” The discussions with mentors include many topics including patient care, networking and role inductance. Amy, who is in the high school setting, discussed how she learned about “practice or set up for a practice or a game and how to interact with coaches”.

Jennifer discussed communication with parents stating, “we’ve got a lot of injuries that may or may not be real injuries but at the same time you want them to know that you’re taking care of them, so it’s been really helpful to have [a mentor]”. Amy as well as Ben also discussed networking with their mentor, “how to build a network” with local healthcare providers. Gary valued his mentor’s insight on communicating with parents during emergency situations during football games. His mentor “helped me to organize myself and the emergency action plans” as well as “he helped me organize my coaches and my administration staff and my security staff” during emergencies as well.

## DISCUSSION

Our purpose was to examine what aspects of the mentoring relationship provided the most benefit during transition to practice. We found newly credentialed athletic trainers’ during their transition to practice want a mentor who is available, can provide honest feedback and reassurance.

### Availability

For a mentee, one of the most important attributes of their mentor is the investment in them as a professional, which is often demonstrated through availability.<sup>15</sup> Transition to practice is a period of time that is characterized by uncertainty, anxiety, and ambiguity; thus, having someone (i.e. a mentor) who is available to support them is important. Most mentoring relationships that fail are due to a lack of interest, commitment, or time available for the mentee.<sup>16</sup> Our results suggest that our mentees do not expect their mentor’s to be available immediately, like a preceptor would be during their educational training, but they do value timely availability for support. The support was mostly in the form of responding to questions to reassure them on their performance and decision making.

Our findings speak to the informal mentor relationship, as our participants actively sought mentorship opportunities to support their transition. Due to the importance of having a mentor during transition process, and the discussion that formal mentor programs may be beneficial screening of those who participate who demonstrate interest and availability must be an important criterion.

### **Honest Feedback**

Mentoring relationships are founded on guidance, whereby a mentor guides the professional development of the mentee. So, for our participants, they wanted honest feedback from their mentors as a means to guide them during their transitionary period. Past literature<sup>17,18</sup> has described the feedback a student or novice practitioner receives from their mentor as a facilitator to feeling successful and adequate in their role. Feedback and providing advice have been reported<sup>19</sup> as keys for an effective mentor, and as our participants are still learning the ropes of their professional duties, responsibilities, as well as the organization nuances of their first job, honesty is viewed as necessary.

Newly credentialed athletic trainers are accustomed to feedback that is honest, as they received it during their educational and clinical education training. Therefore, the concept of continuing to want and need honesty in their performance and decision-making from a mentor, is commonsense, or at least understandable. This is important, as honest feedback is often a component of the annual job performance reviews conducted by supervisors. Perhaps, during the first year of clinical practice, these reviews should be conducted more frequently to help support the newly credentialed athletic trainer.

### **Reassurance**

The first year of autonomous clinical practice is stressful, and at times overwhelming. Having a mentor, someone who could provide emotional support through advice and reassurance was identified as necessary for our participants. Preceptors often serve as mentors during the anticipatory socialization process for the student, as they are with them daily providing support and guidance during their clinical education experiences.<sup>18,20</sup> Thus, for our participants during the first year of clinical practice, it makes sense that they would rely on mentors for reassurance as they begin to make decisions independently. As they become more and more comfortable and confident, the less they are likely to seek reassurance from their mentors.<sup>21</sup>

Professional discourse was the platform in which our participants gained reassurance from their mentors. The dialogue allowed our participants to navigate decision-making and gain comfort in knowing they performed as they should, or could be re-directed, if need be for improved care of their patients. It seems evolutionary, as professional discourse, is the mechanism many preceptors use to stimulate learning, growth, and provide feedback during clinical education.<sup>22,23</sup> Preceptors are often cited as mentors<sup>18,21</sup> and in our study many of the mentors were past preceptors or on a basic level were viewed as such (i.e. supervisor, co-worker).

### **Promotes Learning**

Athletic trainers are viewed as lifelong learners, particularly as they must earn continuing education units to maintain their certifications/licensures as well as to ensure they provide optimal care to their patients. Newly credentialed athletic trainers recognize that their first year of clinical practice is defined by uncertainty and stress, as they still have a lot to learn as well as prove to themselves as young clinicians.<sup>24,25</sup> Our participants recognized that they wanted their mentors to continue to provide learning opportunities, and why they sought out



mentorship. Mentoring has been cited as a way to promote role learning, as well as advance clinical practice for the unseasoned, or novice practitioner.<sup>18,26</sup>

### **Future direction and Limitations**

Our findings are based upon what would be labeled as “informal” mentoring relationships, as our participants sought out mentorship from various individuals not assigned to them or facilitated by their employers. Future studies should look to examine the differences between informal and formal mentoring on transition to practice, as they may offer different outcomes or challenges in supporting the newly credentialed athletic trainer. Our findings speak to the use of mentorship within athletic training, as a mechanism for support during the first year of clinical practice from the newly credentialed athletic trainer’s perspectives solely. Integrating the perspectives of the identified mentor coupled with the mentee, could help provide additional context to our findings. Moreover, supervisors who are not medical providers (i.e. athletic directors), should also be sampled to better understand the mentorship relationship as well as its impact on performance and integration into the employment setting. Finally, our participants represent a variety of employment settings, and our goal was not to determine organizational specific influences on transition to practice, they could have implications. So, future studies should include more homogenous sampling to understand mentorship from an on-boarding, organizational initiative rather than from a personal on-boarding lens.

### **Conclusions**

Mentorship was used to support the newly credentialed athletic trainer’s transition into clinical practice during the first year. Specifically, our participants recognized that they had access to mentors who were available to provide them with guidance and support as they

transitioned into their first year of clinical practice. Additionally, mentoring provided our participants with honesty feedback on their performance, as well as reassurance during a stressful period of time. The mentorship they sought and described also continued to support them professional as it promoted learning throughout their first year.

## References

1. Kralick D, Visetin K, von Loon A. Transition: A literature review. *J Adv Nurs*. 2006;55(3):320-329.
2. Mazerolle SM, Eason CM, Clines S, Pitney WA. The professional socialization of the graduate assistant athletic trainer. *J Athl Train*. 2015;50(5):532-541.
3. Mazerolle SM, Kirby J, Walker SE. A narrative analysis: Examining transition to practice for the full-time secondary school athletic trainer. *J Athl Train*. 2018;53(3):303-311.
4. Griffin A, Abouharb T, Etherington C, Bandura I. Transition to independent practice: A national enquiry into the educational support for newly qualified GPs. *Educ Prim Care*. 2010;21(5):299-307.
5. Missen K, McKenna L, Beauchamp A. Satisfaction of newly graduated nurses enrolled in transition-to-practice programmes in their first year of employment: A systematic review. *J Adv Nurs*. 2014;70(11):2419-2433.
6. Spector N, Blegen MA, Silvestre J, et al. Transition to practice study in hospital settings. *J Nurs Regul*. 2015;5(4):24-38.
7. Spiva L, Hart PL, Purner L, et al. Hearing the voices of newly licensed RNs: The transition to practice: A qualitative study suggests that new nurses need more guidance and support than they're getting. *Am J Nurs*. 2013;113(11):24-32.
8. Fixsen A, Ridge D. Performance, emotion work, and transition: Challenging experiences of complementary therapy student practitioners commencing clinical practice. *Qual Health Res*. 2012;22(9):1163-1175.
9. Van Eps MA, Cooke M, Creedy DK, Walker R. Student evaluations of a year-long mentorship program: A quality improvement initiative. *Nurse Educ Today*. 2006;26(6):519-24.
10. Walker SE, Thrasher AB, Mazerolle SM. Exploring the perceptions of newly credentialed athletic trainers' as they transition to practice. *J Athl Train*. 2016;51(8):601-612.

11. Bowman TG, Mazerolle SM, Barrett JL. Professional master's athletic training programs use clinical education to facilitate transition to practice. *Athl Train Educ J*. 2017;12(2):146–151.
12. Strauss A, Corbin, J. Basics of Qualitative Research: Grounded Theory Procedures and Techniques. Newbury Park, CA: Sage Publications. 1990.
13. Dyess SM, Sherman RO. The first year of practice: New graduate nurses' transition and learning needs. *J Cont Educ Nurs*. 2009;40(9):403-410.
14. Mazerolle SM, Bowman TG, Klossner JC. An analysis of doctoral students' perceptions of mentorship during their doctoral studies. *Athl Train Educ J*. 2015;10(3):227–235.
15. Mazerolle SM, Barrett JL, Eason CM, Nottingham, S. Comparing preceptor and student perceptions on mentoring characteristics: An exploratory study. *Inter J Athl Ther Train*. 2017;22(2):70-77.
16. Straus SE, Johnson MO, Marquez C, Feldman MD. Characteristics of successful and failed mentoring relationships: a qualitative study across two academic health centers. *Acad Med*. 2013;88(1):82-89.
17. Mazerolle SM, Benes SS. Factors influencing senior athletic trainings students' preparedness to enter the workforce. *Athl Train Educ J*. 2014;9(1):5–11.
18. Mazerolle SM, Eason CM, Nottingham S, Barrett JL. Athletic training students' perceptions of mentorship in clinical education. *Athl Train Educ J*. 2016;11(2):72–81.
19. Pitney WA, Ehlers GE, Walker SE. A descriptive study of athletic training students' perceptions of effective mentoring roles. *Int J Allied Health Sci Pract*. 2006;4(2):1-8.
20. Laurent T, Weidner TG. Clinical instructors' and student athletic trainers' perceptions of helpful clinical instructor characteristics. *J Athl Train*. 2001;36(1):56-61.
21. Mazerolle Singe S, Walker SW. Exploring the development of a mentoring relationship among newly credentialed athletic trainers. *Athl Train Educ J*. 2019;14(3):174–181.
22. Weidner TG, Henning JM. Being an effective athletic training clinical instructor. *Athl Ther Today*. 2002;7(5):6-11.
23. Benes SS, Mazerolle SM, Bowman TG. The impact of clinical experiences from athletic training student and preceptor perspectives. *Athl Train Educ J*. 2014;9(4):156–165.

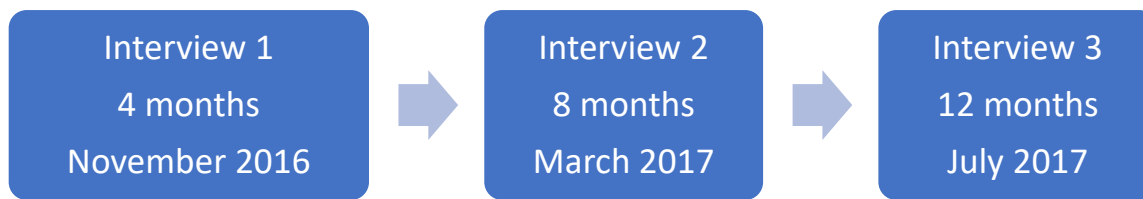
- 444 24. Mazerolle SM, Walker SE, Thrasher AB. Exploring the transition to practice for the  
445 newly credentialed athletic trainer: A programmatic view. *J Athl Train*.  
446 2015;50(10):1042-1053.  
447
- 448 25. Walker SE, Thrasher AB, Singe SM, L Rager J. Challenges for newly credentialed  
449 athletic trainers during their transition to practice. *J Athl Train*. 2019;54(11):1197-1207.  
450
- 451 26. Ryan D, Brewer K. Mentorship and professional role development in undergraduate  
452 nursing education. *Nurs Educ*. 1997;22(6):20–24.  
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**Table 1.** Individual Participant Information

Participant Name	Age	Gender	Employment setting
Aaron	24	Male	Professional Sports + prn for a sports med clinic off-season
Amy	27	Female	NCAA Div III
Ben	23	Male	Clinic + HS
Cassandra	26	Female	NCAA Div I
Catherine	28	Female	Middle School + some HS
Dan	25	Male	NCAA Div I
Gary	24	Male	Clinic + HS
Jennifer	26	Female	Employed by a hospital- practicing in the HS
Kent	24	Male	Clinic + HS
Mike	35	Male	Employed by a PT clinic- practicing in the HS
Richard	26	Male	NCAA Div I
Selena	24	Female	NCAA Div I
Sue	25	Female	NCAA Div I

Figure 1. Data collection timeline



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Figure 2. Effect of ongoing feedback provided by mentors

