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

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Context: Mentoring has been identified as an important method of supporting newly credentialed athletic trainers (ATs) during their transition to practice. Gaining a better understanding of this relationship could provide valuable insights that may assist employers and professional programs in developing a plan to better facilitate the transition.

Objective: To examine which aspects of the mentoring relationship provided the most benefit during the transition to practice of newly certified ATs.

Design: Qualitative study.

Setting: Individual phone interviews.

Patients or Other Participants: A total of 13 ATs who graduated from a professional master's program, were certified from February through July 2016, and obtained employment from July through August 2016 participated in this study (6 women, 7 men; age = 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 semistructured interview guide were conducted at 3, 8, and 12 months of work experience. Data were analyzed using a

constant comparative approach. Credibility was established via 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, or text to answer questions, provide feedback, or discuss ideas. Respondents wanted honest feedback, even when that feedback was constructively critical. Feedback was sought regarding topics such as patient care, communication, and networking. Participants needed reassurance and support from their mentors to help validate and improve their self-confidence.

Conclusions: Newly credentialed ATs should seek mentors who will be available to communicate in various ways and will provide regular and constructive feedback. Future researchers should investigate how mentoring relationships influence other aspects of the transition to practice, such as patient care, overall job performance, turnover, and satisfaction.

Key Words: feedback, socialization, professional development

Key Points

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

The transition to practice has been described¹ 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.” The newly credentialed athletic trainer (AT) is practicing in an unfamiliar setting, no longer under the supervision of a preceptor, with different policies, procedures, and people. Athletic training has examined the effect of mentoring on the transition to practice for the newly credentialed AT, but more research is needed from the perspective of the professional master's graduate. The socialization literature^{2,3} suggested that newly credentialed ATs from undergraduate programs seek graduate assistantships due to the expected mentoring and being able to scaffold their transition to practice. Individuals who provide mentoring vary but may include

supervisors (eg, head ATs), other full-time athletic training staff, former classmates, peers, faculty members, or other people with whom the clinician has established relationships and who are knowledgeable about workplace expectations, politics, and responsibilities.^{2,3} Graduate assistantships may provide novice clinicians with a sense of support as they begin the process of developing confidence, making decisions, and growing professionally. Students graduating from professional master's degree programs may be less likely to pursue an additional postprofessional master's degree, thereby resulting in a transition to clinical practice without the structured mentoring that many graduate assistant positions provided.

No formal mentoring or transition-to-practice programs have been reported in the athletic training literature, but such programs have been investigated in nursing.^{4,5} 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.⁵ In the nursing literature,^{6,7} mentorship has been viewed as a mechanism for supporting the transition of new nurses by reducing 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.⁷ Preceptors are vital to the development of future health care providers.^{7,8} The mentor or preceptor can enhance or hinder a nurse's transition to practice.⁷

Nursing education programs have also studied the development and use of formal mentoring relationships in students' educational experiences, which the students found to be beneficial while in the process of becoming nurses. Students reported increased satisfaction with their educational experience because of the mentor's ability to model the practice of nursing both in actions and thought process.⁹ Previous athletic training researchers^{10,11} found that having a mentor can enhance the transition to practice, but which aspects of the mentoring relationship provide the most benefit to the newly credentialed AT during the transition to practice is unknown. Understanding how mentoring is established and used during the transition to practice can provide employers with the tools to assist in this transition as newly credentialed ATs struggle with their confidence and communication with parents and coaches. Therefore, our purpose was to examine the aspects of the mentoring relationship that provided the most benefit during the transition to practice.

METHODS

Framework

A grounded theory¹² provided the theoretical foundation for understanding the development of mentoring relationships in athletic training. We wanted to discover which aspects of mentor relationships benefitted ATs as they transitioned to practice as credentialed practitioners. Thus, grounded theory provided the structure needed to understand aspects of established mentoring relationships in the first year of clinical practice.

Participants

A total of 13 newly credentialed ATs (6 women, 7 men; age = 26 ± 3 years; work settings included professional sports, college, secondary and middle school, and clinic) participated in our study (Table). All participants met the following inclusion criteria: (1) graduated from a professional master's program and became Board of Certification (BOC) certified from February through July 2016 and (2) obtained employment from July through August 2016. Recruitment began after institutional review board approval was received. To recruit all potential participants, we used the emailing service of the BOC. A total of 211 ATs became BOC-certified between February 2016 and July 2016. We did not identify the specific institution from which each participant graduated because that detail, combined with the timing of certification, might have resulted in deanonymizing their responses. All participants

Table. Individual Participant Information

Participant Name	Age, y	Gender	Employment Setting
Aaron	24	M	Professional sports + as needed for a sports medicine clinic off-season
Amy	27	F	NCAA DIII
Ben	23	M	Clinic + HS
Cassandra	26	F	NCAA DI
Catherine	28	F	Middle school + some HS
Dan	25	M	NCAA DI
Gary	24	M	Clinic + HS
Jennifer	26	F	Employed by a hospital—practicing in the HS
Kent	24	M	Clinic + HS
Mike	35	M	Employed by a physical therapy clinic—practicing in the HS
Richard	26	M	NCAA DI
Selena	24	F	NCAA DI
Sue	25	F	NCAA DI

Abbreviations: F, female; HS, high school; M, male; NCAA D, National Collegiate Athletic Association division.

completed the first and second interviews, and 10 participants completed the third interview.

Procedures and Instrumentation

Interested volunteers contacted 1 researcher (S.E.W.) directly to set up a phone interview and ensure they met the inclusion criteria. All phone interviews were conducted by the same researcher (S.E.W.) using a semistructured format; 3 interviews per participant occurred over a 1-year period. The semistructured format allowed for a more naturalistic dialogue between the researcher and the participant as well as the chance to encourage more discussion when necessary or, at best, follow up on responses to create clarity and add richness to the data.

The semistructured interview protocol was created using literature on mentoring¹³ and the transition to practice.^{10,14} Three interview guides were used during the interview cycle, which allowed us to understand the developing and ongoing mentor relationships during participants' first year of full-time clinical practice. The first interview guide contained 20 questions and asked participants to describe the establishment of their mentor-mentee relationship, communication styles between the mentor and mentee, the benefits and any challenges they had in their relationship with their mentor, the types of meetings that occurred, and whether their relationship had affected the transition to practice. It was during this interview that the participants identified the established mentor who would be the topic of the subsequent interviews. The specific details of the nature of the mentor role (eg, their place of employment, whether it was a supervisor or peer) and how the relationship was established have been published elsewhere.¹⁵ The second and third interview guides contained 17 and 11 questions, respectively, and asked participants to describe how their relationship and interactions with their mentor had evolved and whether they had further affected their transition to practice. The second and third interview guides had fewer questions because the focus of the interviews was on the challenges and successes of the mentor-mentee relationship, with less emphasis on

the establishment of the relationship. The interview protocols were reviewed by 2 ATs who were educators and qualitative researchers with backgrounds in socialization, transition to practice, and mentorship. They were asked to provide feedback on content and clarity related to the agenda. Each interview guide was piloted with an AT who had been certified within the past year and had graduated from a professional baccalaureate program. The pilot participant was different for each interview guide, resulting in 3 pilot participants for the 3 guides. The peer-review and piloting process resulted in very few minor grammatical edits but included reordering some of the questions to enhance the flow of dialogue.

Because the inclusion criteria required that the participants began full-time employment during the July through August time frame, the interview protocol was designed to approximate a timeline to allow for data collection at 3 distributed time periods over their first year of employment. The first interview was conducted 3 to 4 months after beginning employment (October or November), the second interview occurred approximately 8 months after employment (March), and the last interview occurred approximately 12 months after employment (July). For the second and third interviews, participants were instructed to continually refer to the mentor relationship they had described during the first interview.

All interviews were recorded and transcribed by an independent transcription company immediately after the interview. The first interview lasted 30 to 40 minutes, and all other sessions were 15 to 20 minutes. All participants were assigned pseudonyms. Data saturation was reached during the first round of interviews, which guided the number of participants. We also achieved data saturation with each additional round of interviews. Data saturation was determined by the lack of novel responses to the interview questions.

Analysis

A constant comparative approach that was inductively grounded was used to determine the emergent categories regarding which aspects of the mentoring relationship provided the most benefit during the transition to practice. Two researchers (S.E.W., S.M.S.) completed the primary analysis. The tenets of our grounded theory process included the constant comparative approach of analyzing the data as data collection occurred. This began with *open coding*, ie, multiple phases of condensing codes to form clusters, which in turn formed initial categories. 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 conveyed in the transcripts, as well as to allow the data to emerge organically. Then, on subsequent reads of each individual transcript, key findings were labeled to reflect the overall meaning and define the aforementioned categories. These categories were compared to determine the need for subcategories, collapse of categories, or distinction of categories, and this was followed by the generation of theory, which was applied to an explanatory framework.¹²

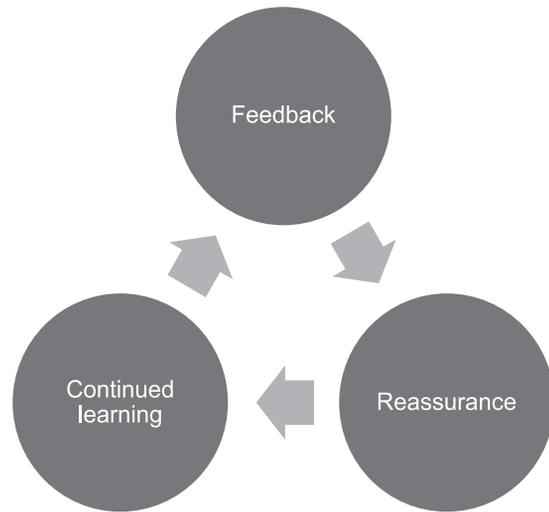


Figure. Effects of ongoing feedback provided by mentors.

Credibility Strategies

We purposefully selected peer review, investigator triangulation, and member checking as our primary sources of credibility. All participants were emailed copies of their transcripts as data collection proceeded and were asked to comment on any changes or inaccuracies. We also used data saturation to guide recruitment as a means of ensuring the consistency and rigor of our findings. The peer-review process was conducted in 2 stages: (1) during the methodologic development, as previously detailed, and (2) on completion of the analyses. When the stepwise analysis was complete, a member of the research team (J.M.C.) who was external to the data collection and initial analysis audited our findings. Four sets of blinded, uncoded transcripts from 4 participants and the draft of the results as agreed upon by the 2 researchers were provided. The transcripts were uncoded to allow the reviewer 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.

RESULTS

Mentorship was an influential aspect of support during the newly credentialed ATs' transition to clinical practice. The mentoring relationship was discussed as a mechanism for reducing the stress associated with the transition in the first year of practice because the mentors were available to provide honest feedback, which promoted reassurance and continued learning (Figure).

Availability

Participants depended on their mentors to be available to answer questions and provide support during their transition. Communication with the mentor occurred via phone calls, texting, emails, and in person, depending on the proximity of the mentor. During Kent's interview, he continually used the word *available* to describe the relationship he had 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, said her mentor was “100% accessible. She always made time, to reach out no matter what” and was “always there to answer questions.” Mike echoed this sentiment regarding expectations of his mentor: “I expect them [sic] to always be there to listen or to help me.” Ben shared that he felt one of the most important aspects to his mentoring relationship was

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 could not respond immediately were still perceived as available due to their follow-up with the participants. Kent described 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 because they made time to engage in the relationship as soon as they could.

Honest Feedback

These newly certified participants wanted their mentors to be honest with them, providing feedback even if the participants needed correcting. Amy described how she wanted a mentor who would 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 reply honestly. 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 might hurt their feelings, respondents still wanted their mentors to share concerns. Dan commented on how he wanted honesty and for his mentor to “give it to me straight” and how his mentor “wouldn’t sugarcoat” comments to him.

For a variety of reasons, participants sought feedback from their mentors 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 he deemed important in assisting in the transition as well as assimilating into the

role of AT. 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 receiving feedback from a mentor over the last year as a way 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 feedback through their professional interactions, and the mentor’s acknowledgment of her decision making was beneficial. Amy talked about the professional discourse that occurred with her mentor, which offered the chance for her to reflect, gain perspective, and obtain feedback on the decision-making process and her critical thinking. Amy recalled, “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.”

Reassurance

Participants realized that a critical aspect of the mentoring relationship was the reassurance it provided them during the first year. This reassurance was often in the form of informal exchanges via phone or text messages, which allowed the newly credentialed ATs to feel they had someone on their side. 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 over[re]acted, but just having someone to bounce my ideas off of, it has really helped me.

Similarly, Gary valued the chance to interact with an individual who could support his transition. He observed, “I wanted someone who could really help me out. Someone that was older, but someone who I could bounce ideas off of, and really help me.” Participants identified the exchange of ideas as a means of gaining comfort in their abilities and a valuable part of the mentoring process.

Dan discussed the importance of a mentor as a person who provided encouragement and support because “it’s not possible to know it all.” He also noted 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 6 months of being a full-time athletic trainer.” Cassandra reflected on a difficult situation that occurred over time with a patient who had a concussion. Her mentor stated, “If you need anything, please let me know, because this is hard.” Cassandra felt reassured by this gesture, knowing that if she needed to reach out, her mentor was ready to help.

Promotes Learning

Mentorship was also recognized by participants as a way of promoting learning about patient care and an AT's role within the employment setting. Amy commented that "mentorship has given me the opportunity to learn. I am learning a lot more, just because they [mentors] have figured things out, and they have been doing it for years." Cassandra indicated that mentors helped her grow and supported her continued learning, despite her certification: "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 described the field of athletic training as one that promotes daily learning, and so having a mentor "supports learning." She said that 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 [continued learning]." The discussions with mentors consisted of many topics, including patient care, networking, and role inductance. Amy, who was in the high school setting, explained how she learned about "practice or set up for a practice or a game and how to interact with coaches." Jennifer addressed communication with parents: "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 and Ben both sought advice from their mentors about "how to build a network" of local health care providers. Gary valued his mentor's insight on communicating with parents during emergency situations at football games: "[My mentor] helped me to organize myself and the emergency action plans" and "helped me organize my coaches and my administration staff and my security staff" during emergencies.

DISCUSSION

Our purpose was to examine which aspects of the mentoring relationship facilitated the transition to practice. We found that during their transition to practice, newly credentialed ATs wanted a mentor who was available and could provide honest feedback and reassurance.

Availability

For mentees, one of the most important attributes of a mentor was the investment in them as professionals, which was often demonstrated through availability.¹⁶ The transition to practice is characterized by uncertainty, anxiety, and ambiguity; thus, having someone (ie, a mentor) who is available for support is key. Mentoring relationships that fail typically do so because of a lack of interest, commitment, or time available for the mentee.¹⁷ Our results suggested that our mentees did not expect their mentors to be available immediately, as a preceptor would be during their educational training, but they did value timely availability for support. The support was mostly in the form of responding to questions to reassure them about their performance and decision making.

Our findings speak to the informal mentor relationship, given that our participants actively sought mentorship opportunities to support their transition. Also, as mentioned previously, the need for available mentors may be even

greater in graduates of postbaccalaureate professional athletic training programs due to the potential decrease in graduate assistantships as a route to the transition to practice. As a result, structured mentorship planning as provided by employers is likely to become more vital for novice clinicians to successfully transition to practice. In implementing a formal mentorship program, employers should screen mentor candidates for their availability; our results indicated that availability was primary to the success of the mentorship relationship. Furthermore, novice clinicians seeking to establish informal mentoring relationships should consider the availability and communication style of their identified mentor to ensure that these align with their expectations.

Honest Feedback

Mentoring relationships are founded on guidance, whereby a mentor guides the professional development of the mentee. Our participants wanted honest feedback from their mentors as a means of guiding them during their transitional period. Past authors^{18,19} described the feedback a student or novice practitioner received from a mentor as a facilitator to feeling successful and adequate in their role. Feedback and providing advice have been reported²⁰ as keys to effective mentoring; given that our participants were still learning the ropes of their professional duties, responsibilities, and organizational nuances of their first job, honesty was viewed as necessary.

Newly credentialed ATs were accustomed to feedback that was honest and, in ideal circumstances, received during their didactic and clinical education training. Therefore, the concept of continuing to want and need honesty from a mentor regarding the mentee's performance and decision making is commonsense, or at least understandable. This is also important to the mentee's future success, because honest feedback is often a component of the annual job-performance reviews conducted by supervisors. Given that regularly occurring, honest feedback is preferred during the transition-to-practice period, it would be beneficial for employers, especially those without a formal mentorship structure, to consider shorter time periods for performance reviews in the first year of employment. This might provide some of the frequent and candid feedback desired by novice clinicians in the absence of, or in conjunction with, mentorship.

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 by our participants. Preceptors often serve as mentors during the anticipatory socialization process for students because they are present daily and provide support and guidance during clinical education experiences.^{19,21} Thus, for our participants during the first year of clinical practice, it makes sense that they would rely on mentors for reassurance as they began to make independent decisions. As novice clinicians become more and more comfortable and confident, the less likely they are to seek reassurance from their mentors.¹⁵

Professional discourse offered the platform by 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 redirected, if need be, for improved care of their patients. It seems evolutionary, because professional discourse is the mechanism many preceptors use to stimulate learning and growth and provide feedback during clinical education.^{22,23} Preceptors are often cited as mentors,^{15,19} and in our study, many of the mentors were past preceptors or on a basic level were viewed as such (ie, supervisor, coworker).

Our recommendation for employers of newly credentialed ATs to schedule more frequent performance reviews in the first year is also supported by this finding. Although we are not suggesting that performance reviews should replace mentorship in facilitating the transition to practice, more frequent performance reviews could augment mentor feedback and reassure newly credentialed ATs of the areas in which they are doing well.

Promotes Learning

Athletic trainers are viewed as lifelong learners, particularly because they must earn continuing education units to maintain their certifications and licensures as well as to ensure they provide optimal care to their patients. Newly credentialed ATs recognize that their first year of clinical practice is defined by uncertainty and stress, as they still have much to learn and must prove themselves as clinicians.^{24,25} Our participants recognized that they wanted their mentors to continue to provide learning opportunities, and this was one reason they sought out mentorship. Mentoring has been cited as a way of promoting role learning as well as advancing clinical practice for the unseasoned or novice practitioner.^{19,26} We believe that this may be one of the reasons previous preceptors were often sought as mentors to newly credentialed ATs; the novice clinician had already recognized the preceptor's ability to promote learning and wished to continue that learning process.

Our results provide greater support for a formal mentorship structure to be offered by employers of newly credentialed ATs. Support from employers for continuing education and professional development would further promote learning during the transition-to-practice period. Educational programs should be preparing their soon-to-be graduates for continued learning on departure from their entry-level programs.

FUTURE DIRECTION AND LIMITATIONS

Our findings are based on what would be labeled as "informal" mentoring relationships because our participants sought mentorship from individuals who were not assigned to them or through interactions not facilitated by their employers. Future researchers should examine the differences between the effects of informal and formal mentoring on the transition to practice as they may offer different outcomes of or challenges in supporting the newly credentialed AT. In addition, future investigators may need to specifically explore the contributing factors of poorly managed or unsuccessful relationships to obtain a better overall contextual understanding of the challenges of and barriers to mentorship in facilitating the transition to practice. Our findings speak to the use of mentorship

within athletic training as a mechanism for support during the first year of clinical practice but solely from the newly credentialed ATs' perspectives. Integrating the perspectives of the mentor and mentee could help supply additional context for our results. Moreover, supervisors who are not medical providers (eg, athletic directors) should also be sampled so that we can better understand the mentorship relationship as well as its effect on performance and integration into the employment setting. Finally, our participants represented a variety of employment settings, and although our goal was not to determine specific organizational factors that affected the transition to practice, those factors could have had consequences. Future authors should include more homogeneous samples to understand mentorship from an onboarding, organizational initiative rather than from a personal onboarding lens.

CONCLUSIONS

Mentorship was used to support the newly credentialed AT'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. In addition, mentoring provided our participants with honest feedback on their performance as well as reassurance during a stressful time. The mentorships they sought and described also promoted learning throughout their first year.

Our findings support the need for employers to consider developing formal mentorship structures in their organizations to support novice clinicians in the transition-to-practice period. The criteria for mentors in such a structure include a high level of interest in and availability to engage with their mentees. Newly credentialed ATs crave honest, constructive feedback and reassurance about their job performance. Employers should consider more frequent performance reviews for employees in their first year after credentialing to support these criteria. Novice ATs should advocate for mentorships that meet their expectations and work with their employers to find a performance-review schedule that achieves their desired feedback levels.

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