

Old Dominion University
ODU Digital Commons

Nursing Faculty Publications

Nursing

2020

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


Stacy E. Walker

Stephanie Mazerolle Singe

Julie M. Cavallario

Old Dominion University, jcavalla@odu.edu

Follow this and additional works at: https://digitalcommons.odu.edu/nursing_fac_pubs

 Part of the [Medical Education Commons](#), [Somatic Bodywork and Related Therapeutic Practices Commons](#), and the [Vocational Rehabilitation Counseling Commons](#)

Original Publication Citation

Walker, S. E., Mazerolle Singe, S., & Cavallario, J. M. (2020). The role mentoring plays in the transition to practice of newly credentialed athletic trainers. *Journal of Athletic Training*, 22 pp. <https://doi.org/10.4085/JAT0242-20>

This Article is brought to you for free and open access by the Nursing at ODU Digital Commons. It has been accepted for inclusion in Nursing Faculty Publications by an authorized administrator of ODU Digital Commons. For more information, please contact digitalcommons@odu.edu.

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

Stacy E. Walker, PhD, ATC, FNATA
Ball State University, Muncie, IN

Stephanie Mazerolle Singe, PhD, ATC
University of Connecticut, Storrs

Julie M. Cavallario, PhD, ATC
Old Dominion University, Norfolk, VA

Readers should keep in mind that the in-production articles posted in this section may undergo changes in the content and presentation before they appear in forthcoming issues. We recommend regular visits to the site to ensure access to the most current version of the article. Please contact the *JAT* office (jat@slu.edu) with any questions.

Online First

1 **The Role Mentoring Plays in the Transition to Practice of Newly Credentialed Athletic** 2 **Trainers**

3
4 **Context:** Mentoring has been identified as an important method to support newly credentialed
5 athletic trainers during their transition to practice. Gaining a better understanding of this
6 relationship could provide valuable insights that may assist employers and professional programs
7 to develop a plan, which could better facilitate the transition. **Objective:** To examine what
8 aspects of the mentoring relationship provided the most benefit during transition to practice.

9 **Design:** Grounded theory. **Setting:** Individual phone interviews. **Patients or Other**

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

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

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

29 **Key Points**

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

Online First

36
37
38
39
40
41
42
43
44
45
46
47

48 INTRODUCTION

49 Transition to practice is described¹ as the “process of convoluted passage in which people
50 redefine their sense of self and develop self-agency in response to disruptive life events, not just
51 the change but the process that people go through to incorporate the change or disruption in their
52 life”. For the newly credentialed athletic trainer, they are practicing in an unfamiliar setting no
53 longer under the supervision of a preceptor in an unfamiliar new setting with different policies,
54 procedures, and people. Athletic training has examined the impact of mentoring on the transition
55 to practice for the newly credentialed athletic trainer, but more research is needed from the
56 perspective of the professional masters graduate. The information available, mostly from
57 socialization research, suggests that newly credentialed athletic trainers from undergraduate
58 programs seek graduate assistantships due to the expected mentoring and being able to scaffold
59 their transition to practice.^{2,3} Serving in the role of the graduate assistant athletic trainer provides
60 the newly credentialed athletic trainer with a sense of support as they begin the process of
61 developing confidence, making decisions, and growing professionally. Individuals who are
62 providing mentoring may vary but may include supervisors (e.g. head athletic trainers), other
63 full-time athletic training staff, former classmates, peers, faculty members and/or other
64 individuals that the clinician has established relationships with whom have knowledge of the
65 workplace expectations, politics, and responsibilities.^{2,3}

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

71 safety.⁵ In the nursing literature^{6,7}, mentorship has been viewed as the mechanism that supports
72 the transition of new nurses as a means to reduce the stress associated with making decisions
73 independently for the first time. Nurses described their preceptors as helpful, personable,
74 informative and critical in building confidence and preparing to practice independently.⁷
75 Preceptors are vital to the development of future healthcare providers.^{7,8} The mentor or preceptor
76 has been found⁷ to enhance or hinder a nurses transition to practice.

77 Nursing education program have also investigated the development and use of formal
78 mentoring relationships on students' educational experiences, which students found to be
79 beneficial while in the process of becoming a nurse. Students reported⁹ increased satisfaction
80 with their educational experience based on the ability of their mentor to model the practice of
81 nursing both in actions and thought process. Previous athletic training research^{10,11} has found that
82 having a mentor can enhance the transition to practice, but the research has not established what
83 aspects of the mentoring relationship provide the most benefit to the newly credentialed athletic
84 trainer during transition to practice. Understanding how mentoring is established and used during
85 transition to practice can provide employers with the tools to assist in this transition as newly
86 credentialed athletic trainers struggle with their confidence and communication with parents and
87 coaches. Therefore, our purpose was to examine what aspects of the mentoring relationship
88 provided the most benefit during transition to practice.

89 **METHODS**

90 **Framework**

91 A grounded theory¹² provided the theoretical groundwork to understand the development
92 of mentoring relationships in athletic training. We wanted to discover what aspects of mentor
93 relationships benefit newly credentialed athletic trainers as they transition to practice for the first

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

96 **Participants**

97 We recruited 13 newly credentialed athletic trainers (6 female, 7 male, 26±3 years; work
98 settings included professional sports, college, secondary and middle school, and clinic) who
99 participated in our study (Table 1). All participants graduated from professional masters
100 programs and became Board of Certification (BOC) certified between February and July of
101 2016, and obtained employment between July to August of 2016. Recruitment began after
102 Institutional Board Approval. In order to recruit all potential participants the BOC sent a
103 recruitment email to 211 athletic trainers who became BOC certified between February and July
104 of 2016. All participants completed the first and second interviews, and 10 participants completed
105 the third interview.

106 **Procedures and Instrumentation**

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

114 The semi-structured interview protocol was developed using literature on mentoring¹⁴
115 and transition to practice.^{10,13} Three interview guides were used during the interview cycle,
116 which allowed for us to understand the developing mentor relationships during their first year of

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

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

134 **Analysis**

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

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

143 **Credibility Strategies**

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

157 **RESULTS**

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

163 **Availability.** Participants depended on their mentor to be available to answer questions
164 and provide support during their transition. Communication with the mentor occurred through
165 phone call, texting, email and even in person depending on proximity of the mentor. During
166 Kent’s interview he continually used the word ‘available’ to describe the relationship he has with
167 his mentor. He said, “I recognize that she is available for me and a great resource, to help me
168 shape the way I do things.” Kent believed that his mentor’s “availability” was extremely helpful
169 during his transition. Selena, too, in her interviews said her mentor was “100% accessible. She
170 always made time, to reach out no matter what” and “always there to answer questions.” Ben
171 shared that he felt one of the most important aspects to his mentoring relationship is,
172 “availability. Someone to be there when you have a question about something, or
173 whether you need help with a situation. Or when you just have questions about certain
174 procedures that you have to do for your position. It’s always nice to be able to count on
175 someone whether it’s during the day or at night, or on the weekends. Someone just, that’s
176 there I guess to help you out.”
177 Mentors who couldn’t respond immediately were also still perceived as available due to
178 their follow up with the participants. Kent described this how his mentor would follow up with
179 him “the only time that she’s not accessible is when she’s seeing patients in the office or her
180 doctor’s seeing patients in the office. But even then she acknowledges the fact that I called and
181 will respond, “I’ll call you back as soon as I get a second.” So, she still acknowledges the fact
182 and is still there to reach out. It’s just not convenient at that exact moment.” Even mentors with
183 busy schedules were viewed as available due to making time to engage in the relationship as
184 soon as they could.
185

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

194 “she was honest with me, she told me how it was; if she thought I wasn’t ready to do
195 something she would tell me; if she thought I was ready to do it, she would build me up.
196 Even if the honesty would hurt their feelings, participants still wanted their mentors to
197 discuss concerns with them.”

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

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

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

220
221 **Reassurance.** Participants shared that an important aspect of their mentoring relationship
222 was the reassurance it provided them during the first year. The reassurance was often in the form
223 of discourse; whereby their informal exchanges via phone or text messages allowed the newly
224 credentialed athletic trainer to feel as though they had someone “in their corner.” Jennifer talked
225 about her mentor “always being in my corner. Her supporting me was so important. I feel as
226 though having a mentor has been positive, as I feel I am able to approach things in a calmer way.
227 I have never overacted, but just having someone to bounce my ideas off of, it has really helped
228 me.” Gary, as did Jennifer, valued the chance to interact with someone who could support his
229 transition. He shared, “I wanted someone who could really help me out. Someone that was older,
230 but some who I could bounce ideas off of, and really help me.” The exchange of ideas, as a
231 means to gain comfort in their abilities was identified as important part of the mentor process.

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

242
243 **Promotes Learning.** Mentorship was also recognized by participants as a way to
244 promote learning about patient care and their role within their employment setting. Amy shared,
245 “mentorship has given me the opportunity to learn. I am learning a lot more, just because they
246 [mentor] have figured things out, and they have been doing it for years.” Cassandra reflected that
247 mentors helped her grow, and supported her continued learning, despite her certification. She
248 shared, “I think that having a mentor is important, because for me personally it’s how I learn. I
249 learned through other people’s experiences; I learn from different perspectives.” Amy talked
250 about the field of Athletic Training one that allows you to learn every day, and so having a
251 mentor “supports learning.” She talked about despite educational preparation, “there are so many
252 intangible things you can’t learn in a program, so I think its valuable to have a mentor for that [to
253 keep learning].” The discussions with mentors include many topics including patient care,
254 networking and role inductance. Amy, who is in the high school setting, discussed how she
255 learned about “practice or set up for a practice or a game and how to interact with coaches”.

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

264 **DISCUSSION**

265
266 Our purpose was to examine what aspects of the mentoring relationship provided the
267 most benefit during transition to practice. We found newly credentialed athletic trainers’ during
268 their transition to practice want a mentor who is available, can provide honest feedback and
269 reassurance.

270 271 **Availability**

272
273 For a mentee, one of the most important attributes of their mentor is the investment in
274 them as a professional, which is often demonstrated through availability.¹⁵ Transition to practice
275 is a period of time that is characterized by uncertainty, anxiety, and ambiguity; thus, having
276 someone (i.e. a mentor) who is available to support them is important. Most mentoring
277 relationships that fail are due to a lack of interest, commitment, or time available for the
278 mentee.¹⁶ Our results suggest that our mentees do not expect their mentor’s to be available
279 immediately, like a preceptor would be during their educational training, but they do value
280 timely availability for support. The support was mostly in the form of responding to questions to
281 reassure them on their performance and decision making.

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

287
288 **Honest Feedback**

289 Mentoring relationships are founded on guidance, whereby a mentor guides the
290 professional development of the mentee. So, for our participants, they wanted honest feedback
291 from their mentors as a means to guide them during their transitional period. Past literature^{17,18}
292 has described the feedback a student or novice practitioner receives from their mentor as a
293 facilitator to feeling successful and adequate in their role. Feedback and providing advice have
294 been reported¹⁹ as keys for an effective mentor, and as our participants are still learning the ropes
295 of their professional duties, responsibilities, as well as the organization nuances of their first job,
296 honesty is viewed as necessary.

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

304
305 **Reassurance**
306

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

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

323 324 **Promotes Learning** 325

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

332 mentorship. Mentoring has been cited as a way to promote role learning, as well as advance
333 clinical practice for the unseasoned, or novice practitioner.^{18,26}

334
335 **Future direction and Limitations**

336
337 Our findings are based upon what would be labeled as “informal” mentoring
338 relationships, as our participants sought out mentorship from various individuals not assigned to
339 them or facilitated by their employers. Future studies should look to examine the differences
340 between informal and formal mentoring on transition to practice, as they may offer different
341 outcomes or challenges in supporting the newly credentialed athletic trainer. Our findings speak
342 to the use of mentorship within athletic training, as a mechanism for support during the first year
343 of clinical practice from the newly credentialed athletic trainer’s perspectives solely. Integrating
344 the perspectives of the identified mentor coupled with the mentee, could help provide additional
345 context to our findings. Moreover, supervisors who are not medical providers (i.e. athletic
346 directors), should also be sampled to better understand the mentorship relationship as well as its
347 impact on performance and integration into the employment setting. Finally, our participants
348 represent a variety of employment settings, and our goal was not to determine organizational
349 specific influences on transition to practice, they could have implications. So, future studies
350 should include more homogenous sampling to understand mentorship from an on-boarding,
351 organizational initiative rather than from a personal on-boarding lens.

352
353 **Conclusions**

354
355 Mentorship was used to support the newly credentialed athletic trainer’s transition into
356 clinical practice during the first year. Specifically, our participants recognized that they had
357 access to mentors who were available to provide them with guidance and support as they

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

362

363 **References**

364

- 365 1. Kralick D, Visetin K, von Loon A. Transition: A literature review. *J Adv Nurs*.
366 2006;55(3):320-329.
- 367
- 368 2. Mazerolle SM, Eason CM, Clines S, Pitney WA. The professional socialization of the
369 graduate assistant athletic trainer. *J Athl Train*. 2015;50(5):532-541.
- 370
- 371 3. Mazerolle SM, Kirby J, Walker SE. A narrative analysis: Examining transition to practice
372 for the full-time secondary school athletic trainer. *J Athl Train*. 2018;53(3):303-311.
- 373
- 374 4. Griffin A, Abouharb T, Etherington C, Bandura L. Transition to independent practice: A
375 national enquiry into the educational support for newly qualified GPs. *Educ Prim Care*.
376 2010;21(5):299-307.
- 377
- 378 5. Missen K, McKenna L, Beauchamp A. Satisfaction of newly graduated nurses enrolled in
379 transition-to-practice programmes in their first year of employment: A systematic
380 review. *J Adv Nurs*. 2014;70(11):2419-2433.
- 381
- 382 6. Spector N, Blegen MA, Silvestre J, et al. Transition to practice study in hospital
383 settings. *J Nurs Regul*. 2015;5(4):24-38.
- 384
- 385 7. Spiva L, Hart PL, Purner L, et al. Hearing the voices of newly licensed RNs: The
386 transition to practice: A qualitative study suggests that new nurses need more guidance
387 and support than they're getting. *Am J Nurs*. 2013;113(11):24-32.
- 388
- 389 8. Fixsen A, Ridge D. Performance, emotion work, and transition: Challenging experiences
390 of complementary therapy student practitioners commencing clinical practice. *Qual*
391 *Health Res*. 2012;22(9):1163-1175.
- 392
- 393 9. Van Eps MA, Cooke M, Creedy DK, Walker R. Student evaluations of a year-long
394 mentorship program: A quality improvement initiative. *Nurse Educ Today*.
395 2006;26(6):519-24.
- 396
- 397 10. Walker SE, Thrasher AB, Mazerolle SM. Exploring the perceptions of newly
398 credentialed athletic trainers' as they transition to practice. *J Athl Train*. 2016;51(8):601-
399 612.

- 400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
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.
453
454
455
456
457
458
459
460
461

Online First

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

OnlineFirst

Figure 1. Data collection timeline



Online First

Figure 2. Effect of ongoing feedback provided by mentors

