Transitioning from a student to a professional in athletic training:
A phenomenological review of Graduate Assistants/Fellows

A DISSERTATION
SUBMITTED TO THE FACULTY OF THE GRADUATE SCHOOL
OF THE UNIVERSITY OF MINNESOTA
BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
DOCTOR OF EDUCATION

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April 2011

Acknowledgements

Throughout this research, many people have contributed to the successfulness of this journey. My committee: Dr. Joyce Strand, Dr. Mary Ann Marchel, Dr. Kim Riordan, and Dr. William Gear all assisted at pertinent times throughout the process. The support I also received from my family, friends, and cohort members helped throughout. I would be remiss without specifically mentioning my husband, James, because without his support and tolerance this project would not have been possible. Finally, the participants of the research study should be acknowledged because without their incredible involvement and willingness to contribute to the study, the knowledge gained regarding graduate assistants in athletic training would not have occurred.

Abstract

Although many colleges and universities employ Graduate Assistants/Fellows (GAFs) in the field of Athletic Training, little research has been conducted to understand best practices for assisting GAFs in their transition from a student to a professional. The purpose of this qualitative research study was to explore the GAFs' and their supervisors' perceptions of changes occurring during their first semester of post-professional study within a Master's in Athletic Training program. Specifically, this phenomenological research attempted to describe any changes in the GAFs' clinical competence. Clinical competence can be attributed to decision-making skills and clinical diagnosing skills. In addition, this study explored specific strategies and experiences that contribute to the changes in perceptions of clinical competence of allied health care professionals in Athletic Training.

Through purposeful criterion sampling, one Post-Professional Athletic Training Education Program was selected and resulted in four first-year GAFs, one GAF supervisor/faculty member, and the Program Director (PATEPD) agreeing to be participants. Primarily in-depth interviews were utilized to collect data although secondary data were obtained through observations, journal entries, and other program documents and artifacts. The data were transcribed, coded and analyzed based on the research questions. Four analytic categories were determined to affect the GAF experience: culture of the program, clinical experiences, personal attributes, and coursework.

Several findings and recommendations emerged from the data. The largest influence on the GAF experience stemmed from the PATEPD and the program's philosophy. Notions such as self-reflection, critical thinking, and feeling supported resonated with the participants in order to assist in their confidence and decision-making in the clinical setting. Recommendations include the PATEPD having consciousness of his/her influence throughout the program, the necessity for incorporating clinical thinking skills in coursework due to its application in the clinical setting, and providing varied clinical experiences to further enhance the GAF's clinical knowledge. In addition, the National Athletic Trainers Association should include clinical education as a key component of Post-professional Athletic Training Education Programs. Due to the complexity of the phenomenon of being a GAF in the clinical setting, the researcher suggests the recommendations be considered based on their applicability to the reader's individual situation.

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CHAPTER I

Although many colleges and universities employ Graduate Assistants/Fellows (GAF's) in the field of Athletic Training, little research has been conducted to understand best practices for assisting GAF's in their transition from a student to a professional. Developing an understanding of what the experience is like to transition from a student to a professional, may help to determine *best practices* and improve clinical competence not only for this specific population of Athletic Trainers, but also the Athletic Training profession as a whole.

Background and Context

Athletic training is an allied health care profession that has evolved and expanded since its inception in the 1950's. Two significant changes are undergraduate education programs moving to competency-based curriculums and large increases in possible work settings. Students leaving undergraduate athletic training programs, who have passed the Board of Certification (BOC) exam, are considered to have *entry-level* skills and are labeled as professionals. The BOC and the entry-level certification programs were designed to establish standards for entry in to the athletic training profession (http://www.bocatc.org). Many students choose to continue their education beyond entry-level skills through graduate assistant/fellowship positions in colleges and universities. Although newly certified Athletic Trainers (AT's) are now considered professionals, the individuals in these positions are considered students as well.

The transition from a student to a professional may be affected by *professional socialization*. Professional socialization into a particular field relates to growth and change of one's thoughts, feelings, attitudes, purpose and spirit as a professional (Colucciello, 1990). Exploration of the professional socialization of graduate assistants/fellows into the field of Athletic Training through a qualitative research process would contribute to the understanding of this phenomenon.

Pitney, Ilsley, & Rintala (2002) explored the professional socialization of National Collegiate Athletic Association (NCAA) Division I athletic trainers. They interviewed 16 participants who were either currently working at, or formerly were affiliated with, an institution with NCAA Division I varsity athletics. Of those interviewed, only one did not previously hold a graduate assistant position at the NCAA Division I level. The researchers determined holding a Graduate Assistant position to be a *rite of passage* to continue working in the NCAA Division I setting, but their particular research question did not specifically research Graduate Assistants/Fellows. After reviewing the relevant the literature, little research regarding this specific population of athletic trainers was found, therefore research into the transition from a student to a professional through a GAF position is warranted to help create a better understanding of what is being experienced.

Statement of Purpose and Research Questions

The purpose of this research study was to explore the GAFs' and their supervisors' perceptions of changes that occur during their first semester of

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post-professional study within a Master's in Athletic Training program. Specifically, this research attempted to describe any changes in the GAFs' clinical competence. Clinical competence can be attributed to decision-making skills and clinical diagnosing skills. In addition, this research explored specific strategies and experiences that are contributing to the changes in perceptions of clinical competence of allied health care professionals in Athletic Training. To assist with the understanding of the phenomenon of transitioning from a student to a professional while holding a graduate assistant/fellowship position, the following research questions were addressed:

1. What is it like to hold a Graduate Assistant/Fellowship (GAF) position during their first semester while enrolled in a Master's of Athletic Training Education Program?

2. What is the perception of change (if any) in the GAFs' clinical competence during the first semester post-certification?

3. What experiences contributed to the perception of change (if any) in the GAF's clinical competence?

4. What strategies (if any) were employed by participants, program educational staff, or supervising staff to assist the GAFs in the transition from a student to a professional in Athletic Training?

Research Approach

Once approved by the Institutional Review Board, the qualitative research consisted of a phenomenological case study of Athletic Training GAFs in a Masters of Athletic Training degree program. Field research including

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observations, semi-structured interviews, and self-reflection journals were the primary sources of data collection. Babbie (2007) states field research is best utilized for three main purposes: for topics that appear to defy simple quantification, for observing attitudes and behaviors in the natural setting, and the study of processes over time. Field research was an advantageous means to research Graduate Assistants'/Fellows' professional socialization in the various clinical settings. There are many units of analysis that could be determined through this type of research. This particular topic relates to three specific units: practices (the behaviors of the GAFs in their natural setting of the Athletic Training Room and other facilities), roles (the GAFs' relationship to their patients, their supervisors, their peers, and the educational staff), and also organizations (each clinical setting will have their own specific protocols and behaviors). Each of these factors became significant throughout the field research.

As the researcher prepared for observations and questioning, it was important to establish herself as a complete observer and informed the participants she was researching what it is like to be a graduate assistant/fellow athletic trainer during the first semester of enrollment while in a Post-professional Athletic Training Education Program (PATEP) while holding a GAF position. This did not give the graduate assistants/fellows specific insight into the topic of professional socialization and clinical competence in which the research was directed. Therefore, less of a change in behavior should have occurred since the participants did not know exactly what was being observed other than a description of their situation and experiences.

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Exploration of clinical competence and the professional socialization of graduate assistants/fellows into the field of athletic training through a qualitative research process helped contribute to the understanding of the transition into the Athletic Training profession in the most rich and meaningful way. Interviews allowed for the obtainment of demographic information and allowed the GAFs to express their perceptions of what experiences were significant during their transition from student to professional. The interviews with educational supervisors and clinical site supervisors helped enhance the understanding of the GAFs' perceptions and experiences. GAFs' self-reflection journals provided insight into their perceptions of themselves experiencing the phenomenon of being a graduate assistant/fellow. Observations in the various clinical settings in which the GAFs work provided a means to triangulate data obtained in both the interviews and the journals.

The qualitative research methodology of phenomenology assisted in the understanding of athletic training graduate assistants/fellows' perceptions of reality and what meaning the phenomenon holds for them. Many colleges and universities are utilizing athletic training graduate assistants/fellows at their schools throughout the United States. Exploring the phenomenon of being in such a position contributed to a body of knowledge and benefits for graduate Athletic Training programs, athletic departments, and the graduate assistants/fellows themselves as well emerged from the data.

Assumptions

Based on the researcher's background and academic training, five assumptions were determined regarding this study. The first is the ontological belief that there are multiple ways of knowing and understanding the world and the epistemological belief in the post-modern paradigm that allows for qualitative research to be utilized to ascertain knowledge and realize that multiple realities may exist. Second, social learning and situational learning are beneficial to clinical skill acquisition and decision-making in the field of Athletic Training. Third, clinical skill acquisition and perceptions of clinical competence would change throughout the first semester as a BOC certified student within a Master's in Athletic Training degree program. Fourth, self-reflection would be critical to the GAFs' understanding and acknowledgement of changes in clinical competence and decision-making skills. Finally, the researcher made the assumption that positive experiences, while holding a GAF position, will lead to a continuation of a career in the field of Athletic Training. The fifth assumption may go beyond the scope of this initial research study, but the researcher felt it important to note that she believes significant positive or negative experiences may influence the GAFs' attitude, motivation and abilities not only during the initial semester that is being researched, but may hold significance in the future career of the GAF as well.

Rationale and Significance

The rationale for this study not only comes from the minimal research regarding graduate assistants/fellows while transitioning from a student to a

professional while enrolled in a graduate ATEP. The rationale also originates

from the researcher's desire to assist graduate education program directors,

athletic departments employing the GAFs, and the GAFs themselves in the

transition from a student to a professional. Little is known about what

experiences may affect the GAFs' desire to stay in the Athletic Training field,

their desire to work in particular settings, and their desire and strategies utilized

to improve their decision-making and clinical skills. A phenomenological case

study helped to develop an understanding of what it is like to be a GAF and

contribute to a body of knowledge in a relatively new field of allied health care.

The implications for future research, academic policies, and institutional policies

could be numerous. In addition, the improvement of health care for physically

active populations may result as well.

Operational Definitions of Key Terms Used in This Study

Athletic Trainer – An allied-health care professional that works with a physically

active patient from the inception of injury until they return to an appropriate level

of activity. The athletic trainer works within six domains including prevention;

clinical evaluation and diagnosis; immediate care; treatment, rehabilitation, and

reconditioning; health care administration; and professional responsibilities.

(Prentice, 2009)

BOC certified – In order to receive the credentials of Certified Athletic Trainer

(ATC), an individual must complete either an undergraduate athletic training

education program or an entry-level masters program in athletic training and

pass a computerized exam. Upon successful completion of the exam, the athletic

trainer is considered BOC certified and can then call him or herself an Athletic

Trainer. (Prentice, 2009)

Clinical competence – An overarching theme regarding the clinical skills and

decision-making skills in allied health professions. Health care professionals can

demonstrate clinical competence by following standards or principles that satisfy

the demands of the given situation.

Clinical Competencies and Proficiencies – The *Clinical Competencies* define

the educational content that students enrolled in an accredited athletic training

program must master. The *Clinical Proficiencies* are a listing of the student's

clinical training before entering the profession; a set of decision-making skills.

Clinical competencies are generally learned and evaluated in the classroom

whereas clinical proficiencies are a measure of *real life* application. (National

Athletic Trainer's Association, 2006)

Clinical skills – Psychomotor, cognitive and affective skills utilized by athletic

trainers while working with patients. Clinical skills may include such

competencies as evaluating and diagnosing and injury, referring a patient for

further care, assisting a patient in working through the psychological aspects of

an injury, and communicating with coaches and other health care personnel.

Graduate Assistant/Fellow – (GAF) An athletic trainer who, while obtaining a

Master's degree in any field, holds an athletic training position either at the

college or university which they are attending or another site affiliated with the

post-professional program.

Phenomenological study – A phenomenological study describes the meaning for several individuals of their lived experiences of a concept or phenomenon and its purpose is to reduce individual experiences with a phenomenon to a description of its universal essence. (Creswell, 2007, p. 57-58)

Post-professional – Masters of Athletic Training programs may be regarded as post-professional programs. Entry-level Master's Programs are not considered post-professional programs because the enrolled students are not yet certified by the BOC.

Professional – An athletic trainer that has passed the certification exam and is deemed certified by the Board of Certification.

Professional socialization – The process that involves learning particular skills, values, attitudes, and norms of behavior and is considered to be a key component of professional preparation and continued development in health and allied medical disciplines. (Pitney et al, 2002, p. 63)

CHAPTER II

Review of the Literature

The transition of an athletic trainer from a student to a practitioner is a complex and multifaceted experience. Developing their own identity as a practitioner, communication abilities, and clinical and decision-making skills are but a few of the arenas of change that occur during the transition period between being a student and being a professional. In order to better understand this transition, a review of relevant literature will include: a brief history of significant events in the athletic training profession and education, post-professional athletic training educational programs (PATEPs), professional socialization of athletic trainers, and professional socialization of other allied health professionals as well as teachers. In addition, the concept of clinical competence will be addressed as it relates to professional socialization and transitioning. Finally, the educational theoretical concepts of situated learning and self-reflection will be introduced as they relate to the phenomenon of being a Graduate Assistant/Fellow in the field of athletic training.

Brief History of Athletic Training and Athletic Training Education and Certification

The progression of the athletic training profession can be traced back to the National Athletic Trainers' Association (NATA) in 1950 (Delforge & Behnke, 1999). Prior to this time, little was formalized in the educational realm for the field of athletic training. Initially, athletic training curriculums focused on secondary teaching certificates or the prerequisites to physical therapy school (Delforge &

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Behnke, 1999). As the curriculums evolved, in the late 1960s, the NATA approved undergraduate and two graduate athletic training programs through approval within the NATA itself (Delforge & Behnke, 1999; Peer & Rakich, 2000). Undergraduate Athletic Training Education Programs (ATEPs) are now accredited by the Commission on Accreditation of Athletic Training Education (CAATE), while graduate programs are still accredited by the NATA. Throughout the 1970's and 1980's, the athletic training profession continued to grow by revising curriculums; developing standards, objectives, and competencies; and creating majors and educational programs specific to athletic training (Delforge & Behnke, 1999). The advancements in the educational requirements of athletic trainers led the American Medical Association to officially recognize athletic training as an allied health profession in 1990 (Delforge & Behnke, 1999). Then in 1996, the NATA Professional Education Committee implemented a policy where only PATEPs could offer *advanced* learning experiences beyond those required for accreditation of undergraduate programs would be approved (Delforge & Behnke, 1999). This created a distinction between graduate programs that offered entry-level master's programs and those that were deemed as post-professional programs. This regulation was implemented in order to continue to gain recognition within the health care community.

As an earlier means to gain credibility in the allied health care community, the BOC certification exam was begun in 1970 (Delforge & Behnke, 1999). The BOC certification indicates the recipient has *entry-level* knowledge. Accredited PATEPs are designed for advanced degree-seeking students and therefore the

applicants to the PATEP must be eligible to take the exam or already be certified

by the Board of Certification. PATEPs provide arenas for the advancement of

entry-level skills undergraduate ATEPs provide. According to the NATA website,

16 post-professional programs are currently accredited by the NATA

(http://www.nata.org). Continual assessment of both ATEPs and PATEPs are

being conducted in order to advance the curriculums and profession of athletic

training as a whole. Having a basic understanding of the development of athletic

training education and certification, will help to provide a foundation from which to

build in a relatively new profession. Developing and understanding of what it is

like to be a Graduate Assistant/Fellow within a PATEP could not be fully realized

without at least minimal knowledge of the foundation from which the programs

evolved.

Post-Professional Athletic Training Educational Programs

Subsequent to developing a basic understanding of the significant events

in athletic training education, one can then begin to develop an understanding of

the purpose and outcomes of PATEPs within the context of allied health care.

The *post-professional* terminology did not begin until 2003 when the NATA

Professional Education Council made revisions to their *Guidelines* (Wilkerson,

Colston, & Bogdanowicz, 2006). This change in terminology resulted in yet

another way to create distinction between the *entry-level* master's programs and

graduate programs intended to further the education of certified athletic trainers.

The purpose of PATEPs is to confirm and extend constructs of undergraduate

ATEPs (Neibert, 2009). Wilkerson et al. (2006) reported that 70% of certified

athletic trainers have earned a master's degree, but also report that most are not in athletic training. The researchers argue that while:

> maintenance of our status quo might be very attractive to a large segment of our profession, the prevailing model is unlikely to promote athletic training in the eyes of the medical community or advance the knowledge base of the profession and therefore post-certification degrees should be in athletic training (Wilkerson et al, 2006, p. 90).

Neibert (2009, p.380) agrees by stating his experience has been "those who attended an accredited post-professional program were more sound clinicians than those who pursued a related field of graduate study." Neibert's (2009) qualitative study intended to discover the theoretical constructs that confirm, disconfirm, or extend the principles and their applications for PATEPs while addressing their guidelines as set forth by the NATA. Core categories were developed from the coded transcripts of participants, ranging from theoretical understanding and critical thinking to mastery of subject matter and diverse representations of perspectives. In nearly every category to be addressed in a PATEP, clinical rotations, clinical decision making, or clinical interactions were listed as the instrument to address the suggested learning categories (Neibert, 2009). Clinical rotations and experiences were not the focus of his results though. Therefore, it is important to gain further understanding about whether the clinical rotations and experiences provided by the PATEPs were a key factor in the development of BOC certified students into 'sound clinicians' or if other factors play a greater role.

When attempting to understand if post-professional programs are developing students into sound practicing professionals, another study was conducted by asking graduates of PATEPs about their satisfaction level of their respective programs. Henry, Van Lunen, Udermann, and Oñate (2009) determined that although student satisfaction rates were not all above 80%, the rates indicated overall, graduates of PATEPs were satisfied with their educational programs. The participants made suggestions to make each of the accredited PATEPs become distinctive and have specializations, as well as clearly indicate the expectations and goals of the PATEP (Henry et al, 2009). The issues indicated by graduates of the program relate directly to central themes of professional socialization.

Professional Socialization of Athletic Trainers

Professional socialization is an underlying construct that needs to be addressed in order to better understand what the Graduate Assistant/Fellow experiences as he or she transitions from the role of a student to a practitioner. Professional socialization is a developmental process by which individuals obtain knowledge, skills, norms, roles and attitudes associated with their position within their profession (Clark, 1997). While a GAF transitions from a student to a practitioner, awareness of the aspects affecting the transition may be advantageous. Although professional socialization has been studied in various fields at length, the topic is only beginning to be researched in the field of athletic training, primarily within the last few years. Of these studies, several may provide insight into the professional socialization of GAFs even though the research was

based on other participants such as undergraduate athletic training students, certified athletic trainers working in the high school setting, or certified athletic trainers working in the NCAA Division I setting. Although each clinical work setting is unique, each of the studies will be addressed in terms of issues or major themes that resulted as part of the research, the strategies employed or suggested to assist with professional socialization, and finally the implications for future research with GAFs.

Klossner (2008) researched second year athletic training students in an undergraduate ATEP. Three major premises arose from the research: social agents on legitimization, role performance on legitimization, and the influence of rewards on legitimization. Relationships and roles seemed to be most important as it surfaced in each of the three major premises for legitimization. Students appeared to need affirmation of others (whether it be coaches, athletes, or instructors), needed to understand their role and feel that they were being given increased responsibility over time in order to demonstrate competence, and needed to gain the trust of the athletes to develop their sense of belonging in the athletic training room (Klossner, 2008). Several key strategies were suggested or employed to develop the students' sense of legitimization. Understanding the roles and responsibilities through an orientation to the new clinical setting as well as gradually increasing responsibility were seen as key approaches to assist the student with their sense of belonging (Klossner, 2008). This study has implications for research with GAFs. The issues of sense of belonging and gaining trust through progressive independence may be similar to what a GAF

experiences. With little known about the GAF experience, developing an understanding of what an undergraduate student's experience is like, may provide insight for athletic training students in advanced educational settings.

Once a student graduates from an undergraduate ATEP and becomes a certified athletic trainer, they can either continue their education by obtaining a master's degree or begin working in a clinical setting such as a high school. Two significant studies addressed the professional socialization of athletic trainers working in the high school setting after certification. Pitney (2002) focused on the experiences of professional socialization while Mensch, Crews, and Mitchell (2005) focused on the competing perspectives of coaches and athletic trainers on their roles and expectations while working in the high school setting. Pitney (2002) discovered informal learning and networking, as well as self-direction, self-evaluation, reflection and critical thinking were the key components to the AT's experiences. Meanwhile, Mensch et al. (2005) determined that communication and educating the coaches were the key issues. Although trial and error seemed to be how these ATs developed their professional roles, an orientation session to develop communication with coaches and more formal introduction to their work setting may have helped the high school ATs in their transition from student to professional. The future implication for GAF research would again be to determine if understanding role expectation and increasing communication through some form of orientation would be beneficial in their transition.

The third research focus for professional socialization of athletic training involved the NCAA Division I (DI) setting. Pitney (Pitney, 2002; Pitney et al, 2002; Pitney, 2006) has become a pioneer in the research of professional socialization in the field of athletic training. He and his colleagues conducted a study in order to better understand the experiences and perceptions of NCAA DI athletic trainers and developed a 5-step process by which they are socialized into this particular setting (Pitney et al, 2002). The process included: envisioning the role by having a personal identity with the culture of sport; formal preparation including undergraduate education as well as being a graduate assistant in the collegiate setting; organizational entry demonstrated by a period of uncertainty, learning on the run, having a lack of formal training, and referring to past mentors for help; role evolution by realizing their job included more than just health care and developing an increased commitment to their patients; and finally, gaining stability either by having stability within themselves, refocusing from within themselves, or negotiating the instability and possibly leaving their positions (Pitney et al, 2002).

Additional studies (Malasarn, Bloom, & Crumpton, 2002; Pitney, 2006) found many of the same characteristics in NCAA DI college athletic trainers as the earlier study by Pitney et al (2002), but did not arrange their findings in a chronological manner. Experiences dealing with challenging job situations and bureaucratic tendencies in addition to dealing with added job responsibilities and lack of respect for their role were hindrances to working in this setting (Malasarn et al, 2002; Pitney, 2006). In both studies, it was indicated that even though the

challenges and fear of burnout due to diminished work-life balance were difficult, their strong commitment to the health care and the relationships with their patients were still very high (Malasarn et al, 2002; Pitney, 2006). Mentoring was seen as a key strategy for navigating the hindrances to working in the NCAA DI setting and many suggested that job shadowing or an internship would be helpful in developing as a professional in this work environment (Malasarn et al, 2002; Pitney, 2006).

Because little is known about the GAF experience, studies addressing issues in the collegiate setting are important. In the three studies cited regarding NCAA DI athletic trainers, most ATs working in this setting held GAF positions. Holding a graduate assistant position, while it may be beneficial to professional socialization, can also lead to stress and burnout. Reed and Giacobbi (2004) identified six general sources of stress in graduate assistant athletic trainers including athletic training duties, comparing job duties to others in the program, responsibilities as a student, time management, social evaluation, and future concerns. The researchers concluded new professional ATs would benefit from having a mentor they could seek out for advice on various issues both social and educational (Reed & Giacobbi, 2004). Other researchers appeared to have arrived at the same conclusion while studying undergraduate athletic trainers (Malasarn et al, 2002; Pitney & Ehlers, 2004; Pitney, Ehlers, & Walker, 2006). Exploring the experience of a GAF position may help understand their perceptions of burnout and work-life balance, how experiences as a GAF

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influences future work setting choices, and if they use mentors as a strategy in professional socialization to ease transition.

Exploring research in the professional socialization of athletic trainers, regardless of the work setting, may contribute to the understanding of the phenomenon of the GAF experience. Many common issues were presented in the literature including: communication, work-life balance and workload, self-direction versus formal mentoring, and trial and error learning. Common strategies to negotiate the transitions were: emphasizing roles and expectations, early orientations to new settings, and developing meaningful experiences. The relatively few studies that have been conducted in this content area provide valuable insight in what the GAF experience may be like. Studies of professional socialization, when combined with the studies conducted in other professions, may provide further clarification of transitioning from a student to a practitioner in the field of athletic training.

Professional Socialization of Other Fields of Study

Many professions have researched the professional socialization of their students into the role of a practitioner. Fields of study such as nursing, medicine, and teaching have developed strong themes in regards to difficulties encountered and strategies to overcome barriers that lead to more successful transitions. Because the field of athletic training is relatively new and research has recently begun to explore professional socialization within athletic training, it is imperative that information is drawn upon from other allied health professions and education.

Professional socialization in nursing.

The fields of nursing and nursing education have established research relating to professional socialization and transition into the workforce. One such study had five nurses reflect on their first six months as professional nurses and discovered three overarching themes: *doing* nursing, the *meaning* of nursing, and *being* a nurse (Duchscher, 2001). Initially, the new nurses were very egocentric and consequently focused more on what they were trying to do or learn versus being patient-centered (Duchscher, 2001). They felt abandoned by what they had learned and what they felt was the reality of professional practice, as well as felt dependent on other staff because they had to ask so many questions (Duchscher, 2001). Each of these factors led them to focus on *doing* rather than *thinking* (Duchscher, 2001).

Newton and McKenna (2007) reported that *reality shock* and the feeling of unpreparedness is still an issue upon transition even though the topic has been researched for years within the field of nursing. Another study suggested many graduate nurses feel heightened work stress for up to one year which can be amplified by poor working conditions, inadequate staffing, high workload, and difficult nursing supervisors or colleagues (Scott, Engelke, & Swanson, 2008). Even with the barriers to a successful transition, with adequate support such as timely and appropriate feedback, availability of clinical teaching staff, and effective mentoring, graduate nurses make the transition from a novice to an advanced-beginner within a three-four month timeframe (Johnstone, Kanitsaki, & Currie, 2008).

One strategy to assist with transition, that would be considered *adequate support*, is the inclusion of some form of orientation or specialty training. Orientation and training was indicated as important in the athletic training professional socialization literature, and is described as important in the nursing literature as well. A study of community nursing students after their qualifying course determined the new nurses were more confident, had a broader perspective, were more reflective, had increased understanding of their own role, and adopted less polarizing views (Howkins & Ewens, 1999). Another study demonstrated that orientation sessions helped reduce job anxiety and realistic job expectations (Scott et al, 2008). Orientation sessions also increased organizational commitment and held a high correlation to job satisfaction and retention (Scott et al, 2008). Therefore, it is imperative for athletic training researchers and educators to draw from the nursing literature in regards to successful transitioning. For example if feeling underprepared and having too high a workload is common among new nurses, there is a strong possibility that GAFs hold similar perceptions. Building upon the understanding of what other allied health professionals experience may help to gain understanding of what GAFs experience as well.

Transitioning from medical student to doctor.

Nursing is not the only health care field interested in professional socialization of its students into successful practitioners. Many studies have been conducted in the realm of medical education and the transition from medical student to doctor. Medical education literature has demonstrated similar

stressors, barriers, and implications for research as the literature pertaining to athletic training education and nursing education.

Berridge, Freeth, Sharpe, & Roberts (2007) discovered participants in their study were initially anxious about: clinical skills, taking responsibility and being alone, non-technical skills, and the local geography and procedures of their work setting. The participants expressed confidence in the technical skills they had acquired, but were nervous about only having practiced on healthy patients, decision-making on their own with actual ill patients, dealing with several patients at once, and not knowing practical information such as where different departments in the hospital were located (Berridge et al, 2007). Another study reflected similar findings in which the medical students in transition found uncertainty of their role and knowledge, lack of clinical skills experience, organization of workload and timetables, and patient safety as their main concerns (Hayes, Feather, Sedgwick, Wannan, Wessier-Smith, Green, & McCrorie, 2004). In addition, the transition from a highly dependent learner role (where the student was under constant supervision and the main focus) to involving at least delegated responsibility and decision-making (where the patient was the main focus) created added anxiety and left the medical school graduates feeling not well prepared and feeling the transition was abrupt (Prince, Boshuizen, Van der Vleuten, & Scherpbier (2005). Hayes et al. (2004) also found that students' desire to fit in and belong created additional anxiety and stress.

Stressors on medical students have been well documented in the literature and are reportedly similar to those in other medical professions.

Interventions such as a 2-week Preparation for Practice course (Berridge et al, 2007) and a 4-week elective course designed to prepare students for surgical internships (Naylor, Hollett, Castellvi, Valentine, & Scott, 2010) have been designed to help alleviate some of the apprehension and concerns of recent graduates transitioning into practitioners. Getting to know members of their team, understanding their role and others' roles, and increases in confidence levels in their clinical skills were reported as a result of the intervention programs (Berridge et al, 2007; Naylor et al 2010).

Conversely, another study suggested regardless if the transition was stressful or non-stressful, the students' knowledge and skill level were not affected during the 2-week transitional period (van Hell, Kuks, Schonrock-Adema, van Lohuizen, & Cohen-Schotanus, 2008). However, the researchers did report the students' knowledge did affect the students' overall assessment. The researchers attributed these results to the fact that during the first two weeks of transition there is cognitive overload, students do not use their previously stored information, and the people assessing the students took into account that the transition period is difficult and graded them accordingly (van Hell et al, 2008). Nevertheless, if actual clinical knowledge is not affected by stress during the transition period from student to practitioner, the study demonstrated the new practitioner is affected long-term.

Transition strategies in allied health care professions.

Regardless if a formal transition program or class is utilized, researchers have shown specific techniques such as providing a strong orientation and

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providing positive role models can make the transition from student to practitioner an easier one. Page (2007) conducted a literature review of several health professions such as physical therapists, nurses, athletic trainers, and physicians. Six themes emerged as important from her literature review:

- providing early content and understanding of the *why* of specific content,

- having strong role models,

- allowing time for self-reflection,

- conducting ceremonies such as the *white coat* ceremonies of pharmacists,

- having curriculums that incorporate content and values of what it means to be a professional and life-long learner, and

- understanding the long-term impact of positive early socialization.

Each of the six themes, if developed appropriately, may assist in the difficult transition from student to practitioner. Although a formal transitional program does not necessarily need to be conducted in order to assist recent graduates in their transition, one study demonstrated that 93% of students felt that a good introduction would make the transition easier (Prince et al, 2005). Therefore, when exploratory research is being conducted in order to better understand what the experience of being a GAF is like, a comparison can be made to determine if their stressors and strategies to overcome stressors are similar to other professions.

Professional socialization of teachers.

Although the intention of this literature review is to utilize previous research in allied health professions to help gain understanding of what the GAF experience is like, the underpinning idea is not of health care, but instead the *education* of health care professionals. Two key studies in the professional socialization of beginning teachers were included as they assist in understanding the transition from student to a professional in athletic training. The barriers to an easy transition were similar to those expressed by new practitioners in health care professions. The major barriers to the ease of transition were poor mentoring, poor administrative support, not enough time to complete their workload, not being allowed autonomy in their teaching, and limited research-based professional development opportunities to continue learning and growing as a professional (Fry, 2007; Long, 2004). Not being supported enough or having to teach within a too rigid curriculum created issues for the new teachers. Each of these barriers may be categorized as lack of support in some manner.

Many appropriate strategies have been developed to assist in overcoming the barriers of successful transition from a student to a practitioner. Participants in one study suggested the university from which the new teacher graduated should assist their former students during the transition through involvement in current research projects, conducting surveys of alumni, and offering graduate classes to bring together teachers and administrators across schools (Long, 2004). Subsequently, the participants in Fry's (2007) study suggested more

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support be given to the new teacher from the school in which they are currently working through appropriate feedback from administrators, through valuable mentoring from experienced teachers in the grade level in which they are currently working, and through the development of induction programming to meet the needs of each new teacher.

Although other research has been conducted regarding the transition from student to educator, the two studies discussed directly compare to the other studies cited in the review of the health care education literature. The concepts of providing appropriate support and informative orientation programming to better understand the role and expectations may be advantageous in gaining understanding of the needs of GAFs as they transition from student to a practitioner. The aforementioned concepts need to be taken into consideration as one tries to explore what the experience is like for GAFs while working in the clinical setting.

Clinical Competence and Assessment

In order to better understand the experience of being a GAF, one needs to recognize what a successful transition from a student to a practitioner even means. Clinical competence plays an integral role in determining how successful professional socialization will be for a Graduate Assistant/Fellow.

Undergraduate ATEPs' are designed to develop entry-level skills within an athletic training student (ATS). Clinical supervision during field experience assignments is one manner in which ATEPs attempt to develop ATSs' clinical skills. Weidner, Noble, and Pipkin (2006) conducted a study aimed at assessing

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the students' perceptions of the type and amount of clinical supervision they received during clinical education. The researchers indicated that the ATSs should never be without supervision to protect athletes from harm (Weidner et al, 2006). This is an important concept to consider because as noted earlier in the literature review, many new graduates of health care education programs felt unprepared to make sound clinical decisions and therefore have heightened anxiety and stress as they transitioned to their new work setting. If an ATS is never left alone, there is always a supervisory athletic trainer available to consult or refer to when a real-time decision needs to be made. Understanding the situation in which undergraduate athletic trainers learn, may provide insight into the reasons why feeling left alone to make decisions and handling more than one patient may be sources of stress for new graduates.

By further analyzing a GAF's undergraduate education, insight may be gained about a GAF's clinical competence. The opportunities and experiences that were presented to them in clinical rotations, in order to gain clinical competence, may be of value to identify. While the ATSs reported their real-time learning opportunities were greatest in the content areas of orthopaedic clinical examinations and modality use, the majority (95%) of the clinical proficiencies were evaluated through simulations (Walker, Weidner, & Armstrong, 2008). The students also felt they were not allowed to perform real-time assessments because sometimes the supervising athletic trainer did not have the time or had the priority of patient care over ATS education (Walker et al, 2008). This information is relevant to the understanding of GAFs experience because it

emphasized the stressor of feeling unprepared for dealing with actual injured or ill patients as well as the difficulty of moving from a student-centered to a patient-centered environment. It may become important to note that undergraduate athletic training students already have some dissonance towards patient-centered environments and may become an important concept to develop if it arises as a valid source of stress in the GAF's experience.

Not only are ATSs' perceptions important to consider when analyzing undergraduate athletic training programs, but employers' perceptions of clinical competence may also be of value. The most notable study of employers' perceptions of entry-level ATs was conducted by Massie, Strang, and Ward (2009). They determined didactic or technical skills were seen as adequate by 75% of the employers, while interpersonal skills such as communication needed to be expanded upon in the curriculum. If graduates of ATEPs are seen as not having strong communication and interpersonal skills, this may affect the experiences of the GAF either by not having clinical competence in these areas or by not being perceived as having clinical competence in these areas by their employers or supervisors. Communication is one strategy the literature suggested as a means to ease the transition from student to practitioner. If these skills are deemed as weak by employers, it may be important to analyze if this is the case with the GAFs participating in this study and determine if it has any significance on their ease of transition.

Finally, developing an understanding of how clinical competence is assessed may provide insight into the GAFs' experience as a health care

provider. Fotheringham (2009) found four groupings of assessments used in determining clinical competence of nurses including: criterion referenced assessments, objective structure assessments, critical incident reports/self-reflection/case-based assessments, and peer assessments. Because there is not one primary way to assess clinical competence in health care fields, assessment of a skill cannot guarantee the validity or reliability of the assessment (Fotheringham, 2009). Without a single means of assessment, it may be questioned if determining clinical competence is unobtainable. In a study directly relating to the examination methods used to evaluate clinical competence in athletic training, it was suggested both formative and summative assessments should be developed and that athletic training educators must realize there are positives and negatives to each type of testing (Middlemas & Hensal, 2009). Recognizing how undergraduate ATS are assessed may provide insight into expectations that GAFs hold when being assessed in the clinical environment. A strong disconnect between past assessments of clinical competence and new, different assessments may become a source of stress for the GAFs and should be taken into consideration as a topic for discussion.

Situated Learning and Self-Reflection

It is crucial to understand the underpinning educational philosophies that influence the lived experience of a Graduate Assistantship/Fellowship. The philosophies of situated learning and Schön's conception of the *reflective practitioner* are essential to understanding the learning experiences of a GAF.

Dewey (1938) posited an experience is what it is because of the transaction taking place between an individual and his environment at that time, including everything from the subject being discussed to the person with whom he or she is talking. He also stated continuity and interaction provide the measure of educative significance and value of an experience (Dewey, 1938). Simply stated, every experience is a learning situation and the relationship between the individual and the environment is what gives meaning and context to the learning. Some may contend that a qualitative research study of the phenomenon of the lived experience of being a GAF is not beneficial because it cannot necessarily be generalized to a larger population. If one accepts Dewey's notion that every experience is a learning experience, then researching a GAF's lived experience can inherently enhance the construction knowledge and analysis of their learning environment.

As we progress into the post-modern paradigm from the dichotomous thinking associated with the positivist paradigm into a realm where other ways of knowing are accepted, we can begin to look at learning in a different light. Wenger (2008) builds on this notion by stating:

But if we believe that information stored in explicit ways is only a small part of knowing, and that knowing involves primarily active participation in social communities, then the traditional format does not look so productive. What does look promising are inventive ways of engaging students in meaningful practices, of providing access to resources that enhance participation, of opening their horizons so they can put

themselves on learning trajectories they can identify with, and of involving

them in actions, discussion, and reflection that makes a difference to the

communities they value. (p. 10)

Making a difference in the communities of athletic training and athletic

training education can be achieved if one recognizes learning as social in nature

and situated in experience. Wenger (2008) further develops Dewey's situational

and experiential learning by stating the following:

Theories situated in experience give primacy to the dynamics of everyday

existence, improvisation, coordination, and interactional choreography.

They emphasize agency and intentions. They mostly address the

interactive relations of people with their environment. They focus on

experience and the local construction of individual or interpersonal events

such as activities and conversations. (p. 13)

Bereiter, a social constructivist, also builds upon Dewey and Wenger's

ideas of knowledge building by stating that knowledge is not produced or

acquired, but is "constituted in communities of practice and embodied in the tools

of such practice" (2002, p. 58). A key to understanding the phenomenon a

GAF's experience and what meaning it holds can be learned by analyzing

everyday interactions, tools, and practice and is the main underpinning

philosophy of this research.

The second educational philosophy regarding the research of the GAF's

experience relies on Schön's theory of *reflection-in-action* and

reflection-on-action. Schön (1983) built upon Dewey's theories of looking to our

experiences as sources of knowledge building. He contended that in order to

build new understandings to inform our actions during the situation, self-reflection

is key:

> The practitioner allows himself to experience surprise, puzzlement, or
>
> confusion in a situation which he finds uncertain or unique. He reflects on
>
> the phenomenon before him, and on the prior understandings which have
>
> been implicit in his behaviour. He carries out an experiment which serves
>
> to generate both a new understanding of the phenomenon and a change
>
> in the situation. (p. 68)

> Therefore, it is not enough to simply be aware that every experience is a

situation for learning in context, but one also needs to reflect both in the situation

and after the situation for progression of learning. Senge (2006) contributes to

the discussion by stating "without reflective and interpersonal learning skills,

learning is inevitably reactive, not generative" (p. 177). GAFs need to be allowed

time to reflect on their experiences in order to learn more from those experiences

and be afforded educational imagination.

> It is not enough for education to provide a locus of engagement. If the
>
> purpose of education is not simply to prepare students for a specific
>
> capability, but rather to give them a sense of the possible trajectories
>
> available in various communities, then education must involve imagination
>
> in a central way. Students must be able to explore who they are, who they

are not, who they could be. They must be able to understand where they

come from and where they can go. (Wenger, 2008, p. 272)

Summary

The transition from a student to a practitioner can be challenging in terms

of handling stress, developing time management skills in order to adjust to the

new workload, and developing clinical skills and decision-making skills

regardless of the chosen profession. With so little being researched in regards to

Athletic Training Graduate Assistant/Fellows (GAFs), it is imperative to gain

awareness of not only the challenges faced, but also the strategies employed to

overcome those challenges within the field. The researchers revealed concepts

such as providing an adequate orientation and mentoring as important strategies

for easing the transition from a student to a professional. The incorporated

studies helped to ground this research by not only illustrating key characteristics

to negotiate transition, but also by highlighting specific concepts that may be

essential to gaining understanding of what the lived experience of a GAF may be

like and what importance a GAF position may hold. Further research needs to

be conducted in order to develop knowledge of the significance of clinical

experiences, communication, and self-reflection on clinical competence of GAFs.

Easing the transition for newly certified Athletic Training practitioners in the field

may lead to the development of life-long learners and competent professionals

that result in an improvement of health care for physically active populations.

Gaining a greater understanding of the lived experience through qualitative

research may help to discover common themes, best practices, and improve

clinical competence not only for this specific population of Athletic Trainers, but may advance the Athletic Training profession as a whole.

In order to construct knowledge of Graduate Assistant/Fellows in the field of athletic training and to discover the common themes, best practices, and improve clinical competence through a phenomenological research approach, the research questions of this study will be reiterated:

1. What is it like to hold a Graduate Assistant/Fellowship (GAF) position during their first semester while enrolled in a Master's of Athletic Training Education Program?

2. What is the perception of change (if any) in the GAFs' clinical competence during the first semester post-certification?

3. What experiences contributed to the perception of change (if any) in the GAF's clinical competence?

4. What strategies (if any) were employed by participants, program educational staff, or supervising staff to assist the GAFs in the transition from a student to a professional in Athletic Training?

CHAPTER 3

Methodology

Phenomenology is creating or gaining knowledge through one's own experience and meaning. This phenomenological study used multiple data and collection techniques to answer the overarching research question of what it is like to hold a Graduate Assistant/Fellowship position during the first semester of enrollment in a Post-professional Athletic Training Education Program (PATEP). The intended purpose of this study was to explore the GAFs' and their supervisors' perceptions of changes that occur during their first semester of post-professional study within a Master's of Athletic Training program and more specifically attempted to describe any changes in the GAFs' clinical competence.

Phenomenology is best utilized for the exploration of the GAFs' experience and what meaning it holds. Through interviews, observations, and artifact analysis, the researcher hoped to "reduce individual experiences with a phenomenon to a description of the universal essence" (Creswell, 2007, p. 58). In other words, the researcher intended to explore individually what it is like to be a GAF and then create a composite description of the experience. Creswell (2007) states the problem best suited for phenomenology is one where it is important to understand several individuals' common or shared experience and therefore develop policies, procedures, or a deeper understanding of the phenomenon. The researcher hopes that through greater understanding of what it is like to be a GAF, knowledge can be shared throughout this particular

learning community as to what experiences and strategies can be employed to ease the transition from a student to a practitioner.

Semi-structured interviews provided rich descriptions from those individuals actually experiencing the phenomenon and assisted with greater understanding of the experience through their own words and actions. Analyzing the interviews, observations of the GAFs in the clinical settings, and artifacts (such as self-reflection journals and the GAFs' policies and procedures manuals) further provided structure of what it is like to be a GAF during the first semester of enrollment in a PATEP.

This chapter will explain the methodology utilized in the phenomenological study of GAFs in a PATEP. First, the sample of participants will be explained in terms of sampling strategy, description and selection of the site, description of the participants themselves, and a description of the clinical sites where the GAFs work. Second, an overview of the information necessary for greater understanding will be described in terms of contextual, perceptual, demographic and theoretical information. Third, a research design overview will be presented. Fourth, data collection methods will be described from the influence of the literature review to the development of the research questions. Finally, general ethical considerations of the study as well as the issues of trustworthiness including credibility, dependability, and transferability will be addressed.

Research Sample

Sampling strategy.

Currently there are 14 accredited PATEPs in the United States. After a review of the relevant literature and determining key themes and experiences influencing the transition from an undergraduate student to a practitioner in various fields, the researcher then cross-referenced the themes and experiences with the 14 possible programs' websites. Program goals, missions, and descriptions of clinical experiences were reviewed as were available. One particular PATEP provided information demonstrating a relevant and appropriate participant group, and therefore the PATEP Director (PATEPD) was contacted through email as to her willingness to be involved in the study. The PATEPD at University One (pseudonym) expressed interest and the study was further discussed through phone calls and subsequent emails.

Purposeful criterion sampling was then determined as the most appropriate sampling method. The incoming cohort of seven GAFs in the PATEP and their supervisors were indicated as possible participants of the study. Gender, age, and years of BOC certification were not factors in the selection. The only criteria was the participant needed to be a first-year GAF in the PATEP, be a supervisor of a GAF, or be the Program Director at University One. Four of the possible seven GAF participants and two of the three supervisor participants agreed to participate in the study for a total participant group of six. The participants were informed of the study through emails and subsequent phone calls from the researcher as well as a description from the PATEPD. The

PATEPD in no way coerced the GAFs or the supervisors into participation. They were not given preferential treatment based on participation and could opt out of the study at any time. After Institutional Review Board (IRB) approval was granted, the participants received a form regarding their consent to participate (Appendix A), reviewed the form with the researcher, and returned the signed form to the researcher prior to any portion of the study being conducted.

Participants.

The primary participant group consisted of four GAFs. Three were female and one was male. Three had been BOC certified within the previous six months, and one was certified longer than one year prior to the start of the study. Of those four GAFs, one was placed in clinical rotations with varsity athletics at University One, one was placed with club teams at University One, and two were placed at high schools in the surrounding community. Information regarding the clinical experiences prior to enrolling in the PATEP was included to better understand the historical and contextual experiences that may influence the GAF during the duration of the study.

The faculty member that supervises the GAFs assigned to club sports and the high schools was interviewed as part of the study. The supervisor of the GAF participant working in intercollegiate athletics declined participation. The faculty member's years of BOC certification and interview transcripts were obtained to provide contextual information regarding their experience both working and supervising the participants within their particular clinical settings.

The final participant was the PATEPD. Although not a direct supervisor of the GAFs in the clinical setting, the PATEPD provided valuable philosophical information regarding the PATEP itself, underlying information regarding clinical placements, and specific information regarding strategies employed by the PATEP to assist the GAFs in their transition from a student to a practitioner.

Specific participant descriptions.

Each GAF participant was given a pseudonym in order to maintain anonymity. Table 1 was developed in order to graphically depict each GAF's pseudonym, gender, years BOC certified and current clinical assignment.

Table 1

Participant Demographics

Participants (by pseudonym)	Male	Female	Years BOC Certified	Clinical Setting Assignment
Participant 1		X	< 6 months	Division I baseball
Participant 2	X		< 6 months	High school
Participant 3		X	< 6 months	High school
Participant 4		X	1 year	Club sports/ Teaching Assistant
Totals: 4	1	3	-	-

Table 2 was created to depict the demographics of the GAF supervisors. Their pseudonym, gender, years of in current position, and clinical setting workplace was included.

Table 2

GAF Supervisors and Athletic Training Program Director Demographics

Participants (by pseudonym)	Male	Female	Years Supervising GAFs	Clinical Setting Workplace
Participant 5: Faculty member		X	1.5 years	Supervises GAFs in High schools and Club sports
Participant 6: PATEPD		X	13 years	Program Director and supervises Graduate Teaching Fellows
Totals: 2	0	2	-	-

Clinical setting descriptions.

A variety of clinical settings are utilized by the PATEP at University One. Eight of the twelve GAFs in the program work out of the Athletic Medicine Center (AMC, pseudonym) on campus. In this particular study, one participant works in the AMC, while one works in the Recreational Sports Athletic Training Room (RSATR, pseudonym) on campus. The other two GAF participants work at local high schools: High School One and High School Two (pseudonyms).

The AMC is one of the most funded athletic training facilities in the country. It is located near the football stadium and not directly on campus, although any student-athlete can use this facility. There are also Athletic Training Rooms located on campus near the softball field, the track and field arena, and in the basketball arena. The AMC is the only Athletic Training Room to be described at this time as only one participant in the study worked with University One's varsity athletic teams.

Upon entering the building where the AMC is located, there are steps leading up to the front entrance and school colors and signifiers are prominent

therefore, anyone entering the building knows this is a University One facility. Once inside the front doors, a large foyer with a vaulted ceiling opens up and memorabilia is located along the hallway to demonstrate the history of athletics at this university. Next is a large wooden door to the AMC with a sign that says "For athletes and staff only". Once inside there are hardwood floors, sleek glass-walled rooms and dimmed lighting.   There is almost a spa-like feeling to this facility. There are approximately 10 treatment tables located in the open, center area with benches and couches surrounding that portion of the room. Many treatment modalities are available for use. Along each wall surrounding the treatment area are offices for the staff athletic trainers, a doctor's exam room, a dentist's exam room, a nutritionist's office, and a conference room. Along another portion of the L-shaped room were the hydrotherapy pools. There were 3 underwater treadmill pools, 1 warm whirlpool and 1 cold whirlpool. Each hydrotherapy pool had a flat-screen television on the wall. In addition, several pieces of cardiovascular exercise machines were located along the back wall of windows. The bathrooms and lighting were both in the university's school colors and listed their mascot. The lighting in the offices and conference room were brighter. The conference room is where the interview with the participant working in the AMC was conducted.

In contrast, another participant worked in the RSATR located on campus while working with the club and intramural sports teams. Upon entering the building, there is an open lobby area with the pool located directly in front with a large cardiovascular workout room to the left. The RSATR is located down the

hallway from the lobby to the right. The room is much less furnished or outfitted with the latest health care equipment than the AMC. There are approximately 8 tables located in the room. The participant working here uses a treatment table for a desk where they keep a sign-in log for the club sport athletes to sign into. They have a small storage room where supplies are located. There are no additional modalities located here other than the Graston massage tools that the PATEP provides for the GAF use.

Another participant works in High School One (HSO). It is located approximately 9 or 10 miles from the University of One campus. Upon arriving at the school, there are chain-linked fences surrounding the school and it appears to have a large construction project going on. There are open hallways with an open area located in the middle of the school that appears to be an area where students can convene. When you arrive at the Athletic Training Room at HSO, you see that there is one counter for taping student-athletes, 3 treatment tables, and general treatment modalities available such as a hydrocollator, an ice machine and a stainless steel whirlpool. There was also a desk for the GAF's use located in the room.

The fourth participant was working in High School Two (HST). Upon entering this building someone on staff has to come and let you in as it is all gated in. Again there were open-hallways and a courtyard. The Athletic Training Room in HST was located in the back portion of the school located closer to the gymnasium, as well as the football and soccer fields. The cabinets in the room were all freshly painted a dark blue. The participant had mentioned that she had

come in the week before her rotation and painted them as they were quite dingy upon her arrival. There was a countertop located along one wall for taping, a treatment table pushed against the far wall and an ice machine and whirlpool located along the near wall. The room felt very small and enclosed. No other modalities such as a hydrocollator were present.

Although each of the spaces were very different, some similarities existed. Each of the Athletic Training Rooms (ATR) not used for varsity athletics at University One were less equipped with modalities. Each of these ATRs had at least one treatment table although it varied from 1 to 8 in number. Each of these ATRs had Graston massage therapy tools provided to them by the PATEP as well. The AMC in comparison is very different than the other 3 facilities. It has more equipment, more personnel, and more space in order to provide treatment to student-athletes. Again, this is a highly funded facility by a private donor and likely one of the most equipped facilities in the country, therefore it is difficult to compare it to the other ATRs in this study.

Overview of Information Necessary for Understanding of the Phenomenon

Several types of information are invaluable for developing a greater understanding of the experience of being a GAF in a PATEP: contextual information, perceptual information, demographic information, and theoretical information. A general description of the type of information, what the researcher requires, and the method for obtaining each type of information is shown in Table 3.

Contextual information.

Contextual information of the program assisted in the understanding of the culture and environment of the PATEP at University One. Contextual information also was illustrated through the PATEP's history, vision, and operating principles. In addition the structure, roles, rules and procedures of both the PATEP and the assigned clinical setting provided further insight into the underlying principles under which the GAF is learning and working in their clinical assignment. The contextual information was obtained through interviews, observations, and document and artifact analysis.

The PATEP's website initially demonstrates to those outside the program what the program's philosophy and mission are all about. The mission statement is this:

> Our mission is to assist entry-level athletic trainers as they enhance their creative thinking skills and integrate current scientific evidence into clinical decisions. The result is the development of professionals with advanced skills, who ask and seek answers to unique scholarly questions, self-assess, critically evaluate ideas, and integrate new knowledge into their evolving clinical philosophy.

The website continues to demonstrate the philosophy of the program by the very nature of the discourse used within the site. For example, instead of using the word *Directory* to list their staff and faculty the word *Family* is utilized. In addition when discussing who should apply to this PATEP, language such as if you are interested in "pursuing a challenging academic program, complemented by hands-on athletic training experiences and an opportunity to work and study with great people, this program may well be the perfect fit for you" and they are

looking for "applicants with strong written and verbal communication skills, who are independent and critical thinkers, and who work well with other people both in the classroom and in the athletic training room...Being nice and funny is always an added plus."

The PATEP Director (PATEPD) has been working at University One for approximately 13 years. It is a point of emphasis that the program be as encompassing and inviting as possible while still instilling values of challenging and rigorous learning environments. In addition, each PATEP in the country needs to have points of distinctiveness and specific learning objectives in order to maintain accreditation by the National Athletic Trainers' Association. The goals of the PATEP at University One are to allow classroom and clinical experiences where manual therapy techniques and advanced clinical skills. The coursework and clinical experiences provided appear to mimic these goals and objectives. If someone is in the PATEP, then they also have a clinical assignment placed through the program. A student could not take all the classes, but not have a clinical assignment. This curricular design is intentional by the PATEPD in order to instill the feeling of "this is all one program, not athletics and academics" and this is conveyed to the entire faculty and staff. The Head Athletic Trainer's involvement in the PATEP and mentoring of the staff at University One to be involved with the program is demonstrated by their willingness to teach within the program, provide supervision to those GAFs assigned in their clinical settings, and to be involved in the interview weekend to help determine which students will be accepted in the PATEP. The PATEPD, the faculty member and the Head

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Athletic Trainer all meet once per week to discuss how the program is functioning, how the GAFs are progressing and what changes may need to be made. The GAFs within the program know this is occurring and this philosophy of *togetherness and family* is therefore conveyed to them as well.

In addition to the website, the Graduate Athletic Trainer Manual provided essential information to the GAF at University One. The manual is quite short and is only 14 pages in length. There is specific information about what systems of documentation are used, general and daily treatment center policies, and work schedules. Although this manual is intended to provide valuable policy information to the GAF, it is also noted that several pages are devoted to the discussion of the GAFs' roles, communication and relationships with others, and how team assignments occur. This again alludes to the philosophy of the program to create a sense of responsibility while gaining advanced clinical skills within a team or family approach.

Perceptual information.

After interviewing the GAFs both initially and after their first term was completed, various themes emerged from their responses and were deemed important. Perceptual information was obtained through interviews and document and artifact analysis. Six key findings were discovered regarding influences on the GAFs' experiences in the clinical setting. The key findings will be discussed in Chapter 4.

Demographic information.

The demographic information did not illicit any new understandings regarding the GAFs transition from a student to a practitioner. Demographic information was obtained during the initial interviews with the participants. Gender did not appear to influence how the GAF responded to questions regarding his or her clinical experiences. Even though there was only one male participant, his answers were similar to the female participant responses in regards to challenges, rewarding situations, the influence of the coursework, and the culture of the program.

Theoretical information.

Each research question in this study was asked in order to further understand what the experience of being a GAF is like and what meaning it holds. Incidents and experiences contribute to the overall GAF experience, influence their clinical competence, and influence their ease of transition from a student to a practitioner. Information obtained through interviews, observations, and document and artifact analysis will contribute to the understanding of the phenomenon of being a GAF in a PATEP.

Table 3

Overview of Desired Information and Data Collection Method

Types of Information	What the Researcher Requires	Method
Contextual	Culture and environment of the PATEP; history, vision, operating principles of PATEP; Structure, roles, rules and procedures of the University; Clinical assignment rules and procedures	Interviews Observations Document/artifact analysis
Demographic	Descriptive information regarding participants: gender, years BOC certified, clinical assignments or workplace, years in current position	Interviews
Perceptual	Participants' descriptions and explanations of the phenomenon of being a Graduate Assistant/Fellow in a PATEP	Interviews Document/artifact analysis
RQ 1: What is it like to hold a graduate assistant/fellowship (GAF) position during their first semester while in a Master's of Athletic Training Education Program?	Incidents that contribute to the GAF experience: i.e. stressors, positive and negative experiences, personal attributes and experiences	Interviews Observations Document/artifact analysis
RQ 2: What is the perception of change (if any) in the GAFs' clinical competence during the first semester post-certification?	Incidents influencing the GAFs' clinical competence: i.e. skills, confidence, knowledge, decision-making, learning opportunities	Interviews Observations Document/artifact analysis
RQ 3: What experiences contributed to the perception of change (if any) in the GAF's clinical competence?	Description of specific experiences contributing to the understanding of influences on clinical competence	Interviews Observations Document/artifact analysis
RQ 4: What strategies (if any) were employed by participants, program educational staff, or supervising staff to assist the GAFs in the transition from a student to a professional in Athletic Training?	Description of specific strategies employed relating to the transition from an undergraduate student to a practitioner: i.e. orientation, clinical setting, role delineation, GAF supervisor	Interviews Observations Document/artifact analysis

Research Design Overview

Explanation of the process.

Upon arrival at University One, the researcher met with the PATEPD to discuss the study's methodology in order for the Program Director to have a clear understanding of the purpose of the research and process that the researcher will follow for the study. Prior to any questioning, the form regarding consent to participate was read and reviewed. The PATEPD was asked if she had any questions. Once the PATEPD felt comfortable with her understanding of the process of the study, the initial semi-structured interview began. The length of the interview lasted approximately one hour. The interview with the PATEPD was digitally recorded on two devices. In addition, the researcher asked for any pertinent documents and artifacts consisting of the contextual, demographic, perceptual, or theoretical information necessary to assist in understanding the underpinning philosophies of the PATEP, and which may hold significance in the understanding of what it is like to be a GAF in this particular program. The PATEPD then introduced the researcher to the individuals that would be supervising the GAFs during the research process. Although the Head Athletic Trainer was not directly involved in the study, because she was not currently supervising any first-year GAFs, the PATEPD thought it was important for the researcher to meet with her as well because of her high involvement in the educational aspects of the program. The Head Athletic Trainer completed a consent form in case an interview with her was deemed necessary, but the additional interview was not conducted. An interview was not conducted with the

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GAF supervisor/Faculty member during the initial visit because the researcher felt she may not yet be prepared to discuss the newly assigned GAFs' clinical competence or experiences. The researcher felt it would be more beneficial to meet and talk to the GAF supervisor during the initial visit to address any questions or concerns of the study that she may have at that time, but wait to conduct her interview once the supervisor would be able to provide richer data built upon the experiences and relationships with the GAF assigned to her.

Next, the researcher met with the GAFs that were currently working in their assigned clinical rotations. Some GAFs that are assigned to varsity athletics at University One begin their rotations immediately following the orientation session in August, while others may wait to begin their rotation until school begins in late September. Those GAFs working in their assigned clinical rotations (and not volunteering for additional clinical experiences) were individually interviewed upon the initial visit to University One. The researcher established herself to the participants as a complete observer and explained that the purpose of the study is to better understand the phenomenon of what it is like to be a GAF in a PATEP and what meaning that may hold. The researcher also met with the GAF that would be working with club sports to review and sign the consent form and address any questions that she may have had.

The interviews took place at a convenient location for the GAF. This occurred in a private room within the athletic training room at University One or at the high school in which the GAF was currently assigned. The room location was determined prior to the interview process beginning based on convenience for

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the participants. Also prior to any questioning, the form regarding consent to participate was read and reviewed. The participants were then asked if they had any questions. Once the participants felt comfortable the individual, semi-structured interviews began. The length of each of the initial interviews was approximately one hour. The GAF interviews were digitally recorded with two devices.

The GAF that began her clinical rotations in late September, when University One began their classes, had her initial interview conducted through the phone and digitally recorded. The researcher suggested Skype as a means to conduct the interview when they initially met, but the participant felt more comfortable using the telephone and therefore that mode of communication was used. The reason the initial interview was not conducted at the same time was because the researcher felt it important to wait to interview the GAF when she was in her assigned clinical rotation and not during her voluntary clinical experiences in order to maintain continuity of the data collected. Not all GAFs volunteer for additional clinical assignments and therefore interviewing the GAFs prior to their officially assigned rotations may have altered the data collected. The additional voluntary experiences of some GAFs may have influenced their clinical competence and experience in their assigned rotation and therefore are included in Chapter 4 when the participants discuss their past learning experiences; however, the researcher determined it may alter the data more so if all of the initial interviews were conducted in late September. At that point some of the GAFs would have been in their assigned rotation for nearly two months. Again,

prior to the interview beginning, the consent to participate form was discussed for any clarification or questions she may have had during the researcher's visit to campus. Once the GAF felt comfortable, the semi-structured interview began and lasted approximately one hour. The interview guides can be found in Appendix C and will be discussed in greater detail later in the chapter.

In addition, during the initial visit in August, the researcher attempted to observe the GAFs in the clinical setting. The researcher did not video or audiotape any of the observations conducted in the clinical setting as health care of student-athletes was taking place. The only data recording was hand-written notes regarding the researcher's observations of the GAFs' experiences, clinical competence of the GAFs, roles and relationships that may help to develop a greater understanding of what it is like to be a GAF in a PATEP. These observations were recorded in the form of field notes and will be kept confidential.

Throughout the first semester of being a GAF, the participants were also asked to write two self-reflection journals. One was to be written within the first month of being a GAF in the PATEP at University One, and the second self-reflection journal was conducted near the end of the first term's clinical rotation. Prompts were given to the GAFs to illicit information regarding specific incidents and strategies that influenced the experiences of the GAFs during their first term. The journals were emailed to the researcher and later analyzed for themes as they related to the data obtained during the interviews and the observations.

Upon the final visit to University One after the first term had been completed, the researcher conducted semi-structured, individual interviews with each of the GAFs, the GAF supervisor/faculty member, and the PATEPD. Again, the interviews were digitally recorded and then later transcribed verbatim and coded for relevant themes. Also, the researcher attempted to conduct observations of the GAFs in their assigned clinical rotations whenever possible. The observations were recorded only in the form of field notes and were kept confidential. The field notes analyzed for themes as they related to the data obtained during the interviews and the self-reflection journals. Additional documentation and artifacts such as the expectations and questions provided to the supervisors and GAFs upon their initial meeting and the new professional summary forms were collected from the PATEPD because they helped assist in the understanding of the experience of being a GAF in the PATEP at University One.

Flowchart of process.

Figure 1 is a visual depiction of the data collection process utilized for this study. The figure is intended to illustrate the different data collection methods utilized through the course of the researcher's initial visit, during the GAFs' clinical rotations, and through the course of the researcher's final visit.

Figure 1

Flowchart of data collection process

Initial Visit
- GAF initial interviews
- Observations
- PATEPD initial interview
- Introduction to GAF supervisors
- Document/Artifact analysis

During
- GAF Self-reflection journals
- Additional GAF phone interviews as needed
- Document/Artifact analysis

Final Visit
- GAF Final interview
- Observations
- PATEPD final interview
- GAF supervisor interview
- Document/Artifact analysis

Data Collection Methods

Literature review.

In order to better understand the transition from a student to a practitioner while being a GAF, a review of relevant literature included: a brief history of significant events in the athletic training profession and education, post-professional athletic training educational programs (PATEPs), professional socialization of athletic trainers, and professional socialization of other allied health professionals as well as teachers. In addition, the concept of clinical competence was addressed as it related to professional socialization and transitioning. Finally, the educational theoretical concepts of situated learning and self-reflection were introduced as they related to the phenomenon of being a Graduate Assistant/Fellow in the field of athletic training.

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The literature was reviewed through a series of database searches conducted through the University of Minnesota Duluth library website over a 2-year period and ongoing throughout the research process. Databases included in the search were: Academic OneFile, Academic Search Premier, Elsevier Science Direct, ERIC, Google Scholar, JSTOR, PubMed, and Sage Premier. Information was acquired through peer-reviewed journals in the content areas of education, medicine, and qualitative research. Additional books and texts supplemented the peer-reviewed journal articles. Specific information regarding the literature review can be located in the second chapter of this study.

Data collection methodology description and rationale.

Data collection in a qualitative study can be extensive and time-consuming, but is essential to capturing the experience in the participant's own words and actions. The process of data collection was previously discussed; however the rationale for the type of interview, observations, and self-reflection journals will be addressed.

Semi-structured questions were utilized for the interviews with the GAFs, the GAF supervisors, and the PATEPD. Open-ended interview questions allowed the participants to answer in as much or as little detail as they desired, while still allowing the researcher the freedom to ask probing, follow-up questions as necessary (Turner, 2010). Semi-structured interviews allowed for an interview guide to serve as the structure of the interview, therefore allowing for easier coding of themes during analysis. The underpinning philosophy of phenomenological research is that meaning-making needs to occur contextually

by the participants and with the researcher in a dialogical manner and then

reflected upon (Wimpenny & Gass, 2000). A semi-structured interview can then

allow not only for a similar structure among the interviews, but also allowed the

participant to use their own discourse and language to discuss incidents

contributing to their experience as a GAF. Babbie (2007) suggests the

interviewer may help to direct the conversation back towards topics of inquiry, but

by allowing the participant to talk the majority of the time will allow the researcher

to ask follow-up questions that delve deeper into the essence of the GAF

experience. Understanding the GAFs', GAF supervisors', and PATEPD's

perceptions of the experience was the primary intention of the interviews.

Following the interviews, the self-reflection journals were then

incorporated to further encourage the participants to not only remember

significant events and experiences, but also to intentionally think about the

experiences' implications and their influence over clinical competence and future

decisions made. Dewey (1938) contends every experience is a learning situation

and the relationship between the individual and the environment is what gives

meaning and context to the learning; therefore, the researcher contends that

having the GAFs write a self-reflection journal assisted them in recognizing and

analyzing incidents that may influence their clinical competence. In addition,

building upon Schön's (1983) theory of *reflection-in-action* and *reflection-on-*

action, the researcher posits that it is not enough to simply be aware that every

experience is a situation for learning in context, but the GAF also needs to reflect

both in the situation and after the situation for progression of learning to occur.

Observations were the third form of data collection. Observations of the GAFs in the clinical setting provided contextual information regarding: practices (the behaviors of the GAFs in their natural setting of the Athletic Training Room and other facilities), roles (the GAFs' relationship to their patients, their supervisors, their peers, and the educational staff), and the organizational structure (the PATEP's culture and their own specific protocols and behaviors were observed). Babbie (2007) suggests the researcher take brief, initial notes during the observation and return to the notes as soon as possible after the observation to rewrite notes in more detail. Babbie (2007) also states the observation notes should be thought of as a sample of all the possible observations that could be conducted and written as field notes. The researcher therefore wrote as much as possible during this time period after the observation in the field notes and determined at a later time what may or may not be significant. A field note form has been created where the empirical observations were written in the left column and the researcher's interpretations of the data was written in the column located on the right side of the page (Appendix B). The additional data observed by the researcher assisted in the triangulation of data and create a richer description of the experience of being a GAF in a PATEP.

Preservation of data.

Three techniques for data collection were utilized for the study: interviews, clinical observations, and self-reflection journals. The interviews were digitally recorded and then transcribed personally by the researcher. The field notes of the observations were recorded and analyzed by the researcher as well. The

self-reflection journals and field notes were also analyzed by the researcher. All electronic data obtained was stored on a desktop computer hard-drive that is password protected. All hard-copy artifacts and documents were kept in a locked file cabinet for security. In addition, all personal information was removed and pseudonyms for the university and participants were utilized.

Literature supporting rationale of methods used.

Babbie (2007) highlights three main strengths of utilizing qualitative research methods such as interviews and observations: in-depth understanding, flexibility, and relative inexpensiveness. Qualitative research is not appropriate for statistical descriptions of large population sets, but if the researcher's intent is to complete an in-depth description about a specific group of participants in a specific setting then qualitative research is the most appropriate. Flexibility in qualitative research can be described as both a strength and a weakness. Flexibility does not necessarily mean that there is a lack of rigor in the research, it simply allows for unexpected occurrences or findings. When research is being conducted in a contextual setting, unexpected incidents may occur and qualitative research affords the flexibility to adapt the research as the researcher deems necessary. A third benefit of qualitative research is its relative inexpensiveness. The research costs may include transportation to and from the research setting, but overall interviews, observations and self-reflection journals are a relatively small expense in the study.

In addition, the researcher plays a major role in phenomenological research studies. The researcher attempts to *bracket* their biases by suspending

their beliefs to be able to better understand the essence of their topic (van Manen, 1990). By the researcher suspending her own beliefs and making them transparent, the essence of the experience of being a GAF in a PATEP was seen through the GAFs' perceptions and not her own. Also, the researcher needed to gain a rapport with the participants in order for the interviews to illicit rich, thick descriptions of their experiences as well as allow for less of a behavior change during the observations of the GAFs in the clinical setting. Gaining rapport with the participants may have also increased the compliance and effort afforded in the GAF self-reflection journals.

In addition, Creswell (2007) draws attention to the mechanics of utilizing techniques such as interviewing and journaling. The development of appropriately phrased research questions, while allowing the GAF to make meaning of their experiences is a challenge of a phenomenological study. Also, the selection of the interview room, ensuring the audio recorder is working properly, and making the participant feel comfortable are all considerations that needed to be made by the researcher. Correspondingly, the prompts given for the self-reflection journals held comparable significance as the interview questions in obtaining rich descriptions from the GAFs. The journal prompts were developed based on the initial interviews and related to the experiences and strategies employed by the GAF, GAF supervisor, or PATEP to ease the transition from a student to a practitioner. Providing appropriate settings, questions and prompts influenced the participant's willingness to provide the rich descriptions the phenomenological study requires.

Interview questions and relationship to research questions.

The interview questions were developed through a process of inception through many revisions. The initial questions were derived directly from the research questions. Tables were developed to coordinate each research question with its corresponding interview question to ensure that each question was purposeful. The researcher discussed the questions with several colleagues for clarity and purpose. The semi-structured interview questions were intended as merely a guide and follow-up questions were asked as necessary to gain a deeper understanding of what it is like to be a GAF in a PATEP. Table 4, located in Appendix C, illustrates the interview guide for the initial GAF interviews. Table 5, located in Appendix C, illustrates the interview guide for the follow-up GAF interviews. Table 6, located in Appendix C, includes the interview guide for the GAF supervisor's interview, while Table 7, located in Appendix C, includes the interview guide for the GAF PATEPD. Demographic information was obtained at the beginning of the initial interview with each participant as demonstrated previously in Table 1 and Table 2.

Ethical Considerations

Informed consent.

The researcher has ensured the safety of the participants through several techniques. One such technique involves the participants' awareness and understanding of the study and therefore agreeing to be involved with the study. The researcher reviewed the purpose of the study and required a signature for consent to participate from each participant prior to beginning any interviews.

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Appendix A provides the form regarding their consent to participate. The participants were asked if they had any questions for the researcher and were told that they were able to opt out of the study at any time.

Anonymous involvement.

To increase the security of the data collected and the participants involved, the researcher gave a pseudonym to not only the university where the study was conducted (University One), but also to each individual participant. In all published data, the pseudonyms will be utilized to protect the identity of the participants. This anonymity may increase the participants' desire to provide accurate and rich descriptions of their experiences regardless of the nature of the experience.

IRB approval.

The University of Minnesota Institutional Review Board (IRB) convened in July and subsequently approved the study upon expedited review. This allowed the researcher to begin the study in August of 2010. IRB approval was also obtained from University One's (pseudonym) Institutional Review Board as students within their university would be included in the study.

Issues of trustworthiness

Credibility.

Credibility is as important in qualitative research as it is in quantitative research. Bloomberg & Volpe (2008) describe six key strategies for credibility in a study. First, the researcher needed to verify her bias and declare her assumptions. Second, the researcher needed to clarify and discuss her level of

involvement in the field to create a greater understanding of the researcher's role. In this study, the researcher declared herself as a complete observer and did not participate in any way in the GAF's clinical setting. Member checking was a third strategy utilized by a researcher. This technique involved providing transcripts back to the participants for review to ensure the accuracy of the data collected. Next the researcher utilized peer debriefing by allowing colleagues to review the data to determine if any researcher bias has been incorporated. A colleague of the researcher read through the transcripts and re-coded the data. Any discrepancies in coding were discussed until agreement was obtained. Triangulation of data was also important and the researcher accomplished this through various data collection methods and sources. Finally, the researcher needed to present any negative or discrepant findings to ensure that the credibility of the study is not compromised.

Dependability.

In order to develop dependability in a phenomenological study, the researcher needed to create a detailed explanation of the process utilized throughout the study (Bloomberg & Volpe, 2008). In the explanation of the methodology of the study, it was necessary for the researcher to accurately describe her process so that other researchers can easily follow how the research was collected and analyzed. In addition, Bloomberg & Volpe (2008) suggest the researcher should ask colleagues to code several interviews and other data to establish inter-rater reliability. This would assist in reducing the potential bias of one researcher collecting and analyzing all of the data

themselves. Hycner's (1985) method of analysis was utilized by the researcher and therefore dependability was addressed in this study through a data analysis process description and a colleague coding several of the transcribed interviews. This process is further described in the following chapter regarding data analysis.

Transferability.

In comparison to quantitative research, qualitative research is more concerned with transferability than generalizability. The strength of qualitative research is that it allows for more in-depth analysis of a smaller group of participants; however a study of a particular group of individuals will not necessarily be generalizable to an entire population. Simply because the researcher is studying a group of GAFs in a PATEP at University One, it does not mean that the experiences in the situation studied could or should be done elsewhere. Generalizability is not the intention of this study. The intention is to provide a rich description of the experience and allow other researchers or administrators to determine for themselves if similar processes could work in their own research or setting. For example, an undergraduate Athletic Training Education Program Director may determine that the strategy employed by the PATEPD at University One of utilizing an orientation session prior to beginning clinical rotations, may be a useful strategy with undergraduate athletic training students as well. Bloomberg & Volpe (2008) call this *context carryover*. If experiences are occurring in one setting, it is plausible they may be utilized in other settings as well. A researcher concerned with generalizability will create rich descriptions not only of the data, but of the processes as well. The rich

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descriptions may create a greater understanding of what the experience of being a GAF in a PATEP is like and what meaning it holds.

Summary

This chapter explained the methodology utilized in the qualitative, phenomenological study of GAFs in a PATEP. The sample of participants was explained in terms of sampling strategy, description and selection of the site, description of the participants themselves, and a description of the clinical sites where the GAFs work. Next, an overview of the information necessary for greater understanding was described in terms of contextual, perceptual, demographic and theoretical information. Then, a research design overview was presented and data collection methods were described. Next a brief description of the data analysis and synthesis was included. Finally, the general ethical considerations of the study and the issues of trustworthiness including credibility, dependability, and transferability were addressed. The researcher hopes that through greater understanding of what it is like to be a GAF in a PATEP, knowledge can be shared with program administrators, clinical site supervisors, and other GAFs as to what experiences and strategies can be employed to ease the transition from a student to a practitioner.

CHAPTER 4

Findings

The purpose of this study in the field of Athletic Training was to explore the phenomenon of being a Graduate Assistant/Fellow (GAF) while being enrolled in a Post-professional Athletic Training Education Program. The researcher believed understanding acquired about the *essence* of their combined experiences may provide insight into the clinical competence of these newly certified athletic trainers and assist in the transition from being a student to being a professional within the field. This chapter begins with the description of the data analysis process to provide a frame of reference as well as presents the key findings obtained through in-depth interviews with four student participants, the Program Director, and the other faculty member who supervises GAFs in the clinical setting.

Data Analysis

In order to be true to the data and the qualitative research process, Hycner suggests that a *cookbook* procedure cannot be utilized, but rather he wrote the article in order to "sensitize the researcher to a number of issues that need to be addressed" (1985, p. 280). The researcher generally followed Hycner's process but any variations in how the researcher reviewed the transcripts and data will be addressed as they occurred.

The first step in Hycner's process is transcription of the data. The researcher transcribed all of the interviews herself in order to be fully enriched in the data. The 11 interviews resulted in over 350 pages of typed text. The

transcriptions were then copied into a transcription analysis form where the participants' verbatim interviews were placed on the left-hand column and the right-hand column was left blank to allow room for the researcher to delineate any units of general meaning or quotations deemed as significant to the understanding of the GAF experience. See Appendix D for form utilized.

The second step in the data analysis process is bracketing and phenomenological reduction of the data. After transcription was completed, the researcher listened again to the interviews to allow units of general meaning to emerge. The researcher also suspended (as much as is possible) any meanings or interpretations to allow the data to speak for itself. In addition, the researcher listed the assumptions regarding the research prior to obtaining any information. Those assumptions were listed in Chapter 1 of this document.

The third step in the data analysis process was listening again to the interviews to gain a *sense of the whole*. The researcher listened to each interview two additional times as well as read through the transcripts in their entirety three times. This allowed the researcher not only to be fully involved with the participants' statements, but to also allow the researcher to learn the context in which each specific statement was made. This allowed for an easier process of coding later in the data analysis.

The fourth step was delineating units of general meaning. Units of general meaning, according to Hycner (1985), are quotes deemed as significant in some aspect by the researcher. The researcher, instead of retyping each individual quotation, highlighted phrases or full paragraphs to delineate units of general

meaning irrespective of the initial research questions. The researcher left all phrases in the participants' own words. Also during this time, the researcher emailed the interview transcripts back to the participants for their review or *member checking*. This allowed the participants to provide any feedback to the researcher if they felt they were misquoted or wanted to add any additional information. Only two participants responded with any feedback and neither had any changes they wanted made.

The fifth step in the data analysis process outlined by Hycner was to delineate units of general meaning as they related to the research questions. The researcher compared each highlighted phrase or paragraph and compared it to the research questions. The researcher felt it necessary to not exclude any of the participant's words or statements because her initial research question was overarching and related to what the GAF experience is like and what meaning it holds. The researcher determined that if the statement was significant enough for the participant to be discussing, then it should not be removed as "unrelated' to their experience.

The sixth step was to train independent "judges" to verify the units of general meaning. The researcher demonstrated to a colleague, a fellow Certified Athletic Trainer not currently working at the same institution as the researcher, the process by which she analyzed the data. She reviewed several transcripts for units of general meaning. Any discrepancies were discussed and easily resolved.

The next three steps were completed somewhat simultaneously. The steps were to eliminate any redundancies, cluster units of general meaning, and

to determine themes from clusters of meaning. The researcher first analyzed the overall responses to arrive at four major themes: culture of the program, personal attributes, coursework, and clinical experiences. Within each major theme, categories of data were determined. For example, there were seven categories of responses relating to the culture of the program. After analyzing each category, the researcher determined that two major categories also had secondary themes which evolved within two of the four major themes. Coursework resulted in the two sub-themes of formal and informal, whereas the clinical experience theme resulted in the four sub-themes of: supervisor relationship, clinical assignment/setting, past experiences/undergraduate program, and current experiences. Also at this time, the researcher determined that two categories under personal attributes were too similar and therefore grouped work-life balance into the time management category to eliminate redundancy. From each of the themes and categories the researcher then developed the coding system utilized in the analysis of the data collected. The coding system can be found in Appendix E. Once the coding system was developed the researcher went through each interview transcription and highlighted phrases according to the theme and category under which they related. Each of the four themes corresponded with a different color. For example, if a participant discussed a clinical experience, it was highlighted in yellow. If a participant made a statement about a personal attribute it was highlighted in orange. After the researcher highlighted units of general meaning according to the theme under which they correlated, the researcher then returned

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to the quotations and labeled them according to the coding system. For example, if a participants discussed how coursework was influential in the clinical setting, it was labeled as KF1 for coursework (K), formal (F), influential (1). Each unit of general meaning was labeled in this manner. Once all of the units of general meaning were coded, the researcher then created frequency tables for each of the themes and categories and tallied how many statements regarding each theme and category each of the participants made. The frequency tables can be located in Appendix F. At this time as well, the researcher was gaining the gestalt meaning that several factors affect the GAF experience.

The tenth step in the data analysis process was to write a summary for each individual interview. The researcher wrote a brief summary of each participant's transcribed interview. This helped the researcher recreate a sense of the whole interview for each participant.

The next steps were to return to the participants with the summary of themes and then to modify the themes and summary as necessary. The participants were invited to review their verbatim transcripts with only two responses. Those individuals were then provided with the overall findings and themes of the research. An email was also sent to all of the participants indicating they could review the findings at any time simply by emailing the researcher. Because no modifications were indicated by the participants, the researcher did not make any further modifications to the coding system or findings.

The next step in the data analysis was to identify general and unique themes for all of the interviews. The researcher analyzed the frequency tables created from the participant responses in comparison to the clusters of meaning. The researcher then determined six key findings which emerged from the data. Several sub-findings within each key finding were determined.

The next step was the contextualization of themes. The researcher pulled out specific quotes from the transcribed interviews in order to illustrate each finding or sub-finding. The participant's own words were utilized to help demonstrate the essence of the GAF experience as a whole through their perspective.

The final step in the data analysis process as described by Hycner (1985) is to write a composite summary of the data. Chapter 4 of this document serves as the composite summary for this study. The findings of the researcher are expressed as they emerged from the data.

Findings

In-depth interviews provided the primary source of data for this research study. In addition to the semi-structured interviews, information was obtained through observations in the clinical settings as well as artifact analysis of the program's documents including the website, policy and procedure manual, and orientation information. Six major findings emerged from this study:

1. The culture of the program is influential in the clinical setting.

2. Communication is a key component in the clinical setting.

3. Personal attributes contribute to the GAF experience.

4. Confidence in the clinical setting is gained through varied experiences.

5. Coursework, both formal and informal, is influential in the clinical setting.

6. Undergraduate programs "somewhat prepare" students for graduate clinical assignments.

In order to develop a better understanding of each of the findings, support for each finding will be provided through quotations from the participants as well as other documentation as indicated. Utilizing the participants' own words is necessary to provide credibility to the researcher's findings and to allow the reader to gain a better understanding of the GAF's clinical experiences and the GAF experience as a whole through their perspective. Although each participant provided quotations for nearly every finding, specific quotations were used to illustrate the realities of the participants to create an overall understanding of the phenomenon of being a GAF in the clinical setting. The intention is to create thick and rich descriptions as is necessary in qualitative research.

Finding 1: The culture of the program is influential in the clinical setting.

Several sub-findings emerged from the theme of culture of the program and its influence on the GAFs in the clinical setting. The first relates to the Post-Professional Athletic Training Education Program Director (PATEPD)/Staff philosophy and the feeling of support it creates within the GAFs. Initially the feeling of being able to ask anyone within the program any question or the willingness to assist others was discussed. Participant 4 mentioned: "it's very

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obvious we are very willing to help each other" and Participant 1 said: "I think it's

just 'cause the whole, it's really just like I could ask any of these people anything.

It's not a problem, which is, it's kind of a nice feeling." and "It's very, there are

very open lines of communication within, just with people in our program… but I

don't think there's ever been a time when I didn't think there was somewhere to

go." She further developed the belief of being supported by the program in her

critical thinking skills by saying:

> I think it's the whole philosophy of the program really that carries over. The
> whole trend to the classes is we have to be able to explain ourselves and
> what we do which I feel like if you talk to my classmates in undergrad we
> would just you just had an answer you know you didn't have this whole
> thought process that goes through everything and I think that's what I am
> trying to do now, but it's very difficult for me (semi-laughing). Because now
> I can think of another one is my like I'm having a rehab plan for this kid
> and with post-op ACL and he's like at 3 ½ months now, and things are
> going really slow. It's a re-do and so thinking about like I feel like creating
> that methodical like program of why, like why are we doing this? Do I
> need to have him doing this exercise? Things like that so I think, thinking
> about that stuff more is what I am trying to do and it's a weakness of mine.
> Participant 1

The second sub-finding that emerged from the data was the

PATEPD/Staff philosophy builds confidence in decision making. Although the

GAFs have very different clinical assignments, the program and therefore the

program administrator's philosophy is integral in the confidence the GAFs have in

the clinical setting. Two GAFs in different settings expressed these sentiments:

> But I think that the people here are different. The, I don't know, I guess
> how, I guess it all trickles down from your head athletic trainer and just
> how things are here are like that and things are more new here and we
> change and we adapt and I think in undergrad it was just 'this is the way
> you have to do it'. So I think that allows me to be more independent now
> here too because I don't feel the pressure to operate in a specific manner.
> Um, where I might have felt that in undergrad, where it might be because I

was in undergrad or also because that's the way you do it at [her past school]. So it's definitely different like that. Participant 1

Referring to confidence in teaching: Actually in our last meeting…I brought up my concern about like the fact that a lot of times I don't feel as prepared or as knowledgeable as I should like being the instructor for the course. And I was like ok that could just be like something I need to take care of, like a personal issue and maybe I just need to spend more time preparing. Um, but Jack (pseudonym) really helped me with that. He was like ok you know like you can be more proactive in getting the students to engage a little bit more in their own learning. So if they ask you ok, like we are doing the heart and a lot of times they'd be like 'ok, um can you just run us through the coronary arteries on this, just one time? Just so that we have a good gist and then we will go back and do it ourselves.' You know like, where following our teaching philosophy, we are not really supposed to. We are kind of just supposed to be like 'no, you need to figure it out first and then like I'll watch you go through it and make sure that everything is correct.' So he sort of gave me a new idea of how to approach that to not make it look like I didn't know what I was talking about (laughing), but be more enthusiastic about helping them do it themselves. Participant 4

The third major sub-finding about the culture of the program relates to the

PATEPD/Staff philosophy creating the belief in varied experiences being most

beneficial and the GAFs adopting the program's philosophy. The PATEP is

known for its emphasis on manual therapy and Participant 3 explained this

rationale and her adoption of its philosophy by saying:

Well the classes have definitely changed my mind about some things I guess. The use of ART [Active Release Technique]. The way I learned it here is nothing like how I learned it. We are taught the 'real' ART way here and it was kind of like oh this kind of works, so that was definitely different. Um, pretty much the whole September experience with all the one-hour sessions taught me a bunch of new things… I love manual therapy. I prefer manual therapy to modalities. I think it helps me as a practitioner actually be able to feel what's going on rather than just comb over it with an ultrasound machine and it also helps with patient contact. So it helps them mentally as well.

Participant 1 mentioned a different portion of the program's philosophy. A fundamental program tenet is that each GAF will have two different clinical assignments because each clinical assignment has positives and negatives such as being autonomous or being part of a team for example. You cannot have both in a single rotation. Participant 1 addresses her adoption of the philosophy by saying:

> Well it's funny but I think I am buying into what they say. The whole reason that we have two different experiences is to have two different experiences…I want to be able to say you could put me into any sport and I would be able to do that just as well as I would do anything else. And I think that's what our whole program is about so there's that and I just want a different experience. I really do love the boys that I work with but at some point too I want to be you know, I want to be more independent. I think there is other opportunities that would allow for that.

The fourth sub-finding conveys that the interview weekend begins the GAF journey. As part of the application process, the applicants' files are reviewed and 12-14 applicants are brought on campus for an interview weekend. Several participants in this study discussed how they felt they were interviewing the program as much as the program was interviewing them. Many also reported creating bonds with possible classmates and discussing the following year's living arrangements during that time even though it was supposed to be a competitive situation. Based on the GAF responses, the researcher felt it important to discuss the interview weekend with both the PATEPD and the other faculty member involved with the study. Their views of the interview weekend provided insight into why the interview weekend may be so influential in the GAF experience at University One.

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When you don't have an interview weekend then it does kind of feel like individual people are being interviewed on the phone for individual positions, whereas now we have everyone together and so it's clear to all the staff. Because they might say things like 'I don't want to work with them, but you can have them as a student.' And we are like 'No, no, no, no, no. That's not the way it works.' If you don't think you would want to work with this person, then we need to know why and if you say yes to this person, you might work with them next year. This is all one. So it used to be a little easier for people to be like 'well I'll pick these 3 people for football, but I don't really care what the rest of them do.' So there wasn't this cross interest. So I think maybe, I think that was an important step. So again, I do think the interview weekend did change a lot of things in ways we wouldn't even have anticipated. Participant 6: PATEPD

It's the first time I have ever been involved in something like that and I literally, I remember at the end of the day, that Friday, I was like 'what a great thing.' Great for a number of reasons is that it was really exciting to see so many of the clinical staff participating. And not everyone could be there for every interview but we, the room was often full of 6 or 7 people and that includes [the Head Athletic Trainer], and [the PATEPD] and myself and then a variety of the other staff. Everyone asks questions and got involved and gave feedback. So that to me was very exciting. And I hope and I have asked the students here actually who are here now, how they felt about it because I thought that would send the message to the student, although it may be intimidating to walk into a room full of people and you are already nervous, but to see that there is complete buy in. Everyone is a part of the family and part of the team and so what I understand from them is that they thought it was a good experience. They liked being assigned someone to stay with and although it is a little bit competitive, because you are say staying with 3 people, 3 interviewees plus students who are already in the program but I think you really get the opportunity to evaluate us as well. To say, 'do I really see myself as fitting in here?' Because we don't want someone to come just because it is University One (pseudonym). Participant 5: Faculty member

The fifth sub-finding relating to the culture of the program being influential to the GAF experience was the informal nature of assessment leading to the feeling of support versus evaluation and judgment. Participant 5 reported her philosophy of visiting the GAFs in the high schools or working with club sports and her role as their supervisor:

Every student's interaction is different with me depending on what is going on at the time. So if there are scenarios where I've come out to the high school and it's chaotic, then I just sit back and kind of observe. I don't want to interfere with what's going on, but I also tell them that if they need me to help, I am more than happy to. So if they are swamped, I am more than happy to tape ankles for you, whatever. So I don't want them to think I am just staring at them (both laughing). I want it to be comfortable. I am there to provide assistance. In both the high school situations, I bring scissors with me and so both times the person's been surprised that I've pulled out a pair of scissors when they are scrambling looking for theirs. It's like well you want to be prepared when you come to that. It sounds like it is more about me but what I try to do is, ah there's been situations where the person's been evaluated and they look to me like do you have any suggestions and then so I am like 'yeah, have you thought of this and have you tried this?' And if they don't then when there seems to be an appropriate time then I try to talk to them about that. Participant 5: Faculty member

The GAFs appear to appreciate how the faculty member (Participant 5)

approaches their assessment and appear to benefit from that interaction as

discussed by several participants:

You know she always just kind of let's me do my thing and then afterwards she just you know she doesn't formally assess my abilities or anything but she was great about you know 'have you thought about doing this instead of this?' or looking at this as well when I'm looking at someone and so that's definitely helpful kind of getting, bouncing ideas off of each other and that's helped out quite a bit. Participant 2

I think the assessment is kind of what happens toward the end because our clinical, just in our overall evaluation of our clinical assessment. It's not like she comes in one day and gives us specific evaluations on what we did that day. You know I probably will afterwards have a discussion about certain things that might have come up, like how I could do certain things better or why I chose to do certain things in a certain way, um, but I won't be like evaluated on that specific day. It will all just kind of contribute to the overall evaluation at the end of the term…I think it all goes into our little personal portfolio of you know like if our assessment of our experience here. I don't really think it is for a grade or for a certain class. I really think it is just for our own benefit. Participant 4

As mentioned by Participant 2, there is a professional summary that

serves as the assessment tool for GAFs within the PATEP at University One.

The professional summary includes such items as self-reflections from every

class and influential encounter they are experiencing. The intention of the

professional summaries is to not only help the student evaluate their own

learning, but to also evaluate if the experiences the program is providing are

meeting the objectives of the program. The Program Director (Participant 6)

reveals her reasoning behind the professional summaries:

> One of the reasons we developed the professional summary is because
> that's the data so here's a reflection saying how this experience helped
> them as a clinician. That's data…And even if you do do a test, it is not
> going to show problem solving skills, which is something we really care
> about. But a reflection might show like maturity of thought and the kinds of
> things, well what I am hoping, I'll see when I actually look at this data
> (laughing), is that what their first or second reflection might show when
> they are explaining what they are doing, because they also have to do
> clinical case studies, so that's one of the things I forgot to mention. So that
> meeting they have twice a year, that check in and assessment whatever
> we call it, one thing that they have to do is a case study. And we tried to
> explain to them, our fault probably, always our fault, in my opinion that it
> doesn't have to be something flashy. Like we just want them to
> demonstrate the process they went through. So pick something you
> worked on as a clinician and document what you did. Why you made
> choices, why you did what you did. So it's just documenting on paper their
> thought process…The goal being again what I am hoping we can show is
> that if you looked at someone of those four different case studies like you
> know the first one is pretty basic. They do the kind of things you expect an
> entry-level athletic trainer to do and my hope is that by the last one they
> are showing their ability to do advanced problem solving, they are
> including all sorts of advanced clinical techniques they learned in the
> program. That's my hope. And then we can say, 'look at this one and look
> at this one' and look at them across all 12 people and now we are showing
> a difference. That's the goal. That's what we are hoping this professional
> summary will do.

Another participant looks at the informal assessment differently. Instead of seeing a "check sheet" of skills on which to be evaluated as in undergraduate education, she determines when she is successful in a different manner:

> I think of patient outcome. Like if they are returning to play and they are happy with it and the coaches are happy I think that makes me successful. So if everybody is able to be out on the court then that's success without being formally assessed. Participant 3

Finding 2: Communication is a key component in the clinical setting.

Various themes revolving around communication in the clinical setting emerged from the data. Two key sub-findings were determined. Gaining the trust of the student-athletes, coaches, and parents was deemed important by the GAFs. In addition, communication within various experiences was seen as sometimes challenging and sometimes rewarding. The communication incidents occurring during the GAF clinical experiences carried over into such themes as confidence in their decision-making skills.

In the beginning of the GAF clinical rotations, the GAFs had to determine how to gain the trust of their athletes. One participant, whose clinical rotation was at a local high school, described her initial couple of weeks and of how she gained their trust:

> At the beginning they like I heard so much about the school and a bunch of juvenile delinquents and all this kind of stuff. And in the beginning they tried to intimidate me, but I was just like 'no, I'm not intimidated by you.' You come in here with a tattoo and looking all tough acting like you are going to kick my butt, well you're not. (laughing) And after they started trusting me and everything, it's awesome…(when referring to how she gained their trust) getting them back to playing, pretty much. Being able to communicate to them exactly what is going on, how long I think it's going to take… Participant 3

Another participant, who worked in Division I athletics at University One, took a different approach to gaining the trust of the student-athletes she was working with:

> You know at first it's just kind of you just follow suit and give them what they're used to. I think that's true with anything and then you know I think it was, I think it's just like I am there…I am willing to wait and I think for some of them they saw that or just it's weird you can see dynamics in teams like if someone trusts you do to something other people will kind of follow suit and I think that came a little bit through one pitcher who…he always relies on the grad student for that [his stretching] and he's really good so that helps. And I think just being there and sometimes you know sometimes I think, especially like this one athlete I can remember. He was really concerned about something and it really wasn't a big deal and we really just wanted to ignore it you know? (semi-laughing) And I think I just came to the point where I took the time to just be like 'I'll do this for you. I'll take the time, let's go.' You know, whatever, it's an hour out of my life and I think just doing little things it kind of helped because sometimes some things get overseen and I pay a little bit more attention to detail I guess, so I think it kind of came through and just being willing to be around a little more. Participant 1

Another participant working in an area high school, felt that opening lines of communications was important to gain the coaches' respect and trust and therefore helped the student-athletes feel like they could come and see him for their injuries:

> I think communication was the biggest thing for me to gain their respect and to gain their trust. You know some coaches you know prefer not to send anyone to the athletic trainer, like soccer was an example, but um just making my presence known and making sure I communicate with them openly. Try not to act like I am the authority when it comes to stuff like that. I think that was the biggest thing for me. It helped out a lot. Participant 2

During the second interview with participants, which occurred after their first term was completed, they were asked how their roles in their clinical rotations had changed and how they felt the fall term had gone. Each participant

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noted change in different ways. The following participants represent different manners in which the GAFs felt they were successful in their clinical setting. Participant 2 felt that parents' appreciation of his performance helped him have a good first term by stating: "I've had parents be thankful for how I handled situations and school went well…so I guess that's kind of, well I feel it was a good first semester of graduate school." While another participant felt more independent in her decision-making as the term progressed:

> It's definitely different because if someone comes to me I just evaluate them. It's not like, it's kind of more established now, well especially with pitchers, there's certain pitchers that come to me for certain things or people that will go to him [her supervisor] for certain things. That's just kind of the way that it kind of got established which is great because I know who I am looking to work with that day and we kind of just chat about it but for the most part we'll make those decisions independently depending on what they are doing, which is nice. Participant 1

When the participants were asked to discuss challenging situations and positive situations they encountered during their clinical rotations, every participant discussed communication. Either lack of communication, which generally led to challenging situations, or good communication, which generally led to more rewarding situations in the clinical setting. The GAFs working in the high school setting mentioned not having specific times to meet with the coaches prior to the sports seasons starting. This limited communication led to one GAF not knowing the schedule that he would be following prior to the school year beginning, but while most fall sports were practicing:

> No one has really even given me anything. Um, the week before everything started they had a fall sports registration and I kind of made my way through to talk to some of the coaches to see what time they were

going to be starting at least and that is kind of how, I knew football…so I was pretty much here all day. Participant 2

Another participant working in the high school discussed a difficult situation with an ambulance crew at a football game she was covering. There was not a policy on helmet removal for the school district and therefore the GAF had to discuss the emergency plan with the EMT while the athlete was injured and lying down on the field of play during the game. Her description of the incident reveals the extra anxiety this lack of communication caused the injured student-athlete:

> During football season it was a JV game and I was going in between a JV football game over here and a varsity soccer game and a JV soccer game on the other side. So I was going in between games and trying to keep in touch with everybody. And I had an injury at soccer so I came over to soccer and then I went over to football and pretty much right after I got there, a kid goes down not moving on the ground. I run over, do C-spine stabilization, he wakes up still breathing, able to talk to me, call an ambulance and the EMT's get there and the lady comes over to me and is like 'ok, so this is what we are going to do. 1. We are going to take off your helmet. 2…' And I was just like wait, can we just talk about this for a second? And this kid is freaked out, hyperventilating in front of me. And I am about to get into an argument with an EMT which is making him so much more nervous. And somehow I was able to talk her out of it. I really don't know how. Like I was just like please do not remove his helmet… You are going to cause more injury. And she was like, well we know how to do it better than the people at the ER. And I was like, well at the ER they can take off the helmets and the pads at the same time and not cause a hyperextension. And she looks at the other guy and he's like 'just leave it on'. (laughing) You're awesome [referring to the other EMT]. And we were able to spine board him and get him out so. He ended up just having a pretty bad concussion, but no spine fracture. Participant 3

Another challenge mentioned by those working in the high school setting referred to not having as much contact with the University One staff and not gaining rapport with them:

I could see maybe feeling a little disconnected from the staff and just the experience the treatment center on campus, definitely. Um, but as far as with my classmates I feel like, I live with two of the second year students. The only other two guys in the program, so I feel my relationship with my classmates will be very good, but I could definitely see maybe getting a little disconnected from the staff and the treatment centers on campus. Um, but I mean we'll see.   Participant 2

In comparison, many of the participants felt that communication can lead to rewarding situations in the clinical setting. One participant discussed how working with another Certified Athletic Trainer will help her be more assertive:

I do think it's going to be good for my temperament to have to learn how to work with somebody else. (laughing) Well, like communication, like being able to say like 'hey no I'm going to take care of this'. You know what I mean? So I think that'll be good. Participant 1

Participant 1 went on to discuss how she is thinking about her clinical rotation, while working with another Certified Athletic Trainer, and how she would communicate that mindset to the GAF that would be holding her position the following year in hopes of assisting them with the transition from undergraduate to graduate positions:

I feel like it's walking into a very different experience and you come out of undergrad like all gung-ho like you're ready to go and you just kind of want to be independent but it's kind of like, and I was kind of unhappy about that in the beginning maybe, like not being on my own and things like that but it's also a great way, like a great transition to be able to think about that because of something really does happen, it's not really going to be on me. (both laughing) You know what I mean? I still have that little bit of a safety net. You know I am a Certified Athletic Trainer and I'm operating like I can do whatever I want, but if we are at a game or something like that and something gets missed, it's I'll feel like it's my fault, but I still have someone else to be like 'you missed that too' You know what I mean? So I think that is kind of a good thing and I am trying to think of it more that way I guess. That I can operate as independently as I please and that is making me more confident instead of just throwing myself in that experience where I have to make that decision. I am *choosing* to make the decisions which is I think an experience that I need to have and I

would tell the next person I guess to come in with that mindset. Not figure that out in October. (semi-laughing) Participant 1

When reflecting on the past term and the experiences he had encountered, Participant 2 felt he had grown in his communication skills and determined experience may be the best way to learn how to improve on those communication skills:

> Just from the experience throughout the semester I've just kind of been able to communicate with coaches and players and athletes a little bit better. Um, it's just kind of, I mean it was kind of a learning curve. I've felt like I've learned quite a bit just mostly through experience or just doing things wrong and figuring out other ways to do them too. Yeah, I feel a lot more comfortable now for sure with what I do and how I communicate with people.

Finding 3: Personal attributes contribute to GAF experience.

Personal attributes were mentioned by all of the participants in the study. Of the personal attributes mentioned three key sub-findings were most influential: developing time management, experiencing positive and negative situations which affected confidence, and adopting the program's philosophy which led to the perspective of a positive learning experience for the GAF in the clinical setting. One participant discussed the change from undergraduate experiences to graduate experiences and how he developed his time management skills throughout the term to become less overwhelmed:

> Ah it's definitely different than undergrad. You know in undergrad we had enough people and hands to usually treat people one on one more. Here it's definitely, like I'll have a couple people doing exercises and I'll have to be taping and talking to someone else about some pain that they are having in their knee or whatever. So it's a lot different on that part, so just being able to I think when it was really busy here in the fall I struggled with that because it was so overwhelming and there were so many people and I just wasn't used to it, but I think towards the end of the fall sports I

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kind of got a handle of it. So if someone was in here that didn't need to be in here, you know I told them to get out. (laughing) It took a lot for me to get used to, but I think now I don't get so overwhelmed for sure. Especially because there is not as many people coming in. But usually I am treating several or dealing with several people at once in some capacity. Participant 2

Another participant discussed her realization of her change in thoughts about time management from being too idealistic to becoming more realistic about what she can physically accomplish in the clinical setting:

Well, it was very idealistic in the beginning, like I am going to be able to do every rehab, every functional training after rehab, like very idealistic and forethought and now when you get down to it, it's like ok I have this time to be able to tape everybody and get them out to practice. I have this amount of time to do rehab with people coming in and going out, set up rehab, actually put it into practice, go out and check on everybody doing it. Because usually I will have 2-3 kids doing rehab at the same time. So, I've been able to incorporate things coming in from class into my practice that kind of speed things up which is nice but it's become more realistic and time management is huge. Participant 3

Another GAF discussed how she dealt with time management issues. She developed a policy where the student-athletes can schedule a specific appointment with her so that she can give them the appropriate time necessary for evaluations or treatments:

You'll have someone doing rehab in the back and be doing treatment on someone and just have them come check in and that's where our training room is a little bit flawed because you can't keep an eye on someone back there so sometimes it's a little bit of running around. Yeah, multitasking has never been an issue for me because we usually have a lot of time like if I have a cheerleader they can wait. You know kind of like, or I do it so that they can come and schedule specific appointment with me and I will give them that amount of time. So that's worked out pretty well and that's what I have established with them. And I think establishing that from the start with them, made it a lot easier. Um, and it functions well and it functions safely I think. Participant 1

In addition to time management, the second sub-finding of personal

attributes contributing to the clinical experience of GAFs related to specific

incidents contributing to the GAFs' confidence either positively or negatively. The

somewhat negative encounters for those GAFs working in the high school setting

related primarily to concussion incidents:

> Well I did have to deal with a couple upset parents in relations to
> concussions. The coaches and the administration have all been great. I
> did have one incident where there was a wrestler and this was a couple
> weekends ago, in the middle of a match he went head to head with the
> guy he was wrestling. He tried to get up once and stumbled and fell just
> obviously dizzy and unbalanced. He tried to get up again and fell
> immediately and so the head coach ran out there and the first thing I
> heard the kid say to his coach is, what just happened? So I walked up to
> the kid and started talking to him. He cleared up pretty quick and seemed
> pretty coherent but I didn't feel comfortable letting him go back in. You
> know you only have like a minute to look at kids during wrestling, so I
> wanted to just remove him and take a closer look at him. And he just
> flipped out, the kid just flipped out and one of the assistant coaches who
> has been coaching here a long time. He came up to me afterwards. He
> got really upset that I called the match. He was telling me, and I haven't
> seen this kid in a competitive situation but he's a little chemically
> imbalanced (semi-laughing) is what the coaches told me or the head
> coach told me. He supported my decision. I wasn't going to let him return
> anyway in front of all those people, you know stumbling around. And the
> coach came up to me and said that's just how he reacts to things. He
> tries to get a rise out of people and blah, blah, blah, blah, blah. And he's
> like I know what a concussion is and he doesn't have a concussion and
> that was pretty difficult for me to deal with. Participant 2

The second GAF working in the high school setting used her challenging

situation as a means to self-reflect on how she could or would handle the

situation in the future:

> One of my athletes got, sustained a concussion on the basketball court. I
> didn't see it because there were two games going on and so I was in the
> other gym and I got called in and she said that she hit the other girl's head
> and then hit her head on the ground. And so I was with her for like 10
> minutes and then I called her parents over and was like you know you

what, you need to take her home and you need to keep her up and watch her, watch her and see if she needs to go to the hospital. And they were like, you know we are just going to take her to the hospital. And like after that, it was one of those things that I came in the next day and was just asking everybody what happened and what was going on. Apparently that night she got a cat scan, was transferred to a different hospital and went to a different neurologist and was now seeing Dr. Casper (pseudonym). And pretty much 2 weeks later she is still having symptoms. So I was really questioning myself. Should I have sent her to the hospital right away? Should I have called an ambulance right there? What should I have done in that situation?...I would have not necessarily have called an ambulance, but I would have told her parents that 'yeah it's time'. Participant 3

A third participant, who works in Division I varsity athletics, told a story about a challenging injury diagnosis and how it was frustrating for her but also how through self-reflection she wasn't sure how she would have come to the conclusion of the doctor on her own:

It was right before we left for break. I had a kid kind of come in. We had been working on his elbow and it had been getting a lot better and then he said something about his non-throwing arm just kind of like in passing. He was like it just, he just was like 'It felt kind of a little cold. It kind of felt a little blue, it was really weird. I was lifting really hard.' I was like 'you know that's kind of strange' I couldn't really reproduce his symptoms at that moment. I was like 'you know we'll have you see doc at some point probably, but right now I don't know there's a whole lot I can do for you.' You know? And so I left then for that day and he came back into the training room because it had happened again, and Jason (pseudonym), he worked baseball last year, saw him and said 'hey' and the coaches were pretty worried about it and freaking out and Jason couldn't' really figure it out either and then they eventually decided to call…our team physician, because he wasn't there at the time because everyone, it was kind of one of those days where everybody's leaving, you know what I mean? Like things are going to break and everybody's trying to leave. And at the end of it all it turns out (laughing) it was like a subclavian blood clot. So a huge deal. Like kind of it was very fortunate that [the team physician] caught it, but it was just like one of those things where I was like 'God, how are you supposed to think of that?' How is my mind supposed to go there? And so I think it was really frustrating for me. But I guess it took like 5 of us for him to actually get to a hospital (semi-laughing)…So I think that one kind of frustrated me, but I mean luckily he

was fine and is still his jolly little self but it was just weird and just, and that makes it frustrating I think. Like knowing I was right there and I was like, (sigh) but I am not even sure how I would have ever even gotten to that. Participant 1

On the other hand, Participant 1 also felt very confident after making a correct diagnosis and changed a few portions of his rehabilitation exercises. In addition to making her feel more confident, she felt that she had gained the trust of the student-athlete as well:

Well there was that one I felt pretty good about that when our ortho agreed with me (laughing). Um, (pause) so that was good and then even just I have a yesterday, I have one freshmen pitcher that I work with a lot and it happens that we chat a lot. He, we kind of have our same routine on days that he pitches and stuff like that, but he had been complaining earlier in the week, well I guess it is only Wednesday but still, all of a sudden he kind of did this, he started talking about 'I have a little bit of numbness and tingling in my third and fourth finger'. I said 'Yeah let's just, well you're just not going to breeze by this'. We are going to sit down and talk about this and he was like 'It's fine, it's fine, it's fine' and I was like 'no it's not'. Like we are going to discuss this and figure it out and you know he had just started throwing a different pitch and we are going to cut that out for a little while and stuff like that, but yesterday he threw and threw great and it was just like 'Ok, see if we talk about this and you stopped, we'll do a couple things and it will get better' you know and so I think he kind of, that gave him more confidence in me and that just feels good.

The third sub-finding regarding personal attributes relates to adopting the program's philosophy which led to a feeling of a positive learning experience from the GAFs' perspective. Although the program's philosophy and culture were discussed as part of Finding 1, the emphasis in this sub-finding is differentiated by how the program philosophy affects the GAFs' experiences themselves and their understanding of that philosophy in relation to them in their clinical assignments. Participant 5 (the faculty member) discussed how from the very

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beginning the GAFs are chosen for the program based on the program's

philosophy and it is discussed with the applicants prior to their selection:

> That is why we want people to know that they are not going to come here
> and work football for two years or baseball for two years or anything like
> that. Because it is really about education and part of that education is
> what you need clinically in terms of administrative interactions and
> responsibilities which is just as important as anything else.

This message is further conveyed to the GAFs by the cooperation seen

among the Athletics staff and the Educational staff. The participants are not only

aware of the Athletics and Educational staff meeting once a week, every week, to

discuss how they can best assist the GAFs in their education both clinically and

didactically, but also through the very nature of the interactions among the staff

as a whole:

> I think that is one thing that [the Head Athletic Trainer] and [the PATEPD]
> really pride on or just make sure is able to happen. Like they want us to
> have time for each other and for what we need to do and whatever it is
> and I think that is something that is super different even in just coming
> from undergrad. The funniest thing I think is, when I interviewed here and
> just even looking at the staff as a whole and things like that: significantly
> more happy as a whole than anywhere I have ever been before I guess
> because they really do cover for each other, make time, like if someone
> needs to do something, it happens, it gets done. Like everybody operating
> as a whole. Participant 1

The GAF working with club sports and also as a teaching fellow discussed

how even the Department of Human Physiology, in which she teaches as part of

her GAF experience, helped her to develop the philosophy that the teaching was

not only about her teaching style but how she can help the students in her class

by understanding their learning styles:

> We had our GTF orientation which was a little bit separate. That was with
> the whole Human Physiology department and they just did you know kind

of like a little seminar on teaching just to sort of help us out with those of us that were going to be teaching labs or lectures. Which was kind of cool. It was just really, it really emphasized the different learning styles that people have and how to make your teaching style compatible with all of those. Participant 4

Finding 4: Confidence in the clinical setting is gained through varied experiences.

Developing confidence in the clinical setting was gained both through challenging and rewarding experiences as described by all of the participants. These were the first two sub-findings within this theme. The third sub-finding was the GAFs moved from a more practitioner-centered approach to a patient-centered approach to injury evaluation as their confidence grew in their skills throughout the fall term. Understanding their role during the initial few weeks led to minor challenges for some of the GAFs. Participant 4 expressed her challenge of determining her role initially, but also how her previous experience helped her once she was more comfortable in her club sport setting:

> I wasn't really like expecting or not expecting anything. It was kind of like weird the first week. We weren't really sure like how well the communication had been between the coaches and the coordinators with the athletes. Like we really had pretty much a dead week the first week. I think we had a total of, I mean I think each of us had like 2 people come in each day. But then the second week it really kind of sped up and you know I had 10 people both of my days. Trying to get through 10 people and giving them each you know like the time that they deserve for a full evaluation and treatment that is necessary for an hour and a half is pretty much a lot. Um, but I don't' know I felt like the two years experience I had prior to being in grad school really definitely paid off, for kind of being able to kind of figure out how to work with a lot of people at once.

Another participant expressed that although she had been able to incorporate various skills from the classroom into her high school clinical

experience, she may face new challenges in the collegiate setting. Alternatively, she discussed how her autonomous position made her feel more confident in her decision-making:

> I definitely feel like I've been able to use the skills I have and I've been able to build on those skills I have, for sure. Um, there's always room for improvement and the college setting is a whole different beast from high school so I am going to have to change pretty much everything when I get to the college setting. But it's nice to know that I can survive by myself. I've been here. I've made all those decisions. If anything it's a huge confidence builder. Like going from an undergrad it's really like 'I can do anything' and realize I can't. (both laughing) Have a good reality check and come back and actually be able to function. Participant 3

While discussing his position, the other GAF working in the high school clinical setting also felt more confident in his skills due to the autonomous nature of his clinical experience:

> I was you know excited to just be a little more autonomous. Because I know sometimes you might learn things the hard way, but you're definitely going to learn things on-the-fly and you actually have to apply your skills without anyone looking over your shoulder or asking for their help so I knew, you know, a position like this I would definitely enjoy it just because it is exciting to get out on my own for once and apply things I've learned and see how they actually work in the real life. Participant 2

Another participant reported her growth as a practitioner throughout the previous term and how that affected her confidence, the trust of her athletes, and her comfort level in the clinical setting:

> I think just I felt successful because I feel like a completely different person in terms of like my professional skills than I did in September. I just like so personally I feel like it was a pretty good accomplishment because I have grown probably double what I did in undergrad you know what I mean? Just in a short period of time and I think that's for me, that's what I needed. And then in terms of you know my athletes and like being successful with them I think it's just a matter that I can even see some of the people that maybe wouldn't have come to me before, willing to come

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to me…I think it is just that I can go with the flow so much more easy and like just everything just feels so much more comfortable. Participant 1

One of the key sub-findings the participants could best pinpoint was their transition from being practitioner-centered to patient-centered during injury evaluations. All of them discussed how their confidence in their skills helped them to focus less on themselves and their actions and more on the patient's responses to their questions or special tests. Three participants explained their transition from practitioner-centered to patient-centered as they gained confidence in the clinical setting:

> I think I was more focused on me. Like it was unsure. Like complete insecurity. I've never had somebody not be able to be like 'OK, yes you're right.' Someone to go back me up on it. So it was definitely like 'Is that right? Am I doing this right? Am I feeling this right?' That kind of thing and now it's easier to focus on what are they doing. I know I know how to do a Lachman's. I know can do a McMurray's. I've become so much more confident in my own skills. Participant 3

> When you are first learning to do all those tests you're learning about doing them 100% correctly, but I think of things now more like how do I want to illicit the response that I'm looking for which I think is definitely a big change in my mindset, like I don't have to have my hands where, I taught a class last semester where we are trying to show them perfect hand placement and it's funny because then I get in the training room and I would not want to have them see me do this, but I also knew what I was looking for. So I think that did kind of happen last term too was just that I stopped thinking about, or even just going through a shoulder eval, I'm not trying to think of all the names of the tests that I am doing anymore. I just know what it's doing and what I am looking for. Participant 1

> I feel like I have improved on that. I mean I do feel like I was focusing on what I was doing, but I mean I felt pretty comfortable with most of the special tests and evaluations I was doing, but throughout the semester I definitely have become more comfortable with the things I do and the questions, the specific questions I ask and the things I am looking for in evaluations. So I definitely think that that has changed. I am more focused on the athlete now and have a broader view of things I guess. Participant 2

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Finding 5: Coursework, both formal and informal, is influential in clinical setting.

Regardless if the coursework was formal, such as core classes within the curriculum, or informal, such as the "September Experience" or other voluntary experiences, every participant deemed the coursework as influential in the clinical setting. Two key sub-findings emerged from the theme of the coursework being influential: the coursework encourages self-reflection and the coursework encourages critical thinking about the "why" in the clinical setting. Each participant expressed the influential nature of the coursework in a different manner. Participant 1 is excited about the chance to look back at her classes and realize all that she has learned:

> I mean the classes are exciting. They're difficult. Sometimes we leave this next class feeling a little bit beat down (semi-laughing) Like wow I don't know anything, but they're all things, I think kind of like the struggle, I think that's kind of what I think I was trying to get at, is that the struggle of this semester is going to be terrible but when I finish it, it is going to be fantastic. I look forward to that week in between where I can actually look back and be like Oh my…think about everything that we just did.

Two of the other GAFs expressed specific examples of how they apply their coursework to experiences they are having in their clinical rotations working with current patients or patients they will be working with in the future.

> Especially in class that day and I go home or here (referring to her clinical setting) that night and I am actually able to do it and that's kind of cool. And one class that we were in was Advanced Biomotor Abilities which is as close to an advanced rehab class and it's perfect because it coincides with when my ACL kid is actually getting into more functional training. So everything I learn in class, I am like this is a great idea. Like we are doing some things, but this is a good way to break it up and it's awesome. Um, we did some Pilates training and talked about underwater and all these

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different modalities that I don't have access to at all. (laughing) So it's good for next year to be able to make mental notes and to like know and refer to it for future reference but at the moment I can't put it into practice. Participant 3

There definitely has been a few injuries that I've you know that I've done an initial evaluation on and then I go home and then think I should have looked at this or I should have done that. I usually come back the next day or the next time I see them and I will definitely look at that too. But I definitely think that's just, I feel like it's kind of frustrating when it happens, like 'man, I should have done that when it happened' but at the same time it's like now I know. I looked some stuff up or there's a treatment that I maybe want to try that I might have forgot about at first, I can go home and see if there is any literature out there or I look through notes from class to see if there's any ideas that they can give me but yeah it's happened. Participant 2

Finally, Participant 4 discusses her knowledge gains in terms of how she

can help others and how she can become a better athletic trainer:

I feel like there is just so much more that I could know and I just have the opportunity to be such a better athletic trainer than I am and it would really benefit the athletes that I work with a lot more. You know it's almost unfair to them if I feel that if I don't take the opportunity to make myself better.

The second sub-finding relates to the coursework and how it encourages

critical thinking in the clinical setting. Again, the philosophy of the program is

intertwined with this sub-finding because it is the PATEPD's intention to have an

environment where critical thinking and questioning is welcomed. The

participants appear to respond favorably to being challenged in their courses and

discuss how actually thinking about the science and the why behind what they

are doing, while it may be challenging, is important.

It's just what we have in class and all this information they are giving me and I being told to actually *think*. It is so much more challenging but if it started back then I don't think I would have been able to do it. Like if we had started with some of these classes in the fall or if we had started my season in the fall, maybe I wouldn't have been ready for that. Um, but now

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going into that knowing my players and I'm getting all this new information and things like that I feel like I am more capable to handle that than I would have before. Participant 1

We had a class on the basic science so it went over the structure and function and natural history of all structures in the body. It was amazing. And it was so cool because I had a kid with a tendon injury, like an Achilles tendon injury, and we were talking about tendons. So I was able to relay to him, and the coaches, and to his parents what was actually going on, why I was holding him out, why he couldn't walk, and all this stuff. And I was able to be like, this is the approximate timeline it takes for a tendon to heal. We don't want to push it because if you push it too far, like you've seen David Beckham, like you know what happens. You know that's like a year type of thing. So I was able to get him back playing and rehabbed quickly and back out with no negative consequences because of what I learned in class. I was able to not only apply it, but to communicate it. Participant 3

Finding 6: Undergraduate programs "somewhat prepare" students for graduate clinical assignments.

The sixth finding determined that undergraduate programs "somewhat prepare" students for graduate clinical assignments. The researcher feels it is important to note when coding the data from the interviews, three categories relating to undergraduate preparedness were utilized: "prepared", "unprepared", and "somewhat prepared". Although "somewhat prepared" was used to code various responses, when analyzing the data further, the participants generally felt prepared in some skills, while unprepared in others. This led the researcher to the sub-finding that although the participants in this study enjoyed their undergraduate experiences, they also felt their undergraduate programs only "somewhat prepared" them for their graduate positions. One sub-finding was that although the GAFs felt confident in their evaluation skills, they did not necessarily

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feel confident in their time management, decision-making/diagnosing, or teaching

skills.

> I think the biggest thing for me has been time management. It is kind of hard to teach that in undergrad anyway, but I think that I feel like my undergraduate experience prepared me pretty well, but the whole time management things and dealing with a lot of athletes all at once is really what definitely something that my undergraduate experience lacked, but at the same time I don't think it is their fault. I think that is something that is pretty hard to teach. Participant 2

> When I was at high schools there were like 3 or 4 of us so it was a lot easier if there were 3 or 4 people coming in here. You would each take one person and just go do it. Like check off with the ACI or whatever, but as I progressed through the program like my senior year, I was doing rehabs, evaluations, like all of that stuff at the same time. Which really helped me for this. It helps my mind to be able to multi-task so while I'm giving this kid a massage I'm able to, well before you got here, I was giving a massage to one kid, I was talking 2 kids through tape jobs (laughing) and telling another one like 'yes this is ringworm. We need to cover it.' All those kinds of things. So it's nothing new to me, but it's, what's new is just me making all the decisions. Participant 3

> When referring to one of last term's challenges: Actually stating an assessment, you know what I mean? Like saying 'this is what I think this is'. But I think I'm better at that now, just as I had a couple, you know, had some things happen. I feel like I can say what I think and if it's wrong then it's wrong and I've been wrong before um, but…yeah (just being definitive in the diagnoses) and just stating why. Participant 1

> Referring to teaching a Human Anatomy lab: It's really kind of been a challenge for me. A challenge in a good way because I am learning a lot but you know in my undergrad and as an athletic trainer we aren't really exposed in detail to many of the systems in the human body besides musculoskeletal… And everyone else, all the other GTFs, they were familiar with this from their undergrad you know from majoring in human physiology or a similar field. I was kind of being exposed to it the first time and then you know expected to learn it all efficiently. Efficiently enough to be able to teach it. Um, so it is definitely challenging and I have spent a lot of time into that. But it's great though. I'm really enjoying it. Participant 4

Two specific skill areas were often discussed where that GAFs do not feel

prepared. The skills where GAFs felt lacking were long-term rehabilitations and

administrative issues such as paperwork and communication with others such as

staff and physicians.

> My rehab skills need to improve tremendously but that's the class is definitely helping with that. Um, I think I need to work more on communication with the coaches. I think that would be definitely something I need to work on. Participant 3

> Sometimes I feel great about it, you know like it was and I really did like my undergrad experience a lot. I don't think, I think it was a lot better than talking to other people and learning what their programs were like. I wouldn't have wanted to do it anywhere else, but I think a lot of people would say that too. Anyways, but I did learn a lot, but then I think the one thing where I lacked was like the paperwork and things like that, like SOAP notes and things like that. We used an injury tracking system and things like that too but I only ever had to do like day-to-day logs. Not necessarily like 'oh, look at this long-term rehab'. I was never the one to put that in…and like formulate that into words or how we work with doctors or how you know like those bigger things. I don't think I ever really got a taste of those. Like, those long-term and deciding, well yeah deciding when a kid needs to see the doctor for sure but like not following through. It was always like that first little taste of something I got but never like the long-term. So I'm interested in to see more long-term kind of things now and work with the computer system and having to do all that and working with talking one-on-one with the doctor about a problem are things that I hadn't done before. Participant 1

Finally, the third sub-finding concerning the theme of undergraduate

education "somewhat preparing" students for graduate positions was that day-to-

day operations are not discussed enough in undergraduate programs (i.e.

laundry, paperwork, and other administrative duties).

> I feel like the only time I ever, I mean ever talked or had a good conversation with someone about some of the little things, especially at the high school level, was when I was on that rotation and I could kind of ask them and even then we really didn't talk a whole lot about administration issues or anything like that but I don't know. It is kind of a learn-on-the-fly kind of a thing I guess. Participant 2

Participant 2 went on to discuss how they wished their record keeping abilities were stronger and how they wished they had talked to more people prior to beginning the rotation. He also suggested how he would like to help the next GAF to be working in his high school clinical setting by preparing them to work with concussion software right from the beginning:

> I kind of wish my administration and record keeping abilities were a little more up to snuff. In college we have computer based stuff and I mean there's, that file cabinet is full of old records and it's kind of all over the place. I think just kind of having an idea of an easier way from talking to other people, if I would have talked to other people before I got here. Like maybe how did they keep records. That would have been nice. And maybe the next person coming in, I would say I mean I would kind of give that as a suggestion. But then another thing, I haven't really, just being able to or knowing maybe how to manage and communicate with coaches and administration and parents about like concussions because out here we have access to Impact testing online through [their hospital], but we don't really have a space to do it. And all of the computers are Macs and normally, I mean I can do it an Impact test on a Mac, but if we are going to be going into [their hospital] and get tested I don't think they have Macs and there kind of needs to be some uniformity there. That is something I would advise or suggest to the next person. Just figuring out a time or a way to get it done and do it somehow, some way or another.

Finally, one of the participants summarized well what all of the participants were saying regarding their undergraduate programs preparing them as much as they could, but their inability to prepare them for everything:

> Theoretically of course it did. All the courses, all of the just going out and being in the setting, yeah totally prepared me but there's nothing like being on your own. It's a whole different world and they by CAATE law cannot give me that experience. Participant 3

Summary

This chapter presented the data analysis process and the six key findings of the research as was demonstrated mainly through participants' quotations

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while also incorporating information from document analysis, participant self-reflection journals, and observations of the participants in the clinical setting. The findings were addressed in the order they most frequently were discussed by the participants (see Appendix E for frequency tables). Each finding relates to the researcher's original research questions. All six findings correspond to the first research question regarding what it is like to hold a GAF position during the first semester while enrolled in a Post-professional Athletic Training Education Program. Each finding in some way relates to the understanding of the overall experience of being a GAF in the PATEP at University One. Research questions two and three regarding the perception of change in the GAF's clinical competence and which experiences contributed to those changes were addressed through Finding 2: Communication is a key component in the clinical setting, Finding 4: Confidence in the clinical setting is gained through varied experiences, and Finding 6: Undergraduate programs "somewhat prepare" students for graduate clinical assignments. Research question four regarding what strategies were employed by either the GAFs or the PATEP to ease the transition from a student to a professional were addressed through Finding 3: Personal attributes contribute to the GAF experience and Finding 5: Coursework, both formal and informal, is influential in the clinical setting. Finally, Finding 1: The culture of the program is influential in the clinical setting, appeared to be the most significant influence in the GAF experience as was demonstrated by it being specifically mentioned 150 times throughout the participant interviews and alluded to on several more occasions. The culture of the PATEP influenced the

GAFs' clinical experiences throughout the various Findings such as the informal

nature of assessment, the progression of skills and confidence, the belief of

varied experiences being beneficial, and the feeling of being supported. Each of

the research questions is appropriately addressed through the participants'

viewpoints and will be further discussed in Chapter 5.

CHAPTER 5

Discussion

The purpose of this phenomenological research study was to explore the Graduate Assistant/Fellows' and their supervisors' perceptions of changes that occur during their first semester of post-professional study within a Master's in Athletic Training program. In particular, this research attempted to describe any changes in the GAFs' clinical competence and to explore what their overall experience was like in order to gain insight into the phenomenon of being a GAF. Whereas Chapter 4 split the data apart and objectively attempted to present the data, the intention of this chapter is to take the data and reconstruct a holistic understanding of the data from the study along with the researcher's implications and actionable recommendations. This chapter specifically will summarize the research by explaining how each of the findings relates to the initial research questions of the study and how the analytic categories developed from the data relates to the literature. Next the researcher will revisit her assumptions bracketed prior to the beginning of the research, address any associations to what was presented in the research, and also address any limitations of the research study. Finally, the implications and actionable recommendations will be presented based on the data from the research.

Research Questions and Their Relationship to the Findings

The following research questions were utilized and a conceptual framework for this study was devised to address them:

1. What is it like to hold a Graduate Assistant/Fellowship (GAF) position during their first semester while enrolled in a Master's of Athletic Training Education Program?

2. What is the perception of change (if any) in the GAFs' clinical competence during the first semester post-certification?

3. What experiences contributed to the perception of change (if any) in the GAF's clinical competence?

4. What strategies (if any) were employed by participants, program educational staff, or supervising staff to assist the GAFs in the transition from a student to a professional in Athletic Training?

The six findings presented in Chapter 4 of this document address each of the research questions in a different manner. Questions two and three regarding the perception of change in the GAF's clinical competence and what experiences contributed to that perception of change were addressed by several of the findings of the study. Throughout the data supporting Finding 6, *Undergraduate Programs "somewhat prepare" students for graduate work*, the participants provided information to espouse the notion that change in clinical competence had occurred during the research time period and their past experiences contributed to that change. Although initially they felt some of their skills needed to be improved upon, such as communication and therapeutic exercise progressions, they felt they had made significant improvements in a relatively short period of time.

Finding 4: *Confidence in the clinical setting is gained through varied experiences*, also speaks to the second and third research questions. The varied experiences of the GAFs not only created a variety of learning opportunities, but also through those experiences, the GAFs gained confidence in their decision-making and critical thinking skills.

Finally, the second and third research questions were also addressed by Finding 2: C*ommunication is a key component of clinical education*. Again the participants felt their communication skills and ability to deal with coaches and administrators progressed throughout the research time period. Experiences that occurred during their clinical assignments, such as dealing with a difficult coach or talking to parents about a concussion, led to a perception of change in their clinical competence and communication skill set.

The other three findings focus more directly on the fourth research question regarding specific strategies employed by the PATEP or the participants themselves to ease the transition from a student to a professional in the field of Athletic Training. Finding 1: *The culture of the program* demonstrated a strong relationship with how the students felt about their education both clinically and didactically. From the informal nature of the assessments, to the promotion of self-reflection, to the general feeling of being supported by the program and its faculty and staff, the participants in the study appeared invested in the PATEP's philosophies and mission. Therefore, the strategies employed by the program to ease the transition from a student to a professional emerged as highly influential in the improvement of clinical competence for the GAFs in the study. The

participants demonstrated their investment in the program by volunteering for additional leadership opportunities, they felt supported by the program to make mistakes and to learn from them, and they felt they always had "somewhere to go" if they had a question or issue regardless if it was personal or professional in nature.

The culture of the PATEP being influential, contributes to the fifth finding where the *Coursework was deemed influential in the clinical setting* by the participants as well. One of the philosophies of the program in this study is to create an environment where critical thinking and questioning is encouraged and welcomed in every facet of the curriculum in their graduate education. Each of the participants mentioned how something they learned in the classroom created a form of self-reflection on an experience in their clinical setting. Regardless if they were teaching, working at a high school, or working in Division I varsity athletics the GAFs each mentioned occasions where they reflected on at least one incident and determined if there was something additional the GAFs could have done to make the experience more productive either for their patient, the coach with which they were communicating, or for themselves and their own learning.

Finally, the last finding that addresses the strategies employed to assist the participants in their transition from student to a professional was the third finding: *The personal attributes of the GAF contribute their experience*. The participants' development of time management skills, adoption of the program's philosophies including self-reflection, and experiencing challenging and

rewarding situations that affected their confidence in their skills all contributed to the experience of being a GAF in the clinical setting. Becoming less overwhelmed due to developing better time management skills was one personal strategy utilized to ease the transition from a student to a professional. One participant developed an appointment schedule, while another simply realized that she cannot personally help everyone in the amount of time allotted in her clinical setting. In addition, the personal attribute relating to the adoption of the program's philosophies contributed to the participants' clinical experience and confidence. The GAFs felt they could make mistakes and learn from them, therefore attempting to try new skills and further develop as a clinician without fear of being judged by the program administrators and staff members. This led to a feeling of satisfaction and growth in their clinical skills. The final personal strategy the participants developed throughout the semester was experiencing both challenging and rewarding experiences. Regardless if the experience was deemed as positive or negative by the GAF, they gained knowledge and confidence simply by having those experiences. For example, one participant who had a patient sustain a concussion, reflected on the incident later and realized in the future she would send the patient to the emergency room sooner. From that scenario, and additional scenarios regarding concussions, the two participants assigned to the high school setting are devising a concussion protocol for the local school districts to utilize when referring patients. This is one example where a "negative" situation was learned from, helped the GAF gain confidence, and even led them to attempt policy changes in their workplace. The

participants were not asked to create this policy and therefore demonstrated an area where leadership, confidence and knowledge in their clinical setting were obtained.

Each of the findings was discussed as they related to each specific research question. The researcher contends the first, overarching research question was addressed in some manner by all of the findings. In order to gain a better understanding of what it is like to be a GAF in a PATEP, all of the factors presented by the participants needed to be discussed and analyzed. From the culture of their current program, to past and current experiences, to the personal attributes, each contributed to the participants' overall experience of being a GAF within a post-professional program.

Analytic Categories

Each of the findings revealed in Chapter 4 were derived from one of four analytic categories which affect the experience of the GAFs and emerged from the analysis of data obtained through semi-structured interviews, observations, and program documents and artifacts. The researcher discovered four key categories in which the data could be grouped: philosophy of the program, clinical experiences, personal attributes, and coursework. These four analytic categories were used to code the data which materialized from the conceptual framework of the study. As an additional means of analyzing the data, the analytic categories were compared to the existing literature.

Analytic category 1: Philosophy of the program.

Several researchers discussed the effect of feeling supported by the program in which the students were enrolled. Malasarn et al. (2002), Page (2007), and Fry (2007) all discussed the influence of mentors or role models as a means of support. Reed and Giacobbi (2004) concluded that graduate assistants needed to seek advice both socially and educationally. The emphasis of the program studied was to have the GAF feel supported by the whole, not just one specific person or mentor. This philosophy was adopted by the students in the program as well as the faculty and staff. Students felt they were supported by the program and could ask anyone any question. Long (2004) found that participants in their study determined their past school should provide more support to their graduates. The participants in this study had little contact with those associated with their undergraduate programs. This could be in part because they felt they were currently being supported by their program and did not find it necessary to seek other means.

In addition, Page (2007) conducted a literature review in order to determine transition assistance strategies incorporated by allied health programs. Concepts such as early socialization and strong mentors were deemed as beneficial. Howkins and Ewens (1999) discussed the importance of orientation in that transition. The culture of the program studied emphasizes early socialization through the use of the orientation session conducted in early August, and also through the initial interview weekend. The participants in the study noted the non-competitive nature of the interview process, even though they are competing for

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positions, and how applicants stay in the homes of the second-year students in the program. Also, the incorporation of social time into the weekend was seen as beneficial as well. These strategies are additional evidence of the philosophy of the program to create a sense of unity throughout the program. The notions of knowledge built through communities of practice and active participation in social communities are mirrored in the literature by Wenger (2008) and Bereiter (2002).

The philosophies of the Program Director and therefore the philosophies of the program studied were seen throughout the analysis of data. There appeared no discrepancies between what the researchers cited in the literature review and the use of optimal strategies utilized by the PATEP. The only slight difference was the interview weekend, which began the implementation of the philosophies whereas the previous research determined the orientation session to be where communities of learning began. Regardless, learning communities were formed and seen as beneficial and supportive to ease the transition from student to professional in the field of Athletic Training.

Analytic category 2: Clinical experiences.

The second analytical category which emerged from the data was the role of clinical education and clinical experiences. Much of the literature regarding transitioning from a student to a professional related to challenging experiences or skills where the participants did not feel fully prepared for the position they transitioned into. Mensch et al. (2005) discussed the difficulty of high school Athletic Trainers in communicating with coaches, while Massie et al. (2009) discussed employers of newly certified Athletic Trainers felt communication skills

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were not stressed enough in undergraduate programs. Walker (2008) also addressed this topic by stating many administrative skills in undergraduate programs are evaluated through simulations. Similar to the literature reviewed, the participants in this study felt communication was one area where they felt lacking in confidence and skill, especially when communicating with coaches. The participants did not blame their undergraduate programs and the simulated scenarios, but rather noted that sometimes one needs to have the experience themselves in order to gain knowledge and skill development.

In addition to communication skills, decision making in the clinical setting was seen as the biggest challenge to overcome by the participants in this study. This relates to many of the studies referred to in the literature review. Prince et al. (2005) noted transitioning from constant supervision to delegated responsibility and decision making as difficult. Others determined reality shock of making all the decisions led to stress and allied health care professionals tended to be anxious about clinical skills, being alone, and non-technical skills (Newton & McKenna, 2007; Berridge et al., 2007; Prince et al., 2005). Comparable to the literature, the participants in this study noted feelings of anxiousness about making the decisions autonomously, while at the same time had the desire to be in autonomous clinical settings where they had to make the decisions solely on their own. Although each participant experienced both challenging and rewarding experiences, they all determined they had improved in clinical competence through experiences they had obtained.

The final aspect of clinical education influencing clinical competence and the graduate experience related to much of the nursing literature. Duchscher (2001) reported nurses, during their transition from student to professional, feeling they were initially focusing more on what skill they were performing and less on what information the patient was providing them. The participants in this study felt the same way. Initially, they felt as if their injury evaluations were more practitioner-centered rather than patient-centered, but as the term progressed this situation was reversed. Clinical competence was gained by performing the evaluations in the clinical setting in order to gain greater confidence and proficiency in their skills. This again relates to Dewey (1938) and his belief that every situation is a learning experience. The participants in this study each stated specific experiences that affected their confidence and decision making abilities.

Analytic category 3: Personal attributes.

Personal attributes such as self-reflection and critical thinking are seen as key tenets of the program studied and were intentionally emphasized within each student's development. Schön (1983) determined self-reflection is the key to building new understandings and Pitney (2002) determined self-evaluation and critical thinking are necessary in the process of informal learning and networking. Participants in this study developed and integrated clinical thinking skills and self-reflection into their clinical and didactic experiences in order to gain a greater understanding of their role and abilities as a health care provider. Personal attributes strongly relate to the program's philosophy of building upon what the student brings to the program and what attributes they can strengthen to better

assist in the transition from a student to a professional within Athletic Training. Each participant noted changes in their confidence in decision making, their ability to manage their time, and their role as the health care provider in their clinical setting.

In contrast, Klossner (2008) studied second-year undergraduate Athletic Training students and determined the influence of rewards and the acceptance of others to be an important component in the gaining of confidence in the clinical setting. The participants in this study did desire to gain the trust of their athletes and coaches with which they were working, but it was looked upon more as *how* to accomplish this task versus *if* they were going to accomplish it. The participants also did not appear to need rewards to feel confident in the clinical setting, but rather if a patient returned to competition quickly and successfully or they utilized a new skill to illicit patient results the participants gained confidence and felt they had grown as practitioners throughout the term. Therefore, personal attributes contribute to the experience of being a GAF.

Analytic category 4: Coursework.

As with the other analytic categories, coursework also relates to the philosophy of the program, clinical experiences, and personal attributes. Coursework includes both formal and informal learning opportunities. Examples of informal learning opportunities in this study refer to the orientation conducted in early August and the "September Experience" which is a weekly class where a variety of Athletic Training skills are presented. Berridge (2007), Howkins et al. (1999) and Scott et al. (2008) discussed the importance of orientation sessions

and how they can assist in building confidence, increasing job satisfaction, and retention. The opportunity for informal learning opportunities led all of the participants to feeling as if they had gained knowledge as well as being able to apply skills learned during those sessions in the clinical setting. The Program Director also noted that not a single student had left the program in her tenure of 13 years. Finally, Fry (2007) and Long (2004) determined through their research that their participants felt they were limited in professional development opportunities. Informal coursework such as the orientation and "September Experience" assisted the participants with understanding their role and feeling a part of the whole program as well as provided the extra learning opportunities that other allied health professionals felt they were lacking.

Throughout the formal coursework, the participants of this study are encouraged to critically think and question what they are learning and how they are applying that knowledge. Page (2007) suggests it to be beneficial to the transition from a student to a practitioner to provide early content and the *why* of specific content. The program studied employs this concept and encourages the students to not only question what they are learning in the classroom, but apply critical thinking in the clinical setting as well. In addition, Page (2007) also noted that curriculums that incorporate professionalism and life-long learning assist allied health professionals in the transition. The program in this study utilizes this strategy by incorporating a variety of professionalism and work-life balance discussions into a formal Athletic Training Seminar course. By inclusion of topics such as these, the participants in this study referred again to the support

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provided by the program and the philosophy of developing understanding of the entire profession as important. Finally, the program's philosophy is to have the GAFs reflect on each experience whether it is a class or a clinical assignment. The reflections are placed into a professional summary. The participants can utilize the information they provide to demonstrate where they have acquired knowledge and skill and the program can utilize the information to analyze if they are providing enough opportunities for the students to develop as a practitioner. These philosophies again relate back to Dewey (1938) and Schön's (1983) theories on providing not only learning opportunities, but also allowing for self-reflection on those learning opportunities for the greatest acquisition of knowledge to occur. Participants in this study determined their coursework both informal and formal influenced their graduate experience and contributed to their attainment of knowledge as a whole.

Revisiting Researcher's Assumptions

Previously in Chapter 1, the researcher stated her assumptions underlying the research study based on her academic training and background. The researcher felt it important to revisit the assumptions identified in comparison to the study's findings.

The first assumption of the researcher was the ontological belief in multiple ways of knowing and understanding the world, epistemological belief in post-modern paradigm that allows for qualitative research to ascertain knowledge, and the realization that multiple realities may exist. The findings of the study supported this assumption because it allowed the researcher to utilize

qualitative research methods and accept the GAF experiences as reality. In addition, the philosophical assumptions assisted the researcher in developing the essence of the whole phenomenon by allowing each individual GAF's different experience to be accepted as their reality and contribute to the understanding of what it is like to be a GAF.

A second assumption stated by the researcher was the benefit of social learning and situational learning to skill acquisition and decision-making in the field of Athletic Training. This assumption was supported especially through the data relating to communication and the experiences of the GAFs. Through varied experiences and incidents, each participant noted how they had developed as a practitioner throughout the term. Some participants noted the experiences themselves as being beneficial, while others also suggested self-reflection of the situation or talking with classmates or staff members assisted in their development of decision-making.

The third assumption acknowledged by the researcher was that clinical skill acquisition and perceptions of clinical competence would change throughout the first semester as a BOC certified student within a Master's in Athletic Training degree program. Every GAF noted changes in their clinical competence regardless of the clinical assignment in which they were placed. While one participant gained skill in teaching primarily, others gained skill in time management, rehabilitation techniques, and decision-making. Another observation to note is that even the discourse of the participants changed from the first semi-structured interview to the second. The participants were using a

higher level of medical terminology integrated into their responses and spoke of *their* program and *their* clinical settings.

The fourth assumption posited by the researcher was self-reflection would be critical to the GAFs' understanding and acknowledgement of changes in clinical competence and decision-making skills. All of the participants mentioned a means of self-reflection. They all told of incidents where they went home afterwards and thought about the scenario and how they could improve upon it. The researcher does note however, one of the program's underlying philosophies is that of the importance of self-reflection. The researcher contends that the self-reflection would still be critical to the GAF experience regardless of the program's philosophy, but cannot be sure if the participants are simply mirroring what is emphasized in their program due to only utilizing one cohort of students from University One (pseudonym) in this study.

The final assumption of the researcher is positive experiences, while holding a GAF position, would lead to a continuation of a career in the field of Athletic Training. As stated in Chapter 1, this assumption would not be addressed in this study because only first-year students in the PATEP were included in the research. The researcher would still contend this to be true, but currently does not have research to support this assumption.

Limitations of the study

Qualitative research.

Qualitative research is not ideal when statistical analysis and high generalizability are warranted. Some may believe this to be a limitation, but when

comparing generalizability of quantitative research to transferability of qualitative research, the supposed limitation is diminished. Transferability is the intention of this study and allows for others to determine for themselves if similar processes, strategies or experiences could or should be implemented elsewhere. Also, as discussed previously, participant involvement and willingness to provide accurate and rich descriptions of experiences would determine the validity of a qualitative study. Obtaining a specific participant group, who willingly agreed to participate in the study, should increase the participants' compliance and the researcher felt this was accomplished. Finally, it was necessary for the researcher to bracket her biases toward clinical education and situational learning in order to arrive at the essence of the phenomenon and in order for the voices of the GAFs, the GAF supervisor, and the PATEPD to be heard and their perceptions described without the influence of the researcher. The researcher bracketed out her assumptions prior to the start of the research and revisited them after all of the data was analyzed.

This study.

Two limitations of this study are noted. First, there were two different techniques utilized for the initial interviews of the GAFs: in-person interviews and phone-interviews. The two different initial interview techniques were necessary to ensure that the appropriate timing of the interviews occurred. While some GAFs began their clinical rotations in early August, one began in late September. In order to complete the initial interviews of all GAFs while only a few weeks into their rotations, the researcher determined the two separate times and methods

were warranted. Cost of the researcher returning to the setting an additional time was prohibitive for only one interview. Having two different methods of initial GAF interviews may have created different richness of data being elicited from the participants; however the researcher does not believe this to be the case. The single participant interviewed over the phone provided one of the longest initial interviews and provided very detailed answers to the interview questions.

The second possible limitation, similar to other qualitative studies, was this study describes a particular group during a specific period of time (first term as a GAF in a PATEP). Some may argue that because the data is not generalizable, it is not significant. The researcher would again contend that transferability of both the process and the data contributes to a greater understanding of the GAF experience and will contribute to a body of knowledge that is relatively new and recently expanding in the literature.

Implications and Actionable Recommendations

After reviewing the findings of the study and comparing those findings to the literature, seven implications and actionable recommendations emerged from the data. Most recommendations are directed to the Program Directors or relate to curriculum integration of specific skills or content areas such as understanding the Program Director's influence on everyone involved with the program, providing varied clinical experience to benefit the student, and encouraging critical thinking in the classroom as well as in the clinical setting. A final recommendation is directed to the National Athletic Trainers' Association (NATA) and how they may best benefit the students and profession by incorporating a

clinical component to the requirements of obtaining accreditation of a post-professional program.

Program directors need to note their influence on everyone involved with the program.

The participants of this study revealed the importance of the culture of the program and the influence of the Program Director on their learning experience. Program Directors need to be aware of this influence and be intentional about what they are projecting to their students. The GAFs in the program studied demonstrated how they adopted the program's philosophy by believing in having varied experiences and the importance of clinical education. Another important concept the students adopted was the ability and willingness to apply critical thinking to a variety of situations. Finally, the students demonstrated a belief in building a sense of community within their program and the emphasis on teamwork. The students in this study adopted these philosophies within a relatively short time period, within the first three months in the program, and demonstrated a desire to be a part of the entire program as a whole. After analyzing the interviews, the website and other artifacts from this study, the researcher realized that these concepts are valued and demonstrated by the Program Director and the Athletics staff as well. Something as "simple" as weekly meetings between the Educational staff and the Athletics staff promoted teamwork, good communication, and a sense of the whole for the program. Program Directors of undergraduate and graduate programs need to understand how their actions and beliefs affect the students in their programs. Analyzing their

basic assumptions and beliefs and ensuring the tenets they value and want their students to value need to be projected in every aspect of the program is imperative to producing athletic trainers who will be productive and lead the profession into the future.

Program directors should note where students feel a lack of knowledge and attempt to address those content areas early in the transition.

A second implication and recommendation of the researcher relates to how the Program Director can assist the transition of the student to a professional by addressing specific content areas and skills within the curriculum. The participants in this study felt their administration skills were lacking, especially noted was the topic of paperwork. One suggestion the researcher has would be for the students to each obtain a variety of examples of forms other institutions utilize and create a universal form to be used in the clinical settings, especially noting the high school setting. It may be difficult for students on varsity athletics assignments to change forms utilized, but suggestions may be welcomed. This is one example of how student input regarding a difficult issue could influence policy or procedural change within the program.

An additional content area where participants in this study revealed a lack of knowledge or confidence in a skill set related to therapeutic exercise. A major tenet of the program in this study was manual therapy techniques, but because creativity in rehabilitation of injuries was seen as difficult for the students, each staff member could not only discuss or present their manual therapy expertise

but also incorporate one "tip" for rehabilitation to the students in the program. Opening lines of communication between the first-year students and the staff members could assist in them gaining not only the initial knowledge presented but also assist the students in the realization that the staff members have a variety of experiences from which much can be learned.

Although the researcher posits that most newly certified students would state communication, administrative skills and therapeutic exercise skills as content areas in which they lack confidence, the researcher suggests each Program Director ask students where they feel they need more direction or assistance and address those content areas early in the curriculum. The transferability of this implication is each student has areas where they feel lacking and if the Program Director can address those concerns either didactically or in the clinical setting, the student will gain confidence and knowledge in content areas where they are currently developing their skills as a practitioner. This increase in confidence may transfer to better decision making in the clinical setting.

Coursework that encourages critical thinking skills is carried over to the clinical setting.

Throughout this study, participants referred back to being asked in the classroom to produce the *why* or the science behind what they were doing in the clinical setting. This led to self-reflection and application of critical thinking within the clinical setting. This particular PATEP promotes a questioning and critiquing environment which seemed to have a positive effect on the student's learning.

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They felt it was "ok" to question what they had learned previously without viewing their undergraduate programs in a negative manner. In this type of environment, the students did not apply a skill simply because they were taught it, but determined best clinical practice based on evidence-based medicine and therefore it influenced their decision making without the students necessarily realizing the underpinning philosophy of evidence-based medicine.

Currently, evidence-based medicine is a highly discussed topic in the field of Athletic Training, but the researcher contends the emphasis should be on critical thinking skills. Critical thinking skill development is going to cause students to evaluate what they determine is evidence and therefore convert it to application. For example, a student with strong critical thinking skills will not simply read a research study and because it is in a published journal determine it as the only source of information. Sometimes a technique or skill is difficult to conduct as a research study (especially qualitatively conducted studies) and therefore may have less publications within the particular content area. This does not necessarily mean the technique or skill should not be utilized in the clinical setting. A student that has strong critical thinking skills can read published data, analyze personal experiences and determine what will best assist their patient. When the emphasis is on critical thinking instead of only evidence-based medicine, the athletic trainer can analyze all of the information presented to them and determine how best practice can be accomplished.

Varied experience was deemed beneficial, therefore program directors may want to consider changing the clinical setting if the GAF position is a two-year position.

The participants in this study stated the benefits of varied experiences obtained through different clinical assignments for each year in the program. Due to the very nature of each clinical setting being unable to provide all learning opportunities, it may be beneficial for two-year positions to be different each year. For example, a clinical assignment cannot be both autonomous and allow the student to work within a health care team, therefore different assignments can assist the student develop in the situation they most need.

This implication is not only for PATEP Directors to note, but may also be a possible recommendation for all universities currently utilizing graduate assistants, graduate interns or graduate fellows in their health care team if the intention of the graduate position is to have a mutually beneficial relationship for both the student and the university. The researcher does note however certain athletic teams would have a different Athletic Trainer each year and the challenges of this situation would need to be considered and addressed prior to making any policy changes. The researcher contends that the possible benefits to the student-learner (the newly certified Athletic Trainer) would outweigh the possible challenges which may arise. The different knowledge developed and experiences acquired by the graduate student could result in a more clinically competent Athletic Trainer. This may result in a more skilled practitioner with

more advanced skills which may lead to better healthcare for student-athletes in the future.

Communication was a key component, therefore integrate ways of opening communication both professionally and socially.

Through the literature review, one study revealed that many undergraduate Athletic Training skills are simulated especially the administrative skills. In addition, participants in this study revealed their lack of confidence in their communication and administrative skills. There may be a relationship between these two findings. Regardless, communication with coaches, especially in the high school setting, created issues initially for the graduate students in the study and needs to be addressed. The researcher contends that communication is a key to gaining confidence within the newly certified Athletic Trainer and assists in gaining the trust of their patients and coaches with which they work. The participants in this study stated various ways they met their coaches, none of which were formal or organized. The researcher recommends a formal meeting between the graduate assistant and the coach or coaches with which they will be working to begin the initial relationship and to create an avenue for effective communication. If a graduate assistant is working with several coaches, as in the high school setting, a larger informational meeting could be conducted. Following the larger informational meeting, individual meetings with each coach could be conducted to further discuss the knowledge of the graduate student, their certifications, and the expectations of everyone involved. Creating a formal meeting time may assist the graduate assistants and coaches with the

development of communication and other administrative skills necessary to the success of the GAF in the clinical setting.

Another area within communication that needs to be addressed relates to GAFs in off-campus clinical assignments. The participants in this study determined there is a possibility for disconnect from the other graduate students as well as Athletics staff to occur when students are primarily based in off-campus sites. Program Directors need to be aware of this potential concern. Seminars including all the graduate assistants and Athletics staff members, involving the Athletics staff into the classroom to teach or guest lecture, or providing continuing education seminars are but a few of the possible examples of avenues to address the concern of disconnect from occurring. The Program Director could also implement both social and educational activities to incorporate and promote communication both personally and professionally throughout all personnel within the program. Opening a variety of arenas for communication may decrease the disconnect felt between those GAFs not working directly on campus and who may feel isolated when working by themselves in their clinical setting.

Personal attributes affect confidence, therefore they need to be related back to clinical experiences, self-reflection, and program philosophy.

The participants in this study revealed by obtaining a variety of clinical experiences, it led to confidence and decreased time for decision making to occur. The researcher posits this is not only an implication of this study, but is

occurring for other graduate assistants as well. Referring back to Dewey's (1938) and Schön's (1983) notions of experience and self-reflection, the researcher also suggests these experiences will lead to a more skilled clinician or practitioner. For example, in this study one participant discussed a scenario where a patient of hers had sustained a concussion and after that experience the student went home and realized how she would change her behavior in the future. This type of self-reflection and learning from scenarios can be of great assistance in the development of a GAF's clinical competence. The student not only needs to experience the situations, but also reflect on those experiences in order to gain the most knowledge. Personal attributes such as self-reflection, time management, and the development of confidence in the clinical setting will improve clinical competence within the graduate students. The GAFs need to not only talk about experiences and discuss possible scenarios didactically, they need to obtain those experiences for themselves. This leads to the seventh recommendation presented by the researcher.

The NATA should include clinical education as part of the requirements of an accredited PATEP's curriculum.

Although the researcher understands the National Athletic Trainers Association (NATA) stance to allow accredited PATEPs the freedom to determine their own areas of distinction and emphases of their programs, the researcher posits the necessity of clinical education to be required in graduate Athletic Training curriculums. The researcher determined, through the literature and through this study, the importance of clinical education for the advancement

of clinical competence within a GAF. This experiential learning led to self-reflection and therefore confidence in future decision making for the GAFs in this study. The researcher contends this to be occurring for other GAFs as well. Clinical education and experiential learning leads to more skilled practitioners whether they become educators, clinicians, or researchers. All can gain knowledge from the clinical setting that will therefore help advance the profession as a whole. Currently there are no standards put forth by the NATA to require clinical education be a component of Post-professional Athletic Training Programs. After gaining a greater understanding of the importance of clinical education on clinical competence, the researcher suggests the NATA re-evaluate their requirements for accreditation and incorporate clinical education into the curriculum of every PATEP to further advance the education of graduate students within the field of Athletic Training.

Implications for future research

The researcher determined this study to be only a beginning to all of the possible research studies which should be conducted to better understand the phenomenon of being a Graduate Assistant/Fellow. This study looked at a specific cohort of students at one university. Although the researcher contends that many possible research studies could be conducted, she makes the following suggestions for further research based on the knowledge obtained from this study:

1. Because this study was conducted solely at one university, additional studies could analyze other PATEP's cultural and organizational behavior and how it influences their graduates' experiences.

2. A mixed methods approach could be utilized to determine how many PATEP graduates continue working in the field of Athletic Training in comparison to what settings they work in, and what made them decide to stay or leave the profession.

3. Arising from the theory that 2-year graduate positions should be different from year one to year two, a survey of how many universities (whether PATEPs or not) utilize this method and what are the benefits and challenges of its use should be conducted.

4. Self-reflection was a key tenet of this study. Building upon that data, the use of self-reflection in undergraduate Athletic Training programs and how it is implemented, as well as its benefits and challenges should be addressed.

5. Because communication with coaches was seen as an initial clinical skill where the GAFs were lacking, it would be beneficial to analyze undergraduate programs where primarily communication skills were assessed through simulations versus real-life coach communications and compare coach and entry-level athletic trainer's satisfaction with the proficiency of those skills.

6. Because the integration and good communication between the academic and athletic staff was so influential in the experiences of the

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participants of this study, one could, in comparison, explore student perceptions of clinical experiences where the athletics and academic staffs are not united to better understand its effect on the student learning.

7. During this study, critical thinking and questioning were encouraged in the classroom. One could compare programs where this is also an emphasis and compare how students are seen applying these skills in the clinical setting.

Summary

This chapter served as a summary of the analysis and findings related to the Graduate Assistant/Fellow experience. The holistic nature of the interpretations of the data are intentional to demonstrate the interrelatedness of each of the factors that affect the GAF experience. Each category: the philosophy of the program, clinical experience, personal attributes, and coursework are intertwined and cannot be analyzed solely without considering the other categories. Each contributes to the understanding of being a GAF and the complexity of the phenomenon which they experience.

As always in a qualitative study, the challenge is to analyze a great deal of information and reduce it to a reasonable amount of data which can then be transformed into findings and recommendations given the researcher's initial purpose and research questions. The actionable recommendations emerged from the previous knowledge and training of the researcher in coordination with the information acquired through this study. Implications such as addressing

student's content knowledge concerns early in the curriculum and understanding and recognizing the philosophies of the program are beneficial to the Program Directors not only of graduate programs, but of undergraduate programs as well. Understanding the strong influence of critical thinking skills and communication can benefit the students and the Program Directors as well. Finally, the importance of clinical education in acquiring clinical competence could benefit the National Athletic Trainers Association and the profession as a whole.

Throughout the study, the researcher attempted to begin the discussion of what is occurring during a GAF assignment which eases the transition from a student to a professional in the field of Athletic Training. Although a greater understanding of the content areas and strategies employed to assist the students in that transition were discovered, there is much more research and analysis to be completed. Continuing to gain understanding of this phenomenon of holding a GAF position will benefit the students, the programs and this allied health profession as a whole.

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CONSENT FORM
Transitioning from a Student to a Professional in Athletic Training:
A phenomenological review of Graduate Assistants/Fellows

You are invited to be in a research study of Graduate Assistant/Fellow Athletic Trainers (GAFs) while enrolled in a post-professional athletic training education program. You were selected as a possible participant because you are currently enrolled in the
Post-professional Athletic Training Education program (PATEP) at the University of Oregon. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Susan B. Hoppe, University of Minnesota Duluth, Doctor of Education candidate.

Background Information

The purpose of this study is to explore the GAFs' and their supervisors' perceptions of changes that occur during their first semester of post-professional study within a Master's in Athletic Training program. Specifically, this research will attempt to describe any changes in the GAFs' clinical competence.

Procedures:

If you agree to be in this study as a Graduate Assistant/Fellow, we would ask you to do the following things:
- To participate in two interviews lasting approximately one-hour each in length. The interviews will be audiorecorded.
- To allow the researcher to observe you in your clinical setting for approximately one-hour on two separate occasions.
- To complete 3 self-reflection journals regarding your graduate assistant/fellowship experiences.
- In addition, the Fellowship Supervisors will be interviewed one time near the end of the first term of working with the GAF. The questions for the Fellowship Supervisors will be regarding the perceptions of the GAF assigned to their clinical setting, experiences affecting the GAF's clinical competence, and how they or their work setting influence the GAF's experience transitioning from a student to a professional. The PATEP Director will be interviewed two times during the study and asked questions regarding the mission and goals of the PATEP, how fellowship sites and supervisors are chosen, and how GAF's are evaluated in the fellowship setting.

Risks and Benefits of being in the Study

There are no risks to your participation in the research study.
There are no immediate benefits for participating in this study.

Compensation:

You will not receive payment for your participation in the study.

Confidentiality:

The records of this study will be kept private. In any sort of subsequent publication, I will not include any information that will make it possible to identify a participant. Pseudonyms will be given to each participant in order to assist with confidentiality. Research records and audio files will be stored securely and only researchers will have access to the records. Within one year of the completion of the study, the code key and audio files will be destroyed.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or with the University of Oregon. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is: Susan B. Hoppe. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at University of Minnesota Duluth, 1216 Ordean Ct, 170 SpHC, Duluth, MN 55812; (218) 726-8015; sbritton@d.umn.edu. Mary Ann Marchel is the adviser of the researcher and be contacted at (218) 726-7357; mmarchel@d.umn.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; (612) 625-1650 or the Office for Protection of Human Subjects at the University of Oregon at: University of Oregon, Office for Protection of Human Subjects, (541) 346-2510, human_subjects@orc.uoregon.edu.

You will be given a copy of this information to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I consent to participate in the study as well as allow for my Fellowship Supervisor and Program Director to be interviewed regarding my Graduate Fellowship experiences.

Signature:_____ Date: _____

Signature of Investigator: _____ Date: _____

CONSENT FORM
Transitioning from a Student to a Professional in Athletic Training:
A phenomenological review of Graduate Assistants/Fellows

You are invited to be in a research study of Graduate Assistant/Fellow Athletic Trainers (GAFs) while enrolled in a Post-professional Athletic Training Education program (PATEP). You were selected as a possible participant because you are a supervisor of a GAF at the University of Oregon. I ask that you read this form and ask any questions you may have before agreeing to be in the study. You are only being asked to participate in the study if the GAF assigned to your fellowship setting has formally agreed to be a participant in the study, and therefore has consented to allow you to release information regarding the GAF.

This study is being conducted by: Susan B. Hoppe, University of Minnesota Duluth, Doctor of Education candidate.

Background Information

The purpose of this study is to explore the GAFs' and their supervisors' perceptions of changes that occur during their first semester of post-professional study within a Master's in Athletic Training program. Specifically, this research will attempt to describe any changes in the GAFs' clinical competence.

Procedures:

If you agree to be in this study as a Supervisor of a Graduate Assistant/Fellow, we would ask you to do the following things:
- To participate in one interview lasting approximately one-hour in length. The interview will be audiorecorded.
- To allow the researcher to observe the Graduate Assistant/Fellow in your clinical setting for approximately one-hour on two separate occasions.

Risks and Benefits of being in the Study

There are no risks to your participation in the research study.
There are no immediate benefits for participating in this study.

Compensation:

You will not receive payment for your participation in the study.

Confidentiality:

The records of this study will be kept private. In any sort of subsequent publication, I will not include any information that will make it possible to identify a participant. Pseudonyms will be given to each participant in order to assist with confidentiality. Research records and audio files will be stored securely and only researchers will have access to the records. Within one year of the completion of the study, the code key and audio files will be destroyed.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or with the University of Oregon. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is: Susan B. Hoppe. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at University of Minnesota Duluth, 1216 Ordean Ct, 170 SpHC, Duluth, MN 55812; (218) 726-8015; sbritton@d.umn.edu. Mary Ann Marchel is the adviser of the researcher and be contacted at (218) 726-7357; mmarchel@d.umn.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; (612) 625-1650 or the Office for Protection of Human Subjects at the University of Oregon at: University of Oregon, Office for Protection of Human Subjects, (541) 346-2510, human_subjects@orc.uoregon.edu.

You will be given a copy of this information to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature:_____ Date: _____

Signature of Investigator: _____ Date: _____

CONSENT FORM
Transitioning from a Student to a Professional in Athletic Training:
A phenomenological review of Graduate Assistants/Fellows

You are invited to be in a research study of Graduate Assistant/Fellow Athletic Trainers (GAFs) while enrolled in a Post-professional Athletic Training Education Program (PATEP). You were selected as a possible participant because you are currently the PATEP Director at the University of Oregon. I ask that you read this form and ask any questions you may have before agreeing to be in the study. You are only being asked to participate in the study if at least one GAF in your program has formally agreed to be a participant in the study, and therefore has consented to allow you to release information regarding the GAF.

This study is being conducted by: Susan B. Hoppe, University of Minnesota Duluth, Doctor of Education candidate.

Background Information

The purpose of this study is to explore the GAFs' and their supervisors' perceptions of changes that occur during their first semester of post-professional study within a Master's in Athletic Training program. Specifically, this research will attempt to describe any changes in the GAFs' clinical competence.

Procedures:

If you agree to be in this study as the Program Director of a Graduate Assistant/Fellow, we would ask you to do the following things:
- To participate in two interviews lasting approximately one-hour each in length. The interviews will be audiorecorded.
- Provide appropriate documentation of the PATEP (i.e. information describing the history, mission, policy and procedure manual, etc) regarding Graduate Assistants/Fellows in the program.

Risks and Benefits of being in the Study

There are no risks to your participation in the research study.
There are no immediate benefits for participating in this study.

Compensation:

You will not receive payment for your participation in the study.

Confidentiality:

The records of this study will be kept private. In any sort of subsequent publication, I will not include any information that will make it possible to identify a participant. Pseudonyms will be given to each participant in order to assist with confidentiality. Research records and audio files will be stored securely and only researchers will have access to the records. Within one year of the completion of the study, code key and audio files will be destroyed.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or with the University of Oregon. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is: Susan B. Hoppe. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at University of Minnesota Duluth, 1216 Ordean Ct, 170 SpHC, Duluth, MN 55812; (218) 726-8015; sbritton@d.umn.edu. Mary Ann Marchel is the adviser of the researcher and be contacted at (218) 726-7357; mmarchel@d.umn.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; (612) 625-1650 or the Office for Protection of Human Subjects at the University of Oregon at: University of Oregon, Office for Protection of Human Subjects, (541) 346-2510, human_subjects@orc.uoregon.edu.

You will be given a copy of this information to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature:_____ Date: _____

Signature of Investigator: _____ Date: _____

APPENDIX B

FIELD NOTE FORM

Empirical observations	Researcher Interpretations

Table 4

Research Questions/ Initial GAF Interview Questions Matrix

Interview Questions:	RQ 1:	RQ 2:	RQ 3:	RQ 4:
1. What is your typical day like?	X			
2. Tell me about your first day in your assigned clinical setting.	X		X	X
3. Tell me about your orientation session.	X		X	X
4. What do you understand your role to be in your clinical setting?	X		X	X
5. Describe an experience where you have felt confident in the clinical setting.	X	X	X	
6. Have you encountered any challenges so far as a GAF?	X	X	X	
3. What do you wish you had more training in during your undergraduate education?		X		
8. Do you work with other ATs or are you alone in your clinical setting? If there are other ATs, describe the relationship between them.	X		X	
9. How are you assessed? How do you know what type of job you are doing?	X	X		X
10. Why do you think you were assigned to this particular clinical setting?		X	X	X
11. Are there any other topics that you may want to discuss?				
12. Additional follow-up questions as necessary				

Note: RQ1 is overarching GAF experience, RQ2 is perception of change in GAF clinical competence, RQ3 is the contributing experiences, and RQ4 are the strategies employed to ease transition.

Table 5

Research Questions/ Follow-up GAF Interview Questions Matrix

Interview Questions:	RQ 1:	RQ 2:	RQ 3:	RQ 4:
1. What is your typical day like?	X		X	
2. Tell me about your clinical skills throughout the past semester.	X	X		
3. Tell me about your clinical decision-making throughout the semester.	X	X		
4. Tell me about your most rewarding experience from the past semester.	X		X	
5. Tell me about your most challenging experience from the past semester.	X		X	
6. Tell me about your role while in your clinical setting the past semester.	X		X	X
7. Describe how being in this PATEP has influenced you as a practitioner.	X	X	X	X
8. Knowing what you know now, is there anything you would change about your experience?	X		X	X
9. Have you been assessed? If yes, then how were you assessed and on what were you assessed?	X	X		X
10. Do you think you would want to work full-time in the setting you were assigned? Why or why not?	X		X	
11. Are there any other topics that you may want to discuss?				
12. Additional follow-up questions as necessary				

Note: RQ1 is overarching GAF experience, RQ2 is perception of change in GAF clinical competence, RQ3 is the contributing experiences, and RQ4 are the strategies employed to ease transition.

Table 6

Research Questions/ GAF Supervisor Interview Questions Matrix

Interview Questions:	RQ 1:	RQ 2:	RQ 3:	RQ 4:
1. Tell me about your initial perceptions of the GAF assigned to your clinical setting.	X			
2. Were there any changes to those initial perceptions that developed over the course of the semester?		X		
3. Describe an experience where you felt confident in the GAF's clinical competence.		X	X	
4. Describe an experience where you felt a lack of confidence in the GAF's clinical competence.		X	X	
5. How does working in your clinical setting influence the GAFs' transition from a student to a practitioner?	X		X	X
6. Initially, in what do you wish GAFs coming to your setting would have more experience?		X		X
7. As a GAF supervisor, how do you provide feedback to the GAF?	X		X	X
8. How does a GAF assigned to you learn about the procedures, policies, and roles in your clinical setting?	X		X	X
9. Do you think the GAF assigned to you would be successful working in this particular setting? Why or why not?	X		X	
10. Do you have any input in the GAFs that are assigned to you? If so, what is your level of involvement? If not, why do you think this is so?	X		X	X
11. Are there any other topics that you may want to discuss?				
12. Additional follow-up questions as necessary				

Note: RQ1 is overarching GAF experience, RQ2 is perception of change in GAF clinical competence, RQ3 is the contributing experiences, and RQ4 are the strategies employed to ease transition.

Table 7

Research Questions/ GAF PATEPD Interview Questions Matrix

Interview Questions:	*RQ 1:*	*RQ 2:*	*RQ 3:*	*RQ 4:*
1. What are the criteria for admittance into your PATEP?	X			X
2. How are clinical assignments determined?	X			X
3. Do the GAF supervisors have any input in the GAFs that are assigned to them? If so, what is their level of involvement? If not, why not?	X			X
4. How are the GAFs orientated to their clinical setting and clinical supervisors?	X			X
5. Are the GAFs' clinical skills evaluated prior to clinical assignments? If so, how?		X		X
6. Are the GAFs evaluated on their clinical competence throughout their clinical assignments?		X		X
7. How does a GAF learn about the procedures, policies, and roles in their clinical setting?			X	X
8. Are GAF experiences relayed to you? If so, in what manner?			X	X
9. What is the vision and mission of your PATEP?	X			X
10. What are your expectations of graduates from your program (professionally, educationally, personally)?	X			X
11. What do you see as the benefit of being in your PATEP?	X			X
12. What would you change about your PATEP if you could?	X			X
13. Are there any other topics that you may want to discuss?				
14. Additional follow-up questions as necessary				

Note: Note: RQ1 is overarching GAF experience, RQ2 is perception of change in GAF clinical competence, RQ3 is the contributing experiences, and RQ4 are the strategies employed to ease transition.

APPENDIX D

INTERVIEW TRANSCRIPT

Empirical text	Key statements

APPENDIX E

GAF Experience Coding System

I. Clinical (C)
    a. Supervisor (S)
        i. Positive relationship   = CS1
        ii. Neutral relationship   = CS2
        iii. Negative relationship   = CS3

    b. Assignment/Setting (A)
        i. Division I/college   = CA1
        ii. High school   = CA2
        iii. Teaching assistant/Club sports = CA3

    c. Past experiences/Undergraduate program (P)
        i. Prepared   = CP1
        ii. Unprepared   = CP2
        iii. Somewhat prepared   = CP3

    d. Current experiences (E)
        i. Injuries (I)
             1. Acute   = CEI1
             2. Rehabilitations   = CEI2
              3. Other skills (paperwork, PPEs, etc) = CEI3
        ii. Communications (C)
             1. Physicians   = CEC1
             2. Coaches   = CEC2
             3. Athletic Directors   = CEC3
             4. Others (Staff, classmates) = CEC4

II. Coursework (K)
    a. Formal (F)
        i. Influential   = KF1
        ii. Not influential   = KF2
        iii. Neutral   = KF3

    b. Extra Experiences (E)
        i. Orientation   = KE1
        ii. Volunteering for football   = KE2
        iii. September experience   = KE3

III.   Personal (P)
a. Confidence (C)   = PC
b. Time management (T)   = PT
c. Work-life balance (W)   = PW
d. Career goals (G)   = PG
e. Adopting the philosophy of the program (A)   = PA
f. Self-reflection (S)   = PS

IV.   Culture of Program (Q)
a. Webpage (W)   = QW
b. Policies & Procedure Manual (M)   = QM
c. Location: Eugene/West Coast (E)   = QE
d. PATEPD/Staff philosophy (P)   = QP
e. GTF living arrangements (L)   = QL
f. Nature of assessment/informal (A)   = QA
g. Interview weekend (I)   = QI

APPENDIX F

GAF Transcript Coding Frequency Tables

Table 8

Clinical Supervisor Relationship:	Positive	Neutral	No or Negative
Participant 1	10	9	1
Participant 2	0	0	0
Participant 3	1	4	0
Participant 4	6	0	2
Totals:	17	13	3

Table 9

Clinical Assignment/Setting:	Division I/college	High School	Teaching Assistant/ Club Sports
Participant 1	9	2	1
Participant 2	0	6	0
Participant 3	1	5	0
Participant 4	3	1	16
Totals:	13	14	17

Table 10

Past/Undergraduate Experiences:	Prepared	Unprepared	Somewhat Prepared
Participant 1	11	7	7
Participant 2	6	7	3
Participant 3	2	3	3
Participant 4	7	4	3
Totals:	26	21	16

Table 11

Current Experiences-Injuries:	Acute	Rehabilitations	Other skills
Participant 1	6	3	8
Participant 2	7	1	4
Participant 3	5	4	11
Participant 4	3	3	4
Totals:	21	11	27

Table 12

Current Experiences-Communications:	Physicians	Coaches	Athletic Directors	Others
Participant 1	4	8	1	28
Participant 2	2	6	5	13
Participant 3	2	8	4	13
Participant 4	2	3	6	13
Totals:	10	25	16	67

Table 13

Coursework-Formal:	Influential	Not influential	Neutral
Participant 1	6	0	1
Participant 2	4	0	0
Participant 3	5	0	1
Participant 4	5	0	1
Totals	20	0	3

Table 14

Coursework-Extra Experiences:	Orientation	Volunteering for Football	September Experience
Participant 1	4	4	4
Participant 2	7	0	2
Participant 3	5	0	2
Participant 4	4	4	5
Totals	20	8	13

Table 15

Personal:	Confidence	Time Management	Career Goals	Adopting philosophy of the Program	Self-reflection
Participant 1	18	4	5	6	6
Participant 2	7	8	5	3	6
Participant 3	12	11	7	2	4
Participant 4	10	9	10	4	13
Totals:	47	32	27	15	29

Table 16

Culture of the Program:	Webpage	P&P Manual	Location	PATEPD/ Staff Philosophy	GTF living arrangement	Nature of Assess-ment	Interview weekend
Part. 1	1	1	1	28	1	4	3
Part. 2	0	0	0	6	2	3	3
Part. 3	0	0	0	8	2	4	6
Part. 4	0	0	5	13	5	5	6
Totals:	1	1	6	55	10	16	18