

## **Transition to Practice for the College/University Athletic Trainer**

The Transition to Practice Workgroup Report has defined transition to practice as, “a complex process where by a newly credentialed athletic trainer, while redefining their sense of self during disruptive life events, develops and is supported from education to clinical practice, regardless of practice setting.”<sup>1</sup> Any athletic trainer (AT), regardless of their experience, who has a change of employment goes through a transition and can benefit from some or all of the information in this document. The purpose of this document is to help assist a newly credentialed athletic trainer transition into their new work environment and help seasoned ATs transition in a new work environment in the collegiate setting.

This document focuses on four main components of transitioning into the collegiate setting: human resources, orientation, mentorship and performance goals. ATs should be familiar with and have knowledge of the human resource services at the institution, as this department often provides framework and acquaints new personnel on policies, procedures, training and orientation of employees to help them succeed. Orientation may be provided by both the human resources and the athletic or health care department to help the AT become familiar with pertinent personnel and facilities.

Mentoring occurs in many forms. A mentorship program may be established at an institution, but if it is not, the information in this document can help guide an AT. Institutions will have performance evaluations. By developing and communicating professional goals, an AT can help set themselves up for a successful performance evaluation.

A broad-based checklist is included at the end of the document to aid all parties in transitioning a collegiate athletic trainer. It should be noted that each institution has their own policies, procedures and documents that may be institution specific. The overall document should be used as a general guideline, as it is difficult to list all scenarios that come with the hiring of a new employee. All ATs should check with the appropriate state laws regarding licensure and other laws that affect their institution and the healthcare they provide.

This document will assist an AT transition into their new work environment. Providing an AT with a clear set of objectives, identifying resources and personnel to assist them in carrying out the objectives with continuing communication and feedback can offer a successful transition for ATs in the collegiate setting.

### **HUMAN RESOURCES/INSTITUTION SPECIFIC**

Most colleges and universities have their own process for hiring employees. Human resources (HR) provides the framework, processes, programs, procedure, training, and the information employees needed to succeed. The HR department will be responsible for hiring an AT, onboarding, introductions and tours, administrative procedures and position information.

When hiring an AT there are many items to be addressed on or before the first day of employment. Once the decision has been made to hire an AT, the contract should be negotiated. Items like salary and benefits can be discussed and agreed upon, depending on level of education and amount of experience. Most institutions will require board approval, background check and fingerprints along with verification of state licensure. Other requirements such as drug test or physical and/or tuberculosis screenings might be asked of a new hire.

After all of the formalities are complete, a new employee orientation with the college's HR Department should be arranged. This will give both the AT and HR the opportunity to address important items such as:

- Sign contract
- W-4 form
- I-9 form
- Photocopied documents for I-9
- Membership Election Forms
- Payroll deduction
- Direct deposit
- TB Clearance
- Emergency Contact Form
- Holiday Schedule
- Salary Schedule
- Overload/Overtime Schedule/Policy
- Parking Permits
- On the job injury reporting procedure
- Professional Development/Flex
- Retirement benefits/ CalSTRS/CalPERS
- Review job description and performance expectations and standards (Administrative and/or medical duties)
- Review payroll deadlines, pay claims (if applicable)
- Review evaluation process (to include the timeline and schedule the reviews/meetings)
- Complete Insurance paperwork (medical, liability, etc.)

At the new employee orientation, the AT will receive new employee e-mail with links and forms relevant to employment. The AT will be given an opportunity to review key policies and sign any additional forms not listed. Keys and codes can be administered for necessary facilities.

Communication is a vital component to success in any industry. Introductions to department staff and key personnel should be done while giving a tour of pertinent facilities. Staff and personnel should include but is not limited to; Medical Director, AT staff, Athletic Director/Dean and their support staff, administrative and academic staff, counselors, physicians and other

healthcare professionals (with the possibility of visiting their offices) both on campus and affiliated with the athletic department. Care should be taken to orient the AT with facilities and sports complexes for effective short term and long term navigation and execution of emergency action plans. Facilities to include, but are not limited to: AT facilities/clinics, administrative, athletic and coach's offices, sports venues (including locker rooms, weight room and tutorial centers), parking, mail room, restrooms, health center and bulletin board.

Administrative procedures should be explained and given in written/electronic form to the new AT. This will allow the AT to be able to go back and review procedures as needed. An office, desk or workstation should be assigned to the AT. A picture identification badge/card should be assigned to the AT. The mail procedures should be explained to the AT; both inter-office and off campus. The AT should have input on his/her business cards. Other items that should be addressed are telephone use, cell phone use/boundaries, conference rooms/facility request procedures and the duplicating process.

Computers are a large component of healthcare and the college's electronic records should be explained to the AT. Hardware and software reviews, including having an established e-mail account, staff net and the District/College/Department Websites.

Safety training and college specific policies and procedures should be reviewed with the AT. It can include, but is not limited to:

- Safety Training
  - Bloodborne Pathogens (Exposure Prevention Plan)
  - Back Safety (Proper lifting techniques)
  - Hazardous Communications/Materials
  - Chemical Hygiene Training (Lab Safety)
  - Ergonomics (for computer work stations)
  - Cart/Gator Safety Training
- Review Policies & Procedures
  - Emergency Action Plan/AED
  - Concussion Policy
  - Heat Illness Policy
  - HIPAA/FERPA Guidelines
  - Pre-participation Physical Examinations and Disqualifying Conditions
  - Drug Policy & Managing Prescription and OTC Drugs
  - Acute Management of the Cervical Spine-Injured Athlete Protocol
  - Blood Borne Pathogen Policy
  - College Supervision of Student Aides/Athletic Training Students
  - Independent Medical Care Rules
  - Referral of student-athletes
  - On-the-Job Injury Reporting
  - Title IX Reporting

- Mandatory Reporting Status
- Cleary Act Training
- Instructor/employee specific procedures
- Job Description
- Department Organizational Chart
- Staff Vacation Policy
- Performance Evaluation Form/Procedures

### **ORIENTATION**

The newly credentialed AT has a great deal of information to process in his/her first job. It is imperative that employers of newly credentialed ATs are aware of this and are prepared to assign a staff member knowledgeable in the daily needs and responsibilities of an AT. Resources available through the NATA and BOC should be consulted by both the employer and the employee. If there are no other ATs on staff, special attention should be paid to the individual chosen regarding their background, knowledge of medical policies and procedures, and an understanding of the expectations of the employer relative to the AT. There are several key areas of interest for the newly credentialed AT, and they are listed below with a summary intended to be detailed but may not be wholly inclusive.

#### **Institutional Medical Resources**

First and foremost, the Medical Director or healthcare supervisor should be clearly identified for the new hire. It is vital the person orienting the newly credentialed AT is knowledgeable regarding the state practice act for athletic trainers. Questions such as the role of the campus health center, campus counseling center (both for referrals and consultations), on campus physical therapy or rehabilitative services and other allied health professionals regarding student athlete patient care. If not at the campus health center, where is the team physician/medical director's office? What are the procedures for referring patients? In addition, the role of the team physician in event coverage should be discussed. The new hire should have someone to serve as a professional preceptor and a pool of individuals to choose from as potential professional mentors. Medical professionals currently employed at the institution would be a logical starting point.

#### **Institutional Administrative Resources**

The new hire should have a thorough introduction to the administrative structure in the organization. Lines of supervision should be clearly established. Not only who is the actual supervisor of the new hire (assuming the person who completes the performance evaluations on the employee) but perceived roles should be shared with the employee as well. Formal and informal relationships with coaches, strength and conditioning, mental health (athletics provider/campus counseling center), nutrition, and building facilities staffs should be disseminated as well. The role of the Athletics Health Care Administrator in the hierarchy relative to the AT, as well as the manner with which the department addresses independent

medical care of the AT relative to their patient population must be explained. The AT should be oriented to the budget and purchasing structure, their involvement in the process, the amount of funding available for purchases and whether capital items are handled in the same manner as expendable supplies. Medical billing and insurance, presence of and limitations of gap coverage, self-insured secondary to personal coverage versus a secondary policy and what their role is in the process of excess medical bills in the institutional structure should be discussed. The new hire needs the ability to develop a relationship with the institutions' risk manager, legal counsel and dean of students as well.

### Institutional Academic Resources

The employee needs an opportunity to develop a relationship with the academic support staff to establish return-to-learn protocols post-concussion as well as other medical and mental health issues that may affect academic participation and/or performance. If the institution has an athletic training program (ATP), the employee should meet with and discuss expectations with the faculty. Someone in the department with an understanding of the history of the relationship between the ATP and clinical staff should orient the new hire in this area. Any required or possible teaching load, as well as athletic training student preceptor training should be discussed as well. If no ATP exists, is there a Kinesiology or Movement Science department where the employee could find collaborators, or even student volunteers who may be interested in assisting in a non-medical role. Finally, physical therapy, physician's assistance, medical, nursing or osteopathic schools within the university can provide an opportunity for collaboration, interprofessional education, interprofessional practice and/or mentorship.

### Facilities

A complete tour of all pertinent facilities should be standard to new employee orientation. The employee should be given an opportunity to learn how the facilities meet the BOC Facility Standards or AAAHC accreditation standards. Most institutions have a facility employee who is the "go to" person in times of more urgent need. This person should be made available to the employee as well. Policies and procedures for issues both during normal business hours and weekends/holidays/summer times where staff is not as readily available should be explained. The relationship of the department with unions or supervisors of facilities staffs is important to discuss as well. Finally, a working knowledge of other facility stakeholders (community members, IM/campus recreation, academics, campus programming) are an important for the new hire to understand.

### Community Medical Resources

For most institutions, the community will be the likely source of primary medical direction or supervision. The new hire should be exposed and introduced to these individuals who they will be working alongside to provide healthcare to the student athlete population. One of the very first things that should be done is a review of or drafting a standing orders document to detail

the relationship between the directing/supervising team physician and the employee. The NATA website has many resources for the development of these standing orders to assist if they do not currently exist.(insert hyperlink here) It cannot be emphasized enough, if the new hire is a sole AT employed by the institution, someone in the athletics department should be sure the new hire completes this vital task. Also, someone within the department should orient the new hire to the history of the relationship between the healthcare providers in the community and the department, coaches, administrative staffs and AT staff.

### Medical Policies and Procedures

NCAA/NAIA/NJCCA or other governing bodies' rules and regulations must be reviewed with the newly credentialed AT. As an example, the NCAA SSI has many resources that can be of assistance to new hires. Also, specific athletics department regulations and institutional policies and procedures should be reviewed. As mentioned previously, the importance of standing orders cannot be underestimated. In addition, contracts and/or sponsorships that may exist within the department that can impact healthcare should be understood. The procedures related to medical billing, as previously mentioned are vital as well. The new hire should understand the time commitment involved in medical billing, and if this is a responsibility of the new hire, someone in the department's administration should consider other department options to take this over, at least until the new hire has a handle on their clinical duties. Department policies on practice and event coverage, hours of operation and the general expectations of both the medical and non-medical stakeholders for the new hire are important to cover as well. Finally, if the Medical Director works off campus, the new hire should fully understand the policies and procedures for his/her practice/clinic. This may include policy on scheduling appointments, physician event coverage, physician team travel, exchange of medical notes and daily communication expectations.

### Administrative and Medical Preceptors

The department liaison to the newly credentialed AT should understand the need for both an administrative preceptor and a medical preceptor. Providing someone who can help the new hire acclimate to the department and university climate, as well as a medical preceptor to assist the new hire with their clinical practice is critical to their success. As mentioned previously, the employee will should be introduced to as many people as possible who can form a pool of mentors both administratively and medically to choose from.

### MENTORSHIP

Mentorship is defined as "the relationship between a novice and a more experienced individual, whereby the more knowledgeable person helps guide the protégé' in development."<sup>2</sup> Gaps in preparation, specifically of graduate assistant athletic trainers, have been identified as autonomous practice, traveling with a team, rehabilitation processes, and organization and administration procedures.<sup>3</sup> Furthermore, there has been a noted lack of ability to communicate appropriately and confidently with coaches, physicians, supervisors, and

peers which has further declined since the elimination of the internship route to certification.<sup>3</sup> Mentors can help deal with difficult issues or situations that may come up as a young professional begins clinical practice, help with education and socialization for the student or young professional, and assist the less experienced clinician in assuming new or expansive roles within the profession.<sup>2,3</sup>

To fully assist newly credentialed athletic trainers in advancing through new roles within the athletic training profession, mentors first must understand what is expected in this newly found position as well as how to best nurture the relationship being developed with each individual mentee. Adequate communication, role modeling, encouragement, and feedback on clinical and administrative aspects of the profession must be established between the mentor and the mentee.<sup>2,4</sup> The mentor should undergo some sort of formal training to fully understand the best way to facilitate both growth of the relationship with the mentee and growth of the mentee within the collegiate athletic training profession.<sup>2</sup>

As part of continued mentorship beyond initial certification, it is recommended that orientation programs not just be used for new individuals to a department or a system but for mentors to know what is expected in their often newly found roles.<sup>2</sup> Mentors must adjust his or her leadership style to personality traits and followership styles displayed by the mentees.<sup>5</sup> Care should be taken when pairing mentors and mentees by personality traits much like with leadership roles to get the most out of the relationship.<sup>5</sup> Leadership and followership styles have been evaluated over the years, and experts have classified each into four categories. Follower types, as described by Kelly in 1992, include: alienated followers with skeptical cynicism about the organization for which they work, conformist followers who very readily follow orders, passive followers who require direction from leaders and allow leaders to do most if not all of the thinking, and exemplary followers who question leadership with independent and innovative thoughts, techniques, and independent lines of thinking.<sup>5</sup> Leadership styles, as described by Hershey and Blanchard in 1982, include the telling style (those who are more directional and hands on in performance evaluation), selling style (those who allow for questions to be asked and explain the decision making process), participating style (those who encourage active participation in the decision making process), and delegating style (those who allow confident, motivated followers to take tasks and run with them).<sup>5</sup> Bjugstad et al<sup>5</sup> used the previous literature to integrate leadership and followership styles to achieve the best possible results within organizational structure. This integration suggestion links alienated followers with participating leaders, passive followers with selling leaders, exemplary followers with delegating leaders, and conformist followers with telling leaders.<sup>5</sup> This can be applied readily to mentorship as well by pairing the correct style of mentor (leader) with the correct type of mentee (follower). The more motivated the mentee, the more the mentor can allow him or her to evaluate his or her own decision-making process. In contrast, a less motivated, less confident mentee may require a leader who is willing and able to give active direction for each individual situation, which arises.

Mentorship can occur at multiple layers, which may be helpful for the development of young professionals. Each level should focus on goals, expectations, and personal experiences of both the mentor and the protégé in order for learning and growth to take place.<sup>2</sup> However, it is important to note that the mentee is ultimately responsible for self-directing his or her learning and exploration into the profession so that the mentor can provide adequate and appropriate guidance.<sup>4</sup> Those individuals who are working as the sole athletic trainer or healthcare provider in a specific setting must seek out additional resources at the local, state, and national level in order to meet state practice standards and ensure the successful beginnings to his or her career.

We as a profession must determine if mandatory assignment of mentees to mentors within a setting or separate voluntary mentorship programs are most effective and appropriate.<sup>4</sup> Ultimately this may become setting specific, but pros and cons can be noted for each situation.<sup>4</sup> Regardless of the type of mentorship program used, some sort of layered mentorship hierarchy should be established during the onboarding process, particularly with newly credentialed athletic trainers to provide the best educational experiences, counseling, and development of interpersonal skills that are lacking in young professionals due to a lack of autonomy through the educational process.<sup>2-4</sup>

#### Mentorship Take-Home points

- Mentorship, when applied correctly, can help bridge the gap newly credentialed athletic trainers tend to exhibit, including traveling with a team, autonomous practice, rehabilitation, and organizational policies and procedures
- Leadership and followership styles can be integrated and applied to the mentor/mentee relationship to optimize the chances for a successful relationship and transition to clinical practice
- Mentors should undergo formal training, much like a clinical preceptor to understand what is expected
- It is up to the individual organization to decide if mentors should be assigned or voluntary based on organizational structure
- Mentorship, to some degree, should be incorporated as part of the onboarding process to assist the newly hired and/or newly credentialed athletic trainer in transitioning to a new practice setting
- Those athletic trainers acting as the sole medical provider at a specific setting should be provided with resources by the employer, and seek out additional support to ensure adherence with state and national practice standards

#### PERFORMANCE GOALS

It has been reported that ninety eight percent of organizations have some type of performance evaluation process but many organizations do not do what is necessary to ensure the success of the process.<sup>6</sup> The performance evaluation process is frequently not supported by adequate



training, effective goal setting, ongoing communication and constructive feedback between managers and their employees.<sup>6</sup> In fact, a 2011 poll reports that only forty six percent of organizations require their managers to attend formal performance management training.<sup>6</sup> Many managers and employees alike view performance management as ineffective in establishing goals, feedback and increasing performance. Therefore, the whole process can be frustrating to the manager and the employee. Developing and communicating individual goal performance is the most critical step in performance management.<sup>6</sup> Below is a guide to assist those through the process of effective goal setting and communication as it relates to the athletic training profession in the collegiate setting.

All levels of ATs whether full-time, part-time, graduate assistants, fellows, residents, interns and/or volunteers should have an assigned preceptor to provide specific guidance. Typically, this person has supervising authority. Depending upon the AT's role within the organization the AT may need multiple preceptors. Ideally, a structure should be in place for a preceptor with medical experience to evaluate an AT medically, as well as someone with administrative experience to evaluate administratively.<sup>7</sup>

In a single AT setting, the team physician may be able to take on the role of medical preceptor while an athletic or other college administrator may be the administrative preceptor. Athletic training licensure in forty-eight states require ATs to work under the direction/supervision of a physician. NCAA legislation requires all NCAA institutions to designate a licensed physician (M.D. or D.O.) to serve as the medical director.<sup>8</sup> The medical director is responsible for overseeing the medical tasks of all primary athletics healthcare providers.<sup>8</sup> The medical director and primary athletics healthcare team should be empowered with unchallengeable autonomous authority to determine medical management and return to play decisions for student-athletes.<sup>9</sup>

In multiple AT settings, the Director of Sports Medicine or Head Athletic Trainer may require two preceptors as described above in an effort to provide appropriate medical and administrative supervision. However, since the role of a Head Athletic Trainer or Director of Sports Medicine usually involves both clinical and administrative responsibilities they may act as both a medical and administrative preceptor towards their staff.

Goal setting has been defined as "the process of establishing objectives to be achieved over a period of time."<sup>6</sup> Setting and communicating employee goals is the first critical step in the performance management process.<sup>6</sup> As Kenneth Blanchard quoted: "Expecting employees to do well without specific, clearly communicated goals is like expecting them to play golf at night, no one can do it because no one can see the holes."<sup>6</sup> If an AT does not have a clear understanding of their specific job responsibilities and expectations their performance has very little chance of meeting their preceptor's target. One of the roles of a preceptor(s) is to assist the AT in developing individually specific performance goals. It should be noted that a majority of academic institution's human resources department may use general campus wide performance goal documents that are not site specific for the profession of athletic training. If

possible, written objectives and/or discussions between preceptor and AT should allow for individual AT development. Ideally, a formal evaluation process should be developed for new ATs, discussed and reviewed within the first 4-6 weeks of employment. Proper goals may include the following:

1. Goal(s) description
2. Metrics-how the completion of the goal is measured
3. Action steps to achieve the goal
4. Resources needed to achieve the goal
5. Setting a target completion date which may be ongoing

The performance goal development process may include at a minimum three specific areas: job responsibility, goal setting and competencies or behaviors. The process should include setting clear and specific expectations for each AT in these different areas. Job responsibility may automatically be developed by an organization's human resources department, which may not allow for specific tailored objectives. Ideally, goals in this area should reflect the AT's job description and may include but are not limited to athletic training objectives such as:

1. Delivery of care or services as outlined by the department's standard operating procedures
2. Implementation of injury prevention measures that are consistent with the department's operational philosophy
3. Proper referral of patients per department's operational procedures
4. Strong interpersonal skills to be able to communicate professionally and effectively across a large, diverse population including but not limited to patients, licensed health professionals, staff, coaches, parents etc.
5. Ability to recognize and carry out emergency action plans
6. Ability to make independent decisions under the direction/supervision of physicians
7. Ability to organize, prioritize and effectively complete job descriptions on a daily basis
8. Ability to support special events as assigned
9. Ability to prepare and maintain medical records per state requirements including but not limited to injury documentation, medical treatments, rehabilitation programs, and medical referrals
10. Ensure compliance with governing bodies such as National Collegiate Athletic Association, National Association of Intercollegiate Athletics, National Junior College Athletic Association, conference affiliation or university (organization) regulations if applicable
11. Maintain National Athletic Trainers' Association Board of Certification; and state licensure if applicable
12. Adhere to the expectations and professional responsibilities of the organization
13. Report non-compliance incidents to the preceptor and/or compliance office

The goal setting of the performance document may be developed by the AT. The AT should be encouraged to develop goals where they can support both the department and themselves. Goals may be specifically tailored to include an AT's direct job responsibilities. In addition, the AT should be able to list his/her goals for professional growth. It is also recommended for ATs and preceptors to document and discuss objectives that encourage a positive work/life balance.

The competencies or behavior aspect of a performance document may be pre-determined by an organizations human resource department. However, written objectives and discussions specific to the profession of athletic training may be written within each objective so the AT has a clear understanding of how each competency or behavior relates to their specific job responsibility. Standard competencies/behaviors may include the following:

1. Teamwork/Collaboration: Actively participate as a member of a team in an effort to move the team toward the completion of goals. Shows the ability to maintain strong personal connections with team members and key stakeholders. May align personal work and performance with the broader team to achieve mutual concerns.
2. Customer Centered Focus: Makes customer (patients) needs their primary focus of one's actions; develops and sustains productive customer relationships.
3. Job Knowledge: Has achieved a satisfactory level of technical and professional skill or knowledge in position related areas; keeps up with current developments and trends in areas of expertise.
4. Resource Allocation: Able to manage finances, organization resources to enhance department or organizational goals. This may not be applicable to all athletic training employees.
5. Embraces Change: Actively identifies problems and opportunities for change/growth and implements solutions where appropriate. Maintains effectiveness when experiencing major changes in work tasks or the work environment; adjusts effectively to work within new work structure, processes, requirements or cultures.

It is recommended that newly credentialed athletic trainers should have a monthly meeting with their preceptor(s) during the first 6-9 months of their employment if not longer. This provides opportunity for the AT and preceptor to discuss the transition process, concerns, and job performance feedback in a non-formal environment. A formal mid-year review that includes a review and discussion of the developed performance document may be appropriate for new ATs.

All ATs should have the ability to develop individual goals on an annual basis and undergo a formal annual review. For those ATs that require multiple preceptors, it is recommended that the review process take place in a group format. If this is not possible, one preceptor may take the lead as the primary preceptor. The primary preceptor should seek feedback from the secondary preceptor prior to the regularly scheduled review process.

## CONCLUSION

Human resources provides the framework, processes, programs, procedure, training, and the information employees need to succeed. New ATs should have a knowledge of the human resource services an institution or athletic department provides to assist them with their hiring decision process and transition into a new work environment. ATs who are transitioning into a new work environment should evaluate other areas beyond salary. Some of these hidden costs may include cost of living, parking, benefits package, and professional development. In addition, a new AT should have a clear understanding of their work environment, which may include job expectations, student-athlete management load, travel, ability to carry out record keeping and other administrative duties, understanding of the sports medicine departments operating goals, procedures and guidelines, and the overall athletic administrative support for the sports medicine department.

The human resource department may also work with the hiring preceptor and other athletic or institutional department personnel with the orientation process of a new employee. An introduction to the administrative structure of the organization should be provided during the early stages of a new AT's tenure. Also during this time, formal and non-formal relationships should be established for the new AT with the appropriate personnel. The new AT should have a clear understanding of their role and responsibilities with the respective resource structure they are currently employed. Such resources may include, but are not limited to sports medicine personnel, athletic and other campus facilities, community and medical resources.

In some instances, a mentorship program may be established to assist a newly credentialed athletic trainer into their new workplace environment. Mentors can help navigate a new employee with difficult situations or new experiences and assist them with their professional and social integration into their new setting. When developing a mentor program organizations should take into account different leadership and followership styles that may exist between a mentor and mentee in an effort to make an appropriate match. Formal mentor training is recommended to facilitate relationship building between mentor and mentee as well as promoting mentee growth.

Separate from the mentor/mentee relationship, but still critically important to the successful transition of a new employee is the performance review process. Although most organizations utilize some sort of evaluation process, many organizations do not ensure the success of the process. The athletic training profession and its structure within an athletic department or institution can offer some performance review challenges. Ideally, athletic trainers should have a preceptor(s) who has the ability to evaluate from a medical and administrative role. Depending upon the employee's job responsibilities and employment setting this may require more than one preceptor. Also, most human resource departments at higher learning institutions utilize a standard evaluation process that does not fit the athletic training profession. Parameters should be put in place to allow for athletic training specific and individual goal performance followed by a formal review process.

Providing a transitioning AT with a clear set of objectives, identifying resources and personnel to assist them in carrying out the objectives with continuing communication and feedback offers a successful transition opportunity for athletic trainers.

## New Athletic Trainer Employee Orientation Checklist <sup>(1)</sup>

Employee Name:	Hire Date:
----------------	------------

Checklist should be completed and signed within a predetermined period of time.

<b>Introductions:</b>	<b>Tour:</b>	<b>Benefit Information:</b>
<input type="checkbox"/> Supervisor	<input type="checkbox"/> On-Site Healthcare Facilities	<input type="checkbox"/> Human Resources Orientation
<input type="checkbox"/> Co-Workers	<input type="checkbox"/> Off-Site Healthcare Facilities	<input type="checkbox"/> Medical Insurance
<input type="checkbox"/> Physicians	<input type="checkbox"/> Practice Venues	<input type="checkbox"/> Retirement
<input type="checkbox"/> Coaches	<input type="checkbox"/> Competition Venues	<input type="checkbox"/> Vacation
<input type="checkbox"/> Administrators	<input type="checkbox"/> Strength/Conditioning Facilities	<input type="checkbox"/> Professional Liability Insurance
<input type="checkbox"/> Local EMT's		

<b>Policy and Procedure Review:</b>	<b>Expectations:</b>	<b>Performance Management:</b>
<input type="checkbox"/> Standing Orders	<input type="checkbox"/> Communication	<input type="checkbox"/> Preceptor(s) Delineation
<input type="checkbox"/> Emergency Action Plans	<input type="checkbox"/> Email	<input type="checkbox"/> Job Description
<input type="checkbox"/> Referral Process	<input type="checkbox"/> Dress Code	<input type="checkbox"/> Individual Annual Goals
<input type="checkbox"/> Documentation	<input type="checkbox"/> Structuring Work Hours	<input type="checkbox"/> Performance Appraisal Process
<input type="checkbox"/> Protocols/ Best Practices	<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Healthcare & Event Responsibilities
<input type="checkbox"/> HIPAA/ FERPA	<input type="checkbox"/> Licensure	
<input type="checkbox"/> OSHA	<input type="checkbox"/> BOC Certification	
<input type="checkbox"/> Budgeting, Inventory, Supplies	<input type="checkbox"/> BLS & Prof. Rescuer Certification	

I have received the new employee orientation and understand each of the above policies and procedures. I understand the importance of following these procedures in order to practice as a successful healthcare provider.

Employee Signature:	Date:
Immediate Supervisor Signature:	Date:

## References:

1. Vesci, B, Nordwall, S. Transition to practice. *NATA News*. January 2017: 26-29.
2. Mazerolle SM, Walker SE, Thrasher AB. Exploring the transition to practice for the newly credentialed athletic trainer: a programmatic view. *J Athl Train*. 2015; 50(10): 1042-1053.
3. Thrasher AB, Walker SE, Hankemeier DA, Pitney WA. Supervising athletic trainers' perceptions of graduate assistant athletic trainers' professional preparation. *J Athl Train*. 2015; 50(3): 321-333.
4. Theobald K, Mitchell M. Mentoring: improving transition to practice. *Australian Journal of Advanced Nursing*. 2002; 20(1): 27-33.
5. Bjugstad K, Thach EC, Thompson KJ, Morris A. A fresh look at followership: a model for matching followership and leadership styles. *JBAM*. 2006; 7(3): 304-319.
6. Society for Human Resource Management: developing individual performance goals; July 31, 2013.
7. Courson, R., et al. Inter-association consensus statement on best practices for sports medicine management for secondary schools and colleges: *Journal of Athletic Training*; 2014; 49(1): 128-137.
8. Parsons, J. 2014-2015 NCAA Sports Medicine Handbook, 25<sup>th</sup> edition.
9. NCAA Sports Science Institute: Inter-Association Consensus: independent medical care for college student-athletes, 2017.