Best Practices in Onboarding to Facilitate Transition to Practice

Ashley B. Thrasher, EdD, LAT, ATC, CSCS
Western Carolina University

Mary Helen Letterle, MBA, LAT, ATC
Mission Health System



Conflict of Interest



In compliance with continuing education requirements, all presenters must disclose any financial or other associations with companies to which they have a direct link and/or financial relationship that is related to the topic/content of their presentation.





Today's Goals



Athletic

Training

- 1. Identify the need for onboarding to assist new ATs with transition to practice
- Recognize onboarding needs of new ATs during transition to practice
- 3. Discuss onboarding tactics based upon onboarding models used in athletic training and other healthcare professions
- 4. Describe onboarding strategies that can be implemented to address organizational needs and support transition to practice for newly hired employees



Transition to Practice



Stressful life change

Face and overcome challenges

Incorporate change



Independence

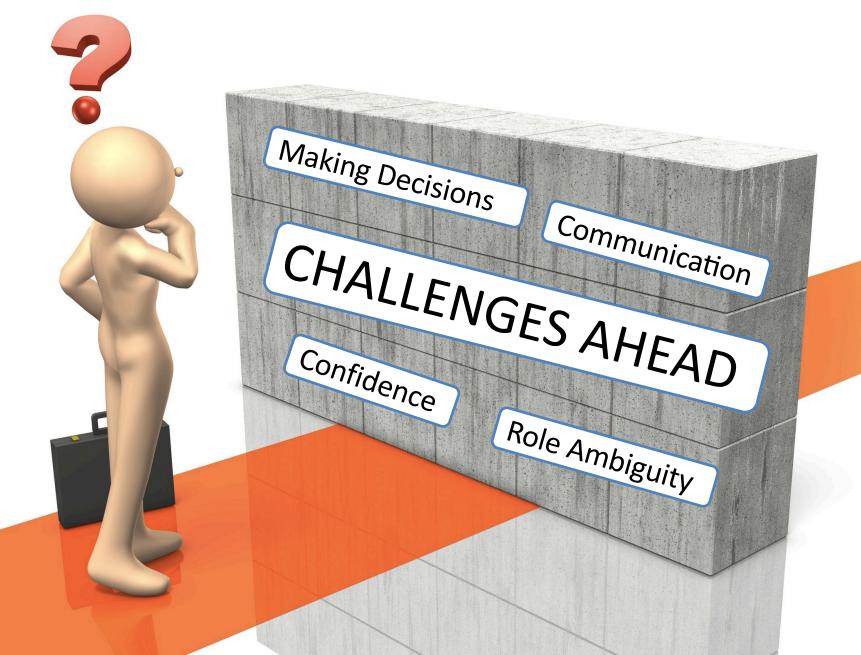
Self awareness

LEAVE YOUR COMFORT ZONE

Knowledge

Self-efficacy and competence

Role Understanding



Walker SE, Thrasher AB, Mazerolle SM, Rager J. Challenges newly credentialed athletic trainers' endure during their transition to practice. *J Athl Train*. [in press].

What are stressors during the transition to practice?



• Inadequate understanding of...

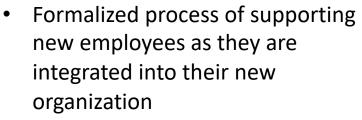
- How to structure hours
- Clear job/role expectations
- Where to get/order medial supplies
- What supplies/how much
- Physician referral and ordering MRIs
- How does documentation work
- Managing more than one team (prioritizing treatments)
- Managing being the first AT at a high school



Walker SE, Thrasher AB, Mazerolle SM. Exploring the perceptions of newly credentialed athletic trainers as they transition to practice. *J Athl Train.* 2016; 51(8):601-612.







Ongoing process: 12-18 months



Models of Onboarding



- Benner's Model of Skill Acquisition
- Process Model: from novice to competent
- Competency based
- Clinical and critical pathways





Skill Acquisition: From Novice to Expert



EXPERT

PROFICIENT

Full patient load

COMPETENT

Full patient load

BEGINNER

Independent patient load, working into full patient load

Has a designated point person

NOVICE

Manage a larger patient load, still interact with the preceptor



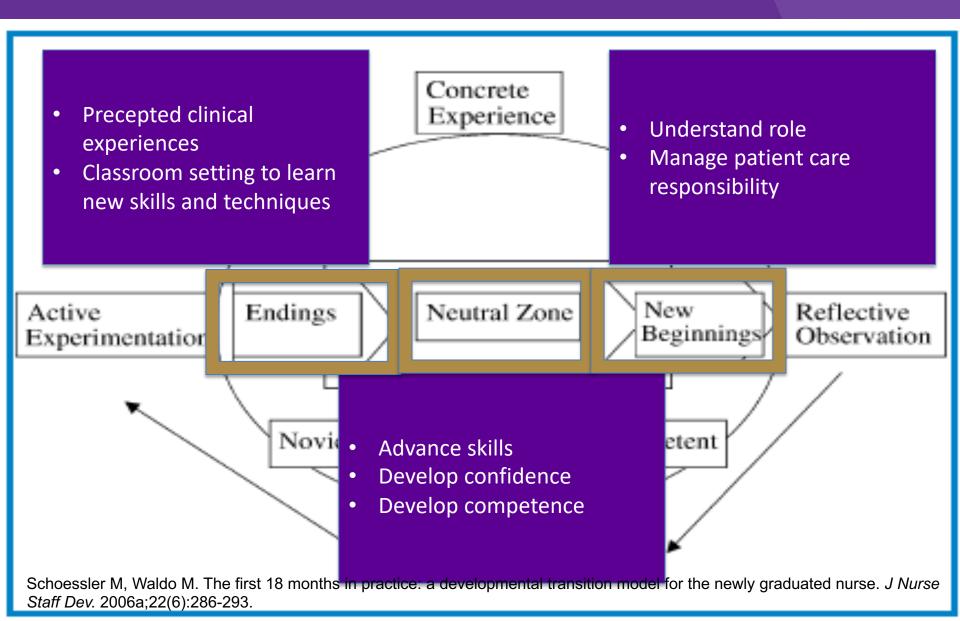
Work one-on-one with preceptor Focus on critical thinking, patient discussions, and feedback

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Athletic Training

Novice to Competent: A Process Model





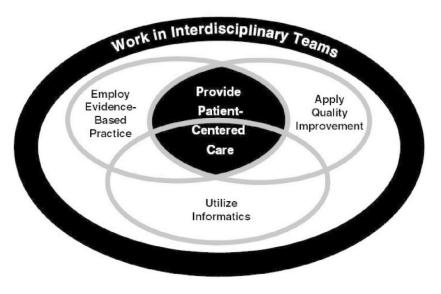
Competency-Based Onboarding



- Developed based on organizational needs
- Activities and learning modules to ensure competence



Overlap of Core Competencies for Health Professionals





Clinical and Critical Pathways



Phase Two: • Precentor observation

- Preceptor observation of patient interactions, documentation, and outcomes
 - Feedback
- Individualized based on abilities, experiences, and education

Phase One

Structured hospital orientation

Bumgarner S, Biggerstaff G. A patient-centered approach to nurse orientation. *J Nurs Staff Dev.* 2000;16(6):249-256

Onboarding Program Components



Length

– Up to 18 months

Programs

- Classroom/workshop learning
- Patientdiscussions/rounds
- Case studies
- Online modules
- Skills check-offs

Preceptorship

- One-on-one review of cases
- Feedback

Support

- Programdirector/coordinato
 - r
- Professional development staff

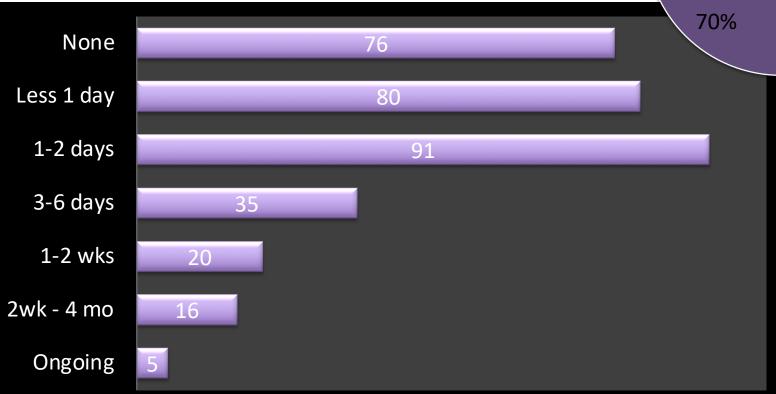
What is being done in AT?

Yes 30%

Assigned Mentor

No





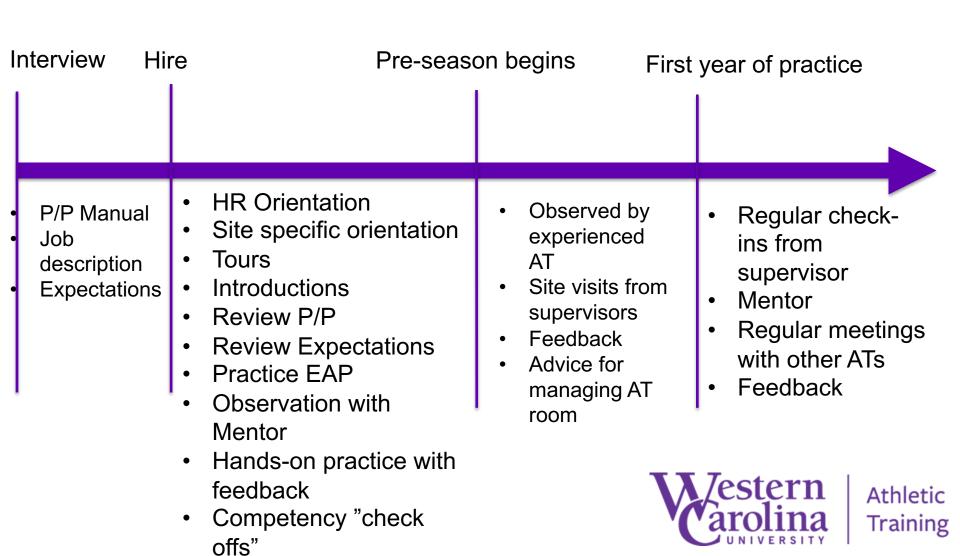
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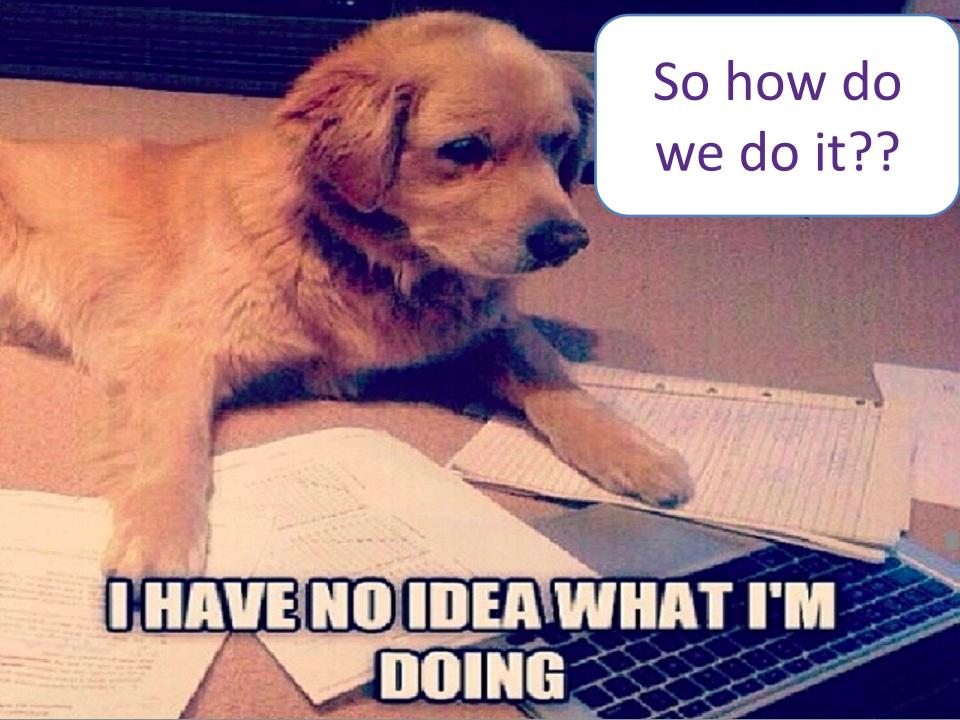
Athletic Training

Thrasher AB, Walker SE. Orientation process for newly credentialed athletic trainers as they transition to practice. J Athl Train. 2018;53(3):292-302.

What do new ATs need?









Thank you for your time!





