THE LIVED EXPERIENCE OF ATHLETIC TRAINING FACULTY WHO HAVE TRANSITIONED TO A MASTER OF ATHLETIC TRAINING PROGRAM INCLUDING INTERPROFESSIONAL EDUCATION: A TRANSCENDENTAL PHENOMENOLOGICAL STUDY

by

Shelby Nicole Martin

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

Liberty University

2022

THE LIVED EXPERIENCE OF ATHLETIC TRAINING FACULTY WHO HAVE TRANSITIONED TO A MASTER OF ATHLETIC TRAINING PROGRAM INCLUDING INTERPROFESSIONAL EDUCATION: A TRANSCENDENTAL PHENOMENOLOGICAL STUDY

by Shelby Nicole Martin

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

Liberty University, Lynchburg, VA

2022

APPROVED BY:

Kristy Motte, Ed D., Committee Chair

Alisha Castañeda, Ed D., Committee Member

ABSTRACT

The purpose of this qualitative phenomenological study was to explore current athletic training faculty perceptions regarding their transition from an undergraduate degree to a master's level athletic training program that includes interprofessional education (IPE). IPE can be defined as a collaborative learning experience between two or more healthcare profession programs. The theory guiding this study was Schlossberg's transition theory. The connection between Schlossberg's transition theory and faculty perspectives on transition from an undergraduate to graduate curriculum was how the faculty cope before, during, and after the transition. Purposeful, snowball sampling was used to select 10 participants sharing the common experience of implementing IPE within a Master of Athletic Training Education program. This study's data collection included individual interviews, journal prompts, and focus-group interviews. Moustakas' modified Van Kaam method was used for data analysis to develop a rich description of participants' experiences with transitioning to an MAT that included IPE. From the descriptions, three themes emerged: (1) Faculty need to feel supported when moving through a transition; (2) faculty education on IPE implementation strategies is important for creating meaningful IPE interactions; and (3) faculty need proper training and preparation prior to implementing IPE within an MAT.

Keywords: interprofessional education, athletic training education, faculty perspective, collaborative learning, transition theory.

Copyright Page

Dedication

I dedicate this dissertation to my family, including my parents, and my husband. My parents have provided me with much support and encouragement throughout my educational journey. Without their love and support I would not have a passion for continuing my education. Thank you to my husband for always encouraging me when I thought could not succeed. You have always believed in me and taught me not to give up on days when I was ready to give up. With the help of all of you I was able to push through the hard times and finally complete my dissertation!

Acknowledgments

I would like to take a moment and thank my committee chair, Dr. Motte. When I first started my dissertation journey, I was lost and lacked the confidence to complete this manuscript. Your help, guidance, and encouragement have guided me throughout this entire process. When overwhelmed with feedback, you remained positive and helped me work through each comment. Your passion for helping students succeed is unwavering.

Lastly, I would like to thank my previous athletic training professors who helped me find my passion in education. Dr. Clemmer and Dr. Peer, your support and encouragement throughout my development years as an athletic training student inspire me. I appreciate your dedication to the field of athletic training education and providing expertise in all your areas of specialty. I cannot thank you both enough for your support and guidance throughout this doctoral process.

Table of Contents

List of Tables

List of Figures

List of Abbreviations

Athletic Training Education Program (ATEP)

Board of Certification (BOC)

Commission on Accreditation of Athletic Training Education (CAATE)

Interprofessional education (IPE)

Interprofessional education competencies (IPEC)

Master of Athletic Training (MAT)

National Athletic Trainers' Association (NATA)

National Center for Education Statistics (NCES)

World Health Organization (WHO)

CHAPTER ONE: INTRODUCTION

In 2015, the National Athletic Trainers' Association (NATA), the Board of Certification (BOC), and the Commission on Accreditation of Athletic Training Education (CAATE) announced a strategic alliance aimed at improving educational standards and professional readiness (NATA, 2015). With the intention of improving patient care, outcomes of learning objectives, and assessment strategies, the NATA, BOC, and CAATE developed a plan for increasing preparedness of newly certified athletic trainers. Two significant changes to be implemented include transitioning all athletic training education programs to a master's level degree (MAT) and adding an interprofessional education (IPE) experience. IPE, a process whereby students from multiple healthcare education programs learn from and amongst each other in a collaborative setting, was introduced as an educational method intended to improve collaboration within a healthcare team (Geisler, 2015). This chapter includes background information regarding IPE implementation in athletic training, identifies the research problem, purpose, and questions, and presents the significance of the planned study.

Background

To truly understand the background of IPE in athletic training programs, IPE in healthcare settings must first be understood. IPE in athletic training programs can then be explored. A thorough background that considers the historical, social, and theoretical contexts is examined below.

Historical Context

In 1988, the World Health Organization (WHO) identified IPE as a beneficial learning experience in healthcare education; however, due to lack of research and institutional support, few athletic training education programs have adopted IPE into their educational curriculum

(Geisler, 2015; WHO, 1988). Geisler (2015) argued that adding IPE experiences within an academic curriculum is feasible, but the implementation methods remain unclear. Furthermore, the applicability of IPE models cannot be assumed to be adequate learning models for athletic training curriculum models (Geisler, 2015). The inclusion of IPE experiences should assist students in developing critical thinking, communication, and reflective practice skills (Fewster-Theuente & Batteson, 2018). IPE in athletic training is a growing trend that needs to be understood by faculty for effective implementation (Breitbach et al., 2018).

Healthcare in the United States is different from healthcare in other countries in that providers work in teams and collaborate with multiple healthcare professionals to provide comprehensive patient care (WHO, 2010). The WHO has advocated for the inclusion of IPE in healthcare education programs, leading accrediting agencies of higher education programs to further investigate the inclusion of IPE (Eliot et al., 2017; WHO, 2010). In support of the WHO, CAATE, the accrediting agency for athletic training education began requiring all programs to engage students in IPE immersion experiences in 2020 (CAATE, 2018).

While more athletic training education programs have begun engaging students in an IPE learning experience, specific educational goals and implementation are limited by lack of research surrounding an evidence-based education model (Breitbach et al., 2018; CAATE, 2018). Moving towards compliance with the new mandate, healthcare education programs added IPE competencies as a means for exposing students to necessary skills such as collaborative learning and communication (Breitbach et al., 2018; Fewster-Theuente & Batteson, 2018; Geisler, 2015). Specific IPE competencies for athletic training education can include communication, collaboration, conflict management and resolution, and team functioning (Breitbach et al., 2018; Eliot et al., 2017; Welsch et al., 2017).

Accreditation agencies have created core competencies, forcing academic programs to become accountable for exposing students to collaborative practice (Breitbach et al., 2018; Morrell et al., 2018). West et al. (2016) identified a balance of didactic education and clinical practical scenarios to increase student competence in these core areas through collaboration, communication, and clinical skills. Understanding the impact IPE competencies have on exposing students to collaboration is necessary for developing a cohesive healthcare team (Baker & Durham, 2013; King et al., 2016). However, there is a lack of empirical evidence to support the implementation of IPE in health education programs (Breitbach et al., 2018; Geisler 2015). Most research regarding IPE in the healthcare education field focus on medical students and provide minimal insight on IPE for an athletic training education program (Geisler, 2015).

Though research has identified barriers for implementation of IPE, studies identifying strategies for effective implementation in a master's-level athletic training education program remain limited (Breitbach et al., 2018). Known IPE implementation strategies include semester-long IPE courses, IPE workshops, IPE lessons or modules, and IPE simulations (Baker & Durham, 2013; King et al., 2016). However, due to the numerous implementation strategies and lack of transferability, an effective implementation plan for IPE is still unknown.

While a specific time for the completed implementation of IPE remains undefined, researchers have concluded that implementing IPE courses within a student's studies promotes effective communication and collaboration with other professionals in the healthcare setting (Breitbach et al., 2018; Morrell et al., 2018, 2019). Effective communication and collaboration are critical concepts for students to understand and become proficient in before transitioning from students to professionals. Experiences that engage students in collaborative learning may further develop content understanding, increase willingness to engage in clinical learning, and

increase respect among various healthcare programs (Morrell et al., 2018, 2019). Researchers have concluded that previous problems of time, support, and undefined implementation strategies in athletic training education would resolve once all of these programs have transitioned from an undergraduate curriculum to a master's-level program that implements IPE (Breitbach et al., 2018; Fewster-Theuente & Batteson, 2018; Geisler, 2015; Morrell et al., 2018, 2019).

Social Context

Athletic trainers provide services to secondary school athletes, pediatric orthopedic patients, collegiate athletes, professional athletes, dancers, military personnel, industrial employees, and the general population (CAATE, 2021). As healthcare systems continue to merge and promote a total patient care motto, it is necessary to strengthen social interactions through IPE among healthcare professionals during the preprofessional stage, to increase clinical readiness (Breitbach et al., 2018; Eliot et al., 2017; Morrell et al., 2018, 2019; Welsch et al., 2017). IPE was developed to improve patient care by engaging new healthcare professionals during the didactic learning phase of the curriculum (Breitbach et al., 2018; Morrell et al., 2019; WHO, 2010).

IPE models become even more critical in healthcare education as they may reduce clinical error, improve patient outcome, and increase communication. IPE instruction is essential as it addresses common issues in healthcare systems, including poor patient outcomes, increased medical errors, ineffective communication, and poor coordination between health professionals (Eliot et al., 2017). Incorporating IPE within a master's level athletic training education should increase accountability among CAATE programs and ensure quality patient care (Eliot et al., 2017). Implementation should also benefit the students being trained (Breitbach et al., 2018), the

patients they serve as future professionals (Stetten et al., 2019), the hospitals and organizations who employ them (Rizzo et al., 2015; Stetten et al., 2019), and the reputation of their alma mater (Olenick et al., 2019).

Theoretical Context

The theoretical underpinning of this study was Schlossberg's (1981) transition theory as I explored the experiences of athletic training faculty who have experienced the transition of incorporating IPE in a master's level athletic training education program. Schlossberg's (1981) transition theory requires reflection on life changes and how one has coped with those changes. According to Schlossberg (1981), a transition occurs when an "event or non-event results in a change in assumptions about oneself and the world and thus requires a corresponding change in one's behavior and relationships" (p. 5). A transition may be influenced by an individual's perception of the occurrence (Anderson et al., 2012). According to Schlossberg (1981), the primary factors that affect an individual's ability to cope with transition are situation, self, support, and strategies. Factors such as time, role change, anticipated outcomes, previous experience, duration of the event, and stress can influence one's ability to transition (Anderson, et al., 2012). Using the transition theory as a framework, I examined the stages of athletic training faculty moving in and through the transition of incorporating IPE in a master's level curriculum. Previous studies on IPE in athletic training programs have been limited in scope as they primarily focused on faculty's perceptions of barriers for implementation (Eliot et al., 2017; Fewster-Thuente, 2014; Stetten et al., 2019). This study sought to examine the perceptions of faculty in transitioning, developing, and implementing IPE in a master's level athletic training program and how faculty adapted through the transition process (Anderson et al., 2012).

IPE itself has limited research surrounding a theoretical underpinning. Kolb's (2014) experiential learning theory is briefly mentioned in research as a potential framework for developing and implementing IPE. Fewster-Theunte and Batteson (2018) argued that Kolb's experiential learning theory promotes student learning through concrete experiences that allow for stimulation and role identification. Kolb's (2014) theory is relevant to studies on IPE because it involves critical thinking and reflection. For IPE to become effective, students must critically think and reflect during collaboration (Fewster-Theunte & Batteson, 2018). While Kolb's theory was not selected for this study's theoretical framework because of its link to IPE, the constructs of Kolb's theory may be reflected in the data collected.

Situation to Self

As a former athletic training student, I have experienced resistance toward change from athletic training faculty, clinical preceptors, and clinicians. This resistance has become evident since I graduated in 2015, which is the year the master's level requirement was announced. While the required changes for athletic training programs continued to build and the attitudes of faculty were understandable, I tried to view change as a positive learning experience that allows for growth. Change allows for a new season of opportunity and promotes my personal goal of lifelong learning. However, when implementing change within an educational program, strategies for executing the change should be grounded in theory and aligned with learning objectives, student and community needs, and the beliefs of the instructor (Parkay et al., 2014). IPE in athletic training programs has not been thoroughly explored, thus implementation strategies are largely unknown. Those that do exist have not been aligned with theory or research as of this study.

As a requirement of my master's degree program, I completed an unpublished study on faculty perspectives on barriers to implementing IPE. I found that faculty had a positive attitude toward IPE, but lacked time, resources, and support as mentioned in previous studies (Martin & Huston, 2017). Having a passion for understanding the impact that IPE can have on student learning, I sought to exemplify a positive approach in overcoming known barriers by first uncovering faculty experiences with implementing an IPE learning experience.

Through this phenomenological study, I approached the research using the ontological assumption that realities are constructed through the lived experiences of individuals (Creswell & Poth, 2018). Additionally, understanding that multiple realities may be constructed through the lived experiences of different individuals was helpful as I uncovered faculty perspectives of their lived transition experiences (Moustakas, 1994). I approached this study using the epistemological assumption that findings will best emerge as I spent time with participants and relied on their descriptions of personal experiences to understand the phenomenon being explored (Creswell & Poth, 2014). Although I had biases and preconceived notions about the phenomenon being studied, my axiological assumption was that the subjective experiences of my participants are valuable and should be understood (Creswell & Poth, 2014). I used epoché, or the setting aside of prejudgments and beliefs, as a means for not letting my experiences influence the study and its findings (Moustakas, 1994).

To explore athletic training faculty perspectives on IPE, I used a social constructivist framework, which seeks an understanding of the world individuals live in by their interactions with it (Creswell & Poth, 2018). While I have lived in the world of athletic training myself, I hoped to uncover the meaning of my participants' experiences, rather than my own. Through reflexivity, "the researcher discloses their understandings about the biases, values, and

experiences that he or she brings to a qualitative research study" (Creswell & Poth, 2018, p. 261). Using reflexivity, I acknowledged my past experiences and biases to help mitigate their impact on this study.

Problem Statement

The problem is there is an absence of faculty voices regarding the lived experiences of transitioning from an undergraduate degree program to a master's level curriculum that includes IPE. In 2020, CAATE required all athletic training programs to implement IPE experiences within the planned curriculum. Beginning in the fall of 2022, the athletic training degree will have become only offered as master's level program (CAATE, 2021). However, athletic training education programs have resisted implementation of IPE because of lack of support, unclear implementation models, and evolving education standards (Breitbach et al., 2018; Morrell et al., 2018, 2019). Previous research on effective IPE implementation strategies lacks transferability and credibility for master's degree programs because many studies were completed using an undergraduate course model (King et al., 2016; Morrell et al., 2018). More recent studies provide the need for an IPE model that includes the necessary academic rigor needed for master's-level education programs, including critical thinking and independent research (Breitbach et al., 2018; Morrell et al., 2018, 2019). Understanding the experiences of faculty who have already transitioned to teaching in a master's level athletic training program that incorporates IPE learning experiences is needed to better explore effective IPE implementation strategies.

Purpose Statement

The purpose of this qualitative transcendental phenomenological study was to explore current athletic training faculty perceptions of their transition from teaching in an undergraduate degree to teaching in a master's level athletic training program that includes IPE. For this study,

IPE was defined as a collaborative learning experience between two or more healthcare profession programs (Solomon & Baptiste, 2013). The theory guiding this study was Schlossberg's (1981) transition theory. The connection between Schlossberg's transition theory and faculty perspectives on transition from an undergraduate to graduate curriculum was how the faculty cope before, during, and after the transition.

Significance of the Study

Research has provided a historical background on the potential benefits of including IPE within an athletic training program, yet little information is available to give educators insight on how to incorporate IPE. Instead, previous studies have focused on overcoming the known barriers of IPE implementation and some effective implementation strategies (Breitbach et al., 2018; Fewster-Thuente & Batteson, 2018; Morrell et al., 2018, 2019). This study was designed to better equip faculty and assist them in their understanding of IPE to ensure proper and effective implementation of an IPE experience.

Theoretical

This study applied Schlossberg's (1981) transition theory to understand the experience of faculty who have transitioned from a bachelor's athletic training program to a master's program. This transition also included incorporating the new IPE requirement. This study extended Schlossberg's theory by applying it to a new population. Schlossberg's (1981) theory was used to understand moving into, through, and out of a transition (Anderson et al., 2012). Its use in this study allowed for a better understanding of faculty perspectives on transitioning and redesigning curriculum to align with the CAATE standards and the academic rigor of an advanced degree program. This study assisted in deepening pedagogical discussion on designing and implementing IPE in athletic training education programs. Using Schlossberg's (1981) transition

theory, I examined how athletic training faculty coped with transitioning from an undergraduate curriculum to a master's level program that includes IPE.

Empirical

While literature has identified the value of using IPE in athletic training education programs and some strategies for implementing IPE, the experiences of faculty using IPE in master's level athletic training programs are not yet understood (Breitbach et al., 2018; Fewster-Thuente & Batteson, 2018; King et al., 2026; Morrell et al., 2018, 2019). The use of a transcendental phenomenological design (Moustaks, 1994) assisted in closing of a gap in the literature on IPE in athletic training education by illuminating the lived experiences reported by faculty as they transitioned to an academic curriculum that includes IPE at the master's level.

Practical

Practically, this study illuminated strategies for implementing IPE in athletic training programs and for better supporting the faculty who now teach in those programs at the master's level. The participants in this study shared their experience of implementing an IPE experience within their master's level athletic training education program. The athletic training faculty have a goal to ensure that students graduate with the necessary skills to pass the BOC exam on their first attempt (Eliot et al., 2017) as well as the skills to effectively communicate and collaborate as certified professionals (Fewster-Thuente & Batteson, 2018). By gaining insight from current faculty, stakeholders may be able to use the results of this study to evaluate proposed implementation strategies and determine effectiveness for their specific program, including any resources or trainings needed. The practical findings within this study provided faculty with insight from within their program to adjust and adapt curriculum implementation toward

students' personal needs. This study also assisted faculty and students in further understanding IPE as it applies to an athletic training education program.

Research Questions

According to Moustakas (1994) the intent of the central research question (CRQ) in phenomenological research is to identify what the participant experienced and understand what the experience was like. The research questions within this study explored the experiences of athletic training faculty who have transitioned to an MAT program including IPE. This study was guided by the following central research question and three research sub questions.

CRQ: What are the shared experiences of athletic training faculty who transitioned to an MAT program including IPE?

In studies by Morrell et al. (2018, 2019) and Breitbach et al. (2018), the researchers have explored student and faculty perceptions towards implementing an IPE experience in an undergraduate athletic training education program. Prior to 2020, IPE inclusion was voluntary and not required as a CAATE standard, and few athletic training education programs included IPE within the undergraduate curriculum (Breitbach & Richardson, 2015; CAATE, 2018). In efforts to advance the athletic training profession, each athletic training program has been required to transition to an MAT program that includes IPE (CAATE, 2021). This question sought to understand athletic training faculty experiences as they transitioned from an undergraduate curriculum to an MAT program including IPE.

The sub-questions to support the central research question are:

SQ1: What are the shared experiences of athletic training faculty preparing to transition to an MAT program that implemented IPE?

According to Schlossberg (1981) when examining transitions, it is important to understand what an individual is experiencing before, during, and after the transitioned has occurred. Transitions can be anticipated, unanticipated, or non-events. Understanding an individual's perception prior to a transition occurring is essential in understanding how an individual is impacted by the experience (Anderson et al., 2012). This question sought to understand athletic training faculty perspectives prior to transitioning to an MAT that includes IPE.

SQ2: What are the shared experiences of athletic training faculty during the transition to an MAT that implemented IPE?

Throughout a transition, an adult may experience a change in roles, relationships, or routine (Evans et al., 1998). The transition experience may differ between adults based on their past roles, relationships, or routines (Schlossberg, 1981). Understanding how previous roles, relationships, and routines impacted the athletic training faculty member's transition could help researchers better understand methods for implementing IPE in a MAT program. Examining the experiences of athletic training faculty as they moved to an MAT program that includes IPE assisted in creating an understanding of what the faculty are taking from the experience and how it relates to developing a curriculum plan that includes IPE.

SQ3: What are the shared experiences of athletic training faculty after transitioning to an MAT that implemented IPE?

The final stage of transitioning includes moving out of the transition and examining how the transition ultimately impacted the adult's life (Schlossberg, 1981). According to Schlossberg (1981) transitions are continuous, and as people move through life, they continually experience change and transition. These transitions often result in new relationships, behaviors, and self-

perceptions. This question sought to explore how the experiences of athletic training faculty transitioning to an MAT program that includes IPE will impact faculty who undergo a similar transition.

Definitions

1. *Transition theory* - "Any event, or non-event that results in changed relationships, routines, assumptions, and roles" is considered a transition (Evans et al., 1998, p. 111).
2. *Board of Certification (BOC)* - The BOC is a credentialing agency that provides the certification and certification maintenance of athletic trainers (BOC, 2021).
3. *Commission on Accreditation of Athletic Training (CAATE)* - CAATE is a higher education governing agency that establishes educational guidelines and standards for all athletic training education programs (CAATE, 2021).
4. *Interprofessional education (IPE)* - IPE is an educational process whereby professionals learn about, from, and with each other to improve collaboration and the quality of care (WHO, 1988).
5. *National Athletic Trainers' Association (NATA)* - The NATA is the professional membership association for certified athletic trainers that promotes professional development and engagement (NATA, 2021).

Summary

This research aimed to address the existing gap in literature regarding the perceptions of faculty in the planning and implementation of IPE in a master's level athletic training education program. Research has previously focused on athletic training student perceptions of collaborative learning but provided little insight on faculty perceptions or curriculum planning (Breitbach et al., 2018). The problem is that CAATE standards require all athletic training

education curriculums implement collaborative learning experiences, but limited research is available that provides faculty with effective implementation methods at the master's level (Breitbach et al., 2018; Fewster-Thuente & Batteson, 2018). Therefore, the purpose of this qualitative phenomenological study was to describe athletic training faculty perspectives of IPE implementation. This study also described faculty experiences with planning, designing, and implementing IPE within a curriculum and provides insight on current barriers for implementation.

CHAPTER TWO: LITERATURE REVIEW

Overview

The purpose of this qualitative transcendental phenomenological study was to explore current athletic training faculty perceptions of their transition from teaching in an undergraduate degree to teaching in a master's level athletic training program that includes IPE. This literature review was based on a collection of academic resources used to address interprofessional education (IPE) while providing a framework for answering the research questions. It was designed to address this study's research questions and gain insight into implementation methods used for interprofessional learning. The literature review first examines the theoretical framework of Schlossberg's (1981) theory of transition. Next, the literature review discussed IPE as it applies to healthcare, IPE in athletic training education, interprofessional education applications, simulation in IPE, faculty perceptions of IPE, and student responses to IPE. Lastly, a summary of the literature review outlines the relationship of the selected theoretical framework for faculty development of IPE in an MAT.

Theoretical Framework

This transcendental phenomenological study consisted of research based on athletic training faculty experiences as they transitioned from an undergraduate to master level program and included IPE in the educational curriculum. The theoretical framework for this study was centered on Nancy Scholssberg's (1981) transition theory. Schlossberg's (1981) transition theory was appropriate for understanding athletic training faculty experiences with transitioning because the theory examines "an event, or non-event that results in a change in assumptions about oneself and world and thus requires a corresponding change in one's behavior and relationships" (p. 5). Schlossberg's transition theory is currently widely accepted in healthcare education as the theory

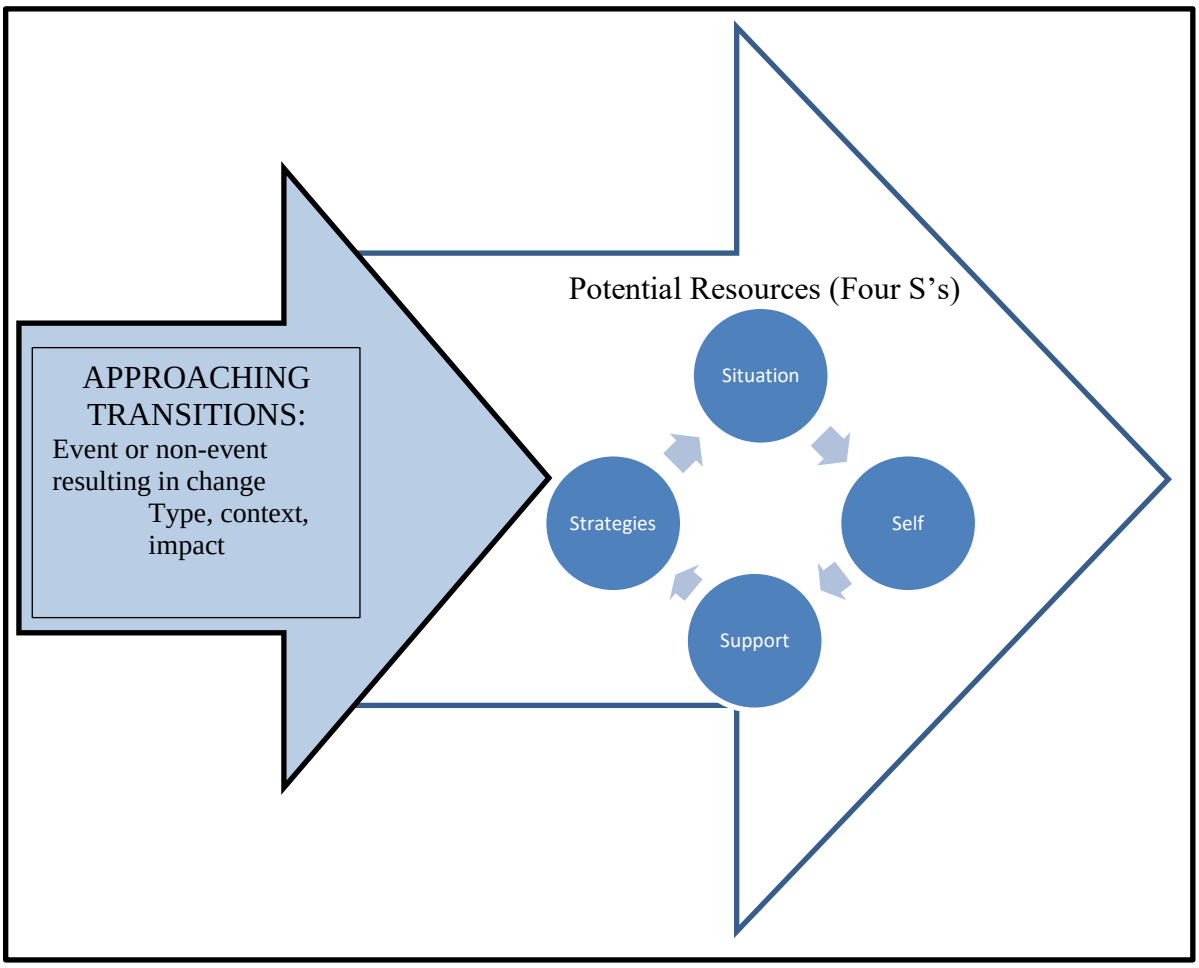
provides a framework for anticipating, experiencing, and completing a transition at an organizational, situational, developmental, or cultural level.

Schlossberg's (1981) transition theory was founded on the adult development theories of several theorists, including Erikson's (1950) stages of development theory, Levinson's (1978) seasons of life theory, Vaillant's (1971) adult tasks theory, and Neugarten's (1976) social clock theory. Schlossberg's transition theory is a bidirectional movement rather than a linear progression as the transition process does not have an endpoint (Anderson et al., 2012). Sargent and Schlossberg (1988) proposed three fundamental truths regarding adult behavior, "adult behavior is determined by transitions, not age, adults are motivated to learn and change, and adult readiness for change depends on the four Ss–situation, support, self, and strategies" (p. 58). The four S's are attributed to influencing how an individual copes with transitioning (Evans et al., 1998).

Schlossberg (1981) first introduced her theory in an article titled "A Model for Analyzing Human Adaptation to Transition" and has since co-authored multiple books describing the theory in detail. Schlossberg developed her theory on transition as means for understanding adult development. Schlossberg (1981) argued that as people move through life, they continually experience change and transition, and these transitions often result in new relationships, behaviors, and self-perceptions. Since its initial conception, Schlossberg has adapted the theory into three parts, provided a detailed synopsis of the transition process in adults, and developed the four S's model (Anderson et al., 2012). For this study, the current description of Schlossberg's theory on transitions was used (see Figure 1).

Figure 1

The Individual Transition



Note. The individual in transition. Adapted from "The Transition Framework," by M. L. Anderson, J. Goodman, and N. K. Schlossberg, *Counseling Adults in Transition: Linking Schlossberg's Theory with Practice in a Diverse World* (4th ed., p. 39), 2012, Springer. Publisher permission for adaptation for use (see Appendix B).

The transition theory is founded on three principles. The first is when an individual identifies that they are moving in, through, or out of a transition (Anderson et al., 2012). Second, the individual identifies their perspective on coping resources as they transition using the 4 Ss model (situation, self, support, and strategies) (Anderson et al., 2012). The third principle is that

transitions are a process that occur over time and have no end point (Anderson et al., 2012). Individuals move into, through, and out of the transition in three phases. A transition is "any event, or non-event that results in changed relationships, routines, assumptions, and roles" (Evans et al., 1998, p.111). Transitions can only be defined by the individuals experiencing it.

To understand the impact of a transition, considerations must be given to the type, context, and impact towards an individual (Evans et al., 1998). Consideration to the type of transition includes, anticipated, unanticipated, or a non-event (Evans et al., 1998). Anticipated transitions are those that are predictable and not surprising. Unanticipated transitions are those events that are not scheduled and are not predictable. Non-events are transitions that are anticipated but do not occur. This type of transition can be personal, ripple, resultant, or delayed (Evans et al., 1998). Personal non-events are those related to individual desires and goals. Ripple non-events are transitions that are perceived as non-event because the predicted event did not occur in someone else. Resultant non-events can be caused by an event occurring, and delayed non-events are those that one anticipates may still happen. The context of transition refers to the place where the event happens and the relationship of the individual to the transition (Evans et al., 1998). The impact of a transition is based on degree to which the transition alters the daily life of an individual (Evans et al., 1998).

As an individual navigates through the process of transition, multiple variables may influence the person's perception. The variables can include role changes, effects (positive or negative), sources (internal or external), timing, duration, onset, and degree of stress (Schlossberg, 1981). Each variable may be influential in how one moves in, through, and out of the transition process. Using Schlossberg's (1981) transition model as a framework, this study will seek to explore athletic training faculty perceptions as they transitioned from an

undergraduate to master level athletic training program that includes IPE. Using the three steps identified by Schlossberg, faculty will share their experiences as they moved in, moved through, and moved out of the transition. Moving in is the beginning of the transition process and occurs when a person transitions to a new situation. It is here that they establish a new role, relationship, routine, or assumption (Anderson et al., 2012). Since the faculty in this study transitioned from the undergraduate course model to master level course curriculum that includes IPE, their moving in experiences can be understood. Moving through a transition occurs when the adult learner establishes their new role (Anderson et al., 2012). During this phase the individual identifies how the transition affected their life. The affects can be positive or negative. The moving through experiences of faculty in this study will also be explored. The final phase of moving out of a transition requires reflection and critical thinking. During the moving out phase the individual begins to disengage from the current transition or begins to seek the next transition.

The process of transitioning can be influenced by situation, self, support, and strategies (the four S's). The four S's are also known as resources for the individual during each transition phase (Evans et al., 1998). Situation includes what the individual may be experiencing at the time of the transition. Situations can include triggers, timing (on time or off time), control, role change, duration (temporary, permanent, uncertain), role change (gain or loss), previous experience, concurrent stress, and assessment. Self is defined as the personal characteristics and demographics of the individual (Anderson et al., 2012). Factors related to self are classified by personal or psychological. Personal resources include stage of life, gender, age, socioeconomic status, health, and ethnicity (Evans et al., 1998). Psychological resources include ego development, outlook, commitment, and values (Evans et al., 1998). Social support includes,

relationships, family units, friends, networks, institutions, and communities (Evans et al., 1998). Strategies or coping responses include those that modify the situation, control the meaning of the problem, and those that aid in managing the stress in the aftermath (Evans et al., 1998). This study explored the four S related resources and supports that faculty relied on as they transitioned to an MAT that includes IPE.

Related Literature

IPE is an educational strategy that has been incorporated in education programs for nursing, physical therapy, medicine, pharmacy, and athletic training (Morrell et al., 2018). It was introduced in 1988 as the WHO recognized the need for IPE globally in healthcare organizations. However, due to lack of standardization and program requirements, IPE lacks theoretical underpinnings. Breitbach et al. (2018) argued that IPE implementation has been limited because of limited institutional support for curriculum change. Due to recent initiatives by the Strategic Alliance and CAATE, IPE in athletic training education is currently gaining support for implementation.

Interprofessional education (IPE) is defined as an educational process whereby students learn about and from each other in a collaborative environment (WHO, 2010). The WHO developed IPE learning initiatives with the goal of improving patient safety (WHO, 2010). The United States healthcare delivery model has evolved from a single-care physician model to an intricate patient-centered healthcare team. Patient-centered healthcare teams have led to improved patient outcomes, increased patient safety, and decreased cost (Baumen et al., 2015; Sullivan et al., 2015). Working as a healthcare team requires collaboration and effective communication among all professionals. IPE was developed as a pedagogical approach to provide healthcare education students experience with collaboration and communication in a

teamwork environment (Nelson-Brantley & Warshawsky, 2018). Team-based learning, communication, and understanding of roles and responsibilities are the primary purposes within experiential learning, adult learning, and interprofessional education.

Evolution of Athletic Training Education Programs

The evolution of the athletic trainer and athletic training education programs are closely related to the development of the National Athletic Trainers' Association (NATA) (Delforge & Behnke, 1999). The first curriculum for athletic training education was established in 1959, and as the profession grew, the NATA recognized the need for a credentialing exam (Kutz, 2019). In 1971, the first Board of Certification (BOC) exam was administered (Diakogeorgiou et al., 2021). From 1970 to early 2000 the NATA and BOC offered multiple avenues for certification including a didactic education curriculum, an 1,800-hour clinical apprenticeship, or 1,500 hour internship (Diakogeorgiou et al., 2021). The BOC now controls and establishes standards for certification, standards for the practice of athletic training, and continuing education (BOC, 2021). Until 2004, there was little regulation on education standards and certification routes for athletic training (Diakogeorgiou et al., 2021).

In 2004, the Commission on Accreditation of Athletic Training Education (CAATE) was formed and created standards for athletic training education, thus, eliminating the apprenticeship and internship routes for certification (Diakogeorgiou et al., 2021). CAATE is responsible for creating and governing the accreditation of all levels of athletic training education, including professional degree programs, post-professional athletic training programs, and athletic training residency programs (CAATE, 2021). Through CAATE in 2004, all prospective athletic training students were then required to obtain a four-year undergraduate degree or two-year master's degree to be eligible to sit for the BOC exam (CAATE, 2021).

In 2015, in alliance with the BOC and NATA, CAATE announced that the required degree for professional education and eligibility for the BOC examination would change to a master's degree level only (CAATE, 2018; Diakogeorgiou et al., 2021). Each program must be approved by CAATE to transition to a Master of Athletic Training (MAT). With the master's degree transition ongoing, the final cohort of baccalaureate students should enter by the fall of 2022 (CAATE, 2018). To support the transition to a MAT professional program, CAATE updated and revised the accreditation standards, effective 2020 (CAATE, 2018; Diakogeorgiou et al., 2021). There were currently seven CAATE accredited post-professional programs that were offered at the master and doctoral level (CAATE, 2018). Post-professional degree programs are intended for individuals who are credentialed as a certified athletic trainer and are looking the expand on skills and knowledge beyond what is offered during a professional program (Diakogeorgiou et al., 2021). Similarly, accredited post-professional residency programs were designed for certified athletic trainers who were looking acquire advanced knowledge using a structured curriculum and clinical components (CAATE, 2021; Diakogeorgiou et al., 2021).

Interprofessional Education in Healthcare Education

The push to include IPE and collaboration in healthcare dates to World War II (Baldwin & Baldwin, 2007). IPE received greater attention after the publication of *Learning to Work Together for Health* (WHO, 1988). Through this publication, the WHO outlined the need for collaborative practice or working as a team to reduce medical errors and improve communication for patient safety. To assist with initiatives for including IPE in healthcare education programs, the Institute of Medicine (IOM) developed core competencies. Most recently, in conjunction with the IOM competencies developed in 2003, the IPEC (2016) further expanded and developed competencies to assist faculty in adapting educational curriculums to include IPE. Healthcare

education programs are responsible for engaging students in constructs that promote teamwork and collaboration (Morrell et al., 2018). Faculty, in return, must adapt curriculum, courses, learning objectives, and experience to assist in the development of communication, respect, and understanding of roles and responsibilities (Breitbach et al, 2018).

Fundamentals of Interprofessional Education

Collaboration and teamwork are two foundational principles for effective interprofessional practice (Bell et al., 2020). IPE standards have been added to assist pre-licensure students in learning effective teamwork and communication before professional practice (Bell et al., 2020). Healthcare organizations value teamwork and collaboration as a method for building a culture and obtaining goals (Breitbach et al., 2017). Shared values, leadership, and delegation are mutual characteristics between effective healthcare teams and organizations (Breitbach et al., 2017). Through shared learning experiences, students create an understanding of the need for teamwork and cohesiveness for patient care (Hinyard et al., 2017.

Increasing communication and collaboration between healthcare students are key learning objectives in IPE. Interprofessional communication is defined as the ability for students to communicate with parents, patients, communities, and other health professionals “in a responsive and responsible manner that promotes a team approach” (Mahler et al., 2018, p. 8). Effective communication is necessary at a patient and professional level as it has the potential to reduce clinical error and patient misdiagnoses (Homeyer et al., 2018). Communication and collaboration on a professional level reduce stereotypes and improve attitudes toward differing professions (Homeyer et al., 2018). Collaboration and communication from a patient level enhance treatment planning and enhances cooperation amongst team members (Homeyer et al.,

2018). IPE provides opportunities to develop interprofessional communication skills and practice collaboration in a healthcare team.

Providing opportunities for pre-licensure healthcare education students to understand the roles and responsibilities of each member of a healthcare team promotes positive attitudes towards teamwork (Mishoe et al., 2018). Collaborative IPE learning experiences expose students to multiple problem-solving approaches (Mishoe et al., 2018). Students report that a collaborative learning experience decreases resistance and hesitation in communicating with other healthcare professionals (Mahler et al., 2018). Through IPE experiences, students report an increase in confidence and willingness to engage in collaborative practice (Homeyer et al., 2018; Mahler et al., 2018).

Interprofessional Education Competencies

Healthcare education accreditation agencies have recognized the need for healthcare education programs to incorporate IPE within the curriculum and implement IPE-specific standards. Each program must demonstrate active participation and compliance with each standard as a requirement for maintaining program-specific accreditation. According to Sevin et al. (2016), healthcare education programs have begun adapting planned curricula by aligning IPE learning objectives with the IPEC competencies to comply with accreditation standards. The Commission on Collegiate Nursing Education implemented IPE standards in 2018. According to this commission, the nursing curriculum should include “planned clinical practice experiences that foster interprofessional collaborative practice” (CCNE, 2018, p. 7).

IPE education standards were required for pharmacy programs beginning in 2016. According to the Accreditation Council for Pharmacy Education, each pharmacy education program must provide students with “entry-level, patient-centered care in a variety of practice

settings" (ACPE, 2016, p. 7). Pharmacy students must also serve as a contributing member of an interprofessional team (ACPE, 2016).

In addition to pharmacy and nursing programs, IPE has also been used in physical therapy education as the Commission on Accreditation of Physical Therapy Education recognized the need for IPE inclusion within the planned curriculum. They implemented IPE standards for all accredited programs in 2018. According to the Commission on Accreditation of Physical Therapy Education, to comply with standard 6F, programs must have a didactic and clinical education curriculum that includes IPE (CAPTE, 2020).

No matter the type of program implementing IPE, educators who incorporate IPE learning must direct educational experiences towards the development of interprofessional competencies, including values and ethics, communication, roles and responsibilities, and teamwork (CAPTE, 2020; IPEC, 2016). The accrediting agencies for dental, medical, and occupational therapy education programs have also incorporated standards for the inclusion of IPE within their respected curricula. While most accrediting bodies require IPE, each program is allotted flexibility in the implementation methods used, allowing for program and university-specific considerations.

Interprofessional Education in Athletic Training

Interprofessional education in athletic training research is limited compared to other healthcare professions such as nursing, medicine, and pharmacy. However, athletic training is a healthcare profession recognized by the American Medical Association that specializes in the prevention, evaluation, treatment, and rehabilitation of acute, chronic, and emergent injuries or medical conditions (NATA, 2021). Athletic trainers work as a part of an interprofessional team, commonly interacting with physicians, physical therapists, occupational therapists, strength and

conditioning staff, and nutritionists (Parry et al., 2019). To ensure the preparedness of the athletic trainer to communicate and collaborate in a professional role effectively, the Commission on Accreditation of Athletic Training Education (CAATE) has introduced new standards that will require all athletic training education programs to incorporate interprofessional learning experiences (CAATE, 2018).

The CAATE has spent considerable time and effort on adapting athletic training education standards that accurately reflect the learning requirements for a master's level degree program. The CAATE has added standards that directly align with interdisciplinary practice guidelines set forth by the WHO, IOM, and the IPEC. Under standard eight of the CAATE 2020 Standards for Accreditation of Professional Athletic Training Programs, planned interprofessional education is required to be incorporated within the professional program (CAATE, 2018.). To comply with the CAATE standards, multiple exposures to interprofessional education are required (CAATE, 2018).

Existing research on IPE in athletic training found that IPE concepts are commonly misunderstood and lack consistency in approach (Breitbach & Richardson, 2015). Rizzo et al. (2015) noted that faculty lack educational training for implementing IPE. Hankemeier and Manspeaker (2018) also reported a lack of consistency in practicing and implementing IPE in athletic training education. Lack of consistency among athletic training programs correlates with the reported barriers for IPE implementation. Primary barriers for IPE implementation are education level equivalencies, faculty availability, time, administrative support, and facilities (Eliot et al., 2017; Fewster-Thuente, 2018; Stetten et al., 2019). IPE implementation is impeded by administrative support through funding, program requirements, and the elective inclusion of

IPE by healthcare education programs. Faculty also identify time as a challenge to the inclusion of IPE (Hankemeier & Manspeaker, 2018).

Time is needed to alter curriculum plans, develop learning modules, identify course objectives, plan collaborative experiences, and create assessments as they align with IOM and IPEC competencies. Educational equivalencies and program requirements have resulted in limited application of IPE within healthcare education (Fewster-Thuente & Batteson, 2018). Healthcare education programs are offered as pre-professional and professional degree programs and have a systematic academic plan limiting the availability to alter curriculum plans to include IPE experiences. Education level equivalencies vary based on institution and healthcare programs available. As athletic training education programs transition to a professional master's degree, availability to collaborate with other graduate-level healthcare programs is needed for IPE inclusion (Brietbach et al., 2018; Stetten et al., 2019).

IPE in athletic training is also limited by faculty commitment to IPE initiatives. In a survey by Breitbach et al. (2018), CAATE accredited athletic training program directors (N = 322) reported a lack of institutional infrastructure and interprofessional readiness of faculty as reasons for not implementing IPE within the current curriculum. Breitbach et al. (2018) noted that IPE occurred more frequently in athletic training programs housed with health science-related programs. Further, institutional support and faculty commitment were identified as critical factors for increasing IPE within athletic training education programs (Breitbach et al., 2018; West et al., 2016). Programs that have successfully implemented IPE within the athletic training curriculum share characteristics of faculty development, faculty commitment to learning, and faculty understanding of IPE learning objectives (West et al., 2016).

Interprofessional Education Implementation Strategies

IPE Implementation strategies have varied based on individual, institutional resources, and availability. CAATE and other healthcare accreditation agencies have created broad-based IPE standards allowing diversity and variability for IPE inclusion. West et al. (2016) reported the most common collaboration between medical and nursing schools. The most common implementation methods have included small group activities, simulation-based learning, game and role-play, and integrated learning modules (West et al., 2016). Other reported methods for IPE implementation have included service-based projects, case study analysis, and semester-long courses (Bell et al., 2019; Sevin et al., 2016; Stetten et al., 2019; Williams et al., 2020).

Alternative IPE immersion methods are necessary to understand based on institutional and programmatic structures (Jutte et al., 2016). Manspeaker and Wallace (2019) investigated the effectiveness of IPE using a short-term study abroad experience. A 17-day immersive study abroad experience exposed students (n = 12) to global education while learning from, with, and about each other in an international clinical setting. In the development of the IPE study abroad, experienced faculty acknowledged ($n = 2$) the need to consider course objectives, location rationale, budget, health, safety, security, and educational content (Manspeaker & Wallace, 2019). A short-term study abroad experience allowed for the increased collaborative practice among students, increased faculty, and student understanding of IPE learning, and provided faculty diversity (Manspeaker & Wallace, 2019). A shared study abroad and IPE learning experience promotes an increase in communication and respect for cultural diversity seen in healthcare (Manspeaker & Wallace, 2019).

Attributes Developed Through Interprofessional Education

In a review of studies on interprofessional education, positive attributes of increased communication, understanding of roles and responsibilities, mutual respect, and improved

attitudes towards IPE have been affirmed (Bell et al., 2019; Morrell et al., 2019; Simko et al., 2017). Understanding roles and responsibilities as healthcare provider limits patient error and improves communication among healthcare providers (Bell et al., 2019). The attributes developed through an IPE course are important for uncovering methods to improve patient care.

Bell et al. (2019) examined the effects on healthcare students' attitudes towards IPE after an interprofessional collaboration course and reported increased willingness to collaborate with other healthcare students. The study by Bell et al. (2019) includes the most diverse student population sampled (N = 868), including students enrolled in pharmacy, physician assistant, audiology, athletic training, physical therapy, speech-language pathology, healthcare administration, graduate psychology, and optometry. The diverse student population studied provides insight for faculty on programs to consider for the inclusion of IPE experiences (Bell et al., 2019). Additional support has been noted for IPE inclusion through semester-long courses, educating students in collaborative practice and effective communication strategies (Bell et al., 2019). Similarly, through discussion and case study analysis, applications of IPE have led to the increased willingness to communicate and positive student attitudes towards teamwork (Mishoe et al., 2018).

In healthcare, IPE assists the individual learner through critical reflection, practice, and re-application (Homeyer et al., 2018; Simko et al., 2017). By engaging students in critical reflection during IPE learning experiences, students are exposed to interprofessional thinking and the development of acquired skills (Homeyer et al., 2018). Reflection and problem-solving skills engage learners in practicing communication and working alongside a team. Students are limited in collaborative practice and application through case study discussions as the patient scenario is fictional, and students are not able to apply clinical skills (Williams et al., 2020). Mishoe et al.

(2018) reported that students actively engage in problem-solving approaches and reflection through case study analysis and discussions.

Professional Role Identification through Interprofessional Education

Understanding one's personal and professional roles as an athletic trainer can increase clinical confidence and improve communication between healthcare professionals. A case study examining the effectiveness of IPE one year after the completion of an introductory IPE course identified student benefits of IPE as increased practical collaboration, overcoming prejudice towards other healthcare professions, and increased knowledge of healthcare roles (Mahler et al., 2018). Mahler et al. (2018) identified the use of IPE as a tool to increase contact between healthcare students. Simko et al. (2017) supported the finding by Mahler et al., reporting similar results through a semester-long, three credit IPE course. Semester-long IPE exposure has led to increased knowledge of interprofessional teamwork, identification of professional roles, and an increased understanding of respect and collaboration as a healthcare team (Simko et al., 2017). Jutte et al. (2016) reported improved student learning outcomes of increased clinical knowledge, increased understanding of professional roles, and improved communication between groups.

Understanding the role of each healthcare provider is necessary for knowledge exchange, respect, and patient safety. In a survey on the IPE of pre-licensed healthcare students (N = 36), IPE, through round-table discussions, provided an opportunity for students to share and exchange ideas (Williams et al., 2020). Williams et al. (2020) reported effective IPE exposure through group discussions as students were exposed to IPE roles, socialization, and communication. Through active discussions, students were exposed to the specific roles of other healthcare providers.

On an individual level, IPE assists the learner in identifying a professional identity, individual roles and responsibilities, and accountability (Mahler et al., 1018; Morrell et al., 2019; Simko et al., 2017). Professional identity can also be explored through personal learning goals. Personal learning goals are necessary for IPE curriculum planning to assist students in the development of autonomy, clinical confidence, and accountability. Healthcare education must prepare learners to work in a patient-centered work environment where each healthcare provider's role is understood. Being patient-centered as an athletic trainer is important to promote individualization and confidence during patient care.

Service- Based Learning in Interprofessional Education

Service-based projects have been reported as an effective implementation strategy for interprofessional learning. In a study by Sevin et al. (2016), students completed a semester-long free clinic and engaged in bi-weekly guided reflections to discuss challenges, team dynamics, roles and responsibilities, and communication needs. Upon completing the student-run clinic, students demonstrated an increase in interprofessional ethics and values, a greater understanding of roles and responsibility, increased willingness to collaborate as a team, and increased interprofessional communication between varying healthcare professions (Sevin et al., 2016).

Service-based learning experiences provide a unique experience for students and provide access to a diverse population during the clinical experience (Stetten et al., 2019). In a review by Stetten et al. (2019), service-based IPE experiences provided students with exposure to collaborative learning communities and promote increased respect among healthcare providers while providing insight to the community being served (Stetten et al., 2019). Stetten et al. (2019) suggested further rigorous planning for the use of service-based IPE as a curriculum plan. Diversity in participation population and among healthcare exposure is important for athletic

trainers as there are multiple work settings in which an athletic trainer may be employed. Variety in clinical education through IPE experiences promotes and assists in developing the student's professional identity (Mishoe et al., 2017; Stetten et al., 2019).

Interprofessional Education Simulation

More recent IPE studies examined student attitudes and implementation methods using simulations (Morrell et al., 2019; Palaganas et al., 2014; Williams et al, 2020). Through simulation in IPE, students can apply clinical skills and communicate through active engagement. Healthcare programs engage students in clinical education that allow for the realistic application of learned skills. Faculty have adapted IPE learning experiences to allow for a clinical application (Morrell et al., 2018). Palaganas et al. (2014) encouraged the use of simulation IPE in healthcare as it closely resembles clinical practice, provides a more objective assessment, and provides more relevant feedback. Palaganas et al. (2014) identified debriefing as a core component of these simulations. Debriefing allows for reflection, peer-to-peer sharing and can be used as a form of informal assessment of learning through guided discussions.

Using simulation as an implementation method in IPE requires faculty planning and support (Palaganas et al., 2014). Effective simulation-based IPE implementation begins with the development of a faculty team (Watts et al., 2020). The faculty development team identifies learning objectives, adapts curricula to include IPE simulation, promotes faculty development, creates debriefing objectives, and formulates assessment of the learning objectives (Watts et al., 2020). Throughout the planning process, scenarios, assessments, and debriefing strategies should be analyzed to ensure alignment with learning objectives. Pre-briefing prior to the simulation experience exposes the learner to learning objectives and purpose, provides an overview of simulation expectations, identifies resources available, and allows for psychological safety

(Watts et al., 2020). Debriefing after the simulation experience allows for learning objectives to be reinforced and learning concepts to be clarified. According to Decker et al. (2015), debriefing should be structured. Using structured debriefing promotes normalization and quality in the learning session by creating consistency among faculty leading the debriefing (Watts et al., 2020).

Assessment in Interprofessional Education

Assessment using IPE can be formal or informal (Solomon & Baptiste, 2013). Watts et al. (2020) identified observation and feedback as methods for formal assessment. Additionally, assessment of learning objectives has been explored using pre-and post-experience surveys (Morrell et al., 2018, 2019; Watts et al., 2020). Developing assessment for simulation-based IPE experiences should align with the learning objectives and at least one of the IPEC competencies, which include values and ethics for interprofessional practice, roles and responsibilities, communication, and teams and teamwork (IPEC, 2016; Palaganas et al., 2014).

Validated assessment tools have been developed for use across multiple healthcare professions that can be used for the assessment of IPE learning. Examples of IPE assessment tools include Interprofessional Attitudes Scale (IPAS), Readiness for Interprofessional Learning Scale (RIPLS), Attitude Towards Healthcare Team Scales (ATHCT), Interprofessional Collaborative Competencies Attainment Survey (ICCAS), Interdisciplinary Education Perception Scale (IPES), the Jefferson Scale of Attitudes Toward Interprofessional Collaboration (JeffSATIC) and TeamSTEPPS Teamwork Attitudes Questionnaire (T-TAQ).

The RIPLS study is commonly reported and modified for use in research studies exploring faculty and student perceptions towards IPE experiences. The RIPLS survey was developed and validated for use by healthcare professions to assess attitudes and perceptions of

students and professionals to determine readiness for interprofessional learning and change (Parsell & Bligh, 1999) prior to the push for IPE inclusion in healthcare education by the WHO in 2010, the IPEC competencies proposed in 2016, and the updated CAATE standard proposed in 2018. Since the validation of the RIPLS survey by Parsell and Bligh (1999), researchers have modified the survey to assess better faculty or student attitudes towards interprofessional learning as it aligns with IPEC competencies and WHO guidelines (Mahler et al., 2015; Shrader et al., 2015).

Simulation in Interprofessional Education and Interprofessional Education Competencies

Simulation IPE allows students to engage in clinical practice, providing a more realistic application of communication and teamwork. Morrell et al. (2018) identified four themes through a mixed-methods study using focus group interviews of healthcare students (N = 13). Students identified the benefits of IPE as collaboration, respect, knowledge of other professions, and communication after completion of an IPE simulation (Morrell et al., 2018). Further, Morrell et al. (2018) identified four sub-categories to better identify collaboration as a continuum of care, shared goals, improved flexibility, and positive outcome of the simulation.

The themes identified directly align with the competencies developed by the IPEC. In a similar study by Trotter et al. (2019), researchers used the competencies set forth by the IPEC as goals of the IPE simulation. Using the ICCAS survey to analyze student perceptions of IPE post-simulation (N = 68), researchers reported that students developed a broader perception beyond their own profession (Trotter et al., 2019). Using pre-briefing, simulation, and faculty lead debriefing, IPE simulation promotes community among healthcare workers and interprofessional practice (Hodgkins et al., 2020; Trotter et al., 2019).

Student Communication and Interprofessional Education Simulation

Simulation procedures included pre-briefing, simulation review, and faculty-led debriefing post-simulation. But in a study by Hodgkins et al. (2020), the researchers sought to understand the effect of simulation-based IPE on team communication. Using Team-STEPPS, students were assessed using a post-simulation satisfaction survey and through observation. Hodgkins et al. (2020) found an increased identification of the need for communication, but that students were hesitant to communicate once in a shared environment.

Students need additional support and practice in closed-loop communication. Closed-loop communication is a communication method used in healthcare to limit misunderstanding and error during patient care (Hodgkins et al., 2020). Closed-loop communication occurs by reiterating the initial command. For example, in using closed-loop communication, a physician would give the command of order an X-ray of the left shoulder, and the nurse communicates back ordering an X-ray of the left shoulder. Using closed-loop communication ensures that each healthcare provider is understood correctly and decreases treatment error (Hodgkins et al., 2020).

Interprofessional learning through simulation that allows the practice of closed-loop simulation and other essential skills, may alter student attitudes toward engagement in collaboration and alter their professional identity (Burford et al., 2020). A student's professional identity is defined as an individual's self-categorization as a member of a healthcare team (Burford et al., 2020). When assigned to observe a group or interact as a team, both medical and nursing students identified improved attitudes towards willingness to engage in interprofessional learning (Burford et al., 2020). Students also demonstrated an enhanced professional identity and positive wellbeing after the IPE simulation, as students reported less anxiety and decreased stereotypes (Burford et al., 2020).

Faculty Perceptions of IPE

Faculty perceptions of IPE are continually changing as accreditation agencies, awareness, and advocation for IPE have vastly increased since 2016. Recent research indicated that faculty and program administrators continue to have mixed emotions towards implementing IPE within their own curricula; however, through education and awareness of successful IPE models, programs are overcoming past resistance (Olenick et al., 2019). Understanding athletic training faculty perceptions of implementing IPE could assist future program leaders as they transition to an MAT that includes IPE.

Positive faculty attitudes can lead to an increase in student satisfaction during IPE exposure (Mahler et al., 2019; Olenick et al., 2019). Positive faculty perceptions of IPE identified so far include increased care, student motivation, enhanced learning experience, and collaboration in a team-centered atmosphere (Olenick et al., 2019). Positive faculty perceptions have led to accelerated learning, better team-based care, improved development of care teams, and integrated learning across professions through a horizontal spread of curricular content (Olenick et al., 2019). While research reports are heavily focused on the negative perspective of IPE implementation, optimal student learning remains a central goal for healthcare faculty and educational institutions (Geisler, 2015; Olenick et al., 2019).

Negative Faculty Perceptions of Interprofessional Education.

Faculty and program administrators have also reported negative attitudes towards implementing IPE due to curriculum constraints (Breitbach et al., 2017). Negative attitudes due to curriculum restraints are influenced by time, professions, students, disciplines, faculty, and educational departments (Olenick et al., 2019; Solomon & Baptiste, 2013). Additionally, Olenick

et al. (2019) reported the negative faculty perceptions (N = 439) of pride and unwillingness to combine disciplines due to the varying scope of practice healthcare professionals operate.

Athletic training faculty have expressed resistance toward the implementation of IPE based on faculty rank, years of teaching experience, prior experience with IPE, and location of the athletic training program within the institution (Parry et al., 2019). Parry et al. (2019) reported a significant difference in faculty attitudes and willingness to include IPE when the education program is housed within health sciences or with other healthcare education programs. Time and resistance towards change remained a negative perception by faculty due to many adhering to a traditional curriculum design (Olenick et al., 2019; Solomon & Baptiste, 2013). Combating negative perceptions through positive experiences can assist in easing faculty willingness for IPE consideration. Faculty have also reported negative attitudes towards IPE because of their lack of availability to include other healthcare education programs (Eliot et al., 2017). Researchers report previous elective inclusion of IPE has negatively impacted faculty's willingness for the inclusion of IPE within the curriculum because of a lack of faculty support and availability amongst other healthcare programs (Stetten et al., 2019).

Healthcare programs with institutional support, funding, shared learning goals, and flexible program requirements are reported characteristics that describe the programs that electively included IPE prior to accreditation requirements (Stetten et al., 2019). Establishing a culture, creating shared values, and promoting leadership is necessary to overcome negative perceptions and resistance toward the implementation of IPE by faculty (Breitbach et al., 2017). Shared values amongst faculty and other healthcare education programs have been reported to assist in the effective implementation of IPE in athletic training education programs (Breitbach et al., 2017). Further, through creating shared learning objectives and delineating roles, educators

can increase confidence in educational instruction (Breitbach et al., 2017; Hankemeier & Manspeaker, 2018).

Faculty Learning Communities for Developing Interprofessional Education Models

Faculty learning communities have been used to assist faculty in the implementation of IPE in athletic training education programs (McMorrow et al., 2017). Faculty learning communities provide support and resources to educators for IPE curriculum planning. According to McMorrow et al. (2017), learning communities can be cohort (i.e., athletic training faculty) or topic-based (i.e., emergency care). Faculty in topic-based learning communities assist in creating a shared learning experience. Faculty learning communities assist in the development of quality assessments, well-developed learning objectives, and clear expectations among faculty members (McMorrow et al., 2017). Collaboration amongst faculty allows for the exchange of pertinent education information and helps identify best practices for IPE implementation (Ascione et al., 2019). Faculty collaboration has led to an increase in the development of IPE curriculum planning for the and IPE clinical exposure planning (Ascione et al., 2019). Boland et al. (2020) supported faculty learning communities, reporting that interprofessional faculty teams are needed to plan and design IPE learning experiences. Interprofessional faculty teams promote shared learning objectives and recognize the importance of shared values and ethics (Boland et al., 2020). Interprofessional faculty teams also allow for the development and implementation of standardized assessments following an IPE experience (Ascione et al., 2019).

Barriers for Interprofessional Education Implementation

IPE relies on multiple healthcare education programs located within the same department or localized to the same university, limiting many athletic training and nursing programs in redesigning curriculums to include IPE (Geisler, 2015; Olenick et al., 2019). Academic silos

have been reported to limit IPE implementation in healthcare education programs, restricting institutional readiness for IPE (Breitbach et al., 2017). Academic silos are identified as isolated curriculums that have little to no interaction with other education departments on campus (Breitbach et al., 2017). Academic silo barriers have led to strict program requirements, limited cohorts, and specific course sequencing. These barriers have caused a decrease in learning diversity, and programs have been noted to lack faculty diversity (Manspeaker & Wallace, 2019). Including faculty from different disciplines increases faculty diversity and fosters interprofessional learning (Manspeaker & Wallace, 2019). For the inclusion of IPE in healthcare education programs, academic adjustments are needed to allow for faculty diversity and collaborative learning (Welch Bacon et al., 2017).

Student Responses to Interprofessional Education Implementation

Multiple implementation models have been explored to uncover effective IPE inclusion strategies for athletic training education. Student feedback is essential in understanding and assessing the usefulness of IPE implementation methods (Walker et al., 2019). Utilizing student perceptions from previous studies can assist athletic training faculty in developing an IPE education model that aligns with IPEC competencies and curriculum learning objectives (Michalec et al., 2017; Simko et al., 2017).

Positive Student Responses to Interprofessional Education Implementation

Students have reported positive feedback after engaging in various IPE implementation strategies including, first-year experience courses, elective courses, voluntary seminars, shared clinical rotations, and distance educational models. Common themes that emerged from the students' perspectives include increased communication, collaboration, and positive, engaging learning experiences (Gudmundsen et al., 2019; Guhlado et al., 2015; Walker et al., 2019).

Mahler et al. (2018) reported positive student feedback after a shared collaborative IPE experience. Students reported a decrease in hesitation to engage with other healthcare education students and developed an increase in clinical confidence and content understanding. Exposing students to collaborative learning experiences allows for the transmission of beneficial information and the exchanging content knowledge or expertise (Homeyer et al., 2018). IPE experiences have assisted students in identifying the need for cooperation amongst healthcare professionals and developing a cohesive team for improving patient outcomes (Homeyer et al., 2018; Mahler et al., 2018; Simko et al., 2017).

Student Responses to Interprofessional Education Simulation

IPE simulation-based experiences have a reported positive outcome in improving working relationships and increasing student accountability among healthcare education students (Morell et al., 2019; Nichols et al., 2019). In a review of a quantitative quasi-experimental study, researchers supported previous findings of improved attitudes towards healthcare students upon completion of a simulation-based IPE experience (Morrell et al., 2019). This study examined healthcare student's attitudes towards collaboration using the JeffSATIC. The JeffSATIC measures attitudes based on two subscales; accountability and working relationships (Morrell et al., 2019). A statistically significant difference upon post-simulation survey results when compared to pre-simulation survey results. Morrell et al. (2019) reported that students had improved attitudes towards interprofessional learning.

Through IPE simulations, healthcare students are exposed to the various roles each team member holds in collaborative practice. Morrell et al. (2019) reported an increase in respect and attitudes amongst healthcare education students through simulation experiences. Students report an increase in awareness of the need for accountability when engaging in a collaborative

environment (Morrell et al., 2019; Nichols et al., 2019). Likewise, students reported a need for an increase in understanding of clinical roles to effectively work in a team (Manspeaker & Wallace, 2019). Students identified shared learning experiences as positive factors for team cohesiveness, shared leadership, improved team decision making (Moll et al., 2019; Nichols et al., 2019).

Student Perceptions of Interprofessional Education

Students reported that effective implementation of IPE developed an increase in collaborative practice, increased knowledge of professional roles and responsibilities, and communication, all of which are core IPE competencies (Simko et al., 2017). Student perceptions of IPE provide valuable insight on future implementation strategies for enhancing learning experiences and ensuring that students are clinically prepared for a profession in healthcare. IPE educational experiences promote an increase in student awareness of other healthcare professional roles and student willingness to communicate, collaborate, and engage with other healthcare professionals (Walker et al., 2019).

Research indicated through IPE engagement, students perceived a greater understanding of curricular content, an increase in professional confidence, and an increase in personal effectiveness in the clinical education setting (Gudmunsen et al., 2018; Walker et al., 2019). Students reported an increase in acquired skills through IPE collaborative experiences leading to the development and promoting of interprofessional thinking (Homeyer et al., 2018). Positive clinical education experiences are a vital component in athletic training education, nursing, and other healthcare education programs as they provide students with observational hours, experience practicing their specific healthcare domain, and allow for mentorship with certified or registered professionals (Gudmunsen et al., 2018). Students enrolled in athletic training

education programs rely heavily on clinical experience to practice theories and skills in preparation for professional certification.

Additional positive impacts reported through IPE included spontaneous collaboration with other healthcare students through shared experiences, increased observation and exposure to professional healthcare programs, and increased practice in effectively communicating with individuals in professional roles (Gudmunsen et al., 2018). Early exposure to communicating and collaborating with various healthcare team members can lead to competent, career-ready students in a professional setting (Solomon & Baptiste, 2013). The reported student perspectives provided insight into how the potential effectiveness IPE in a curriculum can improve healthcare and encompass a patient-centered atmosphere.

Negative Student Responses to Interprofessional Education

Negative student perceptions of IPE have been attributed to programmatic barriers for the inclusion of IPE. Michalec et al. (2017) identified potential barriers and clinical limitations that have resulted in negative student perceptions of IPE. Perceptions of internal, or programmatic, and external, or clinical, variables were reported to distract from the student's overall learning process and willingness to engage in IPE for future courses (Michalec et al., 2017). A program-centered concern presented from a distance education model resulting in students reporting dissatisfaction in busy work, redundant assignments, lack of accountability by professors, and unhelpful assignments (Michalec et al., 2017; Tran et al., 2018). Tran et al. (2018) attributed student frustration to negative faculty attitudes, lack of support, and lack of awareness of IPE. For IPE implementation success, supportive faculty and administration are critical in creating a positive learning experience for students.

External variables surrounding negative clinical experiences have contributed to student's disengagement in IPE-designed courses. Students reported issues of stereotyping by clinical preceptors or educators based on major or intended career and negative clinical interactions with other healthcare professionals (Michalec et al., 2017). Similarly, Tran et al. (2018) reported that students expressed a lack of support by clinical educators and decreased awareness of healthcare education programs. Other concerns students reported included lack of professional identification and preconceived notions surrounding various healthcare professions explored, including the students intended career (Michalec et al., 2017; Tran et al., 2018).

Summary

Using the framework of Schlossberg's (1981) transition theory may help healthcare education faculty develop effective implantation models that reflect the IPEC competencies for interprofessional learning. Following an IPE experience, students should be exposed to appropriate guided reflection and proper assessment (Breitbach et al., 2018; Watts et al., 2020). Educators should align each IPE experience with one or more of the IPEC competencies for interprofessional learning (Watts et al., 2020). The method of implementation should match the program and university infrastructure (Breitbach et al., 2018). Multiple methods of implementation have been reported as successful for the inclusion of IPE, but simulation-based IPE experiences have a greater frequency of being reported as effective IPE implementation strategies (Hodgkings et al., 2020; King et al., 2016; Manspeaker & Wallace, 2018; Morrell et al., 2018; Sevin et al., 2016). Simulation requires detailed planning and faculty commitment but serves as a more feasible option for meeting IPE accreditation standards (Breitbach et al., 2018; Hodgkins et al., 2020; Morrell et al., 2019). Simulation-based IPE experiences provide concrete realization through the understanding of learned skills, experimentation through engagement in

the simulation, reflective observation through guided formal debriefing, and abstract conceptualization through debriefing and re-application of learned skills (Hodgkins et al., 2020; King et al., 2016).

The planning and development process in creating an IPE learning experience requires time, resources, and commitment by faculty (Breitbach et al., 2017; Eliot et al., 2017). Faculty are often limited by institutional support, available programs, and available resources. Faculty have also faced limitations due to misconceptions of IPE and lack of knowledge of IPE implementation methods (Eliot et al., 2017). The IPEC has assisted faculty in overcoming such barriers by developing the core competencies for IPE implementation. The IPEC competencies developed have served as a guide for many healthcare faculty members and provide learning objectives for students engaging in IPE. Effective IPE implementation requires faculty to align personal schedules for planning, develop shared learning goals, and effectively communicate to develop a meaningful IPE experience for students (Palaganas et al., 2014; Watts et al., 2020). A broad-based interprofessional team of faculty is needed for IPE development and the inclusion of a team-based learning approach (Boland et al., 2020).

Providing students with the opportunity to learn from, about, and with other healthcare students is important as healthcare continues to transition to collaborative patient-centered care. IPE should prepare students for the transition to interprofessional practice. Faculty should identify methods for IPE implementation that will effectively expose students to a shared learning environment. Implementation methods should also provide a realistic clinical experience for students to practice and develop learned skills (McMorrow et al., 2017; Morrell et al., 2018; Stetten et al., 2019). Further, identifying the importance of patient-centered care,

cohesiveness, and shared leadership is necessary to promote interprofessional learning among students (Moll et al., 2019; Nichols et al., 2019).

More recent IPE implementation studies have focused on student perspectives towards a collaborative learning experience (Eliot et al., 2017; Morrell et al., 2018; Trotter et al., 2019; Williams et al., 2020). These studies have focused on understanding the effectiveness of IPE in increasing the use of and support toward patient-centered care. Attention has been focused on increasing the student's attitudes towards the IPEC competencies of shared values and ethics, understanding roles and responsibilities, increasing interprofessional communication, and providing teamwork (IPEC, 2016; Morrell et al., 2019; Sevin et al., 2016; Trotter et al., 2019). Students have reported positive feedback from IPE learning experiences and demonstrate an increased willingness to participate in collaborative learning experiences (Hodgkins et al., 2020; Jutte et al., 2018; Williams et al., 2020). Additional research is needed for understanding IPE effectiveness within a graduate-level athletic training program. Understanding student attitudes and responses towards IPE within other graduate healthcare education programs could provide a framework for IPE development in athletic training education.

From a faculty perspective, studies have focused on barriers to IPE implementation and pre-implementation attitudes towards the inclusion of IPE within a healthcare education curriculum (Breitbach et al., 2017). As athletic training education programs transition into a graduate degree program, education faculty must alter curriculum plans to reflect the education requirements of an advanced degree. With the inclusion of newly implemented education standards by CAATE, understanding faculty attitudes towards implementing IPE within a Master of Athletic Training Education program could provide a framework for overcoming barriers for collaborative learning (Parry et al., 2019).

Lack of faculty support and commitment towards IPE has hindered the inclusion of IPE within healthcare education programs. Faculty development programs and interprofessional faculty teams have been encouraged to overcome IPE implementation barriers (Boland et al., 2020; Breitbach et al., 2017). No studies have been completed to understand athletic training faculty attitudes toward the implantation of IPE. Further research is needed to better understand current athletic training faculty perspectives towards IPE as a CAATE standard. The actual IPE planning, design, and implementation process used by athletic training faculty may also provide insight for overcoming barriers and limited use of IPE in athletic training.

CHAPTER THREE: METHODS

Overview

The purpose of this qualitative phenomenological study was to explore current athletic training faculty perceptions as they transitioned from an undergraduate degree to a master's level athletic training program that includes IPE. For this study, IPE is defined as a collaborative learning experience between two or more healthcare profession programs (Solomon & Baptiste, 2013). The theory guiding this study was Schlossberg's (1981) transition theory. The connection between transition theory and faculty perspectives on transition from an undergraduate to graduate curriculum was how the faculty cope before, during, and after the transition. Chapter Three describes the research design, research questions, setting, participants, and procedures. This chapter also includes a description of the role of the researcher as the human instrument for this study, data collection methods, and the steps for data analysis. Topics of trustworthiness, credibility, and ethical considerations are also presented.

Design

With the addition of IPE as a Commission on Accreditation of Athletic Training Education (CAATE) standard for all accredited athletic training programs, it was necessary to understand the perspectives of faculty who have used various implementation methods. CAATE and the National Athletic Trainers' Association (NATA) initiated a call for further advancing the athletic training degree that includes developing a better understanding of IPE implementation (CAATE, 2018). This was best accomplished through qualitative research that addresses the meaning individuals attribute to their experience. Detailing the descriptions presented by participants of IPE implementation requires a qualitative research design. Thus, a qualitative study was selected as it can be used to understand people's beliefs, experiences, attitudes,

behavior, and interactions with a phenomenon (Creswell & Poth, 2018). The qualitative approach of this study allowed the researcher to gain detailed insight toward faculty perspectives of the implementation of IPE within athletic training education programs.

The specific qualitative design this study was phenomenology. Phenomenology is described as "a systematic attempt to uncover and describe the structures, the internal meaning structures, of lived experience" to uncover the essence of an experience (van Manen, 1990, p. 10). I employed a phenomenological research design to examine the lived experiences of athletic training faculty concerning the implementation of IPE. Van Manen (1990) further explained that phenomenology does not seek to provide a generalizable theory but is meant to provide insights into a lived experience. By selecting a phenomenological research design, with perception as the primary source of knowledge, I focused more on the description of the experience by each participant rather than the interpretations I derived as the researcher (Creswell & Poth, 2018; Moustakas, 1994).

Using a transcendental approach, I attempted to understand faculty experiences as they transitioned from an undergraduate curriculum model to a master's level curriculum that included IPE. Through the lens of a transcendental phenomenology, I examined the descriptions of individuals who have experienced a phenomenon by setting aside my own prejudgments (epoché) and prior beliefs to remain open to the individual's experiences of the phenomenon (Moustakas, 1994). Moustakas's (1994) transcendental framework for phenomenology includes, epoché, phenomenological reduction, and imaginative variation as the process for gaining understanding, awareness, and knowledge through the study. Transcendental phenomenology as the design for this study allowed the researcher to understand the lived experiences of the individuals who had experienced the phenomenon (Moustakas, 1994).

Research Questions

CRQ: What are the shared experiences of athletic training faculty who transitioned to an MAT program including IPE?

The sub-questions to support the central research question are:

SQ1: What are the shared experiences of athletic training faculty preparing to transition to an MAT program that implemented IPE?

SQ2: What are the shared experiences of athletic training faculty during the transition to an MAT that implemented IPE?

SQ3: What are the shared experiences of athletic training faculty after transitioning to an MAT that implemented IPE?

Setting

The setting for this research setting was CAATE accredited athletic training programs that had fully transitioned from an undergraduate model to an MAT program. Using the CAATE accredited database, I purposefully selected each institution that had been approved for degree change prior to 2020. Purposeful selection of sites was appropriate for phenomenology as it was necessary to collect data from participants who have experienced the phenomenon being studied (Creswell & Poth, 2018; Moustakas, 1994). The participants from the institution recruited met the requirements for accreditation by CAATE and represent multiple districts within the NATA. The selected participants represented programs that were diverse in program size, institution size, institution structure and organization, and geographic location. Additionally, each program met the requirements for offering a Master of Athletic Training that includes IPE and has graduated at least one cohort of master's level students.

Participants

In phenomenological research it is recommended to collect data from five to 25 participants who have experienced the phenomenon (Polkinghorne, 1989). Moustakas (1994) recommended that researchers include varied participants, with consideration to "age, race, religion, ethnic and cultural factors, gender, and political and economic factors" (p. 107). In phenomenology, it is necessary to identify participants who have a similar lived experience related to the phenomenon being studied (Creswell & Poth, 2018). To align with these guidelines, using purposeful sampling, I identified 10 participants to provide a representation of educators actively involved with the implementation of IPE in athletic training education programs. The use of purposeful sampling ensured that each participant shared a common experience (Moustakas, 1994). Purposeful sampling occurs when the researcher selects individuals who can adequately provide insight into the case being examined (Creswell & Poth, 2018; Moustakas, 1994). Therefore, purposeful sampling was used to select participants from multiple sites to allow an in-depth understanding of faculty perspectives of IPE. The selected sample size allowed for access to a perspective on a lived phenomenon and a focus on the "perspective, rather than a population" (Smith et al., 2009, p. 51).

The participants consisted of male and female educators with differing backgrounds and years of experience with a goal of sampling with maximum variation (Creswell & Poth, 2018). Further, snowball convenience sampling was used, as I was formerly a graduate student at one of the participating institutions and learned from another participant. Also, because the participants do have a working relationship with other participants being studied, convenience sampling is appropriate. There were two criteria for participant selection: participants must teach two or

more courses within the athletic training program and have a minimum of three years of teaching experience in athletic training.

Procedures

Multiple data collection methods were used in this phenomenological study. The sources of data for this study were individual interviews, journal prompts, and focus group interviews. Stake (1995) promoted the use of interviews to support qualitative research. According to Moustakas (1994), data collection in transcendental phenomenological research should include open-ended interview questions that will lead to a textural and structural understanding of the phenomenon. Participation for this study was voluntary. I first submitted an application to Liberty University's Institutional Review Board (IRB) for approval to proceed with the study (Appendix A). Upon approval from the IRB, I began participant recruitment using the CAATE accredited programs database.

Using the information that is publicly accessible because of CAATE accreditation requirements, I emailed the director of each program, clinical education coordinator, and full-time faculty member an invitation to participate (see Appendix C). The letter included a description of the study, the purpose of the study, and a request for participation. The letter also included a clause informing each candidate that willingness to participate will not guarantee their selection. For those who wered willing to participate, the invitation included a link to a demographic survey that also collected participant contact information (see Appendix D). Once the participant completed the survey, I was alerted of their interest. I used the survey to attempt to gain a diverse sample of participants.

Selected candidates were contacted via email to confirm their participation and to schedule an initial interview (see Appendix H). Informed consent was e-mailed to each

participant for signature prior to initial data collection (see Appendix E). The form detailed researcher contact information, the study's purpose, and study procedures. The participant was asked to sign and return the consent form via email before their scheduled interview.

The questions that were used for each selected participant's interview were developed based on the gaps in previous literature and research questions. The interview questions were checked for validity by an expert in the field and they were then be piloted with someone who met the criteria to participate in this study but was be treated as a non-participant. During the pilot interview, informal questioning about the clarity of the questions was conducted. I used the feedback from the pilot study to clarify any misunderstandings. Once the expert-review and piloting of interview questions was complete, individual interview questions were sent out to selected participants five days prior to their scheduled interview.

Before I began collecting data, I bracketed out my preconceived judgements and beliefs (Moustakas, 1994). I then conducted the first interview. Scheduled interviews took place virtually, one at a time. Each interview was audio recorded using Microsoft Teams and QuickTime voice recorder. I started the interview by introducing myself and asking each participant about their educational background. I then asked each participant a series of open-ended questions and will request additional information when needed. The individual interview was transcribed word-for-word for data analysis and emailed to the participant for review of accuracy. The interview recording and transcription were saved on a password protected computer and flash drive.

After each participant completed their interview, I emailed journal prompt instructions and a transcript of their individual interview. Participants were instructed to respond to four different journal prompts. The prompts collected data relevant to their experience in a master's

level athletic training program that includes IPE. Their responses were 200-400 words and were typed. They emailed their completed journals once all prompts were completed. I sent a reminder email to participants two weeks after emailing the journal prompts with instructions.

Once individual interviews were transcribed, member checked, and participant journals has been received, I began the data analysis process using Moustakas' (1994) modified van Kaam analysis. The modified van Kaam analysis is a seven-step process: (1) listing and grouping, (2) reduction and elimination, (3) clustering and thematizing, (4) validation, (5) individual textural description, (6) individual structural description, and (7) textural-structural description (Moustakas, 1994). I reviewed the interviews and journal prompts for significant statements to achieve the first step of this method.

Once initial data analysis was complete, adjustments were be made to the focus group interview questions to align with the themes that emerged in the individual interviews and journal prompts. Focus groups questions were checked for validity by an expert and for alignment to the overall research questions. The same piloting procedures were repeated for the focus group interview questions. One focus group interview was conducted. The focus group consisted of two participants, based on participant willingness and availability. All participants were e-mailed an invitation to participate and provided a link to a survey to indicate their available times. Once availability and willingness were determined, a link to the virtual focus groups was distributed to the appropriate participants.

During the virtual focus groups, participants' names were masked to maintain participant anonymity. Each focus group interview was digitally recorded using Microsoft Teams and QuickTime audio recorder. Upon completion of the focus group interviews, each interview was transcribed word-for-word for data analysis and the transcript was emailed to the participants for

a review of accuracy. The interview recording and transcription were saved on a password protected computer and flash drive.

Once data from the focus-group interviews was transcribed and member checked, I returned to Moustakas' (1994) modified van Kaam analysis procedures. I reviewed the focus group transcripts for significant statements and compared those statements to the ones generated from individual interviews and journal prompts. I began reduction and elimination (Moustakas, 1994) as I looked for statements that use different wording but share the same meaning. I also eliminated statements that were not confirmed across the participants or sites. Much like axial coding, I determined the relationships between statements to cluster and thematize (Moustakas, 1994). I searched for themes, structural descriptions, and textural descriptions of the participants' experiences as I moved towards constructing the essence of the phenomenon (Moustakas, 1994).

The use of multiple data collection methods and multiple sites helped ensure triangulation. Triangulation occurs when three or more research methods are used to inform the study a phenomenon (Patton, 2015). For this study, data was collected and triangulated using individual interviews, participant journal prompts, and focus-group interviews.

The Researcher's Role

To understand faculty perspectives of IPE, I approached this study from a social constructivist point of view as I "seek an understanding of the world in which I have lived and worked" (Creswell & Poth, 2018, p. 26). Specifically, I previously completed an athletic training program at one of these sites. While I do not hold a position of power or influence over the participants in this study, some of the potential participants were previously my professors. I was currently no longer a student in any of these programs, and I did not favor the participants whom I knew personally.

Within this study, my purpose as the human instrument was to describe and understand the experience of transitioning to an MAT using IPE as reported by the participants. Using epoché, I bracketed out my previous experiences and preconceived notions or ideas in relation to the phenomenon being studied (Moustakas, 1994) (see Appendix I). Throughout the interview process, I mitigated bias by asking all interview questions to all participants and following up with additional questions when needed for clarity and deeper understanding. I was also aware of my own emotions and the impact negative reactions and facial expressions may have on the participants' willingness to share information. I continued the practice of bracketing through reflexive journals and memos as I analyzed my data (see Appendix H). Through the bracketing journal, I used the data to provide a fresh perspective on the participants' lived experiences (Moustakas, 1994).

Data Collection

Multiple means of data collection were used to ensure trustworthiness in the interpretation of the data. The purpose of this study was to explore faculty experiences as they transitioned to an MAT program that includes IPE. Using Moustakas' (1994) modified van Kaam analysis procedures, I aimed to share the essence of the experience as reported by the study's participants. Considering this, participants were encouraged to engage openly and freely to express their interpretations and views throughout the data collection process (Smith, 2015).

The data collection sources consisted of individual, virtual, semi-structured interviews that aim to capture the participants' voices and allow for a personal discussion (Creswell & Poth, 2018). Journal prompts and focus group interviews were also used to increase the trustworthiness and credibility of the study. All participants completed an individual interview and completed their journal prompts prior to being invited to complete a focus group discussion. However, not

all participants took part in the focus groups. Instead, the small size of the focus groups allowed the voices of all participants to be heard.

Interviews

Interviews were the first step in the data collection process. In phenomenological research, the process of collecting data from individuals involves in-depth and at times, multiple interviews (Moustakas, 1994). Interviews are also a common data collection method used in qualitative studies as they allow the researcher and participants to engage in a dialogue, providing a detailed perception of the lived experiences (Smith, 2015). Open-ended, semi-structured interview questions were developed to elicit the meaning of the phenomenon experienced (Smith et al., 2009). These questions were derived from the existing literature to ensure face validity (Smith, 2015).

I used a semi-structured interview guide that consists of 16 open-ended questions, allowing for modification to the questions or probing as needed to gain additional insight on the reported experience. The interview questions were developed with the central research question and the three sub-questions in mind. Each interview was completed one-on-one, virtually, and in a private office. The interview took approximately 45 minutes and was digitally recorded using multiple software (Microsoft Teams and Quicktime) to ensure the validity of the word-for-word transcriptions. The interview questions are listed below and are followed by an in-depth explanation of each question's intent.

Standardized Open-Ended Interview Questions

1. Icebreaker: Tell me about your academic career and how it has brought you to this point.
2. Before proposed by CAATE, what were your past experiences with IPE? (SQ1)

3. Can you describe what your program was like before you transitioned to an MAT? If it existed, what was the IPE component prior to transitioning? (SQ1)
4. Describe your experience with faculty collaboration prior to the formal implementation of an IPE experience. (SQ1)
5. How would you describe what your transition to an MAT program that includes IPE was like for you? (CRQ)
6. Can you tell me about the process you went through as you developed an IPE module? (CRQ; SQ2)
7. How did you feel while implementing IPE in an MAT program? (SQ2)
8. Describe your support system as you transitioned to an MAT program including IPE. (SQ2)
9. What strategies did you use in preparing to teach IPE in an MAT program? (SQ2)
10. What barriers did you encounter as you transitioned to an MAT program that includes IPE? (SQ2)
11. How did your initial perception towards IPE change after engaging with IPE implementation? (SQ3)
12. Can you tell me about any stress you experienced as you transition to an MAT program that includes IPE? (SQ3)
13. What coping mechanisms, if any, did you use as you transitioned to an MAT program that includes IPE? (SQ3)
14. How has your experience in transitioning to an MAT program that includes IPE furthered student success? (CRQ)

15. How has your experience in transitioning to an MAT program that includes IPE effected department success? (CRQ)
16. What else, if anything, would you like to share with me about your transition process to an MAT program that includes IPE? (CRQ)

The first question is considered an icebreaker to ease the participant into the interview process. Icebreaker questions are encouraged to decrease anxiety that the participant may experience (Smith, 2015). Additionally, the icebreaker question assists in building rapport between the participant and the interviewer. Through this question, demographics including faculty title and role were obtained.

Interview questions two through four provided information about research sub-question one and the experience of participants as they began their transition process. Interview questions two through four were developed to identify participants' past experiences in collaborative practice environments and to understand prejudgments that may have existed in planning curriculum updates to fit a MAT model (Anderson et al., 2012; Eliott et al., 2017; Stetten et al., 2019). These questions were developed to better understand the role of faculty learning communities used for planning and implementing a collaborative learning experience (McMorrow et al., 2019).

Interview question five and six were used to address the central research question. These interview questions were developed to identify how personal and psychological factors impacted the development and implementation process of IPE (Anderson et al., 2012; Schlossberg, 1981). These questions also sought to understand the impact of faculty collaboration, and role of faculty learning communities as participants went through the transition to an MAT that included IPE (Ascione et al., 2019; Boland et al., 2020).

Interview questions six through 10 were used to address research sub-question two and to understand faculty experiences as they moved through the transition to an MAT program including IPE. Participants shared their planning process and the implementation methods they used for creating an IPE experience (McMorrow et al., 2019; Michalec et al., 2017; Tran et al., 2018). Participants described their support systems as they moved through the transition and identified major factors that influenced their ability to cope with the transition (Anderson et al., 2012; Evans et al., 1998). Participants described methods of collaborative learning experiences that were being used to meet the CAATE standards at various stages within the curriculum and promote student engagement (King et al., 2016; McMorrow et al., 2019; Williams et al., 2020).

Interview questions 11-13 were developed to explore faculty perceptions of IPE as they moved through the transition process from an undergraduate curriculum to MAT program that includes IPE. The final interview questions were used to address sub-question three. These interview questions were developed to understand the experience of the athletic training faculty after they transitioned to their new role (Anderson et al., 2012; Schlossberg, 1981). Additionally, these questions were designed to understand the stress and coping mechanisms used by faculty as they moved through the transition process of including IPE in an MAT program (Anderson et al., 2012).

Interview questions 14-16 were developed to address the central research question. Participants reflected on the transition experienced and provided detail on how the transition had impacted the athletic training program. These questions sought to understand the role of faculty support, and if the transition has benefited the participants, the students, and the program (Anderson et al., 2012; Breitbach et al., 2018; Evans et al., 1998; McMorrow et al., 2019; Schlossberg, 1981; Williams et al., 2020).

Journal Prompts

After the participants completed their individual interview, additional data was collected through journal prompts. Participant journaling allowed for the phenomenon to be revealed through self-reflection and honest responses without the pressure of outside factors (Marshall & Rossman, 2016). Data collected through participant journals provided an opportunity for participants to refine their ideas, beliefs, and their own responses to the phenomenon being studied (Janesick, 1999).

Each participant was requested to complete four journal prompts. The research participants were asked to write a 200–400-word response to the four questions and encouraged to include additional comments if appropriate. Once all journal prompts were completed, the participant emailed the typed responses to me for analysis. Each document was coded using the participant's pseudonym to ensure confidentiality of the participants and their responses. The journals were downloaded and saved on a password protected computer and flash drive. Participant journal prompts (see Appendix H) for this phenomenological study are listed below:

Participant Journal Prompts

1. In 200-400 words, please describe any advice you have for future professors transitioning to a master's athletic training program using IPE.
2. In 200-400 words, describe how your instruction has changed since transitioning to an MAT program that includes IPE. How does it compare to before the transition?
3. In 200-400 words, please describe the strategies you use that have impacted your transition to an MAT program that included IPE.

4. In 200-400 words, describe the role of social support in coping with stress as you transitioned to an MAT program that includes IPE. From where or whom do you receive the most significant support?

Journal prompt one was an open-ended prompt, designed to provide insight on future directions that professors may use as they prepare to move in, through, and out of the transition to include IPE. This prompt was designed to explore what faculty who have transitioned to an MAT program that includes IPE would share with faculty who are thinking about the same transition. It also explored facets of situation, self, support, and strategies within the transition (Evans et al., 1998; Schlossberg, 1981).

Journal prompt two was designed to provide insight on changes to instruction and faculty roles that may have occurred as each participant transitioned to an MAT program that included IPE. This prompt sought to understand the impact of situation and role change as one moves in, through, and out of a transition (Evans et al., 1998; Schlossberg, 1981). Additionally, this prompt sought to expand on methods for implementing a collaborative learning experience at various stages within the curriculum (King et al., 2016; McMorrow et al., 2019; Williams et al., 2020).

Journal prompt three was an open-ended question that sought to understand the strategies that each participant used in managing stress, applying coping responses, and adapting to the situation of transitioning (Evans et al., 1998). This prompt was designed to engage each participant in reflection on the coping resources used to modify the situation, control the problem, or aid in managing the stress in the aftermath (Evans et al., 1998; Schlossberg, 1981). This prompt provided insight to future professors who engage in transitioning to an MAT program that includes IPE.

Journal prompt four sought to understand the role of social support as each participant reflected on their transition process. Participants identified the social support system that assisted them as they moved in, through, and out of a transition (Evans et al., 1998). Participants provided insight on the impact of faculty, student, admirative, and external support in implementing an IPE module or experience in an MAT program (Eliot et al., 2017; Fewster-Thuente, 2014; Stetten et al., 2019).

Focus Groups

Focus groups allow for the researcher to interact with a small sample of participants at the same time to gather group-level data (Creswell & Poth, 2018). Focus groups allow for a deeper understanding of the shared lived experience by all participants and increase content validity by allowing the researcher to confirm derived themes (Patton, 2015; Rubin & Rubin, 2012). Upon completion of the initial data analysis process, I conducted one semi-structured focus group interview with two participants. I selected a semi-structured focus group interview method because it allowed for the researcher to adapt and engage in further dialogue based on the responses provided by the participants (Smith, 2015). The purpose of the focus group interview was to ensure proper understanding of the themes that were identified and sought further understanding where clarity may have been needed. Focus group questions were developed based on the theoretical framework, existing literature, and analysis of the individual interviews and journal prompts (Rubin & Rubin, 2012). Piloting of the focus group questions was completed to ensure ease of understanding and to increase content validity (Patton, 2015).

Participants were e-mailed a survey to express interest in completing a focus group interview and the preferred date and time for meeting. The focus-group was limited to three participants from separate programs. This assisted with maintaining confidentiality as the

participants did not have a working relationship with one another before the focus group was completed. The focus group sessions took approximately 45 minutes and was conducted using video conferencing through Microsoft Teams. Each participant's camera was disabled by the host and each member joined as a guest using the pseudonym assigned. The focus group interviews were digitally recorded using multiple software and were transcribed word-for-word.

A focus group interview guide was used to facilitate the focus group. The focus group guide began with an icebreaker question. Participants were then asked five semi-structured, open-ended questions based on the themes from initial data analysis. The focus group interview questions (see Appendix H) for this phenomenological study are listed below.

Focus Group Interview Questions

1. Icebreaker: What is your favorite athletic training concept to teach and why?
2. What strategies or interventions have been successful in implementing IPE in an MAT program? (CRQ)
3. What is needed to ensure that meaningful interactions between students takes place during an IPE experience? (SQ2)
4. What strategies can athletic training educators use to gain outside faculty support in designing and implementing an IPE experience? (SQ2)
5. How did the experiences/ situations/ stories your encountered challenge or highlight your role after your transitioned to an MAT that includes IPE? (SQ3)
6. Are there any suggestions you would like to share that may help faculty in designing a true IPE experience within the athletic training curriculum? (SQ1)

The first question was an icebreaker question that allowed participants to build rapport amongst each other. This question was also developed as each participant had a shared interest in

serving as a professor in athletic training education. Question two was developed to provide additional support to the central research question. This question sought to better understand faculty interpretations of IPE as it applies to creating an experience within an MAT program. CAATE created two standards in relation to IPE. All athletic training programs to expose students to IPE and interprofessional collaborative practice, and all programs are required to have planned IPE incorporated into the professional program.

Focus group questions three and four provided additional details for sub-question two. These questions were developed to understand the preparedness and support of faculty as they moved through the transition process (Evans et al., 1998; Schlossberg, 1981). This question also sought to identify current IPE implementation methods that allow for meaningful student experiences (Breitbach 2017; Morrell et al., 2019).

Focus group questions five was developed to provide additional support to sub-question three. These focus group questions were designed to understand the participants' role change as they moved through the transition (Evans et al., 1998; Schlossberg, 1981). In IPE, learning occurs through student collaboration, and the professor is seen as a support system for the student (Bell et al., 2020; Hinyard et al., 2017.

The final focus group interview question was developed to provide support to research sub-question one by providing additional data. This question aimed to further develop an understanding of the perceptions of faculty as they began moving into the transition process (Schlossberg, 1981). This question allowed for reflection on Schlossberg's (1981) four S's and understanding the transition process from an undergraduate athletic training curriculum to an MAT program while developing an IPE experience.

Data Analysis

Data collected during structured interviews, journaling, and focus groups was analyzed using the modified van Kaam analysis as promoted by Moustakas (1994). The modified van Kaam analysis method was appropriate for use as a step-by-step inquiry in understanding the phenomenon being studied (Moustakas, 1994). The modified van Kaam analysis allowed the researcher to uncover a deeper understanding of the meanings of the data.

Following the steps of data analysis outlined by Moustakas (1994), I first bracketed out personal bias. Before starting the data collection process, I used epoché to eliminate personal bias, prejudgments, and beliefs by a bracketing essay (Moustakas, 1994). During data analysis, I compiled a bracketing journal as I memoed about the data collection process, participant responses, and decisions about coding and themes. Moustakas (1994) recognized that epoché and bracketing may be difficult to achieve but is necessary for the validity of the essence of the research.

To analyze the interviews, journal prompts, and focus groups, I used the modified van Kaam analysis approach, a seven-step process used to identify the essence of the phenomenon being explored (Moustakas, 1994). The seven steps to the modified van Kaam analysis are: (1) listing and grouping (see Appendix J), (2) reduction and elimination, (3) clustering and thematizing (see Appendix K), (4) validation, (5) individual textural description, (6) individual structural description, and (7) textural- structural description (Moustakas, 1994). I also used open and axial coding to help facilitate these steps.

The data was collected through transcribed individual interviews, individual journal prompts, and transcribed focus group interviews. After the individual interviews were transcribed and the journal prompts were received, I began analysis of the data. The first step of

the modified van Kaam analysis began with phenomenological reduction through listing and preliminary grouping. Individual interview transcriptions and journal prompts were grouped by each participant. I treated all data equally, and analyzed each transcript line-by-line (Moustakas, 1994). As I reviewed each transcription and journal prompt, I highlighted every relevant statement (Moustakas, 1994). I then used an Excel sheet to capture any statement highlighted.

The second step for data analysis involved reduction and elimination. According to Moustakas (1994), reduction and elimination is a two-step process where the researcher identifies if the significant statement is "necessary" or a "moment of experience" for the analysis (p. 121). Additionally, each significant statement was reviewed for relativeness to the experience being explored (Moustakas, 1994). Any statement that was not related to the participants lived experience or necessary, was not retained. Overlapping, repetitive, and vague terms that did not relate to the context of the conversation were eliminated from the Excel sheet (Moustakas, 1994).

The next step of the modified van Kaam analysis involved clustering the excerpts and quotes retained from step two. During this step similar significant statements were clustered together to identify themes. Additionally, each statement was highlighted and grouped based on the phase of Schlossberg's (1981) transition theory. Once the themes were developed and identified, I moved on to step four.

The fourth step for data analysis involved checking themes against the data. Once themes were formulated, I began to examine the themes against the data set to determine if the theme was explicit or compatible to the original data from each participant (Moustakas, 1994). I also completed the focus group interview at this stage. The focus group interview was transcribed and analyzed using the first three steps of van Kaam's methods. This step further developed and confirmed the existing themes. Themes that did not align across the data set were not retained

(Moustakas, 1994). The goal of the focus group interview and step four of van Kaam's method was theoretical saturation.

The final steps of the modified van Kaam analysis involved categorizing developed themes into textural and structural descriptions. Identifying textural and structural descriptions of participant narratives are needed to determine the meaning and essence of the phenomenon being studied (Moustakas, 1994). Step five refers to classifying themes into individual textural descriptions. Individual textural descriptions are direct quotes or excerpts from the participant and help tell the participants' story (Moustakas, 1994). During this step I described the participants' lived experience using direct quotes. I also created a table outlining the themes that emerged from each participant (see Table 2).

Step six of the modified van Kaam analysis involved creating an individual structural description for each participant. Using imaginative variation, I looked for all possible meaning associated with the structural description (Moustakas, 1994). Imaginative variation is a process that takes the varying perspectives of the participants and unifies them into structural themes so that they represent the underlying structures of the experiences (Eddles-Hirsch, 2015). A structural description was created for each participant. According to Moustakas (1994), the descriptions include emotional, social, and cultural connections of what participants say. During this step I wrote a description of how the experience occurred and reflected on the setting and context in which the phenomenon was explored (Creswell & Poth, 2018; Moustakas, 1994).

The final step of the modified van Kaam analysis was to develop a synthesis of the textural-structural descriptions identified in steps five and six. During this phase the meaning and essence of the experience are developed (Moustakas, 1994). The textural and structural descriptions from participant journals and individual interviews were merged to provide a

comprehensive understanding, or essence, of the phenomenon being explored (Moustakas, 1994).

Trustworthiness

Using a credible data analysis process ensured that I, as the human instrument, reported participants' experiences accurately while excluding my own preconceptions and perceptions (Creswell & Poth, 2018; Smith et al., 2009). To ensure data accuracy and consistency, member checking and peer reviews were completed. Additionally, I engaged in reflexivity as I memoed about my thoughts, decisions, and process in a bracketing journal. The methods chosen were considered some of the essential techniques to ensure data validity (Creswell & Poth, 2018). Due to the subjective nature of data being obtained, certifying that the information being presented was accurate was necessary to provide credible research data.

To provide interrater reliability, I used peer reviewing. Peer reviewing is a process in which a familiar researcher or colleague that is external to the study reviews and provides feedback on data analysis and research findings (Creswell & Poth, 2018). This provided a researcher's perspective on the data through an external lens, eliminating potential bias toward a wanted outcome. Furthermore, the peer review process facilitated confirmability and allowed for constructive feedback (Creswell & Poth, 2018; Krefting, 1991).

Credibility

Creswell and Poth (2018) defined credibility as the accuracy of findings. To ensure credibility, a step-by-step, systematic approach was utilized in data collection and analysis. Data source triangulation was used to develop a comprehensive understanding of the phenomenon being studied (Patton, 2015). Triangulation was confirmed by three or more sources of data, or in this case, in-depth individual interviews, document analysis, and a focus group interview. In

effort to confirm the themes developed, and information being presented were correct, I also used member checking. Member checking involved having the participants review the findings and interpretations for accuracy and credibility (Creswell & Poth, 2018, p. 261). Participants received a document with their interview transcriptions via email upon completion of the transcription process. During this time, each participant had the opportunity to review and clarify responses to ensure the correctness of each statement.

I was aware of the impact of my past experiences and biases that may have influenced the credibility of the study. Through reflexivity, "the researcher discloses their understandings about the biases, values, and experiences that he or she brings to a qualitative research study" (Creswell & Poth, 2018, p. 261). I wrote about and discussed the impact of past experiences as they related to the findings of this study through memo writing (Creswell & Poth, 2018). These memos were compiled into a journal that reflected the lens of the human instrument in this study.

Dependability and Confirmability

The dependability of the study was confirmed through the consistency of the study findings and the ability of other researchers to obtain similar results (Gall et al., 2007). Dependability was confirmed through a step-by-step process that any researcher can use to analyze an interview or case (Krefting, 1991). Confirmability was established by eliminating bias and maintaining transparency (Rubin & Rubin, 2012). I also completed an audit trail, or detailed record of what I did at each step so the reader could easily understand "each process by which the data were collected and analyzed" (Rubin & Rubin, 2012, p. 76). Krefting (1991) suggested using an external auditor as a method for eliminating bias and ensuring that the study could easily be verifiable. Therefore, I enlisted the help of a qualitative research expert to ensure the elimination of bias toward derived themes and analysis through expert review.

Transferability

Transferability refers to the process in which one can transfer the study findings to another situation or population different than that of the original study (Krefting, 1991). To promote transferability, descriptive data must be collected to allow for a comparison between two sets of data. Krefting (1991) stated that "a key factor in the transferability of the data is the representativeness of the informants for that particular group" (p. 220). Using individual interviews and focus group interviews, I was able to gain detail-rich information for robust data analysis. Transferability was further maintained through reflexivity and peer reviewing, as these steps ensure that bias was minimized, and the participant remained as the focus of the lived phenomenon.

Ethical Considerations

The overall potential for ethical dilemmas in this study was minimal. Ethical considerations in qualitative research "refer to the moral deliberation, choice, and accountability on the part of researchers throughout the research process" (Miller et al., 2012, p. 14). Common ethical issues for consideration included confidentiality, the security of data, influence, and debriefing (Creswell & Poth, 2018). As aforementioned, pseudonyms were used for each site and participant to protect anonymity (Creswell & Poth, 2018). Ensuring confidentiality allowed for participant privacy when quotations and significant statements were used. Other measures to maintain participant confidentiality included securing all data on a password protected computer and flash drive to which only I had access to. All recorded interviews, transcribed interviews, and other electronic data was kept secured on a password protected computer and the flash drive was locked in my office when not in use.

Other ethical considerations included mitigating any negativity toward results and potential researcher biases. Using peer review and member checking, I negated the influence of any preconceived biases on results (Miller et al., 2012). Negative faculty perceptions toward IPE may have an adverse impact on the future inclusion of IPE in curricular plans and willingness for implementation; however, the results obtained allowed for valuable insight into developing and modifying an effective IPE implementation strategy. Lastly, participants were asked to maintain internal and external confidentiality through not disclosing any information that was discussed during the data collection process (Sim & Waterfield, 2019).

Summary

This chapter outlined the methods that were used throughout this qualitative case study. Specifically, it explained the research design, research questions, setting, participant selection, and data collection protocols. Data collection was completed through semi-structured interviews, document analysis, and focus group interviews. This chapter identified my role as a researcher, and the data analysis methods used to understand athletic training faculty perceptions of implementing IPE. I used Moustakas' (1994) modified van Kaam analysis to categorize the data obtained from interview and document analysis to answer the research questions, providing a detailed description of faculty experiences on implementing IPE. Finally, this chapter discussed the procedures used to ensure the trustworthiness and ethicality of the planned study.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this transcendental phenomenological qualitative study was to understand the lived experience of athletic training faculty who transitioned from an undergraduate athletic training curriculum to an MAT that included IPE as required by the CAATE. This chapter includes participant demographics, followed by themes from the data collected and analyzed. Following the results of the themes, the outlier findings from the data collection and analysis are discussed. The chapter concludes with responses to each research question identified for this study.

Participants

A total of 10 athletic training faculty agreed to participate in this study. All participants in this study were full-time athletic training faculty from 10 CAATE accredited institutions. Participants were recruited using the CAATE accredited programs directory, including nine women and one man. Table 1 shows an overall description of the participants, gender, highest degree earned, faculty role, and years of teaching experience.

Table 1

Participant Demographics

Participant	Gender	Highest Degree Earned	Faculty Role	Years Taught
Amanda	Woman	Doctor of Education	Program Director	15
Charlotte	Woman	Doctor of Philosophy	Program Director	12
Julie	Woman	Doctor of Philosophy	Full Professor	23
Hannah	Woman	Master of Science	Clinical Education Coordinator	7
Kendra	Woman	Doctor of Education	Clinical Education Coordinator	29
Megan	Woman	Doctor of Philosophy	Clinical Education Coordinator	13
Natalie	Woman	Doctor of Education	Clinical Education Coordinator	14
Rachel	Woman	Doctor of Education	Clinical Education Coordinator	12
Tiffany	Woman	Doctor of Education	Full Professor	26
Vince	Man	Doctor of Education	Program Director	17

Results

This qualitative transcendental phenomenological study aimed to describe the experiences of athletic training faculty as they transitioned to an MAT that includes IPE. The data collected from individual interviews, journal prompts, and the focus group interview are described in detail below. Three clear themes emerged from participant responses as the data were transcribed and analyzed. The participants were motivated as they prepared for the

transition to include IPE within an MAT, faculty relied on support as they moved through the transition, and faculty experienced challenges from concurrent stress and resistance as they moved through the transition. Each theme was then divided into sub-themes to represent the participants' experiences with the phenomenon. The following section includes the major themes and subthemes generated from analyzing the raw data. The major themes, subthemes, and supporting codes are displayed in Table 2. The descriptions of each theme and sub-theme are provided in the sections below.

Table 2

Themes and Sub-themes for all Triangulated Data Sources

Data Codes	Sub-themes
Theme: Motivation	
Excitement, faculty willingness to adapt, positive outcome, active learning, previous instruction	Faculty Buy-In
Intentional implementation, persistence, patience, advocation.	Commitment
Preparation in teaching, modification of curriculum, shared learning, inclusion, role identification, facilitator.	Adaptation
Theme: Support	
IPE committee, faculty collaboration and support, stakeholder advocation, dean support	Peer Support
Shared facilities, lack of resources, lack of support	Resources
Theme: Challenges	
Pandemic, CAATE accreditation, program sequencing, MAT program transition, changes in faculty staff.	Concurrent Stress
Challenges for implementation, various interpretations of IPE, lack of resources, timing restraints	Resistance

Motivation

The first theme identified during data analysis was motivation, and the sub-themes that emerged were faculty buy-in, commitment, and adaptation. After talking with participants during interviews and reading their journal prompts, it was clear that faculty were motivated as they planned for the transition to an MAT curriculum and included IPE. All 10 faculty referenced a feeling of excitement for the inclusion of IPE in the 2020 CAATE curricular content standards.

Faculty relied on their excitement and commitment to their program and students as they transitioned to include IPE within an MAT program.

Faculty Buy-In

The first sub-theme revealed within the theme of motivation was faculty buy-in. Faculty buy-in refers to the acceptance of the transition to an MAT that includes IPE. Faculty buy-in includes how faculty felt about the anticipated transition, the amount of control they had in preparing for the transition, and their prior experiences with changes in curriculum and educational standards for accreditation. The codes identified in the sub-theme of faculty buy-in included excitement, faculty willingness to adapt, positive outcome, active learning, and previous instruction.

Faculty reported an overall feeling of excitement as they planned to transition to an MAT that included IPE. Kendra stated,

> there was a lot of excitement as we planned for the IPE content used within our program. We were adding additional healthcare programs and opening a new health science building, so a lot of positive changes were happening for us.

Similarly, Hannah admitted being excited for the addition of IPE content standards. She shared, "I think there is a lot of really cool ways IPE can be done in athletic training because of how many settings, roles, and stakeholders we can interact with." When asked about including IPE at the master's level compared to previous undergraduate attempts, faculty stated that inclusion was more accessible and more intentional. Julie reported that "at the master's level, we have a lot of opportunities like IPE and some other things that were previously harder to implement at the undergraduate level." Faculty were eager for the transition even though there were challenges and uncertainty.

Faculty were motivated to include IPE within their programs because of their past experiences in IPE engagement. Seven participants reported having previous engagement with IPE through doctoral coursework or previous implementation prior to the 2020 CAATE standard changes. Hannah reported that most of her doctoral coursework had been with people from various professions and her program has a class dedicated to IPE. Additionally, Natalie shared that she was "able to engage in IPE as a student and was able to see first-hand the value of teamwork and collaboration in healthcare." Amanda, Natalie, and Vince all completed their doctoral dissertations on an IPE topic related to athletic training. Through her reflective journal prompt, Amanda shared she uses her "knowledge and things she learned throughout her past and current research to prepare to teach IPE in her program." Many faculty reported feeling confident before and during the transition as they prepared to implement IPE within their MAT program because of their previous engagement with IPE.

As faculty prepared to move through the transition to an MAT that included IPE, faculty were hopeful and receptive to the change. Rachel reported that she anticipated the changes to curricular content standards by serving as a peer reviewer for the CAATE. Rachel stated, "I was the first athletic trainer to join the committee at my institution, and it was pretty cool to have a seat at the table" as they prepared to transition to an MAT and include IPE. While the initial reaction to transitioning to an MAT was challenged, Julie said, "I do have faith that over time it [transitioning to an MAT] will result in a better product for our profession." Upon reflecting on the transition to an MAT that included IPE, Charlotte stated, "I think it was worth it. I think in the end, when I look back on you know what we were doing as an undergraduate program versus what we do now, and it was absolutely worth it." The push for IPE within athletic training

programs remains a top priority for Natalie. She said, “I’ve seen IPE implementation over the last five years and, it’s more important than I ever knew it would be, so we’ve gotta push it.”

Commitment

The second sub-theme revealed within the theme of motivation was commitment. Athletic training faculty demonstrated a sense of loyalty and dedication to ensuring the proper education of future athletic trainers. Codes identified in commitment included concern with student knowledge of the transition, faculty advocacy for inclusion, persistence, and patience.

There were many learning curves as faculty prepared to teach IPE within their MAT program. However, faculty were committed to making IPE within their program the best way possible. The athletic training faculty valued IPE because of the exposure to team-based learning and collaborative practice. Julie commented that at her institution, the healthcare education faculty included on the IPE committee “were excited because they each valued the importance of IPE.” Charlotte stated, “we were always very focused on seeing the bigger picture of healthcare and the athletic trainer’s role on an interprofessional team.” Two of the 10 faculty perceived a benefit of IPE inclusion within an athletic training program but have not been able to successfully see IPE implementation as they would like to. Tiffany stated that

> [IPE] is an amazing concept. You have to keep figuring out ways to get it done and to do it better. I mean for us right now we’re doing it but we’re not doing it the best way its intended to do.

Faculty have become intentional about ensuring that their students are included in the IPE experience. Six faculty reported that past attempts to implement IPE lacked student awareness. As faculty transitioned to include IPE within their MAT program, student understanding was a key priority. Julie stated, “when we started [IPE] at the undergraduate level, we learned pretty

quick that we needed to do a better job of explaining why they're engaging in IPE and what the outcomes are intended to be." Charlotte reported her students have a regimented IPE course where faculty take the time to explain why IPE is necessary and important. Charlotte further journaled that through intentional course sequencing, her program "is able to better grasp some of the more complex responsibilities like communicating about patient cases, coordinating referrals, and educating and advocating for a patient because they have more awareness of who else is on the healthcare team." In preparing students for their IPE experience, Megan recommended using "a lot of education, really helping students understand the importance of understanding other professions and helping other professions understand what we can do as athletic trainers." With the inclusion of IPE in the CAATE 2020 standards, faculty have become more intentional in identifying when IPE is occurring. Amanda explained "in the past, we had IPE experiences sorta built without calling it that. Now we are cognizant of the experiences we are providing students."

Faculty have been persistent and patient in connecting with other healthcare professions to include athletic training in shared IPE experiences. Natalie reflected through her journal prompt, from her experience, implementing IPE will take "a lot of conversations and time to create a true IPE curriculum." Faculty acknowledge that patience and open communication is necessary. Many faculty expressed frustration with other healthcare professions not understanding the athletic trainer's role. To combat the lack of understanding, Charlotte recommended using their unfamiliarity as the "ultimate IPE opportunity to educate them while advocating for your students and patient." The athletic training faculty acknowledged that persistence and patience are needed for planning and creating a shared learning experience, as each program may have different learning goals. Rachel explained that "faculty should be

prepared to persist in conversations on programming as one or two discussions may not be enough" in gaining support and inclusion from other healthcare programs. Further, Charlotte wrote, "I would encourage athletic training educators to be persistent and do not take no for an answer."

Adaptation

The third sub-theme revealed within the theme of motivation was adaption. The athletic training faculty were willing to adapt and include IPE in the MAT program. Codes identified as part of the subtheme adaption included faculty preparedness for IPE instruction, modification of curriculum, shared learning, faculty role identification, inclusion, and facilitator. Many faculty willingly changed their curriculum and teaching methods to include IPE within their program. Hannah shared that within her program, "we've made a lot of changes as well. Just in terms of like where content should go, who should teach it, how to teach it, and sort of identifying those stumbling blocks to IPE."

As faculty prepared for the transition to an MAT that included IPE, all 10 reported engaging in professional development to ensure proper implantation of IPE. The most common forms of professional development shared included analyzing the CAATE standards, engaging in continuing education, and utilizing previous and current personal research on IPE. Charlotte shared that her program adapted to include IPE within the master's curriculum, "I studied the CAATE standards and often used those to guide our decisions." The CAATE standards also assisted Rachel in preparing for IPE implementation. She stated, "serving as a peer reviewer for the CAATE helped identify a group of colleagues who were sharing similar experiences and attending the CAATE, and AT educator conferences also contributed to an environment of collaboration and support."

Another method used by faculty as they transitioned to include IPE within their MAT included engaging in continuing education. Natalie shared in her journal that she "became an expert in IPE through education (conferences, training, etc.)." Similarly, other faculty shared having formal training through their institution specifically related to IPE. Julie contributed much of her program's success in transitioning to include IPE within an MAT program to her past experiences in "serving as the IPE committee chair and attending the train the trainer event." Similarly, Vince shared that during the transition to an MAT, the addition of IPE in the CAATE curricular content standards caused little to no stress as his program was already engaging in IPE at the undergraduate level. Vince wrote, "We had the good fortune of participating in the Team Education Advancing Collaboration in Healthcare (TEACH!) curriculum in our former [bachelor's program]. The transition to an MAT in terms of IPE was seamless."

Learning in a shared environment was a new concept for athletic training faculty, and, to promote a collaborative learning experience, faculty adapted their curriculum. The role of the educator has shifted from traditional lecture-style instruction to a facilitator role. Charlotte mentioned that during her program's IPE experience, she "has to resist that temptation to jump in and let the students sort of think about it because especially at their age, they are used to being taken at and talked for." Other faculty commented on how their role has shifted from supervising athletic training students exclusively to facilitating a collaborative experience across multiple healthcare professions. Rachel wrote, "participating with IPE and growing my own understanding of the roles of other healthcare programs has positively impacted her instruction." Similarly, when discussing her perception of IPE after transitioning to include IPE, Hannah stated, "I think I have a much greater appreciation for the roles that certain play." Through IPE engagement, faculty have developed an increased awareness of the scope of practice of other

healthcare programs. They are more prepared to facilitate students during a collaborative learning experience.

Faculty continued to adapt by serving as advocates for their programs, specifically regarding including athletic training in a shared learning experience. Athletic training faculty pushed to be included within IPE because of the misconception of many other healthcare professions on the role of athletic trainers. The inclusion of athletic training faculty begins within the athletic training program. Vince journaled, “at least one faculty within the program needs to be a consistent and persistent champion of IPE.” Further, Rachel recommended “faculty be prepared to educate faculty from other healthcare programs about athletic training.” Natalie and Amanda shared that reaching out to other program directors and taking the initiative to plan and lead a formal discussion on creating a shared IPE experience increased the healthcare faculty’s understanding of their shared roles.

Support

The second theme that emerged during data analysis was support and the sub-themes of relationships and resources. Eight of the 10 participants directly referenced a need for support from administration, outside faculty, and peers as they prepared to transition to an MAT that included IPE. Faculty who felt supported by department chairs, deans, and outside faculty shared a positive experience as they implemented IPE within their program. Specifically, faculty of institutions with multiple healthcare education programs had stronger relationships with outside faculty and increased access to shared resources. Faculty with limited access to resources continue to explore opportunities for the implementation of IPE.

Relationships

The first sub-theme revealed in the theme of support was relationships. The relationships identified were personal or professional. Personal relationships included partners, family, and friends, and professional relationships included coworkers, faculty peers, stakeholders, and organizations. Codes identified in relationships included the IPE committee, faculty collaboration, stakeholder advocation, and support systems.

As faculty prepared for the transition to an MAT that included IPE, all participants reported relying on their department deans as a point of support and contact. There was a push to expand advanced degree and healthcare education programs for many programs. Kendra explained that her department dean "began pushing IPE across all healthcare programs opening the door for those conversations as programs planned for the transition to an MAT." Some programs transitioned to new departments, colleges, or schools within their institution and relied on the dean as they began collaborating as a cohesive unit. Vince spoke of his department's support as a positive experience stating,

> IPE is a top priority. The support made it much easier to include it within the curriculum. We have been extremely fortunate with support. We had exceptional administrative support from our fellow faculty to the chair to our dean all the way up the food chain.

Charlotte and Rachel valued their dean's support as both deans were previously professors in an athletic training education program. Having a dean who was an experienced athletic trainer helped ease the transition to an MAT for Charlotte. She shared, "had it not been for [our dean] urging us [sic] we probably would have been floundering."

Collaboration with other healthcare faculty was an essential aspect of faculty support. Before the collaboration, Natalie stated that she first "initiated conversations with faculty in other areas to gauge their interest in collaboration." Many faculty commented on support through their

relationships on an IPE committee or team. Kendra commented that though she did not have "direct involvement on the IPE committee, the program director's willingness to collaboration and work as a cohesive unit was groundbreaking. This was something that had never been done before" at her institution. When commenting on her institution's IPE committee, Julie said she "found the IPE community to be very helpful and engaging." Julie further shared that the committee had "a good culture of wanting to share and wanting to be a part of things." Overall, faculty at institutions that had a shared IPE experience before transitioning felt supported. Charlotte shared that when her program began planning for IPE, the school of health sciences already had an IPE experience. She was fortunate and stated that "all we had to do is ask to join" the IPE experience already used within the school of health sciences. Faculty shared that they have strengthened relationships and built friendships through collaboration with other healthcare program administrators. Natalie journaled that her "social support has come from the other faculty on our interprofessional team. We have bonded and become close coworkers and friends over the past few years."

Participants relied on their fellow athletic trainer faculty and athletic training peers from other institutions for support during their transition to a MAT curriculum that included IPE. Charlotte shared that as her program transitioned, "everyone contributed in their own way, and they continue to work together to refine the program and ensure its highest quality." Other faculty shared that they rely on each other for feedback and open communication. Tiffany shared that her program's faculty are close and have been together for many years, and she relied on "the camaraderie and support inside her unit." As faculty navigated the transition to include IPE within their MAT program, many shared that they relied on other athletic training faculty for support and feedback. Natalie wrote, "social support for me has come from faculty at other

universities who have implemented IPE." Similarly, Amanda reflected on her doctoral course work and the relationships she created with her dissertation committee as she planned for her IPE experience.

Resources

The second sub-theme within the theme of support was resources. Resources referred to support other than relationships. The codes identified in resources included shared facilities, lack of resources, and lack of support. While the faculty support from various healthcare education programs was positive, the lack of resources was often commented on as unfavorable.

All faculty members in this study reported having at least one other healthcare education program on their campus to collaborate with on IPE. Faculty reported collaborating with various healthcare education programs: nursing, physical therapy, occupational therapy, physician assistant, and medicine. Many faculty reported using a shared facility within their IPE experience. Kendra shared,

> as a part of the transition to the master's, our program was shifted to the school of health sciences. We have brand new facilities and are able to collaborate with each other more freely because we are all under one roof.

Megan shared that her program was able to collaborate with "the clinical lab sciences program. Each year our students complete a simulation lab." Similarly, Charlotte explained that shared facilities have allowed for "additional opportunities for simulated cases and because students' skills are better thanks to the graduate-level courses."

Transitioning to an MAT has allowed for more structured and intentional IPE experiences. In creating an IPE experience for her program, Amanda shared that "we have been able to reach across to other healthcare professionals that we maybe did not utilize in the past."

Through the transition to an MAT, faculty appreciate the freedom in the schedule for planning for a structured IPE experience. Julie explained that IPE is easier to "implement at the master's level than it was at the undergraduate level because of scheduling. Being able to control schedules of the master's students allows for us to plan events in the syllabus and mandate that students go." Further, Vince shared that the transition to include IPE at the master's level

> was pretty easy; we just identified which courses and when in our curriculum sequence is best for our students to take. We decided it would be better for a second-year student after they've had a year of kind of understanding what athletic training is.

Faculty shared concerns with limited resources and minimal access to healthcare education programs at their institution. Five faculty members identified their lack of resources as a barrier to successful IPE implementation. Hannah explained that her program has struggled to identify an IPE model that fits her program since her program is the only masters level health care education program offered on campus. She shared that university faculty struggled to create a shared vision since the other health care education program was offered at the undergraduate level. In describing her experience with support from stakeholders and outside faculty, she wrote, "I don't think our institution had the structural components to help facilitate the transition; we had to learn a lot on our own." Amanda shared a similar experience stating, "we don't have everything; we don't have nursing, physical therapy, occupational therapy, so we had to get creative." Faculty also expressed concerns with teaching load and the number of faculty available to teach an IPE component. Megan shared that resources were a significant barrier to IPE implementation as there "wasn't enough faculty to teach everything." Tiffany shared a similar experience: adding the additional IPE requirement required extra time and resources "that faculty were not going to be compensated for."

Lack of support from stakeholders was another aspect faculty shared when asked about the transition to an MAT that included IPE. Tiffany shared that collaboration with faculty often occurred at the end of the semester and was overall "very poor as if people were just trying to check a box." Many faculty also shared the lack of support from stakeholders, such as program directors from other health education majors and department deans. Megan shared that her program was not supported like other healthcare education programs. She explained her program "didn't have the planning time or preparation time that could have really helped us be the most successful" after watching another program on campus spend the last three years planning for their start. Hannah reported that she tried to plan an IPE experience with the school of nursing. However, the lack of support from the dean negatively impacted their ability to create a shared learning experience. Hannah explained that her program dean failed to support a shared IPE complaining that "the accrediting bodies want different outcomes and different things from this content." As programs attempt to utilize a shared learning space, deans remain unsupportive for financial reasons. Tiffany shared that in collaborating with nursing, their department expected to be compensated for teaching a unit or sharing their facilities, and "deans were not amiable to that." Natalie related the lack of understanding of IPE as a leading factor for the lack of support within her department. She shared, "I try to educate, but everybody has their different perspective on what they think [IPE] actually is."

Challenges

The final theme identified during data analysis was challenges and the two sub-themes that emerged were concurrent stress and resistance. Faculty experienced concurrent stress and resistance challenges as they transitioned to an MAT that included IPE. Eight of the 10 participants directly referenced challenges from the COVID-19 pandemic as they attempted to

implement IPE. Additionally, seven of the 10 participants reported a feeling of resistance from outside faculty when attempting to develop a shared IPE experience. Faculty who experienced resistance as they implemented IPE within an MAT program remains committed to identifying an IPE model that fits the resources available at their institution.

Concurrent Stress

The first sub-theme within the theme of challenges was concurrent stress. Despite an attitude of 'buy-in' or faith in the program change, the transition to include IPE within an MAT program led to added stress for faculty. Additionally, faculty experienced challenges in transitioning to a master's level curriculum, the COVID-19 pandemic, and maintaining CAATE accreditation.

While faculty were experiencing a transition to IPE inclusion within their program, their transition was really two-fold. They were also transitioning from an undergraduate curriculum to a master's level, which created additional stress. Two faculty members reported that their programs transitioned to an MAT while teaching their final cohort of undergraduate students. Teaching their undergraduate cohort led to one year of overlap between senior undergraduate students and first-year master's students. Tiffany reported that the "transition itself was difficult in the sense that we were teaching out the undergrads and doing the masters, so it's been kinda a double team adventure." Megan shared that

> the first couple years were tough. We were teaching our undergrad out as we were teaching our grad students. So, some of that created a lot of animosity between the students, and so I think there was a hard transition all around.

Eight of the 10 faculty reported the COVID-19 pandemic as concurrent stress for IPE implementation. Hannah stated, "our MAT transition was pretty simultaneous to navigating the

COVID-19 pandemic, which was a very isolating experience. Adapting to the COVID-19 pandemic as an educator pretty much took everything that I had to just keep teaching." Many programs had yet to graduate their first cohort of master's students before the March 2020 shutdown. Rachel reported that at the time of the study, "I have never seen a person walk across the stage that has completed our master's program, and it is so heartbreaking." Due to the pandemic, students had their clinical rotations canceled or altered. Megan stated,

> we started in a pandemic where all of a sudden, our second year we were like oh and you can't touch people. They were almost 18 weeks into their education because they had a whole summer of pandemic plus part of the fall.

Many faculty report that prior to the pandemic, students were able to engage with other healthcare students and professionals through community events such as marathons and outreach clinics. Faculty have been forced to become more creative and continue to be challenged in creating meaningful IPE experiences in the clinical setting.

As faculty moved through the transition to an MAT that included IPE, three faculty also reported concurrent stress of maintaining CAATE accreditation and undergoing a CAATE site visit. Megan reported that

> the first year of the 2020 standards, we had to go up for a full site visit, so that was extraordinarily difficult, but I think it was very powerful and very helpful because we truly had to dive in and make sure we were meeting every new standard.

Similarly, Kendra reported "undergoing a CAATE site visit was beyond stressful especially as we were trying to figure out the ends and outs of our curriculum but very helpful in making sure we understood the new curricular content standards."

Resistance

The second sub-theme that emerged in the theme of challenges was resistance. Resistance to change was noted through timing restraints, academic silos, interpretations of IPE, and clinical immersion experiences. Overall, within the athletic training faculty, there was minimal resistance reported. However, administrative, and outside faculty support was a significant barrier to successful IPE implementation.

Faculty most commonly commented on lack of timing when discussing the barriers, they encountered during their transition to an MAT that included IPE. Tiffany shared that timing and scheduling remain a barrier at her institution, stating,

> I think it is access. I think everybody's particularly medical curricula are so scripted, for lack of a better word, that you want to try and change a unit and have people come together and do something that might take a little more time because IPE involves discussion, problem-solving, clinical reasoning, and that kind of thing that typically is a lot more intensive than just a didactic lecture or something like that.

Hannah reflected that she didn't feel as though she had the "time or creative space" to plan an IPE experience because of the concurrent stressors of the pandemic, her own academic work, and transitioning to an MAT. Tiffany shared her experience with collaborating to plan an IPE experience, "every time we tried to reach out, [faculty] are like yeah, we couldn't find the room in our schedule to do that."

Faculty shared frustration with academic silos and varying interpretations of IPE across healthcare education standards. Amanda shared that her institution had one other healthcare education program at the time of the study, and "they have so many standards, and their classes are so tight-knit that when I first brought up teaching like a one-credit hour course on IPE, they

didn't have space to fit that in." Hannah expressed frustration in trying to collaborate with nursing. She shared that

> we've transitioned to the master's level, and for at least right now, their preparation is still at the bachelor's level, and they don't see that those are equivalent, and they are both preparing professionals and preparing people for a board exam.

Clinical immersion and clinical preceptors also contributed to faculty resistance to implementing IPE. Many faculty commented on concerns with decreased program length and having students off campus for their second year. Having students off campus and under the supervision of the clinical preceptors created additional stress for faculty. Rachel said, "we stopped using some of our clinical sites because they were not equipped with an understanding of the master student." Similarly, Natalie shared that "our preceptors are some of the barriers because of their lack of understanding of IPE." Having students off campus during their second year has presented challenges for many faculty. Julie reported, "our biggest barrier is if our students are off on immersion, they can't participate in any formal activities that we have on campus." Capturing the IPE experience during clinical rotations lacks understanding as it applies to athletic training. Vince stated, "our challenge is to take [IPE] to the next level and see how we can capture clinical experiences and collaborate more local interprofessional collaborative opportunities."

Outlier Data and Findings

This section contains one unexpected theme. Each participant mentioned interprofessional collaborative practice within their responses, specifically when describing their past experiences with IPE. During the focus group, participants shared their lack of understanding and misinterpretation of IPE. According to the WHO (2010), interprofessional

collaborative practice "occurs when multiple healthcare workers from different professional backgrounds work together with patients to deliver the highest quality of care across all settings" (p.13). IPE consists of pre-professional students learning in a collaborative environment versus professional healthcare practitioners working as a team. When asked about her previous attempts to implement IPE prior to the degree transition, Amanda stated, "we didn't do true IPE. We had guest lectures from different health professions, and I think that's what a lot of people think IPE is." Similarly, Tiffany stated,

> for the most part, we would bring in guest speakers. In our classes, we had required that we had two guest speakers per practicum class, and that would be like EMTs or paramedics, or physicians, or physical therapists, and that is what we would call IPE.

The misconception and vague interpretations of IPE remain a barrier to IPE implementation.

As faculty have transitioned to an MAT program and attempted to comply with the 2020 CAATE standards for accreditation, some are unable to implement an authentic IPE experience. Amanda shared that it is "necessary for faculty to educate themselves on IPE." Further, Natalie recommended "becoming an expert in IPE through education. Many athletic trainers think they know what IPE and interprofessional practice are; however, most of them are practicing in a multidisciplinary or interdisciplinary manner, not interprofessional." Other faculty have found it challenging to implement IPE because departments are siloed, or limited healthcare education programs are offered. Hannah and Megan reported having limited resources and availability at the time of the study to implement true IPE because there is only one other healthcare education program on their campus. Amanda acknowledged similar challenges within her institution and shared that she has had to be somewhat creative and "think outside the box" for proper IPE implementation.

Research Question Responses

The following section answers the central research question and associated sub-questions. The themes and subthemes derived from individual interviews, journal prompts, and the focus group interview were used to answer the research questions. Evidence from participant responses is provided to answer each research question.

Central Research Question

What are the shared experiences of athletic training faculty who transitioned to an MAT program including IPE?

As faculty transitioned to an MAT that included IPE, they began with an overall attitude of buy-in, desiring the change and understanding its value. Vince noted that the two most significant factors to implementing IPE in a new MAT program are "strong administrative support and identifying at least one faculty member to champion the cause of IPE." However, the transition also brought with it concurrent stressors, such as the COVID-19 pandemic, degree transition from an undergraduate program to a master's curriculum and maintaining CAATE accreditation. As the transition continued, faculty relied on support from faculty collaboration and shared resources to design and implement a shared IPE experience. Faculty remained persistent when met with challenges and resistance towards the inclusion of athletic training in a shared IPE experience. As faculty moved out of the transition to include IPE, they reflected on the need to understand how to integrate IPE within the curriculum and explore methods for IPE inclusion during clinical education.

Sub-Question One

What are the shared experiences of athletic training faculty preparing to transition to an MAT program that implemented IPE?

All 10 faculty shared the same perceptions as they prepared to transition to an MAT that included IPE. As faculty planned for the transition, they expressed excitement about the change. Participants were motivated through a commitment to their program and their students. Faculty were eager to build relationships with outside faculty and collaborate to build a shared IPE experience. All participants shared an attitude of buy-in and were committed to understanding their role on an interprofessional team.

With excitement also came a feeling of uncertainty and stress. Eight of the 10 faculty had never implemented an IPE experience before implementing the 2020 CAATE standards. However, each participant previously engaged with IPE through graduate coursework or professional development interests. The COVID-19 pandemic added stress as many faculty prepared for and went through the transition to an MAT that included IPE. Faculty shared that IPE planning was overshadowed by the pandemic as faculty abruptly shifted to virtual learning. Additionally, faculty reported stress when trying to strengthen their relationships with outside faculty. During the focus group interview, Vince shared,

> We need to solicit administrative support both from department chairs and deans, because I think as we try to enlist the support of outside faculty, if we all have a common directive from higher levels of administration that makes it easier because we are all trying to do the same thing across different disciplines, both within the school and across schools at some point. So strong administrative support and being able to communicate with administrators to be able to have a unified goal of IPE across the institution is critical.

Planning and faculty collaboration required time and faculty willingness to collaborate.

Sub-Question Two

What are the shared experiences of athletic training faculty during the transition to an MAT that implemented IPE?

As participants began to move through the transition to include IPE within an MAT program the experiences were varied. Five faculty shared their experiences with a seamless transition. However, the remaining five participants recalled a tough transition. Faculty who shared a positive experience as they transitioned were employed at institutions with administrative support and had a large offering of healthcare education programs. Many faculty described the transition to include IPE within their program as easy and a felt as though they were ahead of the curve. Faculty attributed their success as they moved into the transition of including IPE at the master's level to positive culture between healthcare programs, existing IPE modules, and inclusion within an IPE committee. Faculty who felt supported during their transition were able to adapt their curriculum to include IPE with ease.

Faculty contributed resistance for inclusion to concurrent stress of implementing new CAATE standards, transitioning the curriculum, and lack of resources as barriers for the inclusion of IPE within their MAT programs. Moving into the transition of an MAT during the COVID-19 pandemic was a period of uncertainty and additional stress for many programs. Megan shared similar challenges when moving through the transition to include IPE within an MAT program. Megan stated,

> The first couple years were tough. Our first year of the 2020 standards we had to go up for a full site visit for accreditation, so that was extraordinarily difficult, but I think it was very powerful and very helpful because we had to truly dive in and make sure we were meeting every new standard and had to show how we were meeting the standard in the

> classroom and in the clinical setting with assessment data. It was pretty awful, and you know we had this pandemic thing just to add a little fuel.

Sub-Question Three

What are the shared experiences of athletic training faculty after transitioning to an MAT that implemented IPE?

The participants unanimously expressed an appreciation for the inclusion of IPE within an MAT program. As participants reflected upon their transition process, they identified a positive outcome from implementing IPE within their MAT program. Specifically, each faculty member felt their students were better prepared and more willing to collaborate after implementing IPE. While each faculty expressed value and commitment to including IPE within their program, many commented on the need for continuing education and additional research on IPE implementation methods. Specifically, during the focus group interview, Vince and Rachel commented on the need to understand the role of IPE in the clinical setting. Currently, there are few models for IPE implementation in athletic training. Tiffany shared,

> there's a lot of ways to implement IPE. I think there are very few models for people to lean into. I think it's probably going to be a five-year process for people to figure it out and figure it out well. Faculty have become more intentional about implementing and promoting collaborative practice within their curriculum.

As faculty continue to adapt their curriculum to include IPE, Vince believes that "IPE will mesh seamlessly into courses over the next five to 10 years."

Summary

Chapter Four included a detailed description of the ten athletic training faculty members' experiences as they transitioned to an MAT that included IPE. The participants' experiences

transitioning to an MAT that included IPE was primarily positive. As data collected through individual interviews, reflective journal prompts, and the focus group interview was transcribed and analyzed, three themes began to emerge: (1) motivation, 2) support, and (3) challenges. The initial perceptions as faculty planned for the transition to an MAT included a feeling of excitement, buy-in, and uncertainty. Faculty experienced additional stress as they navigated the transition during a global pandemic. As participants moved into the transition to include IPE within an MAT, experiences were mixed. Faculty with supportive administration and access to collaborate with multiple healthcare education programs reported a positive transition process. Faculty with limited resources and minimal support and understanding from outside faculty and stakeholders reported challenges with implementation. However, the faculty demonstrated commitment to overcoming resistance and creating a meaningful IPE experience for their students. As faculty moved out of the transition, they are hopeful that IPE will assist in student and department success over time with increased support, time, collaboration, and resources.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this transcendental phenomenological study was to understand athletic training faculty perceptions as they transitioned their programs to an MAT that included an IPE component. This chapter includes a summary of the themes discussed in Chapter Four, an interpretation of the data, implications for policy and practice, theoretical and empirical implications, limitations and delimitations, and recommendations for future research. The chapter concludes with a summary of the research presented and highlights the significant findings that provide an insight on the lived experience of the participants.

Discussion

This study explored the lived experiences of athletic training faculty who transitioned from an undergraduate course module to an MAT curriculum that included IPE. Through the data sources of individual interviews, journal prompts, and a focus group, the shared experiences of the 10 participants was categorized into three themes: (1) motivation, (2) support, and (3) challenges. The findings of this study correspond with the literature on what is currently known about IPE in athletic training, barriers for IPE implementation, faculty collaboration, and degree transition. This section discusses the findings of this study in relation to the above themes and supports the interpretation of those findings with the theoretical and empirical evidence from previous literature.

Interpretation of Findings

As an aspiring athletic training educator, the opportunity to listen to faculty experiences in transitioning an MAT program that includes IPE has been valuable. The current research on IPE in athletic training education is predominately quantitative (Eliot et al., 2017; Morell et al.,

2018; Stetten et al., 2019) and focused on student readiness for IPE learning (Breitbach et al., 2018; Morrell et al., 2019). There is little insight on faculty perceptions of including IPE within a master's level curriculum. While bracketing my own perceptions of IPE, the themes of motivation, support, and challenges emerged along with the following three interpretations provide meaningful insight for MAT stakeholders to consider.

Summary of Thematic Findings

Based upon the themes of motivation, support, and challenges, there were three interpretations regarding faculty perceptions of transition to an MAT that included IPE. The unique interpretations regarding the phenomenon consisted of: (1) faculty are motived when preparing for a transition; (2) faculty rely on support as they move through a transition; and (3) faculty are committed to expanding IPE opportunities as they transition to an MAT. An interpretation of each aforementioned theme is included in this section.

Faculty are Motivated for a Transition

Athletic training faculty anticipated the transition to an MAT that included IPE. The substantial degree of change was first introduced in 2015, and the updated CAATE standards that included IPE were available for open comment in 2018. Previous research suggested that athletic training faculty had negative perceptions toward change (Geisler, 2015). However, the participants in this study had an attitude of buy-in and were motivated for the transition to include IPE in an MAT.

All participants in this study had a previous engagement with IPE from doctoral coursework, previous implementation, or research interest. However, only three participants within the study reported having planned an IPE experience prior to the updated CAATE standards. According to interview responses, half of the participants were unsure of how to

effectively implement IPE, which often resulted in having a healthcare provider guest lecture. Faculty learning communities and collaboration have assisted faculty in understanding their role on a healthcare team and allowed for understanding the principles of IPE (Breitbach et al., 2017; Manspeaker & McMorrow, 2019). While it is not unexpected that faculty had limited background knowledge on how to implement IPE within an MAT prior to the updated CAATE standards taking effect, most participants were committed to learning strategies for IPE.

Faculty Rely on Support as they Move Through a Transition

Before the addition of IPE within the 2020 CAATE curricular content standards, IPE implementation lacked faculty buy-in, administrative support, and curriculum availability (Eliot et al., 2017; Parry et al., 2019; Stetten et al., 2019). Additionally, faculty reported challenges with implementation due to resistance from peers, outside faculty, administrators, and other university stakeholders (Geisler, 2015; Olenick et al., 2019). As participants in this study transitioned to an MAT that included IPE, the available support and resources directly impacted their preparedness for curriculum change. Six of the 10 participants felt under-supported as they transitioned to include IPE. Amanda and Hannah shared that their programs had minimal administrative support and lacked the availability to collaborate with other healthcare education programs.

Participants relied on faculty support as they planned and implemented IPE within their programs. As participants transitioned to implementing an IPE experience, they sought support through collaborating with outside faculty and their peers. Four out of 10 participants shared a feeling of departmental support as they transitioned to a master's level curriculum and planned a collaborative learning experience. Sarah said she relied heavily on her dean as a mentor when transitioning to include IPE in an MAT because he was previously an athletic training program

director. Participants who perceived support from outside faculty and administrators recalled a positive experience as they transitioned to include IPE within their programs.

Participants who expressed concerns about faculty support during their transition reported that outside faculty did not understand the athletic trainer's role. Rachel shared that her initial attempts in collaboration with outside faculty consisted of educating faculty on the athletic training profession. Faculty collaboration teams provide meaningful opportunities for faculty to understand each profession's role on a healthcare team (Ascione et al., 2019). Although challenging, participants in this study valued the opportunity to collaborate with outside faculty and advocate for the inclusion of athletic training in a shared collaborative experience. Increased awareness and education on the athletic training profession as an allied healthcare profession may assist in combating resistance to IPE inclusion with other healthcare education programs.

Faculty are Committed to Expanding IPE Opportunities in Athletic Training

As faculty moved out of the transition to include IPE within an MAT, participants remained committed to expanding their knowledge of IPE implementation methods. All 10 participants reported becoming more intentional about identifying IPE opportunities within their curriculum since the CAATE 2020 standards. Although participants reported being more intentional about including IPE in their curriculum, many lacked guidance on an implementation model. Faculty have previously resisted IPE implementation because of varied implementation methods and lack of transferability among programs (Breitbach et al., 2018; Eliot et al., 2017; Stetten et al., 2019). Participants in this study shared similar concerns with designing their IPE experience. IPE continues to lack an implementation model for athletic training; however, faculty in this study were committed to exploring methods for blending IPE within the MAT curriculum.

IPE implementation is varied based on the program and the institution's available resources (Rizzo et al., 2015). Four of the 10 participants in this study identified a lack of resources and reduced opportunities to collaborate with other healthcare education programs as barriers to IPE implementation. To overcome these challenges, Amanda shared that she had to become creative and identify IPE implementation methods appropriate for her program design and university infrastructure. Faculty have adapted IPE learning experiences to allow for clinical applications (Morrell et al., 2018). Understanding how to effectively implement IPE during clinical education remains unknown. However, participants in this study expressed a strong interest in identifying methods for IPE inclusion during clinical education to overcome challenges with resources.

Implications for Policy or Practice

The findings from this phenomenological study may have several implications for athletic training faculty, outside faculty, and program administrators. Other university stakeholders may also benefit from the reviewing the findings. The following sections address the implications for policy and practice based on the findings of this study.

Implications for Policy

IPE implementation requires administrative support and financial resources (Olnick et al., 2019). The belief that IPE prepares students for collaboration and team-based healthcare has been the driving force behind the push for IPE within multiple healthcare education programs (Breitbach et al., 2018; IPEC, 2016; Trotter et al., 2019). Faculty learning communities and shared department values are thought to assist faculty with meaningful IPE implementation (Boland et al., 2019). Participants in this study expressed concerns about financial support and appropriate resources to engage multiple healthcare students in a collaborative learning

environment. Tiffany shared, “there are people asking for money if they are going to teach a shared unit, then your unit has to pay our faculty. Our deans and directors are not very amenable to that.” Program directors, department chairs, and deans should create policies regarding compensation for the use of equipment and space during a shared learning experience. Additionally, policies are needed to understand and clarify faculty expectations during collaborative learning events.

Faculty shared concerns about the university structure and being able to support a shared learning community. Program administrators and university administrations may need to realign departments to support growing IPE accreditation standards. For example, athletic training programs have historically been located with sports sciences or health education. Realigning athletic training in a department with other healthcare education programs, such as nursing, physical therapy, or public health, may help foster collaboration among faculty.

The CAATE standards for IPE are vague and lack clear expectations for implementation. Athletic training programs must collaborate with other healthcare education programs to comply with the CAATE curricular content standards for accreditation. The CAATE should consider providing additional resources for IPE implementation or provide additional details in the current standards for programs to use as a guide.

Within this study, faculty identified shortened program length and off-campus clinical experiences as barriers to implementation. Julie shared, “the biggest barrier we had is that if our students are off on immersion, then they can’t participate in any type of formal activities that we have on campus unless they happen [virtually].” As programs adapted to the COVID-19 pandemic and began to utilize immersion experiences, the use of distance education has significantly increased. Four of the 10 faculty members reported that their students completed at

least one semester of distance education. Understanding the applicability of virtual IPE experience may provide increased collaboration opportunities with students from other healthcare programs across multiple universities. Creating policies for distance education may provide increased opportunities for IPE implementation while students engage in clinical education experiences off campus.

Implications for Practice

The athletic training faculty in this study transitioned from an undergraduate curriculum model to a master's degree program that included IPE. Updated curricular content standards imposed in 2020 by CAATE requires each program to engage students in multiple IPE experiences (CAATE, 2018). As programs transitioned to an MAT curriculum, many faculty also developed and implemented an IPE experience within their program. While faculty acknowledged a positive perception of the benefits of IPE within athletic training education, there was a recurring theme of faculty uncertainty on effective implementation. Hannah reported challenges with IPE implementation because of limited resources and minimal support from outside faculty or administrators. As a result, it is suggested that athletic training faculty take the initiative to create awareness of shared IPE opportunities. Faculty should focus on the potential requirement for IPE within multiple healthcare education accreditation standards and assist others in understanding the role of collaboration within a healthcare team. Vince recommended that athletic training faculty initiate the conversations to collaborate with other healthcare programs and invite outside faculty into their classrooms to create awareness on athletic training.

Helping athletic training faculty cope as they transition to an MAT that includes IPE may enhance student learning and faculty willingness to adapt. As programs transitioned to an MAT, many faculty had to manage multiple course loads while also planning and designing an updated

curriculum. One participant from the study expressed value in having a solid support system with their peers and athletic training faculty from other programs. Charlotte shared that her "adaptive coping mechanism was connected to networking, using the professional human capital, and developing that as a resource." She "engaged with other people at conferences and things because… it helps to both vent with other people but also engage with people who might be experiencing the exact same thing." As faculty moved through and out of the transition to an MAT that included IPE, many had to cope with the concurrent stress of the COVID-19 pandemic, program structure change, and curriculum instruction change relative to IPE. Decreased faculty teaching responsibilities or professional development leave may help faculty decrease stress as they plan for a curriculum change.

Additionally, faculty stress may lessen with opportunities to engage in education conferences on IPE. Department chairs and university stakeholders should allow faculty professional development days and compensation for continuing education courses when programs are undergoing substantive change. Additionally, program directors and clinical coordinators should have allotted periods for planning and implementing curriculum changes based on updated accreditation standards.

Theoretical and Empirical Implications

The research regarding the lived experience of athletic training faculty as they transitioned from an undergraduate curriculum to an MAT degree that included IPE has aligned with Schlossberg's (1981) transition theory. Schlossberg's (1981) transition theory is used to describe the experience of adults as they experience a transition. There are four major factors that influence an adult's ability to cope with transition: situation, self, support, and strategies, also known as the four S's (Anderson et al., 2012). The four S's depict an individual's readiness for

transition (Anderson et al., 2012). Additionally, it is important to understand where the individual is during a transition: moving in, moving through, or moving out (Anderson et al., 2012).

After completing individual interviews and reading the participants' reflective journal prompts, I found that participants echoed the four S's of coping with a transition. Further, the participants' experiences included all three phases of a transition. Understanding the transition process of athletic training faculty as they adapted to an MAT curriculum that includes IPE is important in assisting future educators adapt and implement IPE within their program.

According to Schlossberg (1981), events leading to a transition can be anticipated or unanticipated. The participants within this study experienced an anticipated event as the transition to an MAT that included IPE was required by the CAATE. Participants were motivated as they moved into and through the transition. Unknowingly, faculty would move through two simultaneous transitions. As faculty adapted to include IPE, they also transitioned their curriculum from an undergraduate course model to MAT degree. The simultaneous transition added additional stress and influenced the participant's ability to adapt to the situation.

The faculty member's ability to cope as they moved through and out of both transitions was influenced by their perceived support and resources. Schlossberg indicated that support can be formal or informal (Evans et al., 1998). Faculty in this study relied on informal support through their athletic training peers, mentors, and some family members as they managed the stress of moving through the transition phase. Some participants noted a lack of external support from administration, outside faculty, and university stakeholders. Additionally, these participants felt as though additional resources were needed to better understand and implement an IPE experience.

Schlossberg's (1981) transition theory was applicable in this study as I sought to understand athletic training faculty experiences as they transitioned to include IPE within an MAT curriculum. A main element of Schlossberg's transition is examining the adult as they move in, through, and out of a transition. Faculty in this study reported feeling excitement and motivation as they prepared for the transition to include IPE. As participants moved through the transition, both positive and negative experiences were shared depending upon the available support from stakeholders, and resources to collaborate. The transition process of the participants in this study revealed another application for Schlossberg's (1981) transition theory.

As identified in Chapter Two, the empirical literature discussed the gap in recent literature on the absence of faculty voices regarding the transition to an MAT that included IPE. The majority of the previous literature in athletic training was focused on resistance toward the implementation of athletic training and student perceptions of IPE prior to the transition to a master's curriculum. Further, a greater part of the research has been quantitative, examining student and faculty preparedness for engaging in collaborative practice (Eliot et al., 2017; Morrell et al., 2018; Stetten et al., 2019). Lacking in the literature was an understanding of how faculty have transitioned to an MAT curriculum that included IPE. The findings in this study have empirical implications that contribute to the limited amount of research on faculty experiences with transitioning to include IPE within an MAT.

Previous research suggested that faculty resisted change and the inclusion of IPE within an athletic training curriculum (Geisler, 2015; Rizzo et al., 2015). However, faculty within this study were motivated for the transition to include IPE within their curriculum. Past studies on undergraduate curriculums suggested faculty resisted IPE implementation because of limited time, lack of commitment by faculty, and limited resources (Breitbach et al., 2017; Eliot et al.,

2017). In contrast, this study found that faculty shared an attitude of buy-in and took the initiative when necessary to engage in training opportunities to understand IPE implementation strategies.

This study found that faculty experiences with faculty support during the transition to include IPE within an MAT were mixed and diverged from the current literature on faculty perspectives of IPE. Olenick et al. (2019) suggest that faculty with minimal support from administration and outside faculty negatively perceived IPE implementation. Recent studies have shown that faculty express negative perceptions based on decreased access to other healthcare education programs and curriculum constraints (Breitbach et al., 2918; Parry et al., 2019; Stetten et al., 2017). This study revealed that participants who struggled to include IPE in a master's level athletic training program lacked outside faculty and administration support and the resources to collaborate with other healthcare programs. However, outside faculty and healthcare administrators' decreased understanding of the athletic training profession led to perceptions of decreased support, not a negative perception toward IPE.

While much of the current literature was focused on negative faculty perceptions of IPE, all participants in this study shared a positive experience as they transitioned to an MAT that included IPE. Previous studies suggested that a strong culture of collaboration fostered positive faculty perceptions, shared department values, and faculty willingness to adapt (Breitbach et al., 2017; Breitbach et al., 2018; Mahler et al., 2019; Olenick et al., 2019). Similarly, research implied that effective IPE implementation required faculty to align personal schedules for planning, develop shared learning goals, and effectively communicate to develop a meaningful IPE experience for students (Palaganas et al., 2014; Watts et al., 2020). The results of this study support the current literature as participants who described a positive experience throughout their

transition shared increased appreciation for outside faculty support, collaboration, and the inclusion of athletic training in IPE.

Limitations and Delimitations

Limitations of the study include study approach, researcher bias, sample size, and timing of data collection. The decision to use a qualitative approach provided insight into the self-reported experience of the participants being studied. However, it cannot be generalized to other athletic training faculty or programs (Creswell & Poth, 2018). A mixed-methods study or quantitative component with statistical analysis may have produced more evidence to support the qualitative findings presented. Additionally, a case study may have produced a more in-depth investigation of faculty experience as they transitioned to include IPE.

Another limitation of this study was researcher bias. My purpose was to understand the experience of athletic training faculty as they transitioned to an MAT that included IPE. The bias stems from my experience as an athletic trainer and my interest in IPE research. According to Moustakas (1994), bias cannot be bracketed entirely, but I utilized a bracketing journal to set aside my own prejudgments and limit personal bias during data analysis. However, my personal experience shows bias in how I interpreted and drew conclusions from the data.

The third limitation of this study was the sample size, a lack of sample variation, and the voluntary nature of the study. This study included 10 participants, all identified as women except one man. A larger, more diverse group of participants that represented each United States region may have resulted in additional or more varied themes.

The fourth limitation of this study was participant selection. My initial participant selection criteria did not include a large enough sample size for this study. After submitting a revision to the IRB, I modified my participant selection from purposeful convenience sampling

using three planned sites to snowball sampling without a central site. The initial sampling methods ensured faculty diversity and variation in program type. The modified participant selection criteria did not allow for the purposeful selection of faculty from various programs.

The final limitation of the study was the timing of the data collection. Data was collected and gathered at the end of the spring semester and near commencement, and participants may have been concerned with finals, exit interviews, or grades. The timing of the semester could have also impacted the willingness of faculty to participate in the study.

Delimitations for this study focused on understanding athletic training faculty experience with transitioning to an MAT that included IPE. Delimitations of the study included the choice of using purposeful sampling of participants. The study participants only included current athletic training faculty who fully transitioned from an undergraduate course model to master level curriculum. The participant selection eliminated faculty pending transition and faculty of new and existing programs that only offered a master's level degree. This also excluded faculty of programs who underwent curriculum changes to include IPE at the undergraduate level.

Recommendations for Future Research

Through this study, I sought to understand the lived experience of athletic training faculty who had transitioned to an MAT that included IPE. I wanted to understand their perspectives as they transitioned to an advanced degree program and implemented updated curricular content standards. Previous research examined barriers to previous IPE applications and was completed using the undergraduate course model. The role of IPE within athletic training education as a master’s level curriculum was currently not fully understood. This study helped fill the gap in the literature regarding athletic training faculty’s transition to an MAT that included IPE and revealed similar faculty experiences impacted by factors of support, resources, adaptation, and

resistance. This study confirmed similar challenges found in the literature by faculty at the undergraduate level.

With the growing number of healthcare education accreditation agencies adding IPE as a part of the curricular content standards, future research on IPE should be focused on clinical applications for IPE use. Additionally, further studies are needed to investigate approaches for IPE implementation using hybrid or virtual learning communities. Finally, university administrators and athletic training faculty members need to require further research into the implementation of IPE, specifically, the examination of faculty support and faculty collaboration.

Many faculty expressed concerns with the university structure and siloed academic programs. Further investigation of opportunities for institutional restructuring may improve access to IPE implementation. Shared academic resources may improve access to collaboration across multiple healthcare education programs. Using a grounded theory approach, researchers should seek to understand the relationship between a shared healthcare education department and IPE inclusion opportunities that may assist prospective athletic training faculty as they transition to include IPE within an MAT.

Conclusion

Through the individual interviews, the focus group interview, and reflective journal responses, a meaningful interpretation of faculty experiences with transitioning to an MAT that included IPE has been gained. Much of the research on IPE related to athletic training reflected a now outdated undergraduate course model focused on student perceptions of IPE experiences. This study provided important insight into athletic training faculty perceptions of transitioning to an MAT curriculum that included IPE. Participants shared a sense of excitement and commitment to include an IPE experience as they prepared to implement the new CAATE

standards. The participants indicated a positive experience during their transition and relied on support as they moved through the transition. As faculty reflected on their transition process, they expressed a need for continued education on successful IPE implementation methods. Creating a meaningful IPE experience requires time and commitment from faculty, stakeholders, and university administration. Viewing these conclusions in consideration with Schlossberg's (1981) transition theory, athletic training faculty should continue to advocate for support and appropriate resources for meaningful implementation of IPE in an MAT.

REFERENCES

Accreditation Council for Pharmacy Education. (2016). Accreditation standards and key elements for the professional program in pharmacy leading to the doctor of pharmacy degree. https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf

Anderson, M. L., Goodman, J., & Schlossberg, N. K. (2012). *Counseling adults in transition: Linking Schlossberg's theory with practice in a diverse world* (4th ed.). Springer.

Ascione, F. J., Sick, B., Karpa, K., McAuley, J., Nickol, D. R., Weber, Z. A., & Pfeifle, A. L. (2019). The big ten IPE academic alliance: A regional approach to developing interprofessional education and practice. *Journal of Interprofessional Education & Practice*, *15*, 9–14. https://doi.org/10.1016/j.xjep.2019.01.001

Baker, M., & Durham, C. (2013). Interprofessional education: A survey of student's collaborative competency outcomes. *Journal of Nurse Education*, *52*(12), 713–718.

Baldwin, D. C., & Baldwin, M. A. (2007). Interdisciplinary education and health team training: A model for learning and service. *Journal of Interprofessional Care*, *21*(sup1), 52–69. https://doi.org/10.1080/13561820701579992

Bauman, C. A., Milligan, J. D., Patel, T., Pritchard, S., Labreche, T., Dillon-Martin, S., Ilich, A., & Riva, J. J. (2015). Community-based falls prevention: Lessons from an interprofessional mobility clinic. *Journal of the Canadian Chiropractic Association, 58*(3), 300–311. https://pubmed.ncbi.nlm.nih.gov/25202159/

Bell, K. P., Hunsinger, M., Koslofsky, S., Coplen, A. E., & Stein, S. M. (2020). Measuring the efficacy of a foundational interprofessional education course using the attitudes towards healthcare teams scale. *Journal of Allied Health, 49*(1), 14–19. https://pubmed.ncbi.nlm.nih.gov/32128534/

Board of Certification for the Athletic Trainer. (2021). State regulation search. https://www.bocatc.org/

Boland, D. H., Scott, M. A., Kim, H., White, T., & Adams, E. (2016). Interprofessional immersion: Use of interprofessional education collaborative competencies in side-by-side training of family medicine, pharmacy, nursing, and counselling psychology trainees. *Journal of interprofessional care*, *30*(6), 739–746. https://doi.org/10.1080/13561820.2016.1227963

Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal*, *9*(2), 27–40. http://doi.org/10.3316/qrj0902027

Breitbach, A. P., Eliot, K., Cuppett, M., Wilson, M., & Chushak, M. (2018). The progress and promise of interprofessional education in athletic training programs. *Athletic Training Education Journal*, *13*(1), 57–66. http://doi.org/10.4085/130157

Breitbach, A. P., Reeves, S., & Fletcher, S. N. (2017). Healthcare as a team sport?—Studying athletics to improve interprofessional collaboration. *Sports*, *5*(3), 62. https://doi.org/10.3390/sports5030062

Breitbach, A. P., & Richardson, R. (2015). Interprofessional education and practice in athletic training. *Athletic Training Education Journal*, *10*(2), 170–182. https://doi.org/10.4085/1002170

Burford, B., Greig, P., Kelleher, M., Merriman, C., Platt, A., Richards, E., Davidson, N., & Vance, G. (2020). Effects of a single interprofessional simulation session on medical and nursing students' attitudes toward interprofessional learning and professional identity: a questionnaire study. *BMC medical education*, *20*(1), 65. https://doi.org/10.1186/s12909-020-1971-6

CAPTE Accredited Programs. (2020). Commission on accreditation in physical therapy education. https://www.capteonline.org/faculty-and-program-resources/accredited-programs

CCNE:Crosswalk Table. (2018). Commission on collegiate nursing education. https://www.aacnnursing.org/Portals/42/CCNE/PDF/Crosswalk-2013-2018-Standards.pdf

Commission on Accreditation of Athletic Training Education. (2018.). *Standards.* https://caate.net/pp-standards/

Commission on Accreditation of Athletic Training Education. (2021). *About.* https://caate.net/about/

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Sage.

Decker, S. I., Anderson, M., Boese, T., Epps, C., McCarthy, J., Motola, I., Palaganas, J., Perry, C., Puga, F., & Scolaro, K. (2015). Standards of best practice: Simulation standard VIII: Simulation-enhanced interprofessional education (Sim-IPE). *Clinical Simulation in Nursing*, *11*(6), 293–297. https://doi.org/10.1016/j.ecns.2015.03.010

Delforge, G. D., & Behnke, R. S. (1999). The history and evolution of athletic training education in the United States. *Journal of Athletic Training, 34*(1), 53–61.

Diakogeorgiou, E., Ray, R. R., Brown, S., Hertel, J., & Casa, D. J. (2021). The evolution of the athletic training profession. *Kinesiology Review*, *10*(3), 308–318. https://doi.org/10.1123/kr.2021-0027

Eddles-Hirsch, K. (2015). Phenomenology and educational research. *International Journal of Advanced Research, 3* (8), 251-260.

Eliot, K., Breitbach, A., Wilson, M., & Chushak, M. (2017). Institutional readiness for interprofessional education among nutrition and dietetics and athletic training education programs. *Journal of Allied Health, 46*(2), 94–103. https://doi.org/1906058338

Erikson, E. H. (1950). *Childhood and Society*. Norton.

Evans, N. J., Forney, D., & Guido-DiBrito, F. (1998). *Student development in college; Theory, research, and practice* (1st ed.). Jossey-Bass. http://www.unthsc.edu/students/wpcontent/uploads/sites/26/Schlossberg.pdf

Evans, S., Shaw, N., Ward, C., & Hayley, A. (2016). "Refreshed…reinforced…reflective": A qualitative exploration of interprofessional education facilitators' own interprofessional learning and collaborative practice. *Journal of Interprofessional Care, 30(6),* 702–709. https://doi.org/10.1080/13561820.2016.1223025

Fewster-Thuente, L., & Batteson, T. (2018). Kolb's experiential learning theory as a theoretical underpinning for interprofessional education. *Journal of Allied Health, 47*(1), 3–8. https://doi.org/2018571906

Gall, J. P., Gall, M. D., & Borg, W. R. (2007). *Applying educational research: A practical guide* (6th ed.). Pearson.

Geisler, R. (2015). Interprofessional education in athletic training: The next wave (to tap the brakes on). *International Journal of Athletic Therapy and Training, 20*(6), 1-4. https://doi.org/10.1123/ijatt.2015-0084

Gudmundsen, A. C., Norbye, B., Dahlgren, M. A., & Obstfelder, A. (2019). Interprofessional education: Students´ learning of joint patient care. *Professions and Professionalism,8*(3), 1-14. https://doi.org/10.7577/pp.2620

Guhlado, T. P., Andrieu, S. C., Garbee, D., Giovingo, L. K., Mercante, D. E., Tortu, S., & English, R. (2015). Student perceptions about interprofessional education after an elective course. *Journal of Interprofessional Care,29*(4), 370-371. https://doi.org/10.3109/13561820.2014.969836

Hankemeier, D., & Manspeaker, S. A. (2018). Perceptions of interprofessional and collaborative practice in collegiate athletic trainers. *Journal of Athletic Training*, *53*(7), 703–708. https://doi.org/10.4085/1062-6050-308-17

Hankemeier, D. A., & Manspeaker, S. A. (2019). Challenges to and resources for participation in interprofessional collaborative practice: Perceptions of collegiate athletic trainers. *Journal of Athletic Training*, *54*(1), 106–114. https://doi.org/10.4085/1062-6050-507-17

Hinyard, L., Pole, D., Toomey, E. C., & Bendaly, N. (2017a). Improving students' perceptions of team effectiveness through an interprofessional community practicum course. *Journal of Interprofessional Education & Practice*, *9*, 1–4. https://doi.org/10.1016/j.xjep.2017.07.007

Hodgkins, S. R., Marian, K. M., Shrader, S., Averett, E., Crowl, A., Kalender-Rich, J. L., Laverentz, D. M., Shaw, P., Schell, K., & Johnston, K. (2020). A case of anaphylaxis: IPE simulation as a tool to enhance communication and collaboration. *Journal of Interprofessional Education & Practice*, *18*, 1–7. https://doi.org/10.1016/j.xjep.2019.100303

Homeyer, S., Hoffmann, W., Hingst, P., Oppermann, R. F., & Dreier-Wolfgramm, A. (2018). Effects of interprofessional education for medical and nursing students: Enablers, barriers, and expectations for optimizing future interprofessional collaboration – a qualitative study. *BMC Nursing*, *17*(1), 1–10. https://doi.org/10.1186/s12912-018-0279-x

Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice*:* 2016 Update. https://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1

Janesick, V. J. (1999). A journal about journal writing as a qualitative research technique: History, issues, and reflections. *Qualitative Inquiry*, *5*(4), 505–524. https://doi.org/10.1177/107780049900500404

Jutte, L. S., Browne, F. R., & Reynolds, M. (2016). Effects of an interprofessional project on students' perspectives on interprofessional education and knowledge of health disciplines. *Athletic Training Education Journal*, *11*(4), 189–193. https://doi.org/10.4085/1104189

King, J., Beanlands, S., Fiset, V., Chartrand, L., Clarke, S., Findlay, T., Summers, I. (2016). Using interprofessional simulation to improve collaborative competences for nursing, physiotherapy, and respiratory therapy students. *Journal of Interprofessional Care*, *30*(5), 599-605. https://doi.org/10.1080/13561820.2016.1189887

Kolb, D. A. (2014). *Experiential learning: Experience as the source of learning and development* (2nd ed.). Pearson.

Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy, 45*, 214- 222. https://doi.org/10.5014/ajot.45.3.214

Kutz, M. R. (2019). *Leadership and management in athletic training: An integrated approach* (2nd ed.). Jones & Bartlett Learning.

Levinson, D.J. (1978). *The seasons of a man's life.* Knopf.

Mahler, C., Schwarzbeck, V., Mink, J., & Goetz, K. (2018). Students´ perception of interprofessional education in the bachelor programme "interprofessional healthcare" in Heidelberg, Germany: An exploratory case study. *BMC Medical Education*, *18*(1), 1–17. https://doi.org/10.1186/s12909-018-1124-3

Manspeaker, S. A., & Wallace, S. E. (2019). Creating an interprofessional education experience through short-term study abroad. *Athletic Training Education Journal*, *14*(4), 315–322. https://doi.org/10.4085/1404315

Martin, S., & Huston, J. (2017). *Athletic training faculty perceptions of IPE*. Kent State University

Marshall, C. and Rossman, G. (2016) Designing Qualitative Research. 6th Edition, SAGE, Thousand Oaks.

McMorrow, S. L., DeCleene Huber, K. E., & Wiley, S. (2017). Capacity building to improve interprofessional collaboration through a faculty learning community. *The Open Journal of Occupational Therapy*, *5*(3), 1–11. https://doi.org/10.15453/2168-6408.1371

Michalec, B., Giordano, C., Pugh, B., Arenson, C., & Speakman, E. (2017). Health professions students' perceptions of their IPE program: Potential barriers to student engagement with IPE goals. *Journal of Allied Health, 46*(1), 10-20.

Miller, T., Birch, M., Mauthner, M., & Jessop, J. (2012). *Ethics in qualitative research* (2nd ed.). Sage.

Mishoe, S. C., Adams Tufts, K., Diggs, L. A., Blando, J. D., Claiborne, D. M., Hoch, J., & Walker, M. L. (2018). Health professions students' teamwork before and after an interprofessional education co-curricular experience. *Journal of Research in Interprofessional Practice and Education, 8(1),* 1–16. https://doi.org/10.22230/jripe.2018v8n1a264

Moll, A., Lambert, S., Visker, J., Dunseith, N., Wang, A., Azim, S., & Cox, C. C. (2019). A case study activity to assess nursing students′ perceptions of their interprofessional healthcare team's collaborative decision-making process. *Journal of Interprofessional Education & Practice, 14,* 18–21. https://doi.org/10.1016/j.xjep.2018.11.005

Morrell, B. L. M., Carmack, J. N., Kemery, S., Moore, E. S., Voll, C. A., Nichols, A. M., Moore, S. M. (2019). Emergency on campus! Quantitative analysis of the effects of an interprofessional simulation on healthcare students. *Athletic Training Education Journal, 14*(2), 92–98. https:/doi.org/10.4085/140292

Morrell, B. L. M., Nichols, A. M., Voll, C. A., Hetzler, K. E., Toon, J., Moore, E. S., Carmack, J. N. (2018). Care across campus: Athletic training, nursing, and occupational therapy student experiences in an interprofessional simulation. *Athletic Training Education Journal, 13*(4), 332–339. https:/doi.org/ 10.4085/1304332

Moustakas, C. (1994). *Phenomenological research methods*. Sage.

National Athletic Trainers' Association. (2015). *Strategic Alliance.* https://www.nata.org/about/strategic-alliance

National Athletic Trainers' Association. (2021). *About.* https://www.nata.org/about

Nelson-Brantley, H. V., & Warshawsky, N. E. (2018). Interprofessional education. *The Journal of Nursing Administration*, *48*(5), 235–237. https://doi.org/10.1097/nna.0000000000000607

Neugarten, B. L. (1976). Adaptation and the life cycle. *The Counseling Psychologist*, *6*, 6–20. https://doi.org/10.1177/001100007600600104

Nichols, A., Wiley, S., Morrell, B. L., Jochum, J. E., Moore, E. S., Carmack, J. N., Hetzler, K. E., Toon, J., Hess, J. L., Meer, M., & Moore, S. M. (2019). Interprofessional healthcare students' perceptions of a simulation-based learning experience. *Journal of Allied Health*, *48*(3), 159–166.

Olenick, M., Flowers, M., Muñecas, T., & Maltseva, T. (2019). Positive and negative factors that influence healthcare faculty intent to engage in interprofessional education (IPE). *Healthcare*, *7*(1), 29-39. https://doi.org/10.3390/healthcare7010029=

Palaganas, J. C., Epps, C., & Raemer, D. B. (2014). A history of simulation-enhanced interprofessional education. *Journal of Interprofessional Care*, *28*(2), 110–115. https://doi.org/10.3109/13561820.2013.869198

Parkay, F. W., Anctil, E. J., & Hass, G. (2014). *Curriculum leadership: Readings for developing quality educational programs* (10th ed.). Pearson.

Parry, M., Utley, J. J., Shapiro, S., & Podlog, S. (2019). Faculty perceptions of readiness to implement interprofessional education in athletic training. *Health, Interprofessional Practice and Education*, *3*(4), 1–15. https://doi.org/10.7710/1182

Parsell, G., & Bligh, J. (1999). The development of a questionnaire to assess the readiness of healthcare students for interprofessional learning (RIPLS). *Medical Education*, *33*(2), 95–100. https://doi.org/10.1046/j.1365-2923.1999.00298.x

Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). Sage.

Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology: Exploring the breadth of human experience* (pp. 41–60). Plenum Press.

Rizzo, C. S., Breitbach, A. P., & Richardson, R. (2015). Athletic trainers have a place in interprofessional education and practice. *Journal of Interprofessional Care*, *29*(3), 256–257. https://doi.org/10.3109/13561820.2014.942778

Rubin, H. J. & Rubin, I. S (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). Sage.

Schlossberg, N. (1981). A model for analyzing human adaption to transition. *Counseling Psychologist*, *9*(2), 2-18. doi: 10.1177/001100008100900202

Sevin, A., Hale, K., Brown, N., & Mcauley, J., (2016). Assessing interprofessional education collaborative competencies in service-learning course. *American Journal of Pharmaceutical Education*, *80*(2), 1-8. https://doi.org/10.5688/ajpe80232

Shrader, S., Mauldin, M., Hammad, S., Mitcham, M., & Blue, A. (2015). Developing a comprehensive faculty development program to promote interprofessional education, practice, and research at a free-standing academic health science center. *Journal of Interprofessional Care*, *29*(2), 165–167. https://doi.org/10.3109/13561820.2014.940417

Sim, J., & Waterfield, J. (2019). Focus group methodology: Some ethical challenges. *Quality & Quantity*, *53*(6), 3003–3022. https://doi.org/10.1007/s11135-019-00914-5

Simko, L. C., Rhodes, D. C., McGinnis, K. A., & Fiedor, J. (2017). Students' perspectives on interprofessional teamwork before and after an interprofessional pain education course. *American Journal of Pharmaceutical Education, 81*(6), 104. https://doi.org/10.5688/ajpe816104

Smith, J. A. (2015). *Qualitative psychology: A practical guide to research methods* (3rd ed.). Sage.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* Sage.

Solomon, P., Baptiste, S. (2013). *Innovations in rehabilitation science education: Preparing leaders for the future.* Springer Berlin Heidelberg.

Stake, R. E. (1995). *The Art of Case Study Research*. Sage.

Stetten, N. E., Black, E. W., Edwards, M., Schaefer, N., & Blue, A. V. (2019). Interprofessional service-learning experiences among health professional students: A systematic search and review of learning outcomes. *Journal of Interprofessional Education & Practice*, *15*, 60–69. https://doi.org/10.1016/j.xjep.2019.02.002

Sullivan, M. C., Kiovsky, R. D., Mason, D. J., Hill, C. D., & Dukes, C. (2015). Interprofessional collaboration and education. *The American Journal of Nursing*, *115*(3), 47–54. https://doi.org/10.1097/01.NAJ.0000461822.40440.58

Tran, C., Kaila, P., & Salminen, H. (2018). Conditions for interprofessional education for students in primary healthcare: A qualitative study. *BMC Medical Education,18*(1), 1-8. https://doi.org/10.1186/s12909-018-1245-8

Trotter, K., Blazar, M., Muckler, V. C., Kuszajewski, M., & Molloy, M. A. (2019). Perinatal IPE simulation can improve collaborative competencies. *Journal of Interprofessional Education & Practice, 15*, 30–33. https://doi.org/10.1016/j.xjep.2019.01.011

Vaillant, G. E. (1971). Theoretical hierarchy of adaptive ego mechanisms. *Archives of General Psychiatry*, *24*(2), 107. https://doi.org/10.1001/archpsyc.1971.01750080011003

van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy* (1st ed.). The Althouse Press.

Walker, L. E., Cross, M., & Barnett, T. (2019). Student's experiences and perceptions of interprofessional education during rural placement: A mixed methods study. *Nurse Education Today,75*, 28-34. https://doi.org/10.1016/j.nedt.2018.12.012

Watts, P. I., Peterson, T., Brown, M., Peterson, D. T., White, T., Epps, C., & White, M. L. (2020). Faculty reflections on effective strategies utilized to implement simulation-enhanced IPE for future healthcare providers. *Clinical Simulation in Nursing*, *46*, 22–29. https://doi.org/10.1016/j.ecns.2020.03.005

Welch Bacon, C. E., Erickson, C. D., Kay, M. C., Weber, M. L., & Valovich McLeod, T. C. (2017). School nurses' perceptions and experiences with an interprofessional concussion management team in the secondary school setting. *Journal of interprofessional care*, *31*(6), 725–733.

Welsch, L. A., Rutledge, C., & Hoch, J. M. (2017). The modified readiness for interprofessional learning scale in currently practicing athletic trainers. *Athletic Training Education Journal*, *12*(1), 10–17. https://doi.org/10.4085/120110

West, C., Veronin, M., Landry, K., Kurz, T., Watzak, B., Quiram, B., & Graham, L. (2016). Tools to investigate how interprofessional education activities link to competencies. *Medical Education Online, 20*(1), 1-4. https://doi.org/10.3402/meo.v20.28627

Williams, M. L., Camel, S., Ocker, L. B., Zinn, K., Grahovec, N. E., & Frazier, H. (2020). Student perceptions of interprofessional valuing after a tabletop interprofessional education simulation. *Athletic Training Education Journal*, *15*(1), 41–48. https://doi.org/10.4085/150119024

World Health Organization. (1988). *Learning together to work together* (Report No. 769). https://apps.who.int/iris/bitstream/handle/10665/37411/WHO_TRS_769.pdf?sequence=1

World Health Organization (2010). *Learning together to work together for health report of a WHO study group on multiprofessional education of health personnel: The team approach*. (Report No. 769).World Health Organization.

Appendix A: IRB Approval

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

March 14, 2022

Shelby Martin
Kristy Motte

Re: Modification - IRB-FY21-22-568 THE LIVED EXPERIENCE OF ATHLETIC TRAINING FACULTY WHO HAVE TRANSITIONED TO A MASTER OF ATHELTIC TRAINING PROGRAM INCLUDING INTERPROFESSIONAL EDUCATION: A TRANSCENDENTAL PHENOMENOLOGICAL STUDY

Dear Shelby Martin, Kristy Motte,

The Liberty University Institutional Review Board (IRB) has rendered the decision below for IRB-FY21-22-568 THE LIVED EXPERIENCE OF ATHLETIC TRAINING FACULTY WHO HAVE TRANSITIONED TO A MASTER OF ATHELTIC TRAINING PROGRAM INCLUDING INTERPROFESSIONAL EDUCATION: A TRANSCENDENTAL PHENOMENOLOGICAL STUDY.

Decision: Exempt - Limited IRB

Your request to "change [your] recruitment process to snowball sampling without a specific site" has been approved. Thank you for submitting your revised consent form for our review and documentation. Your revised, stamped consent form can be found under the Attachments tab within the Submission Details section of your study in Cayuse IRB. Your stamped consent form should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document should be made available without alteration.

Thank you for complying with the IRB's requirements for making changes to your approved study. Please do not hesitate to contact us with any questions.

We wish you well as you continue with your research.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

Appendix B: Springer Publishing Permission

Appendix C: Participant Recruitment Email

Dear _____:

My name is Shelby Martin, and I am a doctoral candidate at Liberty University. As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a Doctor of Education degree. The purpose of my research is to understand faculty experiences as they transitioned from an undergraduate curriculum model to a Master of Athletic Training program that includes interprofessional education and I am writing to invite eligible participants to join my study.

Participants must be currently teaching two or more courses within a CAATE accredited, Master of Athletic Training Education program, and have transitioned from an undergraduate curriculum model to master's degree program. Participants, if willing, will be asked to participate in an individual interview (60-90 minutes), complete two to four journal prompts (30 minutes per prompt), focus group interviews (optional; 60 minutes), and member checking (30 minutes). Name and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please click here [redacted] to complete a brief survey indicating your willingness to participate.

A consent document is attached to this email for your records. The consent document contains additional information about my research. After you have read the consent form, please click the link to proceed to the survey. Doing so will indicate that you have read the consent information and would like to take part in the survey.

Sincerely,

Shelby Martin
Graduate Student
Liberty University
School of Education

Appendix D: Individual Interview Participation Survey

1. What is your name?
2. What gender do you identify with?
3. What is your faculty title/role?
4. How many athletic training courses do you teach within the academic year?
5. How many years teaching experience do you have in an athletic training program?
6. Do you have experience in transitioning from the undergraduate curriculum to MAT program model?
7. Please provide an email address in which you may be contacted.

Appendix E: Individual Interview Participation Signup Letter

Dear _____,

Thank you for taking the time to express interest in serving as a participant in my research study. I am eager to understand your experience as you transitioned to a MAT program that includes interprofessional education.

The primary data collection source for my study consists of an individual interview and journal prompts.

Consent:
Attached you will find the informed consent that includes further details regarding my study. If you are still willing to participate, please sign (electronic or a scanned signed document) and email it back to me prior to your interview.

Individual Interview:
Using the link below, please sign up for a time to complete the individual interview at your convenience. If there is not a time that works for your schedule, please let me know and I will gladly find another time. I will email you an invitation through Microsoft Teams to complete the individual interview. Upon completion of the individual interview, I will email you the individual journal prompts and transcription of your individual interview for your review.

https://calendly.com/smartin92/interview

Appendix F: Consent Form

CONSENT FORM

A Phenomenological Study of Faculty Perceptions Toward the Implementation of Interprofessional Education

Shelby Martin
Liberty University
School of Education

You are invited to be in a research study in understanding the potential value of interprofessional education through the perceptions of healthcare education faculty. You were selected as a possible participant because of your participation in the interprofessional education workshop. Please read this form and ask any questions you may have before agreeing to be in the study.

Shelby Martin, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

Background Information: The purpose of this study is to examine faculty perceptions of interprofessional education after they have completed an interprofessional education workshop.

Procedures: If you agree to be in this study, I would ask you to do the following things:

1. Complete a 3-hour educational workshop that introduces you to collaborative learning and interprofessional education. The workshop is voluntary and has no direct impact on your grades or grade point average (GPA).
2. Complete a 30-45-minute individual interview. The interview questions are pre-determined and seek to gain your personal experience and perceptions towards interprofessional education.
3. Complete a focus group interview. The focus groups will be conducted after individual interviews have been analyzed to seek further understanding and accuracy of identified themes. The focus groups will last 30-45 minutes.

Risks: There are minimal risks involved in participating in this study. This means that the risks involved are equal to the risks you are exposed to in everyday life.

Benefits: Participants should not expect to receive a direct benefit from taking part in this study.

Compensation: Participants will not be compensated for participating in this study.

Confidentiality: The records of this study will be kept private. In any sort of report, I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. I may share the data I collect from you for use in future research studies or with other researchers; if I share the data that I collect about you, I will remove any information that could identify you, if applicable, before I share the data.

- Participants will be assigned a pseudonym. I will conduct the interviews in a location where others will not easily overhear the conversation.
- Data will be stored on a password locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.
- The researcher cannot assure participants that other members of the focus group will not share what was discussed with persons outside of the group.

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 Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Contacts and Questions: The researcher conducting this study is Shelby Martin. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted]. You may also contact the researcher's faculty chair.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, [redacted]

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

_____

Signature of Participant Date

_____

Signature of Investigator Date

Appendix G: Interview Questions/Guide

In-depth Individual Interview Questions

1. Icebreaker: Tell me about your academic career and how it has brought you to this point?
2. Before proposed by CAATE, what were your past experiences with IPE? (SQ1)
3. Can you describe what your program was like before you transitioned to a MAT? Was there an IPE component prior to transitioning? (SQ1)
4. Describe your experience with faculty collaboration prior to implementing an IPE experience (SQ1)
5. Can you describe what your transition to a MAT program that includes IPE was like for you? (CRQ)
6. Can you tell me about the process you went through in developing an IPE experience? (CRQ; SQ2)
7. How did you feel when implementing IPE in a MAT program? (SQ2)
8. Describe your support system as you transitioned to a MAT program including IPE (SQ2).
9. What strategies did you use in preparing to teach IPE in a MAT program? (SQ2)
10. What barriers did you encounter as you transitioned to a MAT program that includes IPE? (SQ2)
11. Did your initial perception towards IPE change after engaging with IPE implementation? Explain why or why not. (SQ3)
12. Can you tell me about the stress and coping mechanisms you used as you transitioned to a MAT program that includes IPE? (SQ3)

13. How has your experience in transitioning to a MAT program that includes IPE furthered student success? (CRQ; SQ3)
14. How has your experience in transitioning to a MAT program that includes IPE effected department success? (SQ3)
15. Is there anything else you would like to share with me about your transition process to a MAT program that includes IPE? (CRQ)

Appendix H: Other Data Collection Procedures

1. Journal Prompt Guide
    a. Once individual interviews have been completed. Each participant will be e-mailed the four journal prompts.
    b. Participants will be encouraged to complete each journal prompt over a 5-day period. Once complete participants will e-mail typed or handwritten responses to me.
    c. Each participant's journal responses will be coded using the same pseudonym assigned during the individual interview.
    d. Journal Prompts
        i. In 200-400 words, please describe any advice you have for future professors transitioning to a master's athletic training program using IPE.
        ii. In 200-400 words, describe how your instruction has changed since transitioning to an MAT program that includes IPE. How does it compare to your previous instruction?
        iii. In 200-400 words, what strategies did you use that impacted your transition to an MAT program that included IPE?
        iv. In 200-400 words, describe the role of social support in coping with stress as you transitioned to an MAT program that includes IPE
2. Focus Group Interview Protocol/ Guide
    a. Once initial data collection (interviews and journal prompts) is completed, data will be analyzed for themes. Upon identifying the themes, the researcher will

create follow-up questions to explain and seek further information of themes. This will be completed through focus groups interviews.

b. All participants will receive an e-mail requesting participation in a focus group interview. Participants will complete a demographic survey indicating their willingness to complete a focus group interview. I will select three participants, one from each site for each focus group and a total of two focus groups will be completed.

c. Focus groups will be used to ensure proper identification and understanding of themes that emerged during the initial data analysis.

d. Interview Questions

    1. Icebreaker: What is your favorite athletic training concept to teach and why?
    2. What strategies or interventions have been successful in implementing IPE in an MAT program? (CRQ)
    3. What is needed to ensure that meaningful interactions between students takes place during an IPE experience? (SQ2)
    4. What strategies can athletic training educators use to gain outside faculty support in designing and implementing an IPE experience? (SQ2)
    5. How did the experiences/ situations/ stories your encountered challenge or highlight your role after your transitioned to an MAT that includes IPE? (SQ3)

6. Are there any suggestions you would like to share that may help faculty in designing a true IPE experience within the athletic training curriculum? (SQ1)

Appendix I: The Researchers Bracketed Experience

After completing my master's degree, I was uncertain if I wanted to pursue a doctorate degree. I thought I was done with my education and was eager to start my first full-time job. While I loved athletic training and helping my patients, I quickly missed learning and aspired to do more. As part of my undergraduate degree, I served as a teaching assistant for the introduction to athletic training courses. Through serving as a teaching assistant, I was able to help students grasp an understanding of topics and techniques. Upon graduating, I was not ready to completely give up teaching and many of my professors encouraged me to pursue a teaching route. At first, I was intimidated by this but felt as though if God opened that door, then I would follow.

As part of my graduate assistant ship, I served as a teaching assistant within an athletic training program and was able to teach lab courses independently. The students within my labs represented a variety of majors. Often times, some students were just fulfilling a science requirement other time I had students who aspired to be a future healthcare employee. Collaboration and communication amongst my students were often challenging as not everyone had the same academic background.

As part of my graduate student orientation, my department chair spoke on the concept of interprofessional education. While at the time, I probably lost interest in the topic the collaboration difficulties I observed from my lab students made me dive deeper into making IPE work. As I researched and talked with my department chair about IPE, I became more and more interested and wanted to see how IPE applied to athletic training. Therefore, I completed my first study on faculty preparedness for IPE using a modified RIPLS survey. To be honest, I knew very little about research at the time and I would probably be embarrassed to submit it today.

My passion towards understanding IPE as it applies to athletic training continues today. My dissertation journey not gone as expected to say the least. I faced many challenges and often time avoided my dissertation as a coping mechanism. My first battle was the COVID-19 pandemic and the uncertainty of my job. When the pandemic lockdown began, I was beginning my first semester with my former dissertation chair, I had just moved, got engaged, and started a new job. I quickly learned that I had no clue what I was doing and felt overwhelmed by the feedback on my first submission. Fast forward to a year later, I have yet to complete my proposal defense, I unexpectedly lost my best friend, and recently got married. At this point, I thought I would fail and never complete my dissertation. I started working with a new chair and was able to make a lot of progress. However, each step of the way I have felt more and more challenged.

As I have continued to work through IPE research and understanding the transition to a master level curriculum for athletic training, I have become more aware of the importance of IPE. When completing my literature review, I often thought that this was a topic that could never work in athletic training. I remain optimistic that IPE will have a meaningful impact in athletic training as programs are now required to implement IPE to comply with CAATE standards.

Appendix J: Initial Codes

1. Active learning
2. Advocate For Inclusion
3. At Faculty Support
4. Background In At
5. Better Prepared Students
6. CAATE Standards
7. Challenges To Timing
8. Changes in faculty
9. Collaborate
10. Collaborative Ready Practitioners
11. Course Sequencing Challenges
12. Covid-19
13. Dean Support
14. Degree Change
15. Difficult
16. Educate Faculty
17. Encouragement
18. Engage in CEU
19. Engage With Outside Faculty
20. Excited
21. Exploring Avenues for IPE In Clinical Setting
22. Facilitator
23. Facilitator Training
24. Faculty support
25. Frustration
26. Graduate Course Work
27. Grow Hcp Understanding of At
28. Guidance
29. Inclusion
30. Increased Academic Rigor
31. Increased Appreciation For IPE
32. Increased Opportunities
33. Increased Opportunities of Implementation
34. Intentional Implementation
35. Interprofessional Practice
36. IPE Committee
37. IPE program strength
38. IPE Standards
39. Justify Our Existence
40. Lack Of Admin Support
41. Lack Of Availability
42. Lack Of Clear Implementation Model
43. Lack Of Compensation
44. Lack Of Dean Understanding of Ipe

45. Lack Of Faculty Support
46. Lack of resources
47. Lack Of Space
48. Lack Of Time
49. Limited Healthcare Education Programs
50. Mentorship
51. Minimal Opportunities to Collaborate
52. Misconceptions of Ipe
53. Mixed Interpretations of Ipe
54. Modification of curriculum
55. Mutual Respect
56. Need For Further Understanding
57. Open Communication
58. Open Feedback
59. Pandemic
60. Patience
61. Peer Reviewer
62. Persist
63. Positive impact on program
64. Positive outcome
65. Preparation in teaching
66. Previous instruction
67. Previous Research
68. Program sequencing
69. Push For IPE Across Department
70. Resistance From Clinical Preceptors
71. Resistance From Outside Faculty
72. Role Identification
73. Seat At Ipe Table
74. Shared Experience
75. Shared facilities
76. Shared Ipe Experience
77. Shared learning
78. Shared Learning Goals
79. Shared Learning Space
80. Siloed Departments
81. Smooth transition
82. Stakeholder advocation
83. Stressful
84. Teach Program
85. Teamwork
86. Time Constraint
87. Tough Conversation
88. Tough Transition
89. Train The Trainer
90. Transition To Virtual Learning

91. Varied interpretations of IPE
92. Varied Learning Goals
93. Vague Standards
94. Willingness to adapt

Appendix K: Categorized Codes

Category	Subcategory	Initial Codes
Motivation	Faculty Buy-In	Active learning Previous instruction Graduate course work on IPE Previous instruction Willingness to adapt
	Commitment	Excitement Intentional implementation Positive outcome Positive impact on program Patience Persistence
	Adaptation	Advocation Facilitator Modification of curriculum Role identification
Support	Faculty Support	Collaboration Dean support Faculty encouragement Lack of faculty support Lack of understanding of AT IPE committee, TEACH program
	Resources	CAATE standards Lack of resources Lack of compensation Lack of space Lack of time Shared facilities
Challenges	Concurrent Stress	CAATE standards Covid-19 pandemic Program sequencing MAT transition
	Resistance	Challenges to timing Changes in faculty Frustration Resistance from preceptors Timing restraints