

## Supplementary File 1-Final Survey

### Understanding of Scholarly Practice:

For this survey, **Scholarly Practice** is understood as an **interactive, reflective, and dynamic** process by which practitioners **integrate credible sources of information into practice** to improve the quality of healthcare services. Scholarly practice occurs at the **intersection** of the values and missions of various stakeholders, including **universities and research centres, practice settings, and policy and regulatory organizations**. Under optimal circumstances, these stakeholders work together to develop mechanisms and procedures that enable scholarly practice within healthcare organizations and **empower individual** professionals to engage in scholarly practice.

**Total questions: 52**

### **Section 1- Scholarly Activities**

**Preamble:** This section asks you about scholarly activities you may have engaged in within the respiratory therapy (RT) profession (6 items).

1) How many papers have you published in peer-reviewed journals in the last 5 years (as either primary or co-author)

2) How many scientific presentations have you given in the last 5 years?

- At a local conference (e.g., in your place of practice)
- At a provincial conference
- At a Canadian conference
- At an international conference

3) Tick all the different funding sources you have received to conduct research:

- I have never received any funding to conduct research.
- Local (e.g., hospital, workplace)
- University
- Provincial
- Federal (i.e., Canadian)
- International
- Other: Please specify

4) How many trainees (e.g., student RTs, undergraduate students, peers, etc.) have you supervised to conduct research in the last 5 years?

5) How many peer-reviewed papers related to your practice do you read on average in one month (30 days)?

6) How many conferences or presentations (online and/or in-person) have you attended in the past 12 months?

- Local conference (e.g., hospital, workplace)
- Provincial conference
- Canadian conference
- International conference

**Section 2: The identity of a scholarly practitioner in respiratory therapy**

**Preamble:** This section asks you about what a scholarly practitioner looks like and what may set them apart in the RT profession (9 items)

Likert Scale: (1=Completely disagree; 2=Disagree; 3=Somewhat disagree; 4=Somewhat agree; 5=Agree; 6=Completely agree)

7) I identify as a scholarly practitioner in my practice

8) I am confident in my ability to summarize research evidence for my peers (e.g., clinicians, managers)

9) I am confident in my ability to apply research findings into practice

10) I seek the advice from expert colleagues for more complex clinical cases

11) I take the time to mentor other RTs

12) I take the time to supervise student RTs in clinical practice, if the opportunity arises

13) Being able to critically reflect about my practice is an important part of being an RT

14) Being able to critically appraise research articles is an important part of being an RT

15) Having a mentor helps RTs become scholarly practitioners

**Section 3: Factors supporting scholarly practice**

**Preamble:** This section asks you about the circumstances that influence the development as scholarly practitioners (8 items)

**Likert Scale:** (1=Completely disagree; 2=Disagree; 3=Somewhat disagree; 4=Somewhat agree; 5=Agree; 6=Completely agree)

16) Knowledge in research methodology is necessary for developing as a scholarly practitioner

17) Skills to apply research findings to practice are necessary for developing as a scholarly practitioner

18) Having a supportive working environment is necessary for developing as a scholarly practitioner

19) Access to higher education (e.g., MSc. PhD) is necessary for developing as a scholarly practitioner

20) My peers' valuing research is necessary for developing as a scholarly practitioner

21) Formal mentorship is necessary for developing as a scholarly practitioner

22) Access to resources (e.g., funding opportunities, protected time, online databases, CPD opportunities) is necessary for developing as a scholarly practitioner

23) Participating in professional development activities (e.g., working groups, CPD) is necessary for developing as a scholarly practitioner

**Section 4: The image and legitimacy of the RT profession.**

**Preamble:** This section asks items related to how the RT profession is perceived by you and/or others (6 items)

**Likert Scale:** (1=Completely disagree; 2=Disagree; 3=Somewhat disagree; 4=Somewhat agree; 5=Agree; 6=Completely agree)

24) RTs are valued members of the interprofessional team

25) RTs would be more valued as part of an interprofessional team if they held an undergraduate degree (e.g., BSc.RT., BRT)

26) The entry-to-practice qualification for RT should be an undergraduate degree

27) Access to post-professional degrees (MSc, PhD) in RT would contribute to a more positive perception of the profession

28) The profession would be more credible if RTs contributed to research projects as members of the research team

29) The profession would be more credible if RTs lead research projects

### **Section 5: Scholarly practice influencing your practice**

**Preamble:** This section asks you about how scholarly practice might influence the RT profession (7 items)

**Likert Scale:** (1=Completely disagree; 2=Disagree; 3=Somewhat disagree; 4=Somewhat agree; 5=Agree; 6=Completely agree)

30) Research findings are useful in my day-to-day practice

31) Understanding research enables me to advocate on behalf of my patients

32) Clinical work is necessary for generating research questions in respiratory care

33) Participating in scholarly activities (such as research, quality improvement, program evaluation) helps improve the care I deliver to patients

34) Participating in scholarly activities (such as research, quality improvement, program evaluation) enables me to better understand the connection between research and clinical practice

35) Participating in scholarly activities (such as research, quality improvement, program evaluation) negatively affects my bedside clinical skills

36) Participating in scholarly activities (such as research, quality improvement, program evaluation) is feasible during clinical practice

### **Section 6- Open text:**

37) Please list 2-3 benefits of being or becoming a scholarly practitioner (open text)

38) Please list 2-3 of the most significant challenges you've encountered/anticipate in becoming a scholarly practitioner (open text)

### **Section 7- Demographics (10 questions)**

39) What Province or Territory do you currently practice in? Choose one answer.

- British Columbia
- Alberta
- Saskatchewan
- Manitoba

- Ontario
- Québec
- New Brunswick
- Newfoundland and Labrador
- Prince Edward Island
- Nova Scotia
- Nunavut
- Northwest Territories
- Yukon
- Outside of Canada, please specify: \_\_\_\_\_

40) Which best describes your current gender identity? Check all that apply.

- Man
- Woman
- Non-binary
- Gender Fluid
- Gender Queer
- Two-spirit
- I self-identify as: \_\_\_\_\_
- I don't identify with any option provided.
- I prefer not to answer

41) In our society, people are often described by their race or racial background. These are not based in science, but our race may influence the way we are treated by individuals and institutions, and this may affect our health or education. Which category(ies) best describes you? Check all that apply

- Black (African, African Canadian, Afro-Caribbean descent)
- East Asian (Chinese, Japanese, Korean, Taiwanese descent)
- Indigenous (First Nations, Inuk/Inuit, Métis descent)
- Latin American (Hispanic or Latin American descent)
- Middle Eastern (Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish))
- South Asian (South Asian descent (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan))
- Southeast Asian (Cambodian, Filipino, Indonesian, Thai, Vietnamese, or other Southeast Asian descent)
- White (European descent)
- Another race category: please specify \_\_\_\_\_
- Do not know
- Prefer not to answer

42) What is your language at home?

- English
- French
- Other:
- I prefer not to answer

43) What is the geographic setting you work in?

- Urban (population >100,000)
- Suburban (population >10,000)
- Rural (population < 10,000)
- I do not know

44) What is your highest level of education?

- Student RT
- Professional diploma
- Post RRT credential (e.g., CRE, CCAA)
- Bachelor (e.g., BSc, BA, BHSc)
- Master (e.g., MSc, MA, MBA, MEd)
- Doctorate (e.g., PhD, EdD)
  - Please specify: \_\_\_\_\_

45) Are you in the process of completing post-professional education?

- No
- Yes
- If yes, which level of education?
  - Post RRT credential (e.g., CRE, CCAA)
  - Bachelor (e.g., BHSc, BSc, BA)
  - Master (e.g., MSc, MA, MBA, MEd)
  - Doctorate (e.g., PhD, EdD)
  - Please specify the degree and program: \_\_\_\_\_

46) What is your employment status?

- Full-time (35-40 hours/week)
- Part-time (<35 hours/week)
- Not currently working (e.g., leave of absence, maternity leave)

47) What is your age?

48) Number of years in practice?

49) What is the setting of the organization you are primarily working in? (Choose one)

- Tertiary care hospital
- Community hospital
- Rehabilitation hospital
- Outpatient clinic

- Community care/primary care
- Higher Education institution
- Medical device/pharmaceutical industry
- Other (please specify)

50) Is the organization you are currently working in:

- Private
- Public

51) What is the percentage of time you spend in each area of practice?

- Adult ICU (includes medical ICUs, cardiac care units and high-dependence units)
- Neonatal ICU
- Pediatric ICU
- Anesthesia
- Hospital care (non-ICU)
- Emergency rooms
- Diagnostics
- Leadership, administration or policy
- Community care/primary care
- Teaching
- Research
- Clinical product support for industry
- Marketing/Sales
- Other: Please specify

52) Is your main practice setting affiliated with a university (e.g., University of Toronto, McGill University, etc.)?

- Yes
- No
- I do not know