

Commentary

Reflections on implementing a collaborative professional practice learning experience for respiratory therapy students in Alberta

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INTRODUCTION

Respiratory therapy education in Alberta has long been grounded in a strong integration of didactic instruction, simulation-based learning, and clinical placements. This model reflects the profession's commitment to preparing graduates for the complexities of frontline care in varied and often high-acuity environments. Across the province, accredited diploma programs cultivate graduates who are clinically competent, ethically grounded, and prepared to work as members of interdisciplinary healthcare teams. Alberta Health Services (AHS) and Covenant Health (COV) further enable this preparation by supporting a breadth of clinical placement opportunities across acute, community, and specialty care settings.

While this educational framework remains effective in preparing students for bedside practice, it does not always expose learners to the broader system-level infrastructure that underpins safe, high-quality respiratory care. Engaging in evidentiary review and navigating regional perspectives, respiratory therapy Professional Practice Leads (PPLs) inform practice support resources and quality improvement initiatives that shape clinical environments long before a patient encounter.

In Alberta, the Professional Practice Lead role has expanded over the past decade, reflecting both the growing complexity of respiratory care and the need for dedicated professional leadership across acute, community, assisted living, and provincial portfolios. PPLs bridge frontline clinical practice and system-level decision-making, advancing quality improvement, supporting regulatory alignment, enabling workforce development, and advocating for respiratory therapy within interdisciplinary settings.

The value of PPLs is often realized through the systems and structures that support clinical practice rather than through direct patient care. Acting at the intersection of clinical practice, organizational priorities, and professional standards, PPLs help shape the environments in which respiratory care is delivered. Despite their significant impact

on healthcare delivery, opportunities for students and practitioners to learn about and engage with these leadership roles remain limited.

In response to this gap, an Enhanced Professional Practice Rotation was developed to provide respiratory therapy students with structured, mentored exposure to professional practice leadership. This commentary reflects on the design, implementation, and early outcomes of this collaborative learning experience and considers its implications for the future of respiratory therapy education and professional identity formation.

The reflections presented in this commentary were informed by routine program evaluation activities undertaken to support ongoing program improvement. Feedback was gathered across 3 cohorts from 13 participating students through post-rotation surveys, summative presentations, and facilitated discussions involving students, PPLs, and academic partners.

RETHINKING LEARNING BEYOND TRADITIONAL CLINICAL ROTATIONS

Clinical placements remain foundational in respiratory therapy education, offering unparalleled opportunities for skill acquisition, clinical reasoning, and professional socialization. However, the realities of modern healthcare demand that respiratory therapists also understand the systems in which care is delivered. Decisions related to policy development, scope of practice, equipment procurement, quality indicators, and change management all influence patient outcomes, yet these processes are largely invisible to students focused on bedside care.

Professional Practice Leads operate within this space of influence. Their responsibilities extend beyond individual patient encounters to connect organizational leadership, educators, and frontline clinicians, translating strategic priorities into safe, high-quality practice through quality improvement, professional practice support, knowledge translation, and workforce development.¹ For students, early exposure to these roles can broaden conceptions of

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what it means to be an engaged health care professional by highlighting leadership, advocacy, collaboration, and participation in professional communities as important dimensions of professional identity.^{2,3}

The Enhanced Professional Practice Rotation was conceptualized as a response to this need. Rather than replacing clinical learning, the rotation was designed to complement it—offering a parallel educational experience grounded in mentorship, reflection, and real-world project involvement. The intent was not to accelerate students into leadership roles prematurely, but to foster awareness, curiosity, and foundational competencies related to professional practice that can be applied to their practice immediately.

DESIGN OF A COLLABORATIVE LEARNING EXPERIENCE

The rotation was sponsored by the AHS Provincial Respiratory Practice Director and coordinated by a Senior Respiratory Education Consultant and a PPL. This shared leadership model ensured alignment between educational objectives and operational priorities while maintaining consistency across participating institutions.

Professional Practice Leads across Alberta were invited to participate based on their involvement in initiatives that aligned with key respiratory therapy priorities, such as quality improvement, equipment safety, and practice standard development. Students from the Northern Alberta Institute of Technology (NAIT) and the Southern Alberta Institute of Technology (SAIT) applied through a structured process that emphasized academic standing, clinical performance, and interest in professional practice. Given the limited number of available placements, transparency and equity in selection were central considerations.

Students engaged in projects over a three-month period, concurrent with their regular clinical rotations. Time commitments averaged approximately two hours per week, allowing for meaningful participation without compromising clinical learning. Much of the work occurred virtually, reflecting the distributed nature of professional practice leadership and reinforcing the relevance of digital collaboration skills.

Projects varied in scope but shared a common emphasis on system-level impact. Students contributed to projects such as the development of educational resources, validation of practice tools, environmental scans, and the maintenance of provincial professional practice infrastructure. Importantly, students were not positioned as observers but as contributors, with defined roles that supported both learning and project advancement. [Table 1](#) provides examples of projects from all cohorts.

LEARNING THROUGH MENTORSHIP AND REFLECTION

Central to the rotation was the mentorship relationship between students and PPLs. Early meetings focused on clarifying expectations, project goals, and opportunities for skill development. Regular check-ins provided space for guided learning, feedback, and professional dialogue—elements that students often reported as particularly impactful.

In addition to project work, students participated in facilitated discussion forums with peers across institutions. These sessions explored themes such as change management, communication strategies, key partner engagement, and leadership within complex systems. By comparing the approaches used by different PPLs, students developed an appreciation for the diversity of leadership styles and contextual decision-making within respiratory therapy.

Reflective learning was further reinforced through a summative presentation that brought together students, mentors, and academic faculty. Students not only summarized their project contributions but also articulated how the experience shaped their understanding of professional practice leadership and their future role within the healthcare system. These reflections provided an opportunity for students to connect project experiences with broader concepts of leadership, quality improvement, collaboration, and professional identity formation.

THE STUDENT EXPERIENCE: EXPANDING PROFESSIONAL IDENTITY

For participating students, the rotation represented a departure from traditional clinical learning. Rather than focusing on individual patient care, learners engaged with broader questions of safety, quality, and sustainability. This shift challenged students to think differently about impact—recognizing that meaningful contributions to patient care often occur outside the bedside.

Students frequently reported that the experience deepened their understanding of how respiratory therapy fits within the larger healthcare ecosystem. Exposure to interdisciplinary collaboration, regulatory considerations, and system-wide initiatives illuminated the interconnected nature of healthcare delivery. These experiences may also contribute to professional identity formation by helping students develop a stronger sense of the profession's values, responsibilities, and contributions within complex healthcare systems. Research in allied health education suggests that professional identity develops through authentic professional experiences, mentorship, and opportunities for professional socialization that extend beyond direct clinical care.^{4,5}

Mentorship was frequently identified by participants as a valuable component of the experience. One-on-one engagement with experienced PPLs provided personalized guidance and validation, fostering confidence and professional growth in skills not typically acquired in traditional clinical rotations. Students described feeling supported, challenged, and valued—an experience that allowed for a deeper understanding of professional practice within a collaborative healthcare setting. This experience is important because mentorship helps learners move beyond acquiring technical skills to developing the confidence, judgment, and sense of belonging that support successful transition to professional practice.^{2,3,6} These benefits are especially relevant for learners, as new graduate respiratory therapists have identified mentorship, leadership support, and workplace integration as important factors in facilitating their transition to practice.⁷

Table 1. Enhanced professional practice rotation: Project summary

Project Title	Description
Point of Care Ultrasound (POCUS) for Lung Assessment	Support the development of a POCUS lung assessment education program, including competency standards, educational tools, and evaluation strategies. Pilot with neonatal transport teams.
Pressure Injury Prevention Community of Practice	Contribute to the creation of a Respiratory Therapy provincial community of practice focused on pressure injury prevention, including review of competencies, reporting systems, and knowledge translation strategies.
Oxygen Pass for Leave of Absence	Create a standardized, province-wide approach for providing oxygen to inpatients on short leaves of absence including mapping workflows, data/cost analysis, engagement and process improvement.
Neo/Peds Acute Care Prioritization Resource	Collaborate with subject matter experts (SME) to establish minimum clinical assessment intervals for neonatal and pediatric populations through literature reviews and environmental scans.
Respiratory Equipment Assessment Tool Development	Participate in validating a tool for evaluating respiratory equipment, incorporating automated data analysis features using Microsoft Excel.
Engagement and Development	Support the maintenance of the Provincial Respiratory Professional Practice Council web page, including document review, SME coordination, and formatting of practice standards.

THE PROFESSIONAL PRACTICE LEAD PERSPECTIVE

For PPLs, the rotation offered an opportunity to engage meaningfully with learners while advancing strategic priorities. Many PPLs noted that student involvement brought fresh perspectives and renewed energy to ongoing projects. Tasks such as literature reviews, resource development, and mapping of impacted teams were enriched by student contributions, often accelerating project momentum.

Beyond tangible outputs, PPLs valued the opportunity to make their roles visible to future practitioners. Traditionally, leadership pathways within respiratory therapy have been less explicit than in other allied health professions. By mentoring students early, PPLs viewed the rotation as a way to socialize informal practice leadership as a routine part of every therapist's daily practice, rather than as a formal role or a late-career pursuit. This perspective challenges the notion that leadership is primarily associated with formal titles or management responsibilities. Instead, participation in quality improvement initiatives, evidence-informed practice change, professional advocacy, mentorship, and interdisciplinary collaboration can be viewed as leadership behaviours accessible to respiratory therapists at all career stages. Exposure to these activities during training may help students recognize opportunities to contribute to practice advancement regardless of whether they pursue formal leadership positions in the future.

Challenges were also identified. Balancing mentorship with existing workloads required intentional planning, and coordinating schedules with students engaged in clinical rotations was occasionally complex. Remote engagement, while necessary, sometimes limited informal learning opportunities. However, these challenges were largely mitigated through flexible approaches and, where possible, in-person shadowing experiences—an element both students and PPLs strongly endorsed.

OBSERVATIONS AND EMERGING INSIGHTS

Feedback from participating students suggests that the time commitment was manageable and that the experience aligned with their expectations. Notably, none indicated that participation negatively affected their clinical learning. Feedback highlighted several benefits to students: mentorship, greater awareness of the multiple dimensions of professional practice work, and a strengthened sense of professional identity. Students expressed increased interest in contributing to quality improvement and leadership initiatives in their future careers, suggesting a lasting impact beyond the rotation itself. Participation in provincial project teams also provided learners with experience navigating collaborative digital applications commonly used in modern healthcare systems.

For PPLs, the rotation reinforced the value of engaging learners as partners in professional practice. Many expressed interest in continuing or expanding their involvement, citing both personal satisfaction and tangible benefits to ongoing projects.

More broadly, the initiative provided organizational benefits by supporting provincial projects, strengthening academic-practice partnerships, and creating opportunities to introduce future respiratory therapists to leadership activities that may contribute to long-term workforce and succession planning.

Academic institutions similarly noted the rotation's potential as a distinctive learning opportunity that complements traditional curricula by providing exposure to leadership, quality improvement, advocacy, and systems-level practice concepts.

Although based on a relatively small sample, these early findings suggest that the PPL rotation is a feasible and valuable educational model with benefits for learners, mentors, and academic partners alike.

LIMITATIONS AND CONSIDERATIONS

Several factors should be considered when interpreting these observations. Participation in the Enhanced Professional Practice Rotation was voluntary and based on a competitive application process that emphasized academic performance, clinical standing, and interest in professional practice, potentially resulting in a group predisposed toward engagement with leadership activities. Feedback from students, PPLs, and academic partners may also have been influenced by social desirability bias given the collaborative and mentorship-focused nature of the initiative.

In addition, while the rotation was designed to be low intensity, requiring approximately two hours per week and relying largely on virtual engagement, its sustainability depends on ongoing mentorship capacity, organizational support, and access to meaningful project opportunities. The rotation also relied heavily on PPL availability and goodwill, and the absence of dedicated funding or protected mentor time may limit scalability and student capacity.

Finally, the long-term influence of this experience on professional identity formation, leadership engagement, and quality improvement activity remains unknown. This presents an opportunity for future research to explore the sustained educational and professional impacts of participation in the rotation.

Despite these limitations, the findings provide meaningful insights into the feasibility, acceptability, and perceived educational value of the rotation.

IMPLICATIONS FOR RESPIRATORY THERAPY EDUCATION

The Enhanced Professional Practice Rotation offers a compelling model for extending respiratory therapy education beyond the clinical environment. By integrating mentorship, reflection, and meaningful project work, the rotation supports the development of practitioners who are not only clinically competent but also systems-aware and professionally engaged.

As healthcare systems continue to evolve, the respiratory therapy profession will require leaders who understand how to influence practice at multiple levels. Early exposure to professional practice leadership can demystify these roles and encourage broader participation in shaping the future of the profession. This approach does not diminish the value of bedside care; rather, it contextualizes it within a larger framework of safety, quality, and advocacy.

CONCLUSION

The implementation of an Enhanced Professional Practice Rotation represents an important step toward broadening the educational experiences available to respiratory ther-

apy students in Alberta. By creating structured opportunities for engagement with PPLs, the program fosters awareness, strengthens professional identity, and supports system-level learning that is often absent from traditional curricula. Early outcomes suggest that this model is both feasible and impactful. With continued refinement and collaboration, similar initiatives could be scaled or adapted to other jurisdictions, contributing to a more resilient and future-ready respiratory therapy workforce. As the profession continues to expand its influence within complex health-care systems, educational innovations that bridge bedside practice and professional leadership will be essential.

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COMPETING INTERESTS

The author has completed the ICMJE uniform disclosure form and declares no conflict of interest.

ETHICS AND QUALITY IMPROVEMENT CONSIDERATIONS

The Enhanced Professional Practice Rotation was developed and evaluated as an educational quality improvement initiative intended to support program development and refinement. Feedback from students, PPLs, and academic partners was collected through routine program evaluation activities and used to inform ongoing improvements to the program. The activities described in this commentary were not designed as research intended to generate generalizable knowledge; therefore, formal Research Ethics Board review was not required. Participation in evaluation activities was voluntary, and findings are reported in aggregate form.

AI STATEMENT

During the preparation of this work, the authors used Copilot to improve readability. After using this tool/service, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

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