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Integrating Evidence-Based Practice into Nursing School Curricula: Review of Educational Strategies for Enhancing Competencies in Evidence-Based Care Delivery

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Abstract

The integration of evidence-based practice (EBP) into nursing curricula is essential for enhancing the quality of patient care and ensuring patient safety. Despite its recognized importance, the implementation of EBP remains inconsistent among healthcare professionals due to various barriers, including insufficient training and lack of resources.This review systematically evaluates the literature on educational interventions aimed at enhancing EBP competencies among nursing students and practicing nurses. A comprehensive search was conducted across multiple databases, including Medline, PubMed, and CINAHL, to identify studies published up to 2023. The review focused on assessing the effectiveness of various pedagogical approaches, such as mentorship, online education, and hands-on training, in fostering EBP skills.The findings indicate that structured educational programs significantly improve nurses' understanding and application of EBP. Mentorship and collaborative learning environments emerged as particularly effective strategies, leading to increased confidence and competence in applying EBP principles. However, a notable gap remains in the practical implementation of EBP in clinical settings, highlighting the need for ongoing support and resources.Integrating effective EBP educational interventions into nursing school curricula is crucial for preparing future healthcare professionals to deliver high-quality, patient-centered care. Addressing the identified barriers through targeted educational strategies can enhance EBP adoption in clinical practice. Future research should focus on the long-term impacts of these interventions and explore innovative approaches to sustain EBP in healthcare settings.

Keywords: *Evidence-Based Practice, Nursing Education, Patient Care Quality, Educational Interventions, Nursing Curricula.*

Introduction

As defined by the Institute of Medical Sciences, quality of care is "the capacity of health services to enhance the probability of attaining the intended medical results in alignment with contemporary professional knowledge." Simultaneously, the notion of patient safety—characterized as the avoidance of harm—emerged as a primary focus of professional attentiveness. Contemporary healthcare systems confront the dual difficulties of applying evidence-based practice (EBP) to mitigate healthcare expenditures and

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enhancing work satisfaction among healthcare staff [1-4]. Evidence-based practice (EBP) enhances care quality and patient safety, since efficacy, safety, adaptability, effectiveness, and equity serve as markers of the adoption of patient-centered approaches by care providers [5-8].

Evidence-Based Practice (EBP) is currently a recognized approach among health care providers (HCPs) [9-12]. As a fundamental component of patient-centered methodologies, it entails using research procedures to rigorously evaluate research results and use that evidence for implementation [11-14]. In a nursing environment, evidence-based practice (EBP) is described as the amalgamation of information from several sources to enhance clinical reasoning, including the most current and superior data, clinical competence, individual experiences, client preferences, and the theoretical foundations of nursing care [5,6,15]. Healthcare professionals are anticipated to use evidence-based practice as the benchmark methodology in their routine operations [12-20]. It is reasonable to anticipate that evidence-based practice (EBP) is widely recognized and understood by healthcare professionals (HCPs) and is similarly integrated into their educational curricula and clinical applications [15].

Nonetheless, the consistent application of evidence-based practice (EBP) poses difficulties, since 30% to 40% of patients do not get treatment aligned with contemporary knowledge, and two-thirds of effective practice implementations are unsuccessful. Furthermore, several healthcare professionals believe that participating in evidence-based practice is beyond their area of practice [20]. Due to the lack of training in evidence-based practice (EBP) for all healthcare professionals (HCPs) throughout their careers, inquiries arise about the most effective educational interventions for enhancing EBP competencies in their routine practice [12,21].

Nurses and physiotherapists have a significant role in medical care [22,23]. Due to their intimate connections with healthcare consumers in everyday practice, they assume significant decision-making responsibilities, enhancing communication and collaboration practices among community and specialized healthcare professionals to provide optimal overall healthcare. While it is widely accepted that nurses and physiotherapists, akin to all other healthcare professionals, are responsible for delivering optimal evidence-based treatment, recent studies have shown that only a minimal fraction of them regularly fulfill this obligation [24-27]. Numerous obstacles to the routine implementation of evidence-based practice (EBP) have been identified, including insufficient EBP competencies among physicians, time limitations, adverse attitudes, a deficiency in intrinsic motivation, and professional opposition to research [28-32]. Moreover, numerous authors have reported administrative and organizational issues in the workplace, a deficiency of mentors for Evidence-Based Practice (EBP), insufficient point-of-care resources, discrepancies between theory and practice, an absence of substantial transition from EBP training courses to clinical application, and inadequate foundational education on the topic [7,12,18,33,34].

It is important to identify and design effective and cost-efficient educational interventions that address the requirements of healthcare professionals, following a clearly defined implementation process to guarantee that the benefit of evidence-based practice is realized at the patient's bedside. The World Health Organization has acknowledged the significance of implementing educational programs on evidence-based practice. In the last two decades, evidence-based practice in healthcare has been recorded in exploratory and observational research across many contexts. Scurlock-Evans et al. [13] delineated the attitudes, impediments, facilitators, and evidence-based practice treatments among physiotherapists, although they did not describe job contexts or evaluate educational programs.

Melender et al. [34] delineated the educational approaches used to instruct nursing students in enhancing outcomes related to the implementation of evidence-based practice (EBP). To our knowledge, no systematic evaluations have assessed the efficacy of educational programs aimed at enhancing evidence-based practice skills in the routine activities of nurses and physiotherapists. Moreover, no prior worldwide studies have assessed the effects of various educational activities on EBP abilities within our target group. Although evidence-based practice (EBP) is seen as an essential capability for healthcare professionals (HCPs), the evidence on effective methods for teaching EBP is inadequate, and there exists significant variability in EBP educational interventions. Consequently, it is essential to synthesize and assess the results of various evidence-based practice (EBP) educational interventions presented in the literature, and to

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determine which is most effective in addressing the identified barriers, accommodating the characteristics and requirements of professionals, and establishing EBP as a standard for all healthcare practitioners [35]. This process is crucial for connecting evidence and practice, advancing nursing and physiotherapy as informed disciplines, standardizing foundational education on evidence-based practice (EBP), and preventing a disconnect between EBP training and clinical application. This evaluation sought to evaluate the most successful educational materials for enhancing evidence-based practice abilities among nurses as well as physiotherapists in primary healthcare settings.

Search Methodology

We performed a systematic literature search for previously published papers in a number of online databases from their inception until 2023: Medline, Embase, PubMed, CINAHL, the Cochrane Central Register of Controlled Trials Wiley, PsycINFO, Web of Science, and the JBI Database of Systematic Reviews and Implementation Reports.

Comprehensive Educational Approaches Integrating Mentorship and Tutoring

The many frameworks used in this category of treatments included the Advancing Research and Clinical practice via close Collaboration (ARCC) model, the Category Rubric for Evidence-Based Practice Assessment Techniques in Education (CREATE), and the critical event approach. The pivotal element of the ARCC model is the mentor, a nurse with advanced practice, who aids nurses in refining their evidence-based practice skills and executing initiatives to enhance patient care and outcomes. Moreover, the mentor engages in executing ways to surmount obstacles within the hospital setting by fostering a culture of Evidence-Based Practice (EBP) [36]. Informed by cognitive-behavioral principle, ARCC interventions aim to enhance nurses' convictions about the significance of evidence-based practice (EBP) and bolster their confidence in its consistent implementation [37,38]. Levin et al. [8] suggested an intervention approach based on a multi-component ARCC model. The intervention started by elucidating the concept of Evidence-Based Practice (EBP) and the justification for its use in clinical decision-making. In the subsequent phase, the interventional groups (IG) were instructed on how to navigate searchable scientific resources to address clinical inquiries, after which participants were tasked with locating evidence by examining relevant scientific databases, registries, and webpages. They were urged to investigate the fundamental principles of a systematic review methodology, particularly in reading and critically evaluating meta-analyses.

Over a duration of 12 weeks, participants engaged in 1.5 hours of concentrated follow-up with an Evidence-Based Practice (EBP) mentor to acquire the knowledge and skills necessary for using EBP ideas to resolve a clinical issue in routine practice. The control group (CG) was provided with didactic material on adult physical assessment delivered by an expert in evidence-based practice (EBP). Underhill et al. [39] examined the views and use of evidence-based practice after a 24-month institutional educational intervention on the subject. This had four elements, beginning with in-person meetings with nurses to introduce evidence-based practice (EBP) and its resources. The EBP training focused on quantitative research designs using the PICOT framework (population, intervention, comparison, outcome, time). It also included elucidations of the degrees of evidence, distinctions in quality improvement, nursing research, and definitions and methodologies pertaining to evidence-based practice. A summary of the information was shown on an EBP poster to guide EBP projects (SPAWN projects). In 2012, a nursing scholarship event was conducted to enhance nursing personnel's knowledge of the significance of delivering evidence-based care. An online teaching material on Evidence-Based Practice (EBP) has now been accessible. In each EBP session, facilitated by a mentor from the Evidence-Based Practice and Innovation Committee, participants were permitted to pose questions.

Gallagher et al. [40] assessed the impact of a five-day evidence-based practice continuing education and skills enhancement program, attended by 400 participants, including 377 registered nurses, from September 2014 to May 2016. The main objectives assessed were: EBP traits and competences, beliefs, execution, and expertise employing the ARCC framework. The last research using the ARCC paradigm was Singleton's

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cohort format study [41]. The study examined the pre–post impacts of an evidence-based practice (EBP) teaching program employing the EBP attitude and implementation measures throughout seven years and five groups of the Doctor of Nursing Practice (DNP) course. The DNP program comprises two training courses on "Evidence-based Practical Methods and Techniques," totaling 180 hours of theoretical instruction. Students also received guidance from a faculty mentor and a mentor associated with a clinical practice improvement initiative.

The subsequent framework employed was CREATE, a method for categorizing EBP learner assessment instruments. CREATE posits that the evaluation of EBP knowledge should be conducted intellectually via written assessments since knowledge delineates a learner's retention of information and ideas. Another presumption is that EBP skills need to be evaluated via performance assessments since skills demonstrate the application of information. The evaluation criteria include Response to the Educational Experience, Perspective, Confidence, Understanding, Skills, actions, and Patient Benefit. The first three categories are evaluated via self-reporting; knowledge and abilities are assessed by achievement testing; behaviors are examined through activity monitoring; and patient benefits are measured through patient-oriented results [42]. In 2018, Cardoso et al. [43] developed an evidence-based practice instructional program at a nursing school in Portugal. The training course for the intervention cohorts (IC) instructed on models for conceptualizing evidence-based practice (EBP) and elucidated kinds of systematic reviews, formulation of review questions, study search methodologies, study selection criteria, data extraction techniques, and data synthesis procedures. The last three sessions used active methodologies via mentoring for groups of 2 to 3 students. The CG participants received their education as customary (theoretical, theory–practice, practice) provided by the nursing instructors.

Koota et al. [44] assessed the efficacy of an educational intervention on evidence-based practice for emergency room nurses at two hospitals in Finland. The IG received the intervention titled "Evidence-Based Management Fundamentals for Emergency Nurses," which included many instructional modalities, including didactic seminars, debates, small group instructions, searching databases seminars, and a self-directed learning module. They further had assistance from the instructor teams, two emergency unit personnel (the scholar and the clinical nursing expert), and a librarian for consultation. The CG completed a self-directed learning program titled "Fundamentals of Evidence-Based Practice for Emergency Nurses."

Mena-Tudela et al. [45] used the critical incident method (CIT) in their research. The educational intervention consisted of two sessions: the first established words associated with evidence-based practice and engaged in critical reflection on materials, while the second included practical exercises in information literacy. Throughout their 12-week clerkship, student nurses were required to identify at least eight critical occurrences, formulate a PICO clinical question, and attempt to address the incident via a literature review. A professor was present to provide assistance and comments to groups of 8 to 10 pupils.

Various publications used the words mentor, EBP mentor, or faculty mentor [8,44,46], while others utilized tutoring or tutor teams. According to Melnyk et al. [47], mentors collaborate with nurses and are often advanced practice nurses (clinical nurse specialists or nurse educators) with enhanced knowledge and abilities in evidence-based practice and behavioral change at both organizational and individual levels. Furthermore, several writers indicated that mentors serve as opinion leaders within teams [7,21]. Mentoring is a prolonged connection between two individuals, often with one being older and/or more experienced than the other. The objective of this relationship—rooted in mutual respect as well as compatible personalities—is to facilitate the mentee's personal and professional development [48]. Consequently, a mentor's function in an educational program is to offer support and social competencies to the care teams engaged and, more precisely, to evaluate their proficiency in the skills imparted. The tutoring outlined by Mena-Tudela et al. [45] was conducted by nurse instructors, representing the conventional form of nurse tutoring [49]. Tutoring is a collaborative framework in the educational process, assigning the commitment and accountability for the teaching and learning experience to the learner. Although the definitions and objectives of mentoring and tutoring are similar, tutoring necessitates a more proactive approach from the learner in acquiring new skills and does not mandate a one-to-one relationship, whereas mentoring may lack a formal goal and typically involves a one-to-one relationship.

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Individual Educational Strategies

In increasingly intricate healthcare systems, and considering the inherent obstacles of healthcare settings, it is essential for nurses to possess a robust foundation in evidence-based practice (EBP) due to its established correlation with enhanced patient and organizational outcomes [31]. This comprehensive study identified and synthesized the most effective educational programs to enhance evidence-based practice abilities among nurses. It identified three categories of essential educational interventions: multiple educational strategies that include mentorship and tutoring, singular educational strategies (often administered online), and multifaceted educational strategies using the five fundamental elements of evidence-based practice (EBP). These relevant findings will offer concrete assistance to researchers, clinicians, healthcare system administrators, healthcare organizations, health politicians, stakeholders, universities and their faculty, and healthcare professionals, as they present an evaluation of the efficacy of various educational interventions on eleven primary outcomes. The evaluation included research involving 2,712 registered nurses (RNs), licensed practical nurses (LPNs), graduate candidates,students in Nursing Management–Family Nursing Practice, nursing instructors, emergency nurses, nurse administrators, and visiting staff nurses.

Evidence-based practice educational interventions need to be integral to nurses' professional growth within clinical environments. Healthcare systems and nurses are urged to use the principles of Evidence-Based Practice (EBP) to enhance the provision of safe, high-quality patient care. Despite the expectation that evidence-based practice (EBP) is widely recognized and comprehended by nurses, as well as being integral to their educational curricula and clinical applications, numerous individual and organizational obstacles persist, hindering the translation of their positive beliefs into actionable practices. The limitations include time constraints, insufficient understanding about evidence-based practice (EBP), limited access to information, lack of autonomy, inadequate empowerment to modify practices, opposition from colleagues or supervisors, and a scarcity of EBP mentors. To facilitate the daily utilization of Evidence-Based Practice (EBP), it is imperative to ascertain the most efficient and effective EBP educational program aimed at enhancing EBP beliefs, self-efficacy, perceived implementation, competencies, knowledge, skills, attitudes, behaviors, desire, practice, and perceptions of organizational culture and readiness. This will enable individuals, leaders, and healthcare organizations to cultivate a culture and environment conducive to EBP, ensuring the sustainability of its adoption.

"Evidence-based practice knowledge and skills can be obtained through formal education, ongoing education, and self-directed online tutorials" [50]. The 15 papers included in this systematic review exhibit various ways for implementing the stated treatments. Despite the substantial beneficial effects of the three identified intervention types on the aforementioned 11 outcomes, evidence-based practice cannot function in isolation; it requires early adopters, advocates, and collaboration. Our findings indicate that the most effective method for enhancing evidence-based practice (EBP) skills among nurses and promoting EBP implementation in their routine practice is the utilization of diverse educational strategies that incorporate various learning modalities and techniques, accompanied by consistent follow-up and feedback from mentors and/or leaders. Computer-based education (CBE) now represents the most economical and effective approach, ensuring dependable and uniform dissemination of information while offering caregivers the option to choose the time and location for accessing the intervention. This instructional technique guarantees the sustained adoption of evidence-based practice by nurses in their everyday routines.

Not all registered nurses have received training in evidence-based practice throughout their schooling or professional development. Therefore, it is essential to formulate educational techniques for both phases to standardize and homogenize evidence-based practice knowledge and skills: inside their academic curriculum, and consistently, in their practice environments. Indeed, theoretical information alone is insufficient; practical educational interventions in clinical settings are essential for advancing the use of evidence-based practice (EBP). The research indicates that nurses' abilities in evidence-based practice (EBP) are mostly low to moderate on a worldwide scale, especially for their EBP knowledge, skills, and confidence in implementing EBP. A possible reason is the variability in the quality and content of evidence-based practice teaching programs within students' curriculum [29]. Consequently, it is essential to standardize the

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knowledge and abilities of nurses throughout their training period. Nurses are more likely to incorporate evidence-based practice into their everyday routines only after achieving competence in it [11].

Alongside using the aforementioned methodologies, researchers must also investigate the factors that may facilitate or obstruct the application of evidence-based practice, utilizing accurate and valid metrics [7,51]. The Comprehensive Framework for Installation Research (CFIR), created by Damschroder et al. [51], elucidates many aspects that may facilitate or obstruct implementation. The CFIR is the product of a literature analysis that synthesizes previous implementation models, including features that facilitate or hinder the adoption of new practices as stated in the literature. The analysis is categorized into five domains: the external environment, which examines factors such as cosmopolitanism; the internal setting, which assesses structural attributes and culture; personal characteristics that affect project trajectories; intervention characteristics; and the implementation process at both individual and organizational tiers [52]. The inventors assert that the CFIR may be used at three distinct time periods. Initially, in the pre-implementation phase, a baseline survey was conducted to assess nurses' sociodemographic characteristics, revealing a positive correlation with Evidence-Based Practice Implementation (EBP-I) ($r = 0.32$, $p = 0.01$) as demonstrated in the studies by Underhill et al. [39], Gallagher et al. [40], and Wan [53]. This survey encompassed the specific culture of the medical specialty, leadership style, receptiveness to change, learning environment, communication regarding the project, and an identification of the implementation process. Educational interventions are only one aspect of promoting evidence-based practice (EBP). Indeed, the implementation of evidence-based practice (EBP) is influenced by nurses' demographic attributes, including age, marital status, years of professional experience, and educational attainment, in addition to their learning environment, staffing ratios, and leadership styles. Secondly, during the peri-implementation phase, CIFR can facilitate monitoring by evaluating intervention characteristics, such as clarity and adaptability, modifying how it is implemented through PDSA cycles, ensuring consistent communication and feedback, addressing the specialty's requirements, and employing appropriate leadership styles. Thirdly, it can be utilized post-implementation to guarantee sustainability—encompassing ongoing adaptation informed by feedback and active participation from the specialty, consistent communication, and the identification of mentors and/or opinion leaders [7,17]—to prevent a decline in buy-in, as noted in the study by Koota et al. [44].

The Constraints of the Review

This review has several limitations that need consideration. Initially, while conducting a comprehensive literature search according to established methodological norms and using several terminologies to define EBP, our evaluation may have overlooked some studies that fulfilled all selection criteria, maybe owing to search errors or investigator oversight. Secondly, linguistic and publishing bias may exist despite the review's global reach. The impacts of various healthcare systems, professional training modalities, urban vs rural environments, and socioeconomic issues, among others, were not examined.

The study's findings may only be generalized for the diverse nursing features of our sample, which includes RNs, LPNs, undergraduate students, learners in Nursing Practice–Family Nursing Implementation, nursing instructors, emergency nurses, nurse administrators, and visiting staff nurses. Nonetheless, the Gallagher-Ford et al. investigation extends beyond this sample to include 23 healthcare professionals [40]. Nonetheless, a notable aspect of the analysis is its inclusion of four randomized controlled trials, despite their inadequate methodological quality, eight quasi-experimental studies, and one cohort study, all using approved tools for evaluating study outcomes. Moreover, we used esteemed methodological standards and guidelines, which enhanced the reliability of our results significantly.

Suggestions

Given the limited number of studies released in our area of interest so far, future research should evaluate the applicability of the current results to different samples. There is a need to include more primary healthcare providers to ascertain which interprofessional educational initiatives will enable them to provide optimal evidence-based healthcare. To guarantee ongoing enhancements in safe, high-quality patient care, further research data on the most efficient and effective educational programs for addressing healthcare

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professionals' requirements and assuring the delivery of evidence-based practice's added value at the patient's bedside must be gathered. Increased data will facilitate the formulation of recommendations for the application of evidence-based practice (EBP). Ultimately, data from further high-quality studies with bigger samples of healthcare professionals would be beneficial to evaluate educational programs on evidence-based practice.

Our recommendations for the implementation of evidence-based practice in clinical settings necessitate an evaluation of the distinct characteristics and requirements of the caregivers, alongside the particularities of the clinical environment, medical specialty, and educational interventions before, during, and after the implementation process. Effective implementation of evidence-based practice (EBP) is achieved by continual exposure to and application of EBP. The results of this systematic review underscore that strategic leadership, communication, and teaching methodologies for evidence-based practice should significantly depend on the value contributed by mentors or tutors who assume clinical leadership roles, either informally or hierarchically, among their colleagues. It is essential to distinctly define the facilitators and obstacles to the implementation of instructional strategies in healthcare environments. We encourage future study to analyze and compare the characteristics that facilitate and restrict the pre-, peri-, and post-implementation stages of an educational intervention on evidence-based practice (EBP). This will assist registered nurses, other healthcare professionals, and nurse educators in refining and enhancing their understanding of implementation methods. Future studies should use the CFIR across all three stages. It is essential to evaluate if various forms of professional training, urban or rural environments, or socioeconomic variables influenced the efficacy of educational initiatives. This may be conducted at the pre-implementation phase of the CFIR.

Conclusions

This review is, to our knowledge, the first study on this subject that integrates samples from registered nurses (RNs), licensed practical nurses (LPNs), bachelor's degree students, Ph.D. candidates in Nursing Practitioners–Family Nurse Application, nurse instructors, emergency room nurses, nurse administrators, and visiting staff nurses. Nurses affirmed the significance of evidence-based practice (EBP), yet a limited number could execute it due to personal barriers (insufficient confidence, knowledge, and time, along with excessive workloads) and organizational obstacles (deficiencies in materials, human resources, hierarchical support, and implementation frameworks). Integrating optimal evidence into everyday practice is difficult owing to the intrinsic complexity of the evidence-based practice implementation process.

In conclusion, fostering the suitable organizational culture and perpetually enhancing the facilities, assets, and managerial assistance necessary for the advancement of evidence-based practice is a transition from evidence to application. Nonetheless, this is insufficient. This article emphasized the considerable impact that educational initiatives may have on the capacity to understand and apply evidence-based practice (EBP). The results indicated that effective instructional initiatives might facilitate the integration of evidence-based practice into the undergraduate nursing curriculum and the everyday routines of registered nurses. The most efficient and successful educational interventions will address professionals' requirements and guarantee that the additional value of evidence-based practice is provided at the patient's bedside. The continuous interventions seem pertinent to continued education via diverse learning modalities, accompanied by regular monitoring and suggestions from peers and/or leaders. Computer-based education represents the most economical and successful approach.

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دمج الممارسات القائمة على الأدلة في مناهج كليات التمريض: مراجعة للاستراتيجيات التعليمية لتعزيز الكفاءات في تقديم الرعاية القائمة على الأدلة

الملخص

الخلفية:

يُعد دمج الممارسات القائمة على الأدلة (EBP) في مناهج التمريض أمرًا ضروريًا لتحسين جودة رعاية المرضى وضمان سلامتهم. على الرغم من الاعتراف بأهميتها، فإن تنفيذ الممارسات القائمة على الأدلة لا يزال غير متسق بين المهنيين الصحيين بسبب وجود عقبات متعددة، منها نقص التدريب وعدم توفر الموارد.

المنهجية:

تُقيِّم هذه المراجعة بشكل منهجي الأدبيات المتعلقة بالتدخلات التعليمية التي تهدف إلى تعزيز كفاءات الممارسات القائمة على الأدلة بين طلاب التمريض والممرضين الممارسين. تم إجراء بحث شامل عبر قواعد بيانات متعددة، بما في ذلك Medline و PubMed وCINAHL، لتحديد الدراسات المنشورة حتى عام 2023. ركزت المراجعة على تقييم فعالية الأساليب التعليمية المختلفة، مثل الإرشاد، التعليم عبر الإنترنت، والتدريب العملي، في تعزيز مهارات الممارسات القائمة على الأدلة.

النتائج:

تشير النتائج إلى أن البرامج التعليمية المنظمة تُحسِّن بشكل كبير من فهم الممرضين وقدرتهم على تطبيق الممارسات القائمة على الأدلة. وقد برز الإرشاد وبيئات التعلم التعاوني كاستراتيجيات فعالة بشكل خاص، مما أدى إلى زيادة الثقة والكفاءة في تطبيق مبادئ الممارسات القائمة على الأدلة. ومع ذلك، لا يزال هناك فجوة ملحوظة في التطبيق العملي لهذه الممارسات في البيئات السريرية، مما يُبرز الحاجة إلى دعم مستمر وتوفير الموارد.

الاستنتاج:

يُعد دمج التدخلات التعليمية الفعالة المتعلقة بالممارسات القائمة على الأدلة في مناهج كليات التمريض أمرًا حيويًا لإعداد المهنيين الصحيين في المستقبل لتقديم رعاية عالية الجودة تتمحور حول المريض. ويمكن للتغلب على العقبات المحددة من خلال استراتيجيات تعليمية موجهة أن يُعزز تبني الممارسات القائمة على الأدلة في الممارسات السريرية. ويجب أن تركز الأبحاث المستقبلية على دراسة الآثار طويلة المدى لهذه التدخلات واستكشاف أساليب مبتكرة لدعم استدامة الممارسات القائمة على الأدلة في أنظمة الرعاية الصحية.

الكلمات المفتاحية:

الممارسات القائمة على الأدلة، تعليم التمريض، جودة رعاية المرضى، التدخلات التعليمية، مناهج التمريض.