How to Design an Evidence Based Nursing Intervention in Pakistan

A Step by Step Guide for Pakistani Nursing Students

A complete teaching article based on NU 641 Week 6 content, adapted for Pakistani BSN and Post RN BSN students with local clinical examples.

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Article Contents

1. Start With One Simple Question

Evidence Based Practice becomes useful when evidence turns into a clear action. A nursing student may identify a problem, review research, and connect a theory to the problem. The next task is to decide what will actually happen in the clinical setting. That planned action is the intervention.

This guide teaches the full planning process in plain language for Pakistani BSN and Post RN BSN students. It keeps the core ideas from the NU 641 Week 6 chapter notes and uses familiar examples from medical wards, surgical wards, postnatal units, teaching hospitals, District Headquarters hospitals, Tehsil Headquarters hospitals, Basic Health Units, Rural Health Centres, and community placements. You will learn how to choose an intervention, write SMART objectives, plan activities, build a timeline, identify resources and stakeholders, prepare a budget in PKR, plan sustainability, monitor progress, and complete an action plan.

Core idea: An intervention is the planned action used to improve a clinical issue. The intervention should come from the need assessment and the evidence. It should also fit the nursing theory, the clinical setting, and the outcome you want to improve.

2. Learning Goals

By the end of this lesson, you should be able to do the following:

1. Explain what an intervention means in an Evidence Based Practice project.
2. Explain why the intervention should be supported by evidence.
3. Choose an intervention that fits the real cause of the clinical issue.
4. Write clear general and specific objectives.
5. Create SMART objectives that can be measured.
6. Plan activities in the correct order.
7. Build a realistic project timeline.
8. Identify human, material, time, and financial resources.
9. Identify stakeholders and explain the support each person can provide.
10. Plan a practical budget and a sustainability strategy.
11. Monitor the intervention and connect it to evaluation.
12. Prepare a complete nursing action plan.

3. What Is a Nursing Intervention?

A nursing intervention is a planned action used to improve a problem. In a student project, the intervention is the practical part of the work. It answers the question, What will I do to improve this clinical issue?

An intervention can take many forms. It may be patient teaching, staff education, a checklist, a reminder poster, a pamphlet, or a demonstration. It may also use audit and feedback, a protocol, counseling, or another focused practice change. The best choice depends on the cause of the problem and the setting where the project will take place.

For example, low diabetic foot care knowledge may call for structured teaching, a simple pamphlet, and a demonstration. Poor pain documentation may call for staff education and a documentation checklist. Poor hand hygiene compliance may need teaching, reminders, better access to supplies, observation, and feedback.

Remember: The topic tells you what problem you are studying. The intervention tells you what you will do about it.

4. Strategy, Intervention, and Action Plan Are Not the Same

Students often mix these terms. They are related, but they have different jobs.

The strategy is the idea. The intervention is the action. The action plan is the road map.

Term	Simple meaning	Example
Strategy	The general approach used to solve the issue	Improve diabetic foot care knowledge through patient education
Intervention	The actual action that will be carried out	Conduct a teaching session with a pamphlet and demonstration
Action plan	The detailed road map for carrying out the intervention	Prepare material, get permission, teach patients, collect data, and review results

5. Why the Intervention Must Be Evidence Based

A student should not choose an intervention only because it is easy. The choice should be supported by the literature review and should fit the findings from the need assessment. This protects the project from becoming a personal opinion project.

If evidence shows that education and reminders work better together than education alone, the plan should consider both. If the evidence shows that patient teaching works better when family members are involved, the plan may include a family member. If documentation improves when staff use a clear checklist, the project may include a checklist.

For Pakistani nursing students, the same Evidence Based Practice planning principles apply, but the intervention must fit the local ward, available resources, patient language, staff workload, and institutional approval process. Pakistan Nursing and Midwifery Council information confirms that Generic BSN and Post RN BSN are recognized nursing education pathways. WHO has also documented patient safety and hand hygiene education work in Pakistani hospitals, which makes hand hygiene a useful local teaching example for implementation planning.

Pakistan study note: Use the Evidence Based Practice model required by your university or college. The same planning method can be used in teaching hospitals, District Headquarters hospitals, Tehsil Headquarters hospitals, Basic Health Units, Rural Health Centres, and community placements. Always follow the approval process of your faculty and clinical setting.

6. Eight Common Types of Nursing Project Interventions

1. Patient education

Use patient education when patients have a knowledge gap or need support with self care. Local examples include diabetic foot care teaching in a medical ward, discharge teaching for cardiac patients, fall prevention teaching for older patients, hypertension diet and medication teaching, and breastfeeding education for mothers in a postnatal ward.

2. Staff education

Use staff education when nurses or other health care workers need updated knowledge or a clearer practice method. Local examples include pain assessment documentation, hand hygiene, pressure injury prevention, safe medication administration, waste segregation, and nursing documentation standards.

3. Checklist

A checklist helps people remember important steps and makes a process easier to follow. Examples include pain assessment, discharge teaching, fall prevention, medication safety, and pressure injury prevention checklists.

4. Reminder poster

A reminder poster keeps a key action visible during daily work. In Pakistani clinical areas, posters may support hand hygiene near patient care areas, fall prevention, diabetic foot care, waste segregation, or pressure injury prevention. A poster is usually stronger when it supports a larger intervention rather than acting alone.

5. Pamphlet or leaflet

A pamphlet gives patients simple written guidance that they can review later. In Pakistan, the material may need simple English, Urdu, or another local language used by the patient. Use short sentences, readable text, and clear pictures when literacy is limited.

6. Demonstration

A demonstration shows how to perform a skill. Common local examples include foot inspection, breastfeeding position, hand washing, incentive spirometer use, and wound care steps. When appropriate, ask the learner to show the skill back to you so you can check understanding.

7. Audit and feedback

Audit and feedback means checking current practice, sharing the results, and helping staff improve. Examples include reviewing pain documentation, observing hand hygiene, reviewing discharge records, and checking fall risk assessment use.

8. Protocol or guideline support

A protocol gives clear practice steps. A student project may support the use of an approved protocol, help explain it, or create a simple unit tool that matches an existing policy. Students should not create or change clinical policy without the proper organizational process and approval.

Key point: The type of intervention should match the cause of the problem. If the cause is not understood, the intervention may miss the real need.

7. How to Select the Best Intervention

Before choosing an intervention, work through these questions. A strong answer to each question makes the project easier to defend and easier to carry out.

1. What is the main clinical problem?
2. What did the need assessment show?
3. What is the likely cause of the problem?
4. What does the literature suggest?
5. What does the selected nursing theory support?
6. What can realistically be done in this clinical setting?
7. What resources are available?
8. Will the preceptor and clinical staff support the plan?
9. Can the intervention be completed during the course timeline?
10. Can the outcome be measured, and can the change continue after the project?

Consider a hand hygiene project in a busy surgical ward of a teaching or District Headquarters hospital. Nurses may know the correct steps but still forget during busy care, or hand rub may not always be easy to reach. Another long lecture may not solve the real problem. A better plan may combine brief teaching, visible reminders, easier access to approved hand hygiene products, observation, and feedback. The intervention should respond to the reason the problem is happening.

8. Build the Implementation Plan

The implementation plan is the practical map of the project. It explains what will be done and who will do it. It also shows when the work will happen, what resources are needed, and how the change may continue. A complete student plan should include seven parts.

1. Objectives
2. Activities
3. Timeline
4. Resources
5. Stakeholders
6. Budget
7. Sustainability

These parts should connect. The objectives guide the activities. The activities shape the timeline. The timeline affects resources and budget. Stakeholders support implementation. Monitoring checks whether the activities are happening. Sustainability explains how the useful change can remain after the student project ends.

9. Write SMART Objectives

Objectives explain what you want to achieve. Weak objectives are too broad. For example, To improve patient care, does not say what will improve, who is involved, or how success will be checked.

A stronger objective names the group, the change, and the time period. For example: Improve diabetic foot care knowledge among adult patients with diabetes in a medical ward within two weeks by using structured teaching, a simple Urdu or English pamphlet, and a foot care demonstration.

SMART objectives help students know exactly what they are trying to achieve.

Letter	Meaning	Simple question

Letter	Meaning	Simple question
S	Specific	Is the goal clear and focused?
M	Measurable	Can I check the result with a score, count, percentage, or clear observation?
A	Achievable	Can this be done with the time and resources I have?
R	Relevant	Does this goal directly connect to the clinical issue?
T	Time bound	Does the objective include a clear time period?

Example of a measurable SMART objective

Topic: Improving hand hygiene compliance among nurses in a surgical ward. Objective: Increase observed hand hygiene compliance from the baseline level to the project target within four weeks through brief staff education, reminder posters, and monitoring.

Your own project target should come from your baseline data, course expectations, evidence, and clinical setting. Do not choose a number only because it sounds impressive.

General and specific objectives

The general objective states the main aim. Specific objectives break the aim into smaller parts. A foot care project may use the general objective, Improve diabetic foot care knowledge among adult patients with diabetes. Specific objectives may assess baseline knowledge, provide structured teaching, demonstrate foot inspection, and evaluate knowledge after teaching.

10. Plan Activities Step by Step

Activities are the actual tasks that make the intervention possible. Write them in the order they will happen. A clear activity list helps the student, preceptor, and faculty understand the project and prevents important steps from being missed.

Example activity sequence for patient education

1. Discuss the project plan with the preceptor.
2. Get permission from the ward in charge, preceptor, and any other person required by the hospital or college.
3. Prepare the teaching material.
4. Prepare the pretest and posttest questions if they are part of the approved plan.
5. Select participants using the approved criteria.
6. Collect baseline information.
7. Provide the teaching session.
8. Give the patient the approved teaching material.
9. Complete the posttest or other evaluation.
10. Collect feedback.
11. Record the results without patient names or private identifiers.

Example activity sequence for pain documentation

1. Review current documentation practice using an approved tool.
2. Discuss gaps with the preceptor.
3. Prepare a short teaching session for nurses.
4. Prepare or select a simple documentation checklist that fits the hospital or clinical area policy.
5. Conduct staff teaching.
6. Place the approved reminder or checklist where staff can use it.
7. Review documentation after the intervention.
8. Compare the baseline and follow up findings.
9. Share results with the preceptor and appropriate stakeholders.

11. Create a Realistic Timeline

A timeline shows when each activity will happen. It protects the student from last minute work and makes delays easier to see. Your timeline should show the activity, the responsible person, and the expected output.

Adapt the weeks to your course schedule. Confirm dates with your preceptor before implementation.

Project week	Activity	Responsible person	Expected output
Week 6	Prepare intervention plan	Student	Draft plan
Week 6	Review plan with preceptor and ward in charge	Student, preceptor, ward in charge	Feedback received
Week 7	Finalize tools and teaching material	Student	Material ready
Week 8	Carry out the intervention	Student with ward support	Intervention completed
Week 9	Collect post intervention information	Student	Evaluation data recorded
Week 10	Analyze results and prepare report	Student	Results and report draft
Week 11	Prepare final report or presentation	Student	Final draft or slides ready

- Keep the timeline realistic.
- Do not place too many major activities in one week.
- Leave extra time for permission, scheduling, and delays.
- Plan baseline data before the intervention.
- Plan evaluation after the intervention.
- Keep activities in a logical order.

12. Identify Resources Before You Start

Resources are the people, materials, time, and money needed to complete the project. A good plan identifies them before implementation begins.

Human resources

- Student
- Preceptor
- Course faculty
- Ward in charge or nursing supervisor
- Staff nurses
- Patients
- Family members
- Infection control nurse
- Nurse educator
- Quality officer

Material resources

- Pamphlets
- Posters
- Checklist forms
- Pretest and posttest forms
- Pens
- Folders
- Projector
- Laptop
- Approved hospital or national clinical guidance
- Supplies needed for the selected teaching activity

Time resources

Time is a real resource. Include time for permission, preparation, teaching, participant contact, data collection, evaluation, analysis, and report writing.

Financial resources

Most student projects should stay simple and low cost. Common costs include printing, photocopying, stationery, teaching charts, and simple reusable material. Estimate costs in Pakistani rupees and use available college or hospital resources when allowed.

13. Identify and Engage Stakeholders

Stakeholders are people who are affected by the project or can influence the project. They may give permission or guide the student. They may take part, provide resources, receive the intervention, or help the change continue.

In Pakistani clinical settings, the term ward in charge is common and matches the wording used in the original course notes. Depending on the hospital, students may also work with a nursing supervisor, nursing

superintendent, clinical instructor, infection control nurse, or medical superintendent when approval or support is required.

Stakeholder analysis helps students understand who should be involved and what each person may need.

Stakeholder	Possible role	Interest	Support needed
Patients	Receive education or care support	High	Participation and feedback
Staff nurses	Use the tool or follow the practice change	High	Cooperation and practical feedback
Ward in charge	Supports ward implementation	High	Permission and operational support
Preceptor or clinical instructor	Guides the student	High	Supervision and feedback
Faculty supervisor	Reviews academic quality	High	Academic guidance
Infection control nurse or quality officer	May provide standards, data, or expert input	Medium to high	Technical guidance when relevant
Nursing superintendent or hospital administration	May support resources or approval	Varies	Approval when required

Questions for stakeholder analysis

1. Who is affected by this problem?
2. Who can help solve it?
3. Who can give permission?
4. Who can provide resources or data?
5. Who may have concerns about the change?
6. Who will use the intervention after the project?
7. Who should receive the results?

Communicate respectfully. Explain the purpose, keep the project simple, respect staff workload, listen to concerns, and share expected benefits. In a Pakistani ward, early discussion with the preceptor and ward in charge can prevent delays in permission, scheduling, patient access, and use of teaching material.

14. Prepare a Simple Project Budget

A budget is an estimate of the money needed for the project. It helps show that the plan is realistic. Most student Evidence Based Practice projects should be affordable and should use available resources when possible.

Use actual local costs from your college, hospital, photocopy shop, or printing service. Record the amount in PKR and do not copy a sample budget as if it were your real budget.

Sample budget item	Pakistan student example

Sample budget item	Pakistan student example
Patient pamphlets	30 copies, sample cost PKR 600
Pretest and posttest forms	60 copies, sample cost PKR 300
Reminder posters	5 posters, sample cost PKR 500
Pens and markers	3 items, sample cost PKR 300
File folder	1 folder, sample cost PKR 200
Sample total	PKR 1,900. Replace this with your current local costs.

- Keep the budget simple.
- Use available hospital or college resources when allowed.
- Avoid expensive tools unless they are truly required.
- Discuss costs with your faculty or preceptor when needed.
- Keep receipts if your course or site requires them.
- State which resources were already available at no extra cost.

15. Plan Sustainability From the Beginning

Sustainability means the improvement can continue after the student project ends. A strong project leaves something useful behind. This may be an approved checklist, a patient teaching tool, a reminder, a teaching plan, a monitoring method, or staff knowledge that can be reinforced later.

Ask these questions early: What will remain after my project? Who can continue the intervention? Is the tool simple enough to use? Are resources available? Does the unit support it? Can it fit routine practice? How will the unit know if the improvement is still happening?

Simple sustainability examples

- A diabetic foot care handout remains available for discharge teaching.
- Hand hygiene reminders stay in approved locations and the unit continues periodic observation.
- A pain documentation checklist remains in the nursing station resource file.
- Fall prevention education material remains available for new patients and families.
- A nurse educator includes the teaching points in future staff education.

For sustainability in Pakistani clinical areas, education alone may not be enough. A stronger plan can leave a reusable Urdu or English teaching sheet, keep an approved checklist at the nursing station, train staff to repeat the teaching, or ask the ward in charge to continue a simple monthly observation when practical.

Key point: A sustainable intervention should be simple, useful, supported, and easy to continue.

16. Plan for Barriers Before They Happen

Students may face delays or resistance during implementation. Planning for common barriers makes the project more realistic and helps you respond calmly when something changes.

A good implementation plan includes likely barriers and practical responses.

Barrier	Practical response
Staff are busy	Keep teaching brief and choose a suitable time with the ward in charge
Patients have low reading ability	Use simple verbal teaching, pictures, and demonstration
Printing budget is limited	Use fewer copies or one approved laminated poster
Staff forget the practice	Use reminders, checklists, and feedback when supported by evidence
Private teaching space is limited	Teach at bedside or in the most private suitable area and protect confidentiality
Language is a barrier	Use simple Urdu or another local language understood by the patient when appropriate
Permission is delayed	Discuss the plan early with the preceptor and ward in charge
Shift changes affect attendance	Offer short repeat sessions at approved times when practical

17. Follow Ethical and Institutional Requirements

Even a small student project should protect patients, staff, and the clinical setting. Follow your university or college requirements, hospital rules, faculty instructions, preceptor guidance, confidentiality expectations, and any ethics or approval process required for your project.

Confidentiality

Do not place patient names, CNIC numbers, phone numbers, bed numbers, or other private identifiers in the project report. Use approved codes or deidentified data when your course and hospital allow it.

Informed participation and permission

Explain the purpose of the activity before collecting information or providing project teaching. Patients and staff should not feel forced to take part. Follow the consent or permission process required by your college, university, hospital, and faculty supervisor.

Respect

Speak politely, protect privacy, respect staff workload, and respect patient choices. Do not pressure people to participate.

No harm

The intervention should not place patients or staff at unnecessary risk. Teaching, checklists, and clinical tools must fit approved hospital practice and the student scope of learning.

Honesty

Report the results as they are. Do not change data to make the project look successful. A result that shows little improvement can still teach the team something important.

Important: This article teaches student project planning. It does not replace your university or college rules, hospital policy, professional standards, faculty instructions, or any required ethics and approval process.

18. Monitor the Intervention While It Is Happening

Monitoring means checking whether the intervention is being carried out as planned. Do not wait until the project is over to discover that a key activity never happened.

- Were teaching sessions completed?
- Did participants receive the planned material?
- Did staff attend or receive the education?
- Were approved reminders displayed?
- Was the checklist used?
- Was data collected correctly?
- Were participants able to take part?
- Did any new barriers appear?
- Is the timeline still on track?
- Does the implementation plan need an approved adjustment?

For a hand hygiene project, the student may observe practice before the intervention. The same approved tool may be used again after the intervention. The student may also check whether reminders remain in place and whether the planned teaching actually occurred.

19. Connect the Intervention to Evaluation

Evaluation asks whether the planned improvement happened. You should decide how the outcome will be measured before implementation begins. This keeps the project focused and prevents you from searching for a measure after the work is finished.

Examples of measurable outcomes

- Knowledge score before and after teaching
- Hand hygiene compliance percentage
- Number or percentage of complete documentation records
- Patient satisfaction score when appropriate and approved
- Staff feedback
- Checklist completion rate
- Number of patients who received education
- Reduction in missed care steps when the measure is appropriate

If the intervention is patient education, evaluation may use a pretest and posttest. If the intervention is a checklist, evaluation may use record review before and after checklist use. If the intervention includes reminders, evaluation may include observation and staff feedback. Choose a method that directly measures the objective.

20. Create the Final Action Plan

The action plan is the working document for implementation. Another person should be able to read it and understand the project. The plan should show what will happen, who is responsible, and when the work will occur. It should also show the needed resources, the expected outcome, and the evaluation method.

Use this structure as a template, then replace every example with information from your own approved project.

Objective	Activity	Responsible person	Timeline	Resources	Expected outcome	Evaluation method
Assess baseline knowledge	Conduct approved pretest	Student	Week 2	Questionnaire	Baseline level identified	Pretest score
Improve knowledge	Provide structured teaching and demonstration	Student	Week 3	Pamphlet in suitable language, teaching chart, demonstration items	Learners understand key foot care steps	Attendance and posttest
Reinforce learning	Provide approved patient handout	Student	Week 3	Printed pamphlet	Learners have guidance to review later	Patient feedback
Evaluate learning	Conduct posttest	Student	Week 4	Same approved questions when appropriate	Knowledge improves from baseline	Compare pretest and posttest results
Support sustainability	Leave approved master teaching resource in the ward	Student and preceptor	Week 4	Master copy	Ward staff can reuse the resource	Preceptor feedback

21. Three Complete Student Project Examples

Example 1: Hand hygiene compliance among nurses

Clinical issue: Hand hygiene compliance is not consistent during patient care. General objective: Improve hand hygiene compliance on the selected unit. Specific objectives may include assessing baseline compliance, providing brief education, using approved reminders, and evaluating compliance after the intervention.

First, get permission from the preceptor and ward in charge and prepare an observation checklist. Observe baseline practice and prepare the teaching material. Then conduct a short staff session and place approved

reminders near patient care areas. Observe practice again, compare the results, and share findings with the preceptor. Resources may include the observation tool, teaching material, current hand hygiene guidance, reminders, and stationery. Stakeholders may include staff nurses, the ward in charge, infection control nurse, preceptor, faculty, and patients. Sustainability may include leaving approved reminders in place and giving the observation checklist to the ward in charge for future monitoring.

WHO has documented hand hygiene education and patient safety work in Pakistani hospitals. This supports hand hygiene as a realistic local example for a student intervention. The exact hand hygiene process and products used in your project must still follow current hospital guidance.

Example 2: Diabetic foot care knowledge among adult patients in a medical ward

Clinical issue: Some adult patients with diabetes have limited foot care knowledge before discharge. General objective: Improve diabetic foot care knowledge in the selected medical ward. Specific objectives may include assessing baseline knowledge, providing structured education, demonstrating foot inspection, and evaluating knowledge after teaching.

Prepare an approved questionnaire and a simple patient pamphlet in English, Urdu, or another suitable local language. Get permission and select eligible patients. Conduct the pretest, teach the patient, demonstrate foot inspection, and involve one family member when appropriate. Give the pamphlet, complete the posttest, and compare knowledge scores. Resources may include the questionnaire, pamphlet, demonstration chart, pens, and a quiet corner or bedside teaching space. Stakeholders may include patients, family members, staff nurses, ward in charge, preceptor, and faculty. Sustainability may include leaving a master copy of the pamphlet in the ward for future discharge teaching.

Example 3: Pain assessment documentation among postoperative patients

Clinical issue: Pain is assessed verbally, but documentation is not always complete in postoperative patients. General objective: Improve pain assessment documentation among nurses caring for postoperative patients. Specific objectives may include reviewing current documentation, educating nurses, introducing an approved pain documentation checklist, and evaluating documentation after the intervention.

Start with a baseline patient file review and identify documentation gaps. Discuss the gaps with the preceptor and ward in charge. Prepare brief staff teaching and a simple approved checklist. Conduct the education and keep the checklist at the nursing station. Review files after the intervention and compare the results. Resources may include the file review tool, approved pain scale, teaching material, checklist, and stationery. Sustainability may include keeping the checklist in the nursing station file and continuing periodic review if the ward supports it.

22. How to Write the Intervention Section of Your Project Report

A clear intervention section should explain three things. State what you selected, why you selected it, and how you will carry it out. Use the following order unless your course gives a different format.

1. Introduction of the intervention: State the intervention clearly.
2. Justification: Explain how the need assessment and literature support the choice.
3. Objectives: Write the general objective and the specific objectives.
4. Implementation activities: Explain the steps in order.
5. Resources: State the human, material, time, and financial resources.
6. Stakeholders: Explain who is involved and how they support the project.
7. Timeline: State when major activities will happen.
8. Budget: Give the estimated or actual project cost when required.
9. Sustainability: Explain how the useful change can continue.

10. Evaluation: Explain how the expected outcome will be measured.

Simple model paragraph

Based on the need assessment and literature review, structured patient education was selected as the intervention. The assessment showed a knowledge gap related to daily self care. The teaching session will use simple approved material in English, Urdu, or another suitable local language and a short demonstration. Baseline knowledge will be measured before teaching and reviewed again after teaching. The student will work with the preceptor and ward staff to schedule the activity and protect patient privacy. A master copy of the teaching material will remain in the ward for future use if the ward in charge approves it.

23. Common Mistakes and How to Fix Them

A small, clear, well planned intervention is stronger than a large plan that cannot be completed.

Common mistake	Why it causes a problem	Better approach
The intervention does not match the cause	The project treats the wrong problem	Return to the need assessment and choose an action that addresses the real cause
Objectives are too broad	Success cannot be measured	Write a clear SMART objective
There is no timeline	Important activities are delayed	Place every major activity in a realistic sequence
Stakeholders are involved too late	Permission or cooperation may be weak	Engage the right people early
The budget is ignored	Small costs can still block implementation	Estimate printing and material costs before starting
There is no sustainability plan	The change may stop as soon as the course ends	Decide what can remain in routine practice
The outcome cannot be measured	The student cannot show whether improvement occurred	Choose the measure before implementation
The intervention is too large	The student cannot complete it within the course	Choose a small, focused, realistic project

24. Student Workshop: Build Your Plan in One Study Session

Use this learning sequence to turn your approved topic into an implementation plan. Complete one part at a time. Do not jump to the action plan table before the earlier decisions are clear.

1. Write your approved clinical issue and summarize the need assessment.
2. State the main cause that your intervention can realistically address.
3. Write one sentence explaining what the literature supports.
4. Choose the intervention.
5. Write one general objective and two or three specific SMART objectives.
6. List all implementation activities in order.
7. Place the activities into a week by week timeline.
8. List human, material, time, and financial resources.

9. Create a stakeholder analysis.
10. Estimate the budget in PKR using real local costs.
11. Write the sustainability plan.
12. Choose the evaluation method.
13. Complete the final action plan table.
14. Review the full plan with your faculty, preceptor, and ward in charge before implementation.

Study tip: Read each objective and ask, What activity proves I am doing this? Then read each activity and ask, Which objective does this support? If an activity supports no objective, you may not need it.

25. Submission Checklist for a Nursing Intervention Plan

Before you submit your Week 6 style assignment, review the full plan. Check that it includes all of the following:

- Project title
- Clinical issue
- Need assessment summary
- Literature support for the intervention
- Selected nursing theory when required by the course
- General objective
- Specific SMART objectives
- Clear description of the intervention
- Activities in order
- Realistic timeline
- Human, material, time, and financial resources
- Stakeholders and their roles
- Practical budget
- Sustainability plan
- Expected outcome
- Evaluation method
- Complete action plan table

Final check: Can another person understand your plan without extra explanation? Can the reader see what you will do, why it matters, who is involved, and when it will happen? Can the reader also see what you need, how you will measure success, and how the change may continue? If the answer is yes, your plan is becoming clear and usable.

26. Practice Exercises

Practice 1: Improve a weak objective

Topic: Fall prevention awareness among older patients in a medical ward. Weak objective: Improve fall prevention. Better direction: Name the patient group, the bedside teaching action, the expected learning outcome, and the time period. Then decide how you will measure learning.

Practice 2: Identify resources

Topic: Breastfeeding knowledge among postnatal mothers. Possible resources include a simple Urdu or English teaching pamphlet, a breastfeeding demonstration chart or model, a suitable teaching space, a pretest and posttest form, and support from a maternity ward nurse.

Practice 3: Identify stakeholders

Topic: Pressure injury prevention among bed bound patients. Possible stakeholders include patients, family attendants, staff nurses, ward in charge, preceptor, nursing supervisor, and faculty. A wound care nurse or quality officer may also help when available.

Practice 4: Write a sustainability statement

Topic: Pain assessment documentation. A simple sustainability statement can say that the approved pain documentation checklist will remain at the nursing station. The ward in charge and staff nurses may continue using it for postoperative patients, and the preceptor can review it during future monitoring.

27. Reflection Questions

1. Does my intervention directly address the clinical issue?
2. Is the intervention supported by literature?
3. Is the intervention realistic in my clinical setting?
4. Are my objectives clear and measurable?
5. Have I planned every activity in order?
6. Is my timeline realistic?
7. What resources do I need?
8. Who are my stakeholders?
9. What barriers may occur?
10. How will I protect privacy and follow my college and hospital requirements?
11. How will I measure success?
12. How can the useful change continue after my project?
13. Can I explain the entire plan clearly to my preceptor, ward in charge, and faculty?

28. Frequently Asked Questions

What is an evidence based nursing intervention?

It is a planned action used to improve a clinical issue. The choice should fit the need assessment, research evidence, theory when required, the clinical setting, and the expected outcome.

What is the difference between an intervention and an implementation plan?

The intervention is the action you plan to use. The implementation plan explains how that action will happen, including objectives, activities, timeline, resources, stakeholders, budget, and sustainability.

How many objectives should a student project have?

Follow your course directions. A common student format is one general objective with two or three specific objectives. The important point is that the objectives are clear, measurable, and realistic.

Can patient education be the only intervention?

Sometimes it can, but only when education matches the cause of the problem and the evidence supports it. If the barrier is workflow, supplies, leadership, or reminders, education alone may not solve the issue.

What makes a nursing objective SMART?

A SMART objective is specific, measurable, achievable, relevant, and time bound. It tells the reader what will improve, who is involved, and when the improvement should be checked.

What is a stakeholder in a nursing project?

A stakeholder is a person or group that is affected by the project or can influence it. In Pakistani student projects, examples include patients, family members, staff nurses, ward in charge, preceptor, faculty, nursing supervisor, infection control nurse, quality officer, and hospital administration.

What does sustainability mean in a student project?

Sustainability means the useful improvement can continue after the student leaves. The plan may include a reusable teaching tool, an approved checklist, ongoing monitoring, or staff support that fits routine workflow.

When should evaluation be planned?

Plan evaluation before implementation starts. Your objective and evaluation method should connect so you know what data to collect and when to collect it.

29. Final Summary

Designing an intervention is the point where an Evidence Based Practice project moves from ideas to action. A good intervention directly responds to the clinical issue and is supported by evidence. A good implementation plan explains the objectives, activities, timeline, resources, stakeholders, budget, and sustainability. A good action plan puts these pieces into one clear working document.

Keep the project small enough to complete well. Use SMART objectives. Plan the activities in order. Involve stakeholders early. Measure the outcome. Protect privacy. Follow your university or college and hospital requirements. Use local language and local resources when they help patients understand the intervention. Most of all, make the plan easy for another person to follow.

One sentence to remember: The best student intervention is not the biggest idea. It is the clearest evidence supported action that can be completed, measured, and continued in the real clinical setting.

References and Source Notes

The NU 641 chapter notes are the primary teaching source. The Pakistan focused sources below add current context about nursing education, professional standards, patient safety, and hand hygiene.

1. NU 641 Research Evidence Based Elective Project. Week 6 Chapter Notes: Designing Intervention. User supplied course material.
2. Pakistan Nursing and Midwifery Council. Degree Programs. https://pnmc.gov.pk/degree-programs/
3. Pakistan Nursing and Midwifery Council. Official portal, Education and Standards. https://pnmc.gov.pk/
4. World Health Organization. Nurses and midwives are critical to teaching hand hygiene in Pakistan. https://www.who.int/news-room/feature-stories/detail/nurses-and-midwives-are-critical-to-teaching-hand-hygiene-in-pakistan
5. World Health Organization Eastern Mediterranean Region. Patient Safety, Pakistan. https://www.emro.who.int/patient-safety/countries/pakistan.html
6. World Health Organization. WHO Guidelines on Hand Hygiene in Health Care. https://www.who.int/publications/i/item/9789241597906

7. World Health Organization. Pakistan country profile, WHO Results Report 2024 to 2025. https://www.who.int/about/accountability/results/who-results-report-2024-2025/country-profile/2024/Pakistan

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