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Academic-practice partnerships in evidence-based nursing practice: a scoping review protocol

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ABSTRACT

Introduction Academic-practice partnerships are a promising strategy that could strengthen the promotion and innovation of evidence-based nursing practice (EBNP). However, there is little evidence of how academic and clinical institutions and individuals should collaborate in each process of EBNP and the factors that influence academic-practice partnerships in EBNP. There is a pressing need to explore the extent of the literature on academic-practice partnerships in EBNP, as well as to classify, compare and summarise the results or opinions obtained from various types of literature to identify both existing knowledge and gaps in the research.

Methods and analysis The scoping review will be conducted following the methodological guidelines provided by the JBI. The scoping review will be reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews checklist. Seven databases, including the Cochrane Library, PubMed, Web of Science, CINAHL, EMBASE, SCOPUS, Educational Resource Information Center and two Chinese databases (ie, CNKI and WANFANG DATA), will be searched. The grey literature will also be searched using the American Association of Colleges of Nursing, American Nurses Association, Open Grey, Grey Literature Report and the official website of JBI. The literature screening and data extraction will be conducted independently by two researchers. A third researcher will be involved when a consensus is needed.

Ethics and dissemination Ethics approval is not required. The findings of the scoping review will be disseminated in a conference and a peer-reviewed journal.

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ To our knowledge, no previous scoping review has explored academic-practice partnerships in evidence-based nursing practice.
⇒ Seven databases, two Chinese databases and grey literature will be searched.
⇒ The course of this review will be informed by the JBI guidelines for scoping reviews.
⇒ We have invited knowledge users to collaborate with us to develop this protocol, and we will invite them to participate in the process of the scoping review proposed by this protocol.
⇒ This review may fail to include relevant literature that was not included in the searched databases and websites.

INTRODUCTION

Evidence-based nursing practice (EBNP) requires nurses to acquire the best evidence, and combine it with professional judgement and the patient's values and preferences, as the basis of clinical decision making.[1] EBNP bridges the gap between practice and research in nursing.[2] A solid body of evidence has shown that EBNP significantly improves the safety and effectiveness of patient care.[3–5] The importance and benefits of EBNP have also been acknowledged by nurses, nurse educators and nurse leaders.[6] However, the engagement of clinical nurses in EBNP has not been satisfactory because of several barriers (eg, lack of time, inadequate competence, lack of resources and inadequate organisational support).[7]

Academic-practice partnerships have been recognised as a potential means of overcoming many key barriers in EBNP.[8 9] The American Association of Colleges of Nursing (AACN) has recommended academic-practice partnerships as the key mechanism in advancing healthcare to strengthen the involvement of nurses in clinical practice and to prepare them to lead change.[10] The term academic-practice partnerships refers to a type of strategic relationship between educational and clinical practice settings, which can promote the mutual interests related to nursing practice, education and research by leveraging the talents and strengths of both sides.[11 12] For example, collaborations of academic organisations (eg, universities, research and/or academic institutions) and clinical organisations (eg, hospitals, community healthcare centres) are common academic-practice partnerships in nursing. In this review, we also identify collaborations of academic nurses in academic settings and

clinical nurses in clinical settings as a type of academic-practice partnership. Previous studies have confirmed the necessity and significance of academic-practice partnerships in nursing education and discipline development.[13 14] Academic-practice partnerships that enhance education and research by sharing resources and specialties can be used to develop continuing education programmes and promote the generation and application of beneficial knowledge through joint planning and cooperation.[12 15 16] Some literature also suggested that academic-practice partnerships had the potential to overcome some crucial barriers (eg, inadequate EBNP competence and training of clinical practice nurses, lack of patients and practice environments for academic nurses) to evidence-based practice by sharing resources and qualified personnel in clinical and academic settings.[8 9 17]

However, there is still a lack of sufficient and reliable evidence that supports the benefits of academic-practice partnerships in EBNP. Further high-quality experimental studies are needed to test the benefits of academic-practice partnerships for EBNP.[3] To develop evidence-based interventions in experimental studies, a clear identification of specific collaboration models and processes, key elements and influencing factors of academic-practice partnerships in EBNP is necessary.[18] Furthermore, this information could provide a basis for the theoretical development of academic-practice partnerships in EBNP.[19] Related theories, models and frameworks could provide theoretical guidance for the future practice of academic-practice partnerships in the context of EBNP.[20]

We systematically searched the PubMed database to find published systematic reviews focusing on academic-practice partnerships in nursing, based on the following search terms: “academic-clinical”, “academic-practice”, “academic-service”, nurs*, review. This search yielded seven reviews that focused on academic-practice partnerships in nursing. These reviews discussed the benefits, models, processes, structures and influencing factors in academic-practice partnerships in nursing education and/or research.[11 15 17 21–23] However, there is a lack of reviews on academic-practice partnerships from the perspective of EBNP. Little information is also available on the definition, specific practice models, processes, elements and influencing factors of academic-practice partnerships in EBNP. Therefore, a full review of the existing literature on this topic (ie, academic-practice partnerships in EBNP) is necessary. The findings could provide the foundation for theoretical development, intervention development and practice of academic-practice partnerships in EBNP.[15] Therefore, the purpose of this scoping review is to explore the literature on academic-practice partnerships in EBNP and to classify, compare and summarise the results or opinions obtained from various types of literature to identify the existing knowledge and gaps in the research.

METHODS AND ANALYSIS

Aims

The overall aim of this scoping review is to provide an overview of the extent of the research available, the existing knowledge about and the gaps in academic-practice partnerships in EBNP. We will apply the scoping review method, which is useful in synthesising research evidence and mapping the existing literature in a specific area, as the appropriate method for this study.[24]

Research questions

RQ1: What is the distribution (eg, country, setting) and types of evidence (eg, experimental study, quasi-experimental study, cross-sectional study or discursive paper) on academic-practice partnerships in EBNP?

RQ2: How have academic-practice partnerships in EBNP been defined in the literature?

RQ3: How do academic-practice partnerships in EBNP occur in nursing research, education and practice areas?

RQ4: What determinants, facilitators and barriers to academic-practice partnerships in EBNP are reported in the literature?

Methodology

This scoping review will be informed by the JBI guidelines for scoping reviews.[25] The scoping review will be reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews checklist.[26] The protocol for this scoping review was registered on the Open Science Framework (OSF) (osf.io/a2uht) on 2 May 2022.

Inclusion criteria

Sample populations and participants

The literature on nursing personnel (eg, nursing executives, head nurses, bedside nurses, academic staff and nursing students) in any nursing area (eg, academic institutions, clinical settings) will be eligible for inclusion. We will include nurses who have a nurse’s licence, provide medical care to patients and offer support to physicians and other medical professionals. Certified nursing assistants will be excluded. However, regarding the literature on academic-practice partnerships from organisational and/or strategic-level perspectives and not involving specific population/participants, there will be no limitations on sample populations and participants.

Concept

This scoping review will include sources of evidence that include information relevant to academic-practice partnerships. We defined academic-practice partnerships as a type of strategic relationship between educational and clinical practice settings, which can promote the mutual interests of both sides. We do not limit the type of the academic-practice partnerships. The literature on formal and informal collaborations between academic and clinical settings and between academic and clinical nursing personnel will be eligible for inclusion.

Context

International literature that focuses on academic-practice partnerships of the specific process in EBNP (eg, evidence systhesis, evidence dissemination, evidence utilization) will be eligible for inclusion in this scoping review.

Sources of evidence

We will include original research, discursive papers, letters to editors and editorials or commentary articles. Regarding protocols for planned studies, abstracts or posters of which the full texts are not available online, we will try to contact the authors, but reviews (eg, systematic reviews and narrative reviews) will be excluded. There will be no limitation regarding the publication year and language.

Search strategy

The search strategy will be applied from the inception of the database to the date of the search. Evidence-based, academic-practice partnership and nursing will be key terms used in the literature search. Medical Subject Headings (MeSH) and keywords related to these key terms will be included in the search strategy. The MeSH terms "evidence-based practice", "evidence-based nursing", "nursing" and "nurses" will be used. Other related keywords (eg, "evidence-based", "based on evidence", "academic-clinical", "academic-practice", "academic-service", "clinical education model*". "cooperat*" and "partnership*") will also be used in the literature search. There will be no restriction on language or published date. We will use the same three-step strategy recommended for standard JBI systematic reviews. The first step will be to conduct an initial, limited search of two selected relevant databases, and then analyse the keywords, phrases contained in the titles and abstracts of the retrieved articles, as well as the index terms used to describe the articles. Then, a second comprehensive search of all databases will be performed based on the keywords and index terms identified in the first search. In the final step, we will search for references to all identified literature to find other eligible literature.[27] Table 1 shows an example of the full search strategy in PubMed.

Information sources

We will perform a comprehensive search of the following electronic databases and grey literature sources: Cochrane Library, PubMed, Web of Science, CINAHL (EBSCO), EMBASE (Ovid), SCOPUS (Ovid), Educational Resource Information Centre (EBSCO) and Chinese databases CNKI and WANFANG DATA. The AACN (https://www.aacnnursing.org/), American Nurses Association (https://www.nursingworld.org/), Open Grey (www.opengrey.eu), Grey Literature Report (www.greylit.org) and JBI (https://jbi.global/) official website will be searched for grey literature. Keywords and phrases identified in the published literature will be used.

Literature selection

We will use the EndNote X20 library (Clarivate Analytics, USA) to manage the literature review.[28] Two independent reviewers (XH and ZL) will conduct a literature screening using prespecified criteria. All literature will be input into EndNote. Duplicates will be identified by the software and removed electronically, followed by manual

Table 1 Example of a search performed in PubMed

	Search
#1	Evidence-Based Practice(MeSH Major Topic:noexp)
#2	Evidence-Based Nursing(MeSH Major Topic:noexp)
#3	"Evidence-based"(Title/Abstract)OR "based on evidence"(Title/Abstract)
#4	#1 OR #2 OR #3
#5	Academic clinical(Title/Abstract)OR clinical academic(Title/Abstract)OR academic practice(Title/Abstract)OR practice academic(Title/Abstract)OR academic service(Title/Abstract)OR service academic(Title/Abstract)OR academic community(Title/Abstract)OR community academic(Title/Abstract)OR community university(Title/Abstract)OR university community(Title/Abstract)OR community institutional(Title/Abstract)OR institutional community(Title/Abstract)OR community research(Title/Abstract)OR research community(Title/Abstract)OR research clinical(Title/Abstract)OR clinical research(Title/Abstract)OR college hospital(Title/Abstract)OR hospital college(Title/Abstract) OR education practice(Title/Abstract)OR practice education(Title/Abstract)OR clinical education model*(Title/Abstract)OR clinical practice education model*(Title/Abstract)OR asp model*(Title/Abstract)OR ASPs(Title/Abstract)OR APPs(Title/Abstract)OR ACPs(Title/Abstract)OR ASLNPs(Title/Abstract)OR Partnership*(Title/Abstract)OR collabor*(Title/Abstract)OR cooperat*(Title/Abstract)
#6	Nurses(MeSH Major Topic:noexp)
#7	Nursing(MeSH Major Topic:noexp)
#8	Nurs*(All Fields)
#9	EN(Title/Abstract)OR RN(Title/Abstract)OR LPN(Title/Abstract)OR LVN(Title/Abstract)
#10	#6 OR #7 OR #8 OR #9
#11	#4 AND #5 AND #10

screening. The remaining results will then be imported into the Covidence online software for screening.[29]

We will conduct a pilot screening of titles, abstracts and full texts to improve the quality and consistency of the literature selection. Our pilot screen will follow the framework proposed in the JBI manual for evidence synthesis.[30] First, two reviewers (XH and ZL) will conduct screening for a random sample of titles and abstracts of 25 articles. After the screening, two reviewers (XH and ZL) and a third reviewer (QC) will discuss the results to achieve agreement. The eligibility criteria will be further revised if any discrepancies are found due to confusion in these criteria. We will begin the piloting screen of full texts when 75% or higher agreement in the piloting of the title and abstract screening is achieved. We will then use 15 articles that meet the eligibility criteria in the title and abstract pilot screening to conduct the pilot full-text screening. The pilot full-text screening will be the same as that of the pilot title and abstract screening. After agreement of 75% or higher is achieved, we will conduct the formal screening of titles, abstracts and full texts. According to the eligibility criteria, two independent researchers (XH and ZL) will independently screen the titles and abstracts of all the articles. Then the articles that remain after the titles and abstracts are screened will be further screened through full-text review by the two independent reviewers (XH and ZL). If the full text is not available online or through contact with the authors, these articles will be excluded. Any discrepancy will be resolved by the third reviewer (QC). It should be noted that we have piloted the title, abstract and full-text screening to refine the eligibility criteria proposed in this protocol.

Data extraction

We will use a standardised data extraction tool to chart detailed information that is included in this scoping review (see online supplemental material tables S1–S3). Moreover, we will pilot the data extraction to maximise consistency and the likelihood that the relevant results will be sufficiently identified and detailed for the purposes of this scoping review. Two researchers (XH and ZL) will conduct the data extraction independently. A third researcher (QC) and four knowledge users (ie, two clinical nurses from hospitals and two academic nurses from universities with experience in academic-practice partnerships in EBNP) will review the results of the data extraction conducted by two researchers (XH and ZL). They will then propose and discuss any discrepancies in data extraction to reach a consensus.

To address the research question, information gleaned from the literature included in the review will be collected and charted. We will extract detailed characteristic information on the original research as follows (see online supplemental table S1): author, year, country, research area, study goal/objectives, study design, study/target population, study setting, sample size, data collection methods/instruments, data analysis methods, main findings and conclusions. For other types of literature (ie, discursive papers, letters to editors, editorials and/or commentaries), we will extract information (see online supplemental table S2), including author, year, country, type of literature, population focused on, focus area, setting/context, stated allegiance/position, conclusion illustration from text or page number and reviewer's conclusion. The elements of academic-practice partnerships models will also be extracted from the literature (see online supplemental table S3), such as the definition of academic-practice partnerships, type of collaboration/collaboration model, structure of academic-practice partnerships, duration, model/framework, type of collaboration personnel, academic-practice partnerships determinants, academic-practice partnerships facilitators, academic-practice partnerships barriers, evaluation of APPs. Two researchers (XH and ZL) will extract data independently from all eligible literature using data extraction tables. Online supplemental table S1–S3 show the relationships between the research questions and the extracted contents. In the review process, we will modify and update the data extraction form, which will be presented and explained in the final full review.

Critical appraisal of individual sources of evidence

The scoping review provides an overview of the available evidence, regardless of its quality.[24] Considering that little is known about our research topic, the purpose of this scoping review is to map evidence of academic-practice partnerships in EBNP. Hence, we will not search for the best evidence to answer specific questions related to the effectiveness of academic-practice partnerships in EBNP. Therefore, the quality of the included studies will not be evaluated in this study.[24 26]

Synthesis and presentation of the results

The results of the scoping review will be presented in table form. Both quantitative and qualitative results will be summarised in the text using the narrative method. The results will be summarised quantitatively through simple frequency counts to answer RQ1. They will be summarised qualitatively using the descriptive content analysis method to answer RQ2, RQ3 and RQ4.[31] These tables will provide details on how the results match the goal and research objectives of this scoping review.

Patient and public involvement

We have included knowledge users for developing this protocol and will include knowledge users to conduct our scoping review. The knowledge users involved in our review are two clinical nurses from hospitals and two academic nurses from universities, all of whom have the experience of academic-practice partnerships in EBNP. They have been involved in defining and aligning the study objectives and research questions, developing and aligning the inclusion criteria with the objective/s and question/s and developing search strategies and data extraction forms. They will also participate in data extraction checks and presentation of the evidence in

our scoping review.[32] Furthermore, the knowledge users will assist in presenting key information and the practical implications of the results of the scoping review.[24]

Ethics and dissemination

This study does not involve human participants or unpublished secondhand data. Therefore, it is not necessary to obtain the approval of the Human Research Ethics Committee. The findings of the scoping review will be disseminated in a conference and a peer-reviewed journal.

Contributors The conceptualisation, study concept and design, original draft writing, reviewing and editing were conducted by QC and XH. The reviewing and editing of intellectual content were conducted by QC, HW, MV and ST. QC, XH and ZL were responsible for the methodology, and QC was in charge of the funding acquisition.

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Competing interests None declared.

Patient and public involvement Patients and/or the public were involved in the design, or conduct, or reporting, or dissemination plans of this research. Refer to the 'Methods' section for further details.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

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REFERENCES

1 Dagne AH, Beshah MH. Implementation of evidence-based practice: the experience of nurses and midwives. *PLoS One* 2021;16:e0256600.
2 Crable J, Highfield MEF, Patmon F. Evidence-Based practice knowledge, attitudes, practices, and barriers. *Nursing* 2021;51:58–65.
3 Storey S, Wagnes L, LaMothe J, *et al*. Building evidence-based nursing practice capacity in a large statewide health system: a multimodal approach. *J Nurs Adm* 2019;49:208–14.
4 Im E-O, Kong E-H. What is the status quo of evidence-based community health nursing? *Res Theory Nurs Pract* 2017;31:156–78.
5 Wakibi S, Ferguson L, Berry L, *et al*. Teaching evidence-based nursing practice to student nurses in developing countries: strategies for novice nurse educators. *Int J Nurs Educ Scholarsh* 2020;17. doi:10.1515/ijnes-2019-0042. [Epub ahead of print: 17 Aug 2020].
6 Wakibi S, Ferguson L, Berry L, *et al*. Teaching evidence-based nursing practice: a systematic review and convergent qualitative synthesis. *J Prof Nurs* 2021;37:135–48.
7 Mathieson A, Grande G, Luker K. Strategies, facilitators and barriers to implementation of evidence-based practice in community nursing: a systematic mixed-studies review and qualitative synthesis. *Prim Health Care Res Dev* 2019;20:e6.
8 Smith AB, Baker KA, Weeks SM. Long-Term outcomes of a collaborative regional evidence-based practice fellowship. *J Nurs Adm* 2021;51:455–60.
9 Bowles W, Buck J, Brinkman B, *et al*. Academic-clinical nursing partnership use an evidence-based practice model. *J Clin Nurs* 2022;31:335–46.
10 American Association of Colleges of Nursing. Guiding principles for Academic-Practice partnerships, 2012. Available: https://www.aacnnursing.org/Academic-Practice-Partnerships/The-Guiding-Principles
11 Markaki A, Prajankett O-O, Shorten A, *et al*. Academic service-learning nursing partnerships in the Americas: a scoping review. *BMC Nurs* 2021;20:179.
12 Gursoy E. Partnership between academic nursing and clinical practice: a qualitative study. *J Pak Med Assoc* 2020;70:1–601.
13 Hinic K, Kowalski MO, Silverstein W. Professor in residence: an innovative Academic-Practice partnership. *J Contin Educ Nurs* 2017;48:552–6.
14 Harbman P, Bryant-Lukosius D, Martin-Misener R, *et al*. Partners in research: building academic-practice partnerships to educate and mentor advanced practice nurses. *J Eval Clin Pract* 2017;23:382–90.
15 Baptiste D-L, Whalen M, Goodwin M. Approaches for establishing and sustaining clinical academic partnerships: a discursive review. *J Clin Nurs* 2022;31:329–34.
16 Sadeghnezhad M, Heshmati Nabavi F, Najafi F, *et al*. Mutual benefits in academic-service partnership: an integrative review. *Nurse Educ Today* 2018;68:78–85.
17 Beal JA. Academic-service partnerships in nursing: an integrative review. *Nurs Res Pract* 2012;2012:1–9.
18 Missal B, Schafer BK, Halm MA, *et al*. A university and health care organization partnership to prepare nurses for evidence-based practice. *J Nurs Educ* 2010;49:456–61.
19 Duffy JR, Culp S, Sand-Jecklin K, *et al*. Nurses' research capacity, use of evidence, and research productivity in acute care: year 1 findings from a partnership study. *J Nurs Adm* 2016;46:12–17.
20 Springer PJ, Corbett C, Davis N. Enhancing evidence-based practice through collaboration. *J Nurs Adm* 2006;36:534–7.
21 De Geest S, Dobbels F, Schönfeld S, *et al*. Academic service partnerships: what do we learn from around the globe? A systematic literature review. *Nurs Outlook* 2013;61:447–57.
22 Nabavi FH, Vanaki Z, Mohammadi E. Systematic review: process of forming academic service partnerships to reform clinical education. *West J Nurs Res* 2012;34:118–41.
23 Pedregosa S, Fabrellas N, Risco E, *et al*. Effective academic-practice partnership models in nursing students' clinical placement: a systematic literature review. *Nurse Educ Today* 2020;95:104582.
24 Peters MDJ, Godfrey CM, Khalil H, *et al*. Guidance for conducting systematic scoping reviews. *Int J Evid Based Healthc* 2015;13:141–6.
25 Peters MDJ GC, McInerney P, Munn Z. Chapter 11: Scoping Reviews (2020 version). In: Aromataris E, Munn Z, eds. JBI Manual for Evidence Synthesis, 2020.
26 Tricco AC, Lillie E, Zarin W, *et al*. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med* 2018;169:467–73.
27 Aromataris E, Riitano D. Constructing a search strategy and searching for evidence. A guide to the literature search for a systematic review. *Am J Nurs* 2014;114:49–56.
28 Bramer WM, Giustini D, de Jonge GB, *et al*. De-duplication of database search results for systematic reviews in endnote. *J Med Libr Assoc* 2016;104:240–3.
29 Innovation VH. Covidence systematic review software, 2021. Available: https://www.covidence.org/
30 Aromataris E MZE. JBI. In: *JBI manual for evidence synthesis*, 2020.
31 Elo S, Kyngäs H. The qualitative content analysis process. *J Adv Nurs* 2008;62:107–15.
32 Pollock D, Alexander L, Munn Z, *et al*. Moving from consultation to co-creation with knowledge users in scoping reviews: guidance from the JBI scoping review methodology group. *JBI Evid Synth* 2022;20:969–79.

Table S1. Characteristics of the included original studies

	Author Year Country [a]	Research area [b]	Study goal/objectives	Study design [a]	Study/Target population	Study setting [a]	Sample size	Data collection methods/instruments	Data analysis methods	Main findings [a]	Conclusions
1											
2											
3											

Note:

[a] These items (Country, Study design, Study setting, Main findings) and Type of literature in Table S2 could collect data for answering research question (1) How about the distribution (e.g., country, setting) and types of evidence (e.g., experimental study, quasi-experimental study, cross-sectional study, discursive paper) about academic-practice partnerships in EBNP?

[b] Research area: EBNP-related research, EBNP-related education, EBNP-related practice.

Table S2. Characteristics of the included text and opinion literature

	Author Year Country [a]	Type of literature [a]	Population focused on	Focus Area [b]	Setting/Context (may be clinical, cultural, or geographical) [c]	Stated allegiance /position [d]	Conclusion illustration from text & page no. [e]	Reviewer's conclusion [f]	Notes
1									
2									
3									

Note:

[a] Type of literature (i.e., discursive paper, letter to editors, editorial or commentary article). Country, Study design, Study setting, and Main findings in Table S1 and Country and Type of literature in Table S2 could collect data for answering research question (1) How about the distribution (e.g., country, setting) and types of evidence (e.g., experimental study, quasi-experimental study, cross-sectional study, discursive paper) about academic-practice partnerships in EBNP?

[b] Focus area: To whom the paper refers or relates.

[c] Setting/Context: Setting is the specific location where the opinion was written, for example, a nursing home, a hospital or a dementia specific ward in a sub-acute hospital; The geographical context is the location of the author(s); The cultural context is the cultural features in the publication setting, such as, time period; ethnic groupings; age groupings.

[d] Stated allegiance/position: A short statement from the expert voice summarizing the main thrust of the publication.

[e] Conclusion illustration from text & page no: Use this field to describe the main finding/s of the publication.

[f] Reviewer's conclusion: Use this field to summarize the strengths and weaknesses of the paper.

Reference for this table: Aromataris E, Munn Z (Editors). JBI Manual for Evidence Synthesis. JBI, 2020. Available from https://synthesismanual.jbi.global. https://doi.org/10.46658/JBIMES-20-01

Table S3. Specific information on academic-practice partnerships (APPs) in EBNP of eligible literature

	Author Year Country	Definition of APPs [a]	Type of collaboration/Collaboration model [b,c]	Structure of APPs [b]	Duration [b]	Model/ Framework [b]	Type of collaboration personnel [b]	APPs determinants [b]	APPs facilitators [d]	APPs barriers [d]	Evaluation of APPs [d]
1											
2											
3											

Note:

[a] Definition of APPs could collect data for answering research question (2) How academic-practice partnerships in EBNP have been defined in the literature?

[b] These variables could collect data for answering research question (3) How academic-practice partnerships in EBNP occurs in research, education, and practice areas?

[c] Type of collaboration/Collaboration model: formal or unformal, implicit or explicit.

[d] These variables could collect data for answering research question (4) What are the facilitators and barriers of academic-practice partnerships in EBNP reported in the literature?