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Letter to Editor

Clinical feasibility notes: bringing implementation considerations into evidence-based medical education

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Medical education has long emphasized Evidence-Based Medicine (EBM) and critical appraisal skills, equipping learners to assess study quality and the strength of clinical evidence [1, 2]. However, comparatively less attention has been devoted to teaching implementation feasibility, that is, whether evidence can realistically be translated into routine clinical practice within a given healthcare setting [2, 3]. Consequently, implementation feasibility is not routinely considered alongside methodological appraisal in evidence-based medical education, even though contextual and practical factors can substantially influence the translation of evidence into practice [2–4]. The importance of implementation feasibility extends beyond methodological appraisal because successful adoption of evidence also depends on contextual factors that may not be fully captured in conventional research reports. Infrastructure, workforce expertise, institutional support, resource availability, and local healthcare context all influence whether an intervention can be implemented safely and effectively in routine practice. Consequently, clinicians and learners may recognize that an intervention is supported by high-quality evidence while remaining uncertain about whether it is realistically applicable within their own clinical settings. This gap may pose challenges for healthcare delivery while also representing a missed educational opportunity [3–6]. To help address this educational need, we propose that medical journals introduce a standardized 'Clinical Feasibility Note' as a brief, structured section accompanying original research articles. Rather than focusing exclusively on methodological quality during evidence appraisal, this feature would encourage readers to also consider the practical requirements for implementing an intervention in routine clinical practice. A Clinical Feasibility Note is intended as an educational tool that prompts readers to consider implementation-related requirements and contextual constraints while appraising published evidence. In doing so, it encourages learners to integrate methodological validity with judgments about real-world applicability [2, 3, 5, 6]. A Clinical Feasibility Note could be presented immediately below the abstract as a concise, structured box, similar to existing "Key Points" sections. It would briefly summarize implementation-relevant information, such as minimum infrastructure requirements, training needs, resource dependency, anticipated learning curve, and important real-world limitations. By providing this information at the point of article consumption, the note could help students, trainees, and clinicians interpret published evidence within the context of their own healthcare settings and make more informed judgments about its practical applicability. Importantly, the proposed Clinical

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Feasibility Note is not intended to replace existing reporting guidelines or implementation frameworks, but rather to complement them by providing a concise, reader-oriented summary of implementation considerations at the point of evidence appraisal. Future research should evaluate whether incorporating Clinical Feasibility Notes into scientific publications improves learners' understanding of implementation feasibility, enhances evidence appraisal skills, and facilitates the translation of research findings into routine clinical practice [2, 3, 6]. Pilot implementation by selected medical journals could provide an initial opportunity to evaluate its feasibility and educational value. As medical education continues to prepare clinicians for evidence-informed practice, it should also prepare them to evaluate whether evidence can be implemented within the realities of everyday healthcare.

Integrating implementation feasibility into evidence appraisal represents an opportunity to strengthen evidence-based medical education by extending critical appraisal beyond methodological quality. By encouraging readers to consider practical applicability alongside scientific validity, Clinical Feasibility Notes may help narrow the gap between published evidence, medical education, and routine clinical practice.

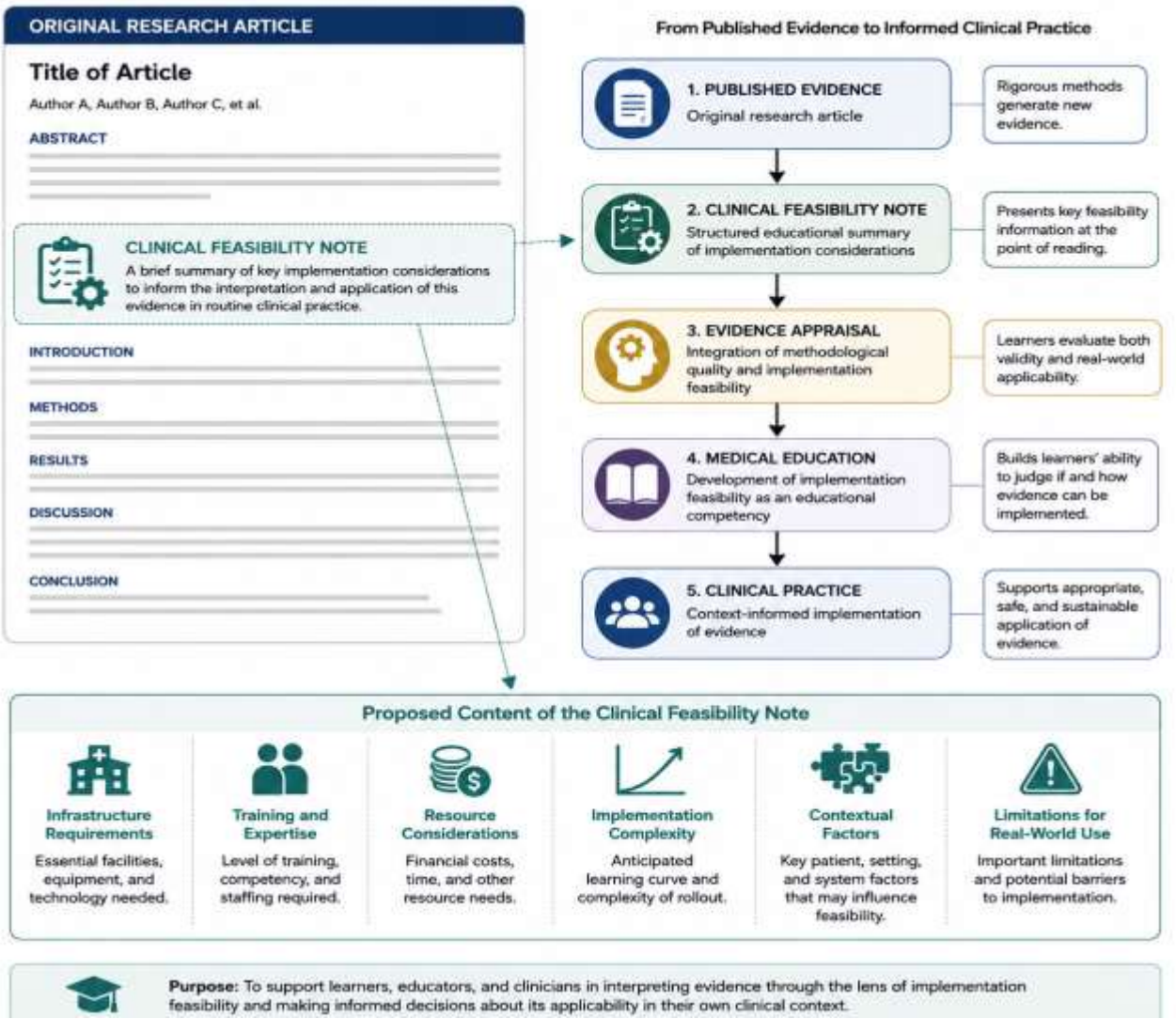

Figure 1. Proposed placement, educational role, and content of the Clinical Feasibility

Note: The proposed note is positioned immediately below the abstract as a concise, structured summary of implementation-relevant information accompanying original research articles. It supports implementation-oriented evidence appraisal by integrating methodological validity with practical feasibility. The lower panel outlines the proposed core components, including infrastructure requirements, training and expertise, resource considerations, implementation complexity, contextual factors, and real-world limitations.

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Ethical considerations
Not applicable.

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Author contributions
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