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Summary

This report describes the process and outcomes of the development of 7 Regional VET Excellence Hubs (RVEH), and the training and upskilling of healthcare students and professionals by regional and interregional learning activities.

To get an overview of the ideas of partners regarding their dream Regional VET Excellence Hubs a creative workshop was conducting during the partner meeting in Ljubljana (Slovenia) in February 2023. Each regional hub provided ideas about their dream RVEH, including purpose, process, results, and challenges. A second workshop for WP5 was conducted during the partner meeting in Bergen (Norway), in June 2023. Each region started the stakeholder analysis for their regional health ecosystem and identified key individuals and organizations that may have an interest in the regional hub or be impacted by its activities. During the partner meeting in Lubeck (Germany), in December 2023, partners from 7 European regions were asked to prepare a testing and implementation plan, including mission, goals, strategy and concrete actions for each of the Regional VET Excellence hubs. The fourth workshop was organized during the partner meeting in Enschede (the Netherlands) in June 2024. Partners from 7 European regions within the EUVECA project were asked to prepare a poster per region, describing purpose, people, process and product of the RVEH. The fifth workshop was organized during the online partner meeting, in November 2024. Partners of the 7 European regions were asked to provide input regarding testing of learning activities. The sixth workshop took place during the partner meeting in Valencia (Spain), in March 2025. This workshop focused on the activities carried out within the 7 RVEH together with stakeholders. The seventh workshop took place during the partner meeting in Trento (Italy), in October 2025. The workshop focused on learning and reflection. Regional partners were asked to critical reflect on process and outcomes of setting up the Regional VET Excellence Hubs in mixed groups by using reflection cards.

Across the seven participating countries, the establishment of Regional VET Excellence Hubs followed a predominantly collaborative, multi-stakeholder and context-sensitive strategic process. All hubs were built on existing regional ecosystems rather than created as standalone structures, reflecting a shared understanding that sustainable vocational excellence in healthcare requires alignment with established educational, healthcare, innovation, and governance structures. A bottom-up approach was central in most regions, with stakeholders actively involved in identifying regional competence needs, strategic priorities, and thematic focus areas. Educational institutions, healthcare providers (hospitals, municipalities, care organisations), public authorities, innovation actors, and professional bodies were consistently represented. Several regions complemented this with a top-down mandate or political coordination to ensure legitimacy, alignment with regional or national strategies, and long-term embedding. Strategic priorities converged around common themes: strengthening interprofessional collaboration, improving coherence between education and practice, addressing workforce shortages, and preparing professionals for digitalisation, technological innovation, and future skills. Governance models varied, ranging from steering committees and formal agreements to flexible network-based coordination, but all aimed to balance inclusiveness with decision-making capacity. Overall, the strategic processes demonstrate a shared commitment to co-creation, cross-sectoral collaboration, and responsiveness to regional needs, while recognising that clarity of roles, governance, and managerial support is essential for effective implementation and sustainability.

Implementation across the seven RVEH was characterised by iterative development, experimentation, and continuous stakeholder engagement. Rather than linear rollout, hubs adopted a phased approach combining pilot activities, testing of learning formats, regular meetings, and reflection cycles to refine both content and collaboration models. Key implementation activities included co-creation workshops, network

meetings, and thematic working groups, often bringing together education providers, healthcare organisations, policymakers, and innovation actors. Learning activities were developed and tested in diverse settings, such as vocational and higher education programmes, hospitals, municipal services, simulation centres, and online platforms. Simulation-based learning, interdisciplinary training, digital health modules, and future skills development featured prominently across regions. Communication and dissemination played a critical role in implementation. Hubs used a mix of newsletters, social media, conferences, workshops, and professional events to raise awareness, share results, and attract engagement. Several regions actively linked regional implementation to European platforms and networks, supporting international exchange and mutual learning. Common implementation challenges emerged, including limited time and capacity of professionals, difficulties embedding activities into existing curricula or mandatory training structures, platform-related barriers, and constraints related to funding and regulation. These challenges were addressed through flexible participation models, alignment with existing initiatives, and efforts to secure stronger managerial or institutional support. Sustainability was approached through embedding activities into existing networks, strengthening long-term partnerships, developing governance and action plans, and exploring follow-up funding opportunities. While levels of formalisation differed, all hubs demonstrated progress toward becoming durable platforms for cooperation, innovation, and competence development, capable of continuing beyond the project lifecycle.

During the testing phase, from November 2024 till December 2025, in total 957 professionals, students, and teachers across all seven regional hubs received training and education. These activities included both interregional and regional learning activities. Differences were observed in the testing of learning activities and training and upskilling of health care students and professionals across countries. Most countries mainly tested learning activities that they had been directly involved in developing. For example, Slovenia and Norway primarily tested simulation training, Germany focused on AI and VR activities, and the Netherlands on V-model, sustainable healthcare and planetary health. Denmark tested a wide variety of learning activities. The regional reports were analysed to identify the key factors that promote or limit successful collaboration and implementation of activities across seven Regional VET Hubs. Understanding these cross-hub dynamics is essential for developing targeted strategies that enhance stakeholder engagement, ensure sustainable integration, and accelerate innovation in healthcare education. Main facilitating factors included the alignment with regional ecosystems and existing strategies, active stakeholder engagement, visibility and accessibility of Regional VET Excellence Hubs. Barriers were related to the accessibility and usability of the Edu4Health platform, limited institutional affiliation and unclear mandates, complex governance across institutions and sectors, time and workload pressures, limited financial and human resources, and difficulties embedding activities in curricula and recruitment structures.

Recommendations can be summarized as:

- Invest in strong ecosystems: Build on existing partnerships and strengthen connections between education, research, healthcare providers, and policymakers.
- Place the learner at the centre: Use needs-based assessments, flexible learning pathways, and interdisciplinary formats tailored to different target groups.
- Support adaptive lifelong learning: Empower professionals to continuously adapt to emerging technologies and changing care demands.
- Create spaces for cocreation: Combine bottom-up innovation with supportive top-down structures to ensure sustainability and scale.
- Use platforms wisely: Avoid reinventing the wheel, but continuously validate usability, relevance, and alignment with existing systems.

1 Introduction

This report describes the establishment of 7 Regional VET Excellence Hubs (RVEH), including the development of activities among the regional partners in the hub, and the testing of regional and interregional learning and training activities through collaboration within the Education4Health Platform (E4HP), aimed at training and upskilling healthcare students and professionals.

Workpackage 5 (WP5) focused on testing and implementation and was linked to the specific objectives and deliverables from WP3 and WP4, and its objective was to implement the 7 Regional Vocational Excellence Hubs and test the training activities that were made available through the European Vocational Excellence Platform.

During WP5, the regional partnerships used the principles from the RVEH governance model to start working with the regional stakeholders and set up the regional excellence hubs (CoVEs). Concrete activities were created between the regional stakeholders establishing good examples of regional collaboration within VET that were used in WP6 to create good practice stories for inspiration. WP5 was also used to test the interregional training activities developed in WP4, as well as the functioning of the European Vocational Excellence Platform. These evaluation experiences and results were used to finetune the governance models, evaluate the training activities and the functioning of the European Vocational Excellence Platform called Education4Health Platform.

This report consists of different chapters:

- Chapter 2 presents the method section with a roadmap and an overview of the WP5 workshops organised during the different partner meetings.
- Chapter 3 describes the strategic and implementation processes of setting up the 7 Regional VET Excellence Hubs and regional and interregional testing activities carried out within the RVEH in collaboration with stakeholders. A summary is provided regarding the trained and upskilled health care students and professionals. Furthermore, this chapter describes promoting factors and barriers experienced by regional partners during the testing and implementation phase.
- Chapter 4 presents the conclusions and recommendations, which serve as input for policy development, sustainability strategies and the business plan.

In the appendices, formats from the workshops and regional implementation reports of each of the 7 Regional VET Excellence Hubs are included.

2 Methods

A roadmap was developed describing different phases for setting up the Regional VET excellence hubs in each of the 7 participating regions and to develop, test and propose, regional and interregional activities through the EPVE.

Identified phases for testing and implementation were:

- Determining local ideas of the Regional VET Excellence Hubs
- Creating stakeholder overview per Regional VET Excellence Hub
- Developing mission, strategy and workplans for Regional VET Excellence Hubs
- Recruitment of healthcare students and/or professionals to participate in (inter)regional activities
- Executing regional and interregional teaching and learning activities
- Carry out evaluation and gather feedback
- Elaborate regional implementation reports
- Elaborate European implementation report

During each of the EUVECA partner meetings, workshops were organised focussing on different topics, to ensure that partners were engaged, learn across and within the regional hubs. In the next paragraphs a description of the workshops will be provided, including some pictures of the different workshops. There was a close collaboration between WP5 and WP8, to ensure that evaluation and development go hand in hand.

2.1 Workshop 1: Development of Regional Vocational Excellence Hubs

Setting up Regional Vocational Excellence Hubs (RVEH) in 7 EU-countries participating in the EUVECA project is one of the main goals of work package 5. These RVEH must support the implementation of the regional innovation and change agendas, through regional coordination and focus on health education and vocational excellence training.

To get an overview of the ideas of partners regarding their dream Regional Vocation Excellence Hubs a creative workshop was conducting during the partner meeting in Ljubljana (Slovenia) in February 2023. During this first workshop, each regional hub provided ideas about their dream RVEH, including purpose, process, results, and challenges (Appendix 1). For the workshop the golden circle of Sinek has been used (Sinek, 2009). This circle consists of 3 elements:

- *Why*: focusing on the purpose of the hub;
- *How*: focusing on the process to create, test and implement the hub;
- *What*: focusing on the results of the hub.

Each region had to prepare a 1-minute elevator pitch about their dream Regional VET Excellence Hub. Regional groups were asked to support their pitch by 1 image / creation, using creative materials which were available during the workshop like coloured papers, pencils, Lego etc. A separate workshop was prepared for the Pan European partners, i.e. EHMA, ESNO and ECHA alliance (now Global Health Connector). The question for this group was to discuss which input they needed from WP5, regarding good practices and case studies.

Purpose

The regional partners agreed that the main purpose of the RVEH is to facilitate connections between stakeholders in the regional health eco-system setting VET in health on the regional agenda. By bringing together stakeholders who are facing similar challenges regarding VET and health workforce issues, the RVEHs can help foster collaboration and innovation, ultimately leading to a more sustainable healthcare sector.

Connection, innovation and education for a sustainable healthcare were mentioned as main purposes of the RVEHs. Connection was mentioned because regions are facing the same challenges and problems. Regions can learn from each other by sharing knowledge, experiences and solutions. The collaboration with stakeholders in the region were mentioned as important factor in developing RVEHs. The RVEH could be a place for innovation, to generate ideas regarding educating future proof professionals for healthcare. Regions are interested in transforming education to 21st century healthcare and to improve quality and attractivity of health care settings. Furthermore, mobility for professionals and students should be promoted to share knowledge, experiences and solutions between regions.

Process

Regarding the process, regional partners mentioned that existing best practices should be leveraged wherever possible. Therefore, it is important to share good examples and utilize existing expertise. Additionally, it is recommended that the RVEHs connect with existing structures to maximize their impact and ensure they are aligned with other healthcare initiatives.

Create ideas, share needs and identify new opportunities together with stakeholders to develop and connect. RVEHs should build on already existing initiatives, projects, structures and networks. RVEHs should create visibility and transparency to be approachable and make use of each other's expertise. The RVEHs should empower students and professionals in the development of competencies by exchange on European level. Furthermore, RVEHs should pay attention to acquisition and certification to involve students and professionals.

Desired results

The shared goal is to create a visible VET Excellence hub in the regions to establish closer collaboration between relevant regional stakeholders to collectively address vocational excellence and upward convergence. Important aim is to build a more attractive healthcare sector, one in which people want to work and that fosters ongoing professional and student development.

Developing concrete ideas, actions and collaboration by regional stakeholders (for example: web conferences, face to face meeting, interaction and real exchanges both virtual and physical), creating a visible and recognizable hub where motivated professionals and students have an intrinsic motivation to learn and develop themselves during their long life learning process were mentioned as desired results. Lastly, the RVEH should focus on improve attractivity of healthcare settings and allow students and professionals to flourish.

Expected challenges

Challenges regional partners foresee lie in terms of stakeholder engagement and distinguishing ourselves from other initiatives in the same field. Commitment and participation of local stakeholders, professionals and students and sustainability in terms of relevance, governance and strategy were mentioned as expected challenges.



2.2 Workshop 2: Stakeholder analysis

A second workshop for WP5 was conducted during the partner meeting in Bergen (Norway), in June 2023. During this workshop each region started the stakeholder analysis for their regional health ecosystem and identified key individuals and organizations that may have an interest in the regional hub or be impacted by its activities (Appendix 2). This stakeholder analysis helps to understand the perspectives and needs of stakeholders, and consequently, develop more effective strategies for engagement and communication, as preparation for setting up the RVEH. A power interest grid was used by each region to identify their stakeholders (Mendelow, 1991). Representatives of each region were asked to:

1) Identify stakeholders

The first step was to brainstorm about the regional stakeholders. By considering all the people who are affected by their work, who have influence or power over it, and/or have an interest in its successful or unsuccessful conclusion. Hereby, identifying both the organizations involved and the respective individual stakeholders within these organizations.

2) Prioritize stakeholder

Once partners had identified all the individuals and organizations impacted by their work, it was important to prioritize them. The Power-Interest Grid helped to prioritize stakeholders based on their level of power and interest. Some stakeholders may have a greater ability to influence the success or failure of the project, while others may have less impact. Prioritizing stakeholders will help to allocate time and resources more effectively and ensure that the focus is on the stakeholders who are most critical to the success of the RVEH.

3) Identify essential stakeholders

Lastly, each partner was asked for the most essential stakeholder and the “don’t call us, we’ll call you” stakeholder and describe these in a Padlet. Representatives of each region participating in the EUVECA project were asked to fill out an excel file with detailed information about the stakeholders, i.e. name of the organization, type of organization, type of stakeholder, number of employees in 2024, number of patients / students in 2024, city, country, website and contact person.

Identify stakeholders

Different stakeholders for the RVEH have been identified by the EUVECA-partners which can be categorized into 1) stakeholders on a micro-level, for example students and health care professionals, 2) stakeholders on a meso-level, for example representatives of educational organisations and health care institutes, and 3) stakeholders on a macro-level, for example decision makers from the Ministry of Health and political organisations (see Figure 1).

Figure 1. Overview of stakeholders Regional VET Excellence Hubs on a micro, meso and macro level



Prioritize essential and important stakeholders

The most essential stakeholders are organisations related to the end-users and representatives of students and professionals. Regarding the “don’t call us, we’ll call you stakeholders” partners described organizations for example sponsors, care innovation centres, Ministry of Health, Ministry of Education and committees for future-proof employment. The priority of essential and important stakeholders differed per

region. Regional partners were advised to further identify stakeholders on a regional level and inform these stakeholders. Furthermore, the recommendation to the regional partners was to create opportunities for stakeholders for involvement and active participation to create awareness and support for the development and sustainability of the Regional Vocational Excellence Hubs.



2.3 Workshop 3: Testing and Implementation plans

During the partner meeting in Lubeck (Germany), in December 2023, partners from 7 European regions within the EUVECA project were asked to prepare a testing and implementation plan, including mission, goals, strategy and concrete actions for each of the Regional VET Excellence hubs. The application of a Business Model Canvas was suggested, to help designing the Testing and Implementation plans (Osterwalder & Pigneur, 2010). During the workshop each region presented their plans, based on a PowerPoint testing template (Appendix 3).

Most RVEHs are focussing on cross-disciplinary collaboration, interprofessional education, technology competences of students and professionals, and work based on regional ecosystem model.

- The Danish RVEH focuses on cross-disciplinary collaboration by cooperation between public educational entities and skills development programmes, by developing patient journeys / stories about the health care professional and by reaching coherence between education and work-life.
- The Dutch RVEH aims at the continuous development of future-proof professionals on three levels of educational institutes (Secondary vocational education, Higher professional education, Scientific education). One concrete action is to share knowledge and best practices with the focus on technology competencies of professionals (V-model). A learning community will be established consisting of students, teachers, professionals for competence development, collaboration and sharing best practices.
- The German RVEH brings together interested and ambitious players and using synergies to advance and consolidate Future Skills interests, constantly recruiting stakeholders and collecting and distributing information for this purpose. One of the concrete learning activities within this RVEH is the training “AI in Care” (Action Bound Training).
- The Italian RVEH aims at putting together the stakeholders (University, Research institutes, ECM providers - Lifelong learning organisations, Trentino School of Management, Professional associations)

involved in the activities regarding education/training in order to improve quality and attractivity; promote mobility for professionals and students, share training activities and mobility, and develop innovative curricula.

- The Norwegian RVEH wants to support the improvement of skills at work, find out where there are skill gaps, and work together to address these issues, based on the Competence Forum Vestland. Their aim is to organize activities for skill development, address obstacles to regional cooperation, and make sure information is shared among everyone involved.
- The Slovenian RVEH focuses on simulation training and the implementation of simulation training programmes, to enhance the competencies of interdisciplinary healthcare and social teams, promote international knowledge exchange and improving the quality of healthcare and social work.
- The Spanish RVEH is formed by members from the quadruple helix (university-industry-government-public) to have healthcare workforce properly trained for the 21st century challenges, sharing resources, knowledge and experiences.

Regional partners were recommended to work on further development of the RVEH. Regularly meetings were organised with contact persons of the 7 Regional Vocational Excellence Hubs (RVEH), WP5 leads and project management, to monitor progress and development and discuss barriers and facilitating factors.



2.4 Workshop 4: Application of governance model

The fourth workshop was organized during the partner meeting in Enschede (the Netherlands) in June 2024. The governance model for the Regional Vocational Excellence Hubs was developed as part of WP3 (Defining and creating the Edu4Health Platform). For this workshop partners from 7 European regions within the EUVECA project were asked to prepare a poster per region, describing main elements of the governance model (as a deliverable from WP3), i.e. purpose, people, process and product of the RVEH (Appendix 4). During this meeting a “poster walk through” was organised, and partners had the opportunity to give feedback on the posters, discuss feedback, compare strategies and next steps regarding operationalisation

and testing of the RVEH. Furthermore, students from the University of Twente and Saxion University of Applied Sciences presented their project results. The student group from Saxion provided a concrete implementation plan for Saxion University of Applied Sciences.

- The process of the Danish RVEH consisted of 3 pilot areas with a specific focus, i.e. 1) cooperation between public educational entities and skills development programmes; 2) focus on the patient journey in education and skills development programmes and 3) coherence between education and work-life. Regarding the product, the Danish RVEH will focus on creating good stories about the healthcare profession and shaping role models, patients' pathways and professional personas and human factor training.
- In the Dutch RVEH, a learning community will be established consisting of students, teachers, professionals for competence development, collaboration and sharing best practices. The Dutch RVEH will focus on learning and training activities regarding “personalised medicine”, “the digital transformation” and “green skills”. Concrete actions are to share knowledge and best practices with the focus on technology competencies (V-model) and to develop an awareness course for professionals, students and teachers for sustainable healthcare and planetary health.
- The German RVEH aims to bring people together and create spaces to actively discuss future skills, identify barriers and create solutions. There is a willingness for an OER approach (Open Educational Resources). The German RVEH focuses on the digital platform for sharing contact, materials and ideas. Furthermore, a physical platform will be used for sharing ideas, materials, thoughts and experiences through meetings, and job shadowing. Examples of concrete learning activities are heating exposure for hospital staff, AI for nurses (Action Bound) and VR scenarios for skills training.
- The process of the Italian RVEH focuses on creating a Trentino Hub by active involvement of stakeholders through kick-off meeting and focus groups, stakeholder feedback on questionnaires, involvement for the content of the platform and periodical information and communication. Concrete learning activities are aimed at Artificial Intelligence in health, data techniques and ethics, personalized medicine and storytelling.
- The process of the Norwegian RVEH focuses on organizing and facilitating workshops on the topic of “Task shifting in the health and care sector” to gather input on necessary skills development for employees when implementing task shifting between professions in the sector. On a local level learning activities includes for example decentralized simulation training, clinical supervision and learning and training activities related to task shifting between professions in health and social care.
- The Slovenian RVEH focuses on interdisciplinary collaboration training within the simulation centre for students and healthcare professionals. The operation of the RVEH is divided into an expert committee, steering group and secretariat, reference group and work/project groups involving all relevant stakeholders. Learning activities focuses on interdisciplinary cooperation in health and social care, especially within the realm of palliative care.
- The process of the Spanish RVEH focuses on improving professional training (reskilling and upskilling) by identifying gaps, reuse materials, international twinning, and measuring learning outcomes and competences. Educational and learning activities in the field of ageing and chronic diseases are most relevant for the Spanish RVEH.



2.5 Workshop 5: Testing learning activities

The fifth workshop was organized during the online partner meeting, in November 2024. Partners of the 7 European regions were asked to provide input regarding testing of learning activities using 5W1H method (Cardoso & Ramos, 2022), focusing on:

- *What:* what learning activities will your hub test?
- *Who:* who will test the learning activities (students, teachers, professionals)?
- *Where:* describe the context and place (for regional and interregional activities)?
- *When:* when will you start testing and how long will it last?
- *Why:* what is your reason for testing those learning activities?
- *How:* how are you going to inspire and motivate students and professionals to participate?

Each region provided input on these questions through a Padlet board ([Testing learning activities on Edu4Health platform](#)) (Appendix 5).

➤ The Danish RVEH will test as many of the interregional activities as possible. The focus is on creating “good stories” and “student jobs” (recruitment). The testing will start in spring 2025 to the end of 2025 through the online platform, hub meetings, educational institutions, hospitals and municipalities. Testing will be conducted in close collaboration with stakeholders of the hub.

➤ The Dutch RVEH will focus on testing at least one activity per megatrend, for example the Awareness course, V-model and Action Bound learning activity. The testing phase takes 1 year and will take place in ZGT hospital, University Twente, and Saxion University of Applied Sciences together with stakeholders/hub partner Technology & Care Academy, MST hospital, Regional Community College of Twente. Students from

nursing, social work, technical medicine and professionals from nursing will be invited to participate. The ideas are to organise team(building) sessions with professionals (where activities are integrated during education), organise inspiration sessions and a regional kick-off meeting when the Edu4Health-platform is launched.

➤ The German RVEH will focus on testing the learning activities Actionbound: “AI in healthcare” and VR scenario: “Future Assessment of patients”. The testing phase will start as soon as possible online (via platform) or through hub meetings. Nursing students (from the University and Vocational training), nursing professionals and other healthcare professionals will be invited to participate. The goal is to promote future skills, create a more exciting and interesting learning environment with serious, evidence-based content.

➤ The Italian RVEH will test all learning activities that will be available on the platform. They will start as soon as there are enough courses on the platform to be tested: self-delivered for health professionals through the platform or during classes for students. Students from the University of Verona (nurses, healthcare assistants, physiotherapists), healthcare professionals (local health trust) will be invited to participate. Healthcare professionals will choose the courses of their interest, by sending a letter from the government body that manages the training of all professionals in the region explaining the importance and opportunity of participating in these activities.

➤ The Norwegian RVEH will test simulation training, Action bound and more training activities will be identified together with stakeholders when they are published. The testing will start in February – March 2025 depending on the availability of the course catalogue. Simulation training is important and is an interregional cooperation. The testing will take place during simulation activities. Students and employees will be recruited for two online courses. Participants can test learning activities online, in hospitals, in educational institutions and during hub meetings. Healthcare students from West-Norway University of Applied Sciences (HVL), students from high school in Regional NordHordland, healthcare employees at the hospital and municipalities will be invited to participate. Haukeland University Hospital, in close collaboration with stakeholders, plans to involve students in EUVECA project as part of their education. Healthcare professionals will also be invited to test courses. Workshops with regional stakeholders and educational institutions will include course testing for both students and professionals. Existing and developed courses will be integrated into the Healthy Ageing program of HVL.

➤ The Slovenian RVEH focuses on interdisciplinary collaboration training within the simulation centre for students and healthcare professionals. Because there is a need to foster the interprofessional collaboration and soft skills among health care students and professionals. There will be a 1st round in May 2024 (for students), 2nd round in December 2024 (for professionals), and a 3rd round in May 2025 (for students). Testing will take place in SIM Centre at Community Health Centre of Ljubljana. Students from nursing, medicine, physiotherapy, occupational therapy, radiologic technology, sanitary engineering, social work and professionals will be invited to participate. These target groups will be informed by compulsory part of the elective course at the Faculty of Health Science of the University of Ljubljana and involvement of stakeholders to establish a national professional chambers’ license points as part of the continuing educational practice.

➤ The Spanish RVEH will provide tools for patient empowerment using social media, making evident the need of an integrated approach to deal with chronic disease management common language: communication with the elderly and people with dementia. The testing phase starts in February 2025. Healthcare professionals and students (social workers, psychologists, nurses) will be invited to participate. They will be motivated by their lecturers. Furthermore, this opens the chance to work in other countries and to experience exchange opportunities.

2.6 Workshop 6: Implementation of learning activities

The sixth workshop took place during the partner meeting in Valencia (Spain), in March 2025. This workshop focused on the activities carried out within the 7 RVEH together with stakeholders, covering areas such as collaboration activities, communication activities, testing learning activities, and sustainability activities. Good practices stories, lessons learned from the different stakeholders' perspectives and recommendations of stakeholders regarding sustainability of the Regional Vocational Excellence Hub were shared through creative pitches (Appendix 6).

There were several factors mentioned as a facilitator for operationalization of the RVEH and implementation of learning activities:

- The use of megatrends can be seen as a framework which is recognized by many different stakeholders. It is a way of bringing knowledge together from different stakeholders and disciplines on specific topics and themes, e.g. AI, digital competencies.
- Bottom-up approach is important as it ensure that wishes and needs of the stakeholders are identified. This includes close collaboration with end-users, including students, teachers and professionals while developing the training activities. Interdisciplinary collaboration between different professions is therefore important.
- Building on existing structures and eco-systems with a focus on innovation and engage also representatives on a political level. For example, the work that the simulation centres are doing is important and can lead into a new learning network. The Regional VET Excellence hubs should be visible in the region to increase the impact
- Visibility and Communication on many different levels is important. This will increase transition from bringing knowledge and activities to stakeholder and initiates collaboration.



2.7 Workshop 7: Learning & Reflections

The seventh workshop took place during the partner meeting in Trento (Italy), in October 2025. The workshop focused on learning and reflection. Regional partners were asked to critical reflect on process and outcomes of setting up the Regional VET Excellence Hubs in mixed groups by using reflection cards (Appendix 7).

Reflection cards focussing on setting up the Regional VET Excellence hub included the following questions:

- Has your dream hub been realized?

- What were main successes, challenges and barriers for setting up the Regional VET Excellence hub?
- What were promoting and hindering factors on a local, regional and national level for setting up the RVEH?
- How to lift or overcome barriers?

Reflection cards focussing on executing training activities included the following questions:

- What were main successes, challenges and barriers for recruiting health care students / professionals?
- What were main successes, challenges and barriers for executing training activities?
- What were promoting and hindering factors on a local, regional, national level for executing training activities?
- How to lift or overcome barriers?

Success factors for setting up the RVEH were the cooperation and collaboration in the region to develop education for professionals and students on relevant themes based on their needs and wishes. This resulted in a strong regional network and an infrastructure for future oriented education. Regarding the challenges, regional partners mentioned difficulties to involve and engage stakeholders and decision makers during the project period. Regional partners also mentioned, as a challenge, that the Edu4Health platform is competing with other platforms. Maintaining relationships, continues communication stakeholders and involving decision makers are strategies for further improvement.

Success factors for executing of training activities were the involvement from educational institution which made it easy to engage and involve students. Main challenges were the involvement of health care professionals, also because of limited time constraints, technical barriers (such as firewalls of organisations preventing access to external platforms), language barriers (reluctance to follow courses in English) and lower levels of digital competences. Regional partners mentioned that learning and training activities must be relevant and accredited to make it more attractive for health care professionals. Support and advertisement from local and regional health authorities, integrate Edu4Health platform in existing learning management systems and curricula, the development of accreditation points or micro credentials are strategies for further improvement.



2.8 Workshop 8: European patterns, differences and shared insights

The eighth workshop took place during the partner meeting in Brussels (Belgium), in March 2026, and focus on the comparative chapter of the implementation report. The workshop focused on collectively identifying European patterns, differences, and shared insights across the 7 regions, based on the regional implementation reports. And to gather concrete input on what key messages should shape the comparative chapter, through an 'International cafe conversation' (Appendix 8).

Participants were divided into mixed subgroups, and discuss about three questions:

- 1) Which approach or intervention in your region has contributed most to educating future-proof healthcare professionals? What regional factors made this successful?
- 2) What are 'unique selling points' from your region compared to other Euvoca regions?
- 3) What are the most important recommendations that we want to 'tell the world'?

The workshop highlighted that simulation-based training is an impactful approach across regions, valued for its adaptability and practical focus. Success depends on strong, connected ecosystems and regional factors such as infrastructure, geography, and policy support, reinforced by collaboration through the Edu4Health platform.

Regions stand out through interdisciplinary learning, strong collaboration between education and practice, and effective use of digital tools. And context matters, each country has its own priorities and focus.

Key recommendations focus on investing in collaborative ecosystems rather than isolated initiatives. Promote interdisciplinary and simulation-based learning, use digitalisation as a support tool, and strengthen European knowledge exchange while building on regional strengths.

3 Results

In this chapters, a description of the strategic and implementations processes of setting up the 7 Regional VET Excellence Hubs is presented. Furthermore, a summary is provided regarding (1) the trained and upskilled health care students and professionals and (2) promoting factors and barriers experienced by regional partners during the testing and implementation phase.

3.1 Setting up 7 Regional VET Excellence Hubs

Strategic process

Across the seven participating countries, the establishment of Regional VET Excellence Hubs followed a predominantly collaborative, multi-stakeholder and context-sensitive strategic process. All hubs were built on existing regional ecosystems rather than created as standalone structures, reflecting a shared understanding that sustainable vocational excellence in healthcare requires alignment with established educational, healthcare, innovation, and governance structures.

A bottom-up approach was central in most regions, with stakeholders actively involved in identifying regional competence needs, strategic priorities, and thematic focus areas. Educational institutions (VET

providers, Universities of Applied Sciences, and Universities), healthcare providers (hospitals, municipalities, care organisations), public authorities, innovation actors, and professional bodies were consistently represented. Several regions complemented this with a top-down mandate or political coordination to ensure legitimacy, alignment with regional or national strategies, and long-term embedding.

Strategic priorities converged around common themes: strengthening interprofessional collaboration, improving coherence between education and practice, addressing workforce shortages, and preparing professionals for digitalisation, technological innovation, and future skills. Governance models varied, ranging from steering committees and formal agreements to flexible network-based coordination, but all aimed to balance inclusiveness with decision-making capacity.

Overall, the strategic processes demonstrate a shared commitment to co-creation, cross-sectoral collaboration, and responsiveness to regional needs, while recognising that clarity of roles, governance, and managerial support is essential for effective implementation and sustainability.

Implementation process

Implementation across the seven RVEHs was characterised by iterative development, experimentation, and continuous stakeholder engagement. Rather than linear rollout, hubs adopted a phased approach combining pilot activities, testing of learning formats, regular meetings, and reflection cycles to refine both content and collaboration models.

Key implementation activities included co-creation workshops, network meetings, and thematic working groups, often bringing together education providers, healthcare organisations, policymakers, and innovation actors. Learning activities were developed and tested in diverse settings, such as vocational and higher education programmes, hospitals, municipal services, simulation centres, and online platforms. Simulation-based learning, interdisciplinary training, digital health modules, and future skills development featured prominently across regions.

Communication and dissemination played a critical role in implementation. Hubs used a mix of newsletters, social media, conferences, workshops, and professional events to raise awareness, share results, and attract engagement. Several regions actively linked regional implementation to European platforms and networks, supporting international exchange and mutual learning.

Common implementation challenges emerged, including limited time and capacity of professionals, difficulties embedding activities into existing curricula or mandatory training structures, platform-related barriers, and constraints related to funding and regulation. These challenges were addressed through flexible participation models, alignment with existing initiatives, and efforts to secure stronger managerial or institutional support.

Sustainability was approached through embedding activities into existing networks, strengthening long-term partnerships, developing governance and action plans, and exploring follow-up funding opportunities. While levels of formalisation differed, all hubs demonstrated progress toward becoming durable platforms for cooperation, innovation, and competence development, capable of continuing beyond the project lifecycle.

In the next paragraphs more detailed information will be presented regarding the process of setting up the Regional VET Excellence Hubs in each of the 7 regions.

3.1.1 Danish Regional VET Excellence Hub

The Region of Southern Denmark (RSD), created in 2007, is the region's largest healthcare provider and a leading center for health innovation. With strong actors such as the South Danish Health Innovation Center and the Danish Life Science Cluster, the region built on its long-standing European engagement, to establish the Regional VET Excellence Hub within the EUVECA project.

The strategy for the hub was developed in 2023 through a bottom-up process involving stakeholders from VET institutions, university colleges, hospitals, municipalities, innovation centers, and the regional council. Key needs identified were cross-professional collaboration, better coordination of educational pathways, and smoother transitions between study and working life. The hub's strategic aim is to break down silos within health education, promote joint decision-making, and support European cooperation.

Implementation began with a large creative workshop in January 2023, followed by several workshops and strategic meetings. Two pilot projects were selected: improving the image of healthcare careers and strengthening the study-work transition. Despite challenges in managerial commitment, stakeholders confirmed the hub's value as a regional innovation forum.

In September 2025, a common project application was submitted to the Novo Nordisk Foundation, which was granted in January 2026. The project focuses on STEM in Health Education and promotes collaboration between engineering and health education, proposing common courses for the 2 educational directions. The project will support the collaboration that was established in EUVECA at least for the next three years.

During the last meeting in the South Danish Hub, the members agreed that they would like to continue the network beyond the EUVECA project. Managerial support has been gathered from the HR department in the region, the 2 universities of applied science, 3 out of 4 Health VET schools and the university of southern Denmark to continue the network that is now called "The Interdisciplinary Health Education Network". The aim of the network is to "catch" the political and strategic initiatives, creating innovative projects and initiatives together that will support lifelong learning within the South Danish health care sector. SDEO will continue as the secretariat of the network, organising at least 3 network meetings a year, and facilitating the interdisciplinary dialogue and collaboration between the stakeholders.

3.1.2 Dutch Regional VET Excellence Hub

The Twente RVEH was created to strengthen healthcare by structurally linking education, research, innovation, and clinical practice. Its goal is to better equip professionals and students for a rapidly changing healthcare landscape shaped by technological and digital developments.

The strategic process began in 2022, when ZGT Hospital, the University of Twente, Saxion University of Applied Sciences, and regional development agency Oost NL formed a core partnership. Their collaboration, grounded in practice-driven insights, improved alignment between education and clinical needs and created new opportunities for interprofessional learning. Although external partners did not formally join the RVEH, they remained connected through existing innovation networks.

Implementation focused on joint content development, co-creation, and knowledge exchange. Partners produced articles, workshops, knowledge clips, and student assignments, and engaged in international staff exchange with Lübeck (Germany) and Ljubljana (Slovenia). Communication activities including publications, LinkedIn updates, and conference presentations helped increase regional visibility. New learning activities were tested in both educational and clinical settings, though integration into curricula and hospital workflows proved challenging.

Sustainability is supported through strong ongoing partnerships, joint projects, and the role of Oost NL (as development agency) in identifying funding and connecting regional initiatives.

3.1.3 German Regional VET Excellence Hub

The German RVEH was established to advance innovation and excellence in healthcare education by uniting academic, clinical, and professional expertise. Led by UKSH, the UKSH Academy, and the University of Lübeck, the hub provides a shared platform for developing and testing future-oriented learning activities, digital tools, and competency frameworks, with a strong focus on digital health, future skills, and interprofessional collaboration.

The strategic process was highly participatory. A broad group of stakeholders—including educators, researchers, policymakers, training coordinators, and practicing nurses contributed through workshops, hybrid meetings, networking sessions, and a digital memo-board. This ensured that the hub reflects regional needs and integrates diverse perspectives from practice, academia, and policy.

Since 2022, implementation has progressed through regular meetings on topics such as AI in healthcare, VR learning, sustainability, and megatrends. Dissemination included presentations at national and European events and continuous online communication. A major output is the development of an OER-based VR learning metaverse for patient-room scenarios, which will be sustained beyond the project.

The RVEH now functions as an adaptive, interdisciplinary platform supporting long-term innovation and professional development in the region. Sustainability is supported through strong ongoing partnerships between University of Lübeck, Academy and health education partners. Another study visit with RVEH partners on the topic of digital education technology is planned for 2027.

3.1.4 Italian Regional VET Excellence Hub

The Italian RVEH was established to strengthen healthcare education by bringing together key regional stakeholders, including the University of Trento, lifelong learning providers, the Trentino School of Management, professional associations, and ProMIS. The Hub aims to improve training quality and attractiveness, promote mobility for students and professionals, and develop innovative, shared curricula.

The strategic process is coordinated by the Autonomous Province of Trento (PAT), supported by a steering committee responsible for defining objectives, ensuring alignment with European and local strategies, and overseeing implementation. A coordinating committee promotes training activities, while stakeholder groups identify needs and opportunities, including through the EPVE platform. Key priorities include shared communication on training offers, integrating the role of professional associations, and translating professional needs into concrete training activities.

Implementation involved joint development of local learning activities, such as a psychogeriatric course and a podcast on personalized medicine, alongside communication efforts, including dissemination through TrentinoSalute4.0. Regional training offices also delivered dedicated programs for healthcare professionals.

The Trentino hub organized a dissemination event to present the results of the projects to local stakeholders and future collaboration for training purposes.

3.1.5 Norwegian Regional VET Excellence Hub

The Norwegian RVEH was established to address long-term challenges in the health and care sector, particularly recruitment, retention, and future competence needs. Its purpose is to strengthen alignment between education and labor market demands by promoting lifelong learning, 21st-century skills, and innovative training methods.

The strategic process built on an already strong regional collaboration culture. Eight municipalities, VET providers at ISCED 3–5, the Competence Forum Nordhordland, and knowledge centre were involved from the start, with additional actors identified for future participation. The hub grew from an existing ecosystem but strengthened its focus on VET and cross-sector competence development.

Implementation followed a stepwise process including decentralized simulation pilots, the establishment of a working group, and workshops on task shifting involving hospitals, municipalities, and education providers. Learning activities such as simulation training, clinical supervision pilots, and Edu4Health courses were tested and evaluated. Strong collaboration, communication efforts, and early emphasis on sustainability ensured that the RVEH became embedded in existing networks, creating a durable platform for competence development and innovation in the region.

The Norwegian RVEH aims to become a permanent, sustainable regional hub for vocational excellence in healthcare, ensuring continuous collaboration between municipalities, education providers, hospitals, and other stakeholders. The hub will support lifelong learning, task shifting, and innovation, while serving as a bridge between regional, national, and European competence development initiatives.

The Norwegian RVHE will also continue working with partners on various relevant simulation arenas. This can be an appropriate and effective way to facilitate task-sharing and transfer in a safe manner, and it may also be cost-saving by enabling more training to take place in the districts.

3.1.6 Slovenian Regional VET Excellence Hub

The Slovenian RVEH aims to strengthen interdisciplinary training for students and healthcare professionals through simulation-based learning. Its mission is to improve collaboration, communication, and practical skills while engaging key stakeholders, including educational institutions, healthcare organisations, professional chambers, and policymakers, to build a sustainable, future-oriented training model.

The RVEH was founded by the Community Health Center Ljubljana and the University of Ljubljana's Faculty of Health Sciences, who formalized their cooperation and involved major regional actors through a strategic co-creation process. This included professional chambers, the Ministries of Health and Education, and the City of Ljubljana. Stakeholder interviews supported the development of a strategy and the adaptation of proven educational approaches for interdisciplinary teamwork, especially in palliative care.

Implementation included meetings with decision-makers, testing of interdisciplinary training modules, simulation-based activities for students and professionals, and dissemination through national and international events. The Edu4Health platform was also presented and tested. Despite funding challenges, stakeholders agreed to continue promoting simulation-based learning, ensuring long-term impact and integration into education and practice.

During the project, it was identified that lifelong education of healthcare and social work professionals is essential to ensuring patient safety. Participating institutions continuously strives to translate new

educational guidelines into practice through active communication with policymakers, as well as through various projects and other related activities.

3.1.7 Spanish Regional VET Excellence Hub

The Valencia Regional VET Excellence Hub brings together actors from the quadruple helix—universities, industry, government, and the public—to strengthen healthcare workforce training for 21st-century needs. Its mission is to create sustainable synergies by sharing resources, expertise, and best practices, and by improving the quality and relevance of professional training.

Strategically, the hub focuses on ageing and chronic disease, benchmarking, identifying competence gaps, reusing materials, and engaging in international twinning. The structure includes a facilitator group (University of Valencia and Universitat Politècnica de València), a stakeholder working group, and on-demand groups addressing specific challenges. A combined bottom-up and top-down approach ensures both shared ownership and active stakeholder engagement.

Implementation activities included regular stakeholder meetings, matchmaking sessions, international professional exchanges, newsletters, and a shared knowledge platform. Training initiatives covered digital health, AI in healthcare, patient empowerment, and process mining. Workshops support sustainability planning and governance development. Through its multisectoral model, the hub enhances competence development and strengthens the bridge between academia and clinical practice.

RVEH Valencia defines sustainability as delivering ongoing value to Valencia's health ecosystem through a stable collaboration hub involving universities, health centers, administration, associations, and biomedicine. Core principles will be free/open access for all EQF levels 3-8, no participant fees (funded via projects and partnerships), Microsoft Teams for coordination, and a rules-based proactive/reactive activity model - ensure broad, barrier-free participation and adaptability. Governance features a UPV/UV-led secretariat, consensus decisions in biannual plenaries, transparent minutes, and Edu4Health-platform integration for sharing courses/mobility, fostering co-responsibility and long-term continuity.

Activities emphasize value-adding outputs like interdisciplinary training (e.g., on AI, hospital environmental sustainability), multimedia modules, mobilities, and networking, using Teams/EUVECA for efficiency. Long-term viability relies on regional strategy alignment, core partner commitments (hospitals, universities), expansion to new entities, and non-fee funding from EU/national projects, in-kind support, and agreements - without burdening users. Progress will be tracked via indicators like active entities, courses produced, participants/mobilities, and funding volume, reviewed annually to maintain resilience.

3.1.8 Common outcomes from the different VET Excellence Hubs

If reader wants more details:

- In appendix 1 till appendix 8, formats from the workshops are included.
- In appendix 9 till appendix 15, regional implementation reports of each of the 7 Regional VET Excellence Hubs are described, including poster for each of the Hubs.

Sustainability has been a challenge since the beginning of the project. Therefore, given the different contexts of the regional hubs, sustainability has been approached in a different way in every region. The reader is cordially advised to read the Sustainability (WP6) and Evaluation reports (WP8) to get the lessons learned in detail.

3.2 Trained and upskilled health care students and professionals

During the testing phase, from November 2024 till December 2025, a total of 957 professionals, students, and teachers across all seven regional hubs received training. These activities included both interregional and regional learning activities.

Interregional activities refer to all learning activities offered through the Edu4Health platform, which were developed, as a result of WP4, collaboratively by partners from the 7 Regional VET Excellence Hubs primarily within the six interregional working groups structured around the identified healthcare megatrends:

- Personalised care and prevention
- The ageing population
- Chronic disease and co-morbidity
- The competent and modern health consumer
- The information revolution and general digitalization of society
- Climate Challenge

Regional activities refer to learning activities that were not part of the Edu4Health platform. These were developed locally within each region and delivered exclusively in the regional context.

Table 1 shows the number of trained and upskilled health care students and professionals per region and per megatrend. Three megatrends were predominantly tested, namely (1) The Growing Importance of Chronic Disease and Co-morbidity (n=280), (2) The Information Revolution and the General Digitalisation of Society (n=257), and (3) Climate Challenge (n=218). Within the megatrend The Ageing Population, four learning activities were tested, by 43 respondents in total. No learning activities from the megatrends Personalised Care and Prevention and The Competent and Modern Health Consumer were tested during this phase.

Below Table 1, with the overview of trained and upskilled students and professionals, a selection of the learning activities most frequently delivered is highlighted. This is followed by a description of notable regional developments and differences between the regions in the testing and implementation of learning activities.

Table 1. Trained and upskilled healthcare professionals, students and teachers (N=957)

Learning activity	Denmark	Germany	Italy	Netherlands	Norway	Slovenia	Spain
INTERREGIONAL ACTIVITIES (n=798)							
The growing importance of chronic disease and co-morbidity (n=280)							
V-model				20 professionals 20 students 41 teachers			
Decentralized simulation training					58 professionals	32 professionals 108 students	
Patient empowerment							1 professional
The ageing population (n=43)							
Introduction psychogeriatrics				1 professional			
Common language							40 students
Migration and Health					1 professional		
Video on healthy ageing					1 professional		
The information revolution and the general digitalization of the society (n=257)							
AI in healthcare / Actionbound	1 professional	89 students 22 professionals	31 professionals	22 students 4 teachers	27 professionals		
Animated 360 VR-skills training patient room level 1		7 students, 7 professionals		2 professionals 3 students			
VR-scenario Metaverse level 2	2 professionals 6 professionals 10 students	18 students			6 professionals		
Climate Challenge (n=218)							
Awareness Course	30 professionals 65 students		24 professionals	1 professional 9 students	15 professionals	50 students	
Green skills – WOOP				24 students			

Learning activity	Denmark	Germany	Italy	Netherlands	Norway	Slovenia	Spain
REGIONAL ACTIVITIES (n=159)							
Lab TrentinoSalute4.0			4 professionals				
Telemedicine			33 professionals				
Trento meeting			17 professionals				
AI for Analysis of Healthcare Processes Using Process Mining							9 professionals
Leading Organizational Change							86 professionals
Digital Health							10 students
TOTAL NUMBER OF LEARNING ACTIVITIES (n=957)							
	Denmark (n=114)	Germany (n=143)	Italy (n=109)	Netherlands (n=147)	Norway (n=108)	Slovenia (n=190)	Spain (n=146)
Regional	0	0	54	0	0	0	105
Interregional	114	143	55	147	108	190	41

3.3 Examples of learning activities

The section below highlights a selection of the learning activities most frequently delivered throughout the project. Each activity is briefly described, with attention to its practical relevance and its contribution to the training and upskilling of healthcare students and professionals.

The following learning activities are presented:

- V-Model for Technology Competences
- Decentralized simulation training
- Artificial intelligence in healthcare
- VR- scenario Metaverse level 2
- Awareness course
- Green skills – WOOP activity

3.3.1 V-Model for Technology Competences

The V-model learning activities are designed as independent, self-directed learning tasks that can easily be integrated into educational programs, professional development sessions, or workplace training. The materials are primarily aimed at teachers, trainers, and supervisors who support students and employees in developing essential technological competences relevant to healthcare and social work.

Figure 2. Illustration of learning activity V-model for Technology Competences



Saxion University of Applied Sciences emphasized the practical relevance of the V-model:

“Healthcare organisations are searching for effective ways to equip employees with the competences needed to work with available technologies. The V-model offers concrete guidance. Because the learning activities are divided into manageable components, it is

easy to select and implement specific elements in training programmes for students or professionals.”

Participants also highlighted the impact of the V-model on organisational awareness and professional development:

“The V-model learning activities encouraged us to pay more attention to technological competences within our organisation. It supports us in preparing our employees to become future-proof professionals.”

Overall, the V-model proved to be a flexible and accessible tool that supports both educational institutions and healthcare organisations in strengthening technology-related competences among current and future professionals.

3.3.2 Decentralized simulation training: Test and simulation lab on wheels in Norway

Decentralised simulation training is a way to strengthen collaboration between educational institutions and the healthcare sector, ensuring that healthcare students and professionals receive relevant, high-quality training throughout their careers. In the EUVECA project, a key strategy has been to use mobile simulation delivered in a trailer, bringing hands-on training directly to workplaces and educational institutions. This is a valuable and useful offering that reaches far into rural areas.

By decentralising simulation training, EUVECA makes high-quality education more accessible while supporting lifelong learning. Simulation is an effective tool for building clinical competence, strengthening professional confidence, and improving healthcare services. An additional important contribution is that this approach can raise competence within local institutions, which is crucial for recruiting and retaining healthcare staff.

Figure 3. Pictures of Test and Simulation lab on wheels



The person responsible for the simulation explained:

“We offer this decentralized simulation training to provide education and practice in rural areas. Not everyone has the opportunity to travel to the cities to access courses and training.”

The healthcare assistants gave the following feedback after trying the simulation:

“Everyone should receive this kind of input in their everyday work. It’s very good learning and professional development that everyone needs. I was quite nervous beforehand, but after trying it once I wanted to do it again with another scenario. My pulse went up a bit during the simulation, and we learn more about what it’s like—what could have been a real situation in the service.”

Through the simulation, the healthcare assistants also described how this offer helps make it possible to carry out a wider range of tasks:

“I think it’s positive that the trust in us as healthcare assistants is increasing, and that we get to show that we can handle more tasks. Some of the tasks nurses do can also be done by healthcare assistants. That would relieve the nurses, and the workflow could improve for everyone.”

3.3.3 Artificial intelligence in healthcare: Multiplayer Actionbound

The Actionbound learning game about „AI in healthcare“ covers topics like: definition of keywords, practical cases, ethical considerations and skills you need as a healthcare worker or learner to master AI and thereby use it to your advantage. All together learners explore a mix of information, quizzes and missions. The objective is to gain knowledge about healthcare and AI and to notice potential use cases in daily life. Additionally, to know which precautionary measures to take when using an AI.

Figure 4. Illustration of Multiplayer Actionbound



Quote from partner who developed activity:

“The main idea was to establish an easy access digital app to reach the target group of students. Actionbound is the perfect match, easy to install, GDPR conform and good to play in a team”.

Quote from participant:

"Doing my first Actionbound with two other students was a game-changer. Usually, university projects feel like a solo grind, but we were actually running around, debating which way to go, and solving difficult questions together. It made the learning part feel like a side effect of having fun."

3.3.4 VR-scenario Metaverse level 2

Level 2 Task: Inpatient Admission and Nursing Assessment

This Virtual Reality (VR) simulation training is a fully immersive 360° clinical scenario delivered via VR headset. The simulation recreates a complex inpatient admission situation in which learners conduct a comprehensive nursing assessment during the clinical intake of a newly admitted patient.

The training is designed as a Level 2 task, requiring integrated clinical reasoning, structured assessment skills, patient-centered communication, and safe procedural execution within a realistic hospital environment. Unlike isolated skills training, this VR scenario emphasizes holistic workflow management, prioritization, and decision-making within the complete admission process.

Figure 5. Illustration of VR-scenario Metaverse level 2



Quote from partner who developed activity:

"With this VR Scenario, we deliberately aligned future skills with future methods. Healthcare professionals today need more than nursing skills — they need digital skills, critical thinking, structured decision-making, communication agility, and process awareness as well. By using immersive VR technology, we created a learning environment that mirrors clinical complexity and supports exactly those competencies. For us, it was essential that innovation in content is matched by innovation in pedagogy."

Quote from participant:

“The VR simulation felt remarkably realistic. I had to structure the entire admission process myself—not that easy and once I got the hang of it, I had a lot of fun. It was close to real practice.”

3.3.5 Awareness Course: Sustainable care and Planetary health

Healthcare has a big impact on the environment, adding to climate change and using up resources. As more people become aware of this, healthcare and social work professionals have an important role in reducing the sector’s environmental footprint. The awareness course is an e-learning which helps learners understand how to make sustainable choices during the patient journey. Participants are following a patient journey to create awareness on the impact of climate change on health and adaptation on health care practices. The patient’s journey follows three contexts: at home, at the hospital, and in rehabilitation care. After each context, there will be a number of questions to ensure they learn before moving on to the next context. By using sustainable practices in daily care, professionals can protect the planet while still giving high-quality care to patients and clients.

Figure 6. Illustration of Awareness Course



Saxion University of Applied Sciences identified the practical relevance of the awareness course:

“During the development of the awareness course, we continuously reflected on the importance of thinking differently and more sustainably within both healthcare and social work. This combination is essential: from a care perspective we look at reducing environmental impact in clinical practice, while from a wellbeing perspective we also encourage everyday sustainable choices, such as buying second-hand goods or sharing clothing. By integrating these viewpoints, we created a unique patient journey across different settings that is relevant not only for healthcare and social work professionals, but ultimately for every citizen. The situations presented in the patient journey are realistic and engage students”

Participants also emphasized the value of the awareness course for their professional development:

“The course stimulates thinking about what can be improved within your own organization and raising awareness around the theme of sustainability. Brainstorming sustainability with

fellow students about the climate challenge is very interesting. Good examples from different perspectives are provided in the patient journey. It makes you think critically about your own field of work, including looking more broadly, not only patient-oriented but also organizationally oriented. The topics presented in the course connects to current problems”

3.3.6 Green skills: Inner development goals and Sustainable leadership

Sustainable leadership in healthcare and social work requires the ability to translate vision into action. This learning activity describes an exercise to develop the competencies needed to stimulate positive change within the sector. It focuses on the WOOP method: a scientifically valid approach to goal-oriented work, which focuses on combining reflection and action. In addition to the WOOP method, the Inner Development Goals (IDG) framework is a valuable tool for further developing leadership competencies. This framework includes five dimensions and forms a foundation for sustainable leadership and helps healthcare and social care professionals and students not only make ethical choices but also achieve lasting impact in an ever-changing world. Participants create a personal WOOP plan focused on sustainable leadership in healthcare and social work.

Figure 7. Illustration of WOOP method

EUVECA | DEVELOP YOUR GREEN SKILLS
LEADERSHIP - WOOP

Name: _____
Date: _____

Wish (W): Identify an aspect of sustainability in health or welfare you want to improve. For example, reducing waste in your clinic or promoting healthier, sustainable diets among patients.

Outcome (O): Envision the result if your wish is realized. What changes do you foresee in your professional environment? How will it positively impact patients, colleagues, or your organization? Be detailed and visual.

Obstacle (O): Anticipate challenges specific to the healthcare or welfare context, such as resistance to change, resource limitations, or ingrained habits. Identify both internal and external barriers.

Plan (P): Develop an actionable strategy to address these obstacles. Use the "if-then" format. For instance, "If my team resists a new sustainable practice, then I will organize an information session to explain its benefits."

Saxion University of Applied Sciences identified the practical relevance of the WOOP-course:

“During the development of this document, we focused on the connection between reflection and action. We often see that students and professionals have strong ideas about sustainable healthcare and social work but struggle to translate these ideas into concrete steps in their daily practice. By using the WOOP method together with the Inner Development Goals framework, we support them in setting personal goals, reflecting their values and barriers, and turning their ambitions into realistic actions. In this way, sustainable leadership becomes something that is achievable, rather than just a vision on paper.”

Participants also emphasized the value of the WOOP-course for their professional development:

“The information is directly applicable. The importance of sustainability is clearly defined. Sustainability is a universal issue; it’s great that this course has been developed through research and international collaboration. The WOOP-course translates policy into practice. It encourages students and professionals and contributes to awareness-development and critical thinking.”

3.4 Comparison between Regional VET Excellence Hubs

Differences were observed in the testing of learning activities and training and upskilling of health care students and professionals across countries. Most countries mainly tested learning activities that they had been directly involved in developing. For example, Slovenia and Norway primarily tested simulation training, Germany focused on AI and VR activities, and the Netherlands on V-model and climate challenge activities. Denmark tested a wide variety of learning activities. In Spain, they tested learning activities that were identified in regional analysis and stakeholder meetings

Below a short description is provided with information regarding the process, results and reflections of the testing phase:

➤ In Denmark, a total of 114, including 75 students and 39 professionals were included in the testing phase. Participants from the RVEH who were teachers at Vocational Schools or universities were, and implementation coordinators from a municipality tried out the courses investigating the relevance for the employees or students. There has also been collaboration with University College Lillebælt in the Danish region, which has been subcontracted to work with the system of micro credentials for the Edu4Health platform. The stakeholders experienced some difficulties in using the platform in terms of direct access for students and healthcare professionals, but several of the educational stakeholders would like to use the platform in relation to their European cooperation, with the opportunity to attract European students and expand their European profile. Overall, the experience with the Edu4Health platform has been mixed. The topics are interesting, in particularly those focusing on health, sustainability, and following a citizen through a care pathway, which were perceived to be engaging and informative. The courses offer useful knowledge and a creative way of learning, and the platform itself is generally easy to navigate for users with solid digital skills. Emphasizing practical training, such as simulation and VR, ensured that participants could directly apply what they learned in clinical practice, making the activities more effective and engaging. The fact that participants were not employed within hospitals, municipalities, or educational institutions posed a significant challenge for testing and recruitment. Being external to these organizations made it difficult to access the necessary resources, networks, and decision-makers, which hindered recruitment efforts and the ability to engage key stakeholders effectively.

➤ In Germany, a total of 143, including 114 students and 29 professionals were recruited to participate in the testing phase. Professional nursing or IT teacher, labor market counselor and students with interest in technical content and others tested the VR-Learning activity. The executed learning activities primarily targeted apprentices and students in the nursing profession, complemented by a smaller group of experienced healthcare professionals. The learning formats were based on innovative, technology-supported methods, in particular the use of the Actionbound app and VR-based scenarios. Participants described the learning materials as highly interesting, modern in design, and engaging, emphasizing that the interactive and digital approach increased motivation and enjoyment during the learning process. Especially among learners in initial vocational education and training, the practical and immersive character of the activities was perceived as a strong added value. The evaluations also revealed several areas for improvement. Some participants indicated that they required more time to complete the

activities and expressed the need for a clearer and more structured introduction to the applied methods, particularly when using digital tools such as Actionbound or VR scenarios for the first time. This highlights the importance of adequate onboarding and guidance to ensure effective learning outcomes. From the perspective of teaching staff, feedback focused mainly on structural and organisational aspects. Educators expressed a need for improved accessibility to the learning materials and clearer guidance on how to integrate them into existing curricula. The innovative, technology-based nature of the learning activities was perceived as both a strength and a challenge, as current infrastructure and technical equipment in educational institutions are not yet sufficiently developed in all contexts. This limited the immediate transfer of the learning activities into regular teaching practice.

➤ In Italy, 109 professionals were recruited for the testing phase of which 55 participated in interregional activities and 54 participated in regional activities within the Trentino Regional VET Excellence Hub. Local training activities were organized for professionals by the training office of the Autonomous Province of Trento. Furthermore, the Trentino VET Excellence Hub developed a course on psychogeriatrics in collaboration with one of the stakeholders. In the future, this collaboration will continue for the development of other training activities. From the educational perspective, in Trentino, operators are used to have online courses directly available on the platform like the awareness course. Otherwise, “in presence” courses are taught by local professionals /trainers / teachers, and it is perceived that it is hard to convince them to use new courses from the platform as they already have their own training and learning materials.

➤ In the Netherlands, a total of 147, including 78 students, 45 teachers and 24 professionals were included in the testing phase. New learning activities were tested across both educational and clinical settings. Testing within educational contexts proved relatively straightforward, with bachelor’s and master’s students, as well as lecturers, able to engage with the activities and provide feedback. Integration into existing curricula proved challenging, likely due to a mismatch between the intended audience of the Edu4Health-platform and the student groups being taught. In contrast, testing in the hospital environment faced more challenges. Identifying suitable target groups and integrating voluntary participation alongside mandatory training requirements for limited engagement and constraining the potential impact. In addition to these settings, several workshops were conducted within regional healthcare organizations, providing opportunities for care professionals to interact with the learning activities. Testing the activities required very active recruitment of teachers and students. As stand-alone activities, participation was limited, which led to embedding them in existing courses or modules. This approach increased feasibility but depended heavily on the willingness of colleagues to cooperate. As a result, project members often delivered the activities themselves as guest lecturers.

➤ In Norway, a total of 108 professionals were recruited to participate in interregional activities in the testing phase. The executed learning activities, including decentralized simulation training and EPVE courses, were tested across university, municipal services, and the hospital sector. The testing phase have provided valuable insights into regional competence needs and effective vocational learning methods. Across all activities, participants expressed appreciation for learning formats that are practical, flexible, and closely connected to real-life challenges in the health and care sector. A particularly strong outcome was the simulation training, which received very high satisfaction from all participants. Both students and professionals emphasized that the simulations were highly relevant for real-life practice, engaging, and directly applicable to their daily work, demonstrating the effectiveness of hands-on, experiential learning. Piloting also allowed iterative improvement and validation of learning content. Signals from the hospitals indicate that simulation-based training may be an effective method for transferring knowledge from hospital settings to municipal health services. In this context, the regional health hub could serve as a suitable arena for implementation and coordination.

➤ In Slovenia, a total of 190 of which 158 students and 32 professionals participated in interregional activities during the testing phase. The simulation training was tested among students from the Faculty of Health Sciences and the Faculty of Social Work. This program was designed in an interdisciplinary manner, with an emphasis on teamwork focused on the care of a palliative patient. Furthermore, the Awareness Course from the Edu4Health platform was tested with approximately 50 students from the Faculty of Health Sciences. The overall satisfaction with the Interprofessional Collaboration module (Simulation training in interdisciplinary team), which integrates high-fidelity simulation into the learning process, is generally very positive. A detailed assessment of the role and impact of simulation-based training shows strong enthusiasm and a clearly recognized need for this type of educational approach, while also highlighting areas where further improvements are needed. The high satisfaction among participants, positive stakeholder engagement, and successful testing of multiple training modules validate the relevance and need for such educational approaches.

➤ In Spain, a total of 146, including 96 professionals and 50 students were included in the testing phase in regional (n=105) and interregional (n=41) activities. Testing of courses included: AI applications in healthcare, process mining, patient empowerment, and digital health. These topics directly addressed needs identified in regional analysis and stakeholder meetings. Almost all courses were delivered through a blended format combining online, face-to-face, and synchronous sessions, fostering real-time interaction and engagement. Learning activities were primarily conducted in Spanish, as language remains a challenge for many participants. While participants are capable of communicating in English, they strongly prefer instruction in their native language. Participants expressed high satisfaction with the training received, though several valuable insights emerged. Learners also called for more personalized training pathways, adapted to individual contexts, and incorporating self-assessment tools. One innovative idea proposed was an AI-powered chatbot that engages in dialogue with learners, reviews their profiles, and recommends bespoke courses matching their needs, preferences, and career stage.

Learnings and reflections from the testing phase provided valuable input for further improvement of the developed learning activities and functionalities of the Edu4Health platform.

3.5 Summary of promoting factors and barriers

The regional reports were analysed to identify the key factors that promote or limit successful collaboration and implementation of activities across seven Regional Vocational Education Hubs. Understanding these cross-hub dynamics is essential for developing targeted strategies that enhance stakeholder engagement, ensure sustainable integration, and accelerate innovation in healthcare education.

3.5.1 Promoting factors

The effective functioning of the hubs was influenced by a range of promoting factors that shaped collaboration, implementation processes, and stakeholder engagement throughout the EUVECA-project. These factors reflect both the contextual conditions within the participating regions and the strategic choices made to strengthen the connection between education, practice, and innovation. Together, they illustrate the mechanisms that enabled hubs to organise activities, respond to regional needs, and foster sustainable cooperation. The following points outline the key promoting factors that contributed to successful implementation across the participating countries.

Aligning with regional ecosystems and Existing strategies

- Building on strong/existing partnerships between education, healthcare organizations, and other relevant (regional) stakeholders. Existing expertise and networks are leveraged for new purposes, ensuring strong connections to relevant target groups (NL, DE, DK, NO, SI).
- Alignment with existing strategies, initiatives, and/or curricula increases relevance, acceptance, and paves the way for sustainable integration (NL, DE, DK, NO, SI). Themes such as lifelong learning, 21st-century skills, innovative ways of working and learning, as well as staff shortages, are explicitly addressed.
- Time- and location-independent learning (online/hybrid/on-site) based on relevance and current needs is crucial to bridge the gap between education and practice (DE, DK, NO, SI).

Active stakeholder engagement

- Active stakeholder engagement fosters shared ownership, and alignment with relevant stakeholders (NL, DK, SI, NO). Stakeholders can also contribute to the development and quality of activities. Finally, sharing updates within the network is important (SI).
- Motivation and willingness to innovate among teachers, professionals, and students is essential, and positive experiences/feedback from participants accelerate adoption (DE, SI, IT).

Visibility and Accessibility

- Clear project structure and coordination (both within the hub and existing management structures) support decision-making and choices regarding activity selection and staffing (DK, NO). For the Norwegian hub, explicit links to funding agencies were highlighted.
- Access to infrastructure and expertise enables rapid implementation, for example through simulation centers and educational expertise available to stakeholders (SI, DE).
- Educational expertise increases the quality of activities (DE, NO).

3.5.2 Barriers

The analysis revealed a range of interconnected barriers that influenced the hubs' ability to implement activities effectively and achieve sustainable impact within and across regions. These barriers emerged at structural, organisational, and operational levels, affecting governance processes, resource availability, educational alignment, technological functionality, and stakeholder engagement.

Governance, Structures, and Institutional embedding

- Limited institutional affiliation and unclear mandates complicated access to decision-makers, slowed progress, and hindered stakeholder engagement. In addition, integrating activities into existing regional ecosystems was sometimes difficult (NL). Clearer roles, responsibilities, and objectives are needed (DK, NL, NO, SI).
- Complex governance across institutions and sectors, combined with fragmentation between domains, reduced national visibility and impeded standardisation and scaling (DK, NO, SI).

Resources, Capacity, and Workload

- Time and workload pressures, combined with limited organisational capacity and staffing, constrained participation, continuity, and structural embedding of activities (NL, DE, DK, NO, SI, IT).

- Insufficient structural funding—especially for non-partners—restricted sustainable participation and opportunities for scaling (DE, DK, NO, SI).
- Limited financial and human resources in educational settings hindered innovation beyond mandatory teaching requirements (NL, DE, DK).

Educational and Practice alignment

- Misalignment between educational activities and needs in clinical practice reduced relevance and uptake; in hospital settings, this was exacerbated by mandatory training loads, high workload, and strict IT-security constraints (DK, NL).
- Difficulties embedding activities in curricula and recruitment structures, due to rigid frameworks, full schedules, and dependence on colleagues' goodwill, hindered structural integration (NL, DE, DK).

Technology and Platform Functionality

- Platform-related issues—delayed availability, limited accessibility, and usability challenges—reduced motivation and hindered testing; improvements in consistency and volume of learning materials are needed (DE, NO, IT, NL).
- Variations in digital skills among participants further limited effective use of online modules (NO).

Engagement, Collaboration, and Competences

- Resistance to change and limited cross-sector collaboration made it difficult to overcome organisational silos (all hubs).
- Inconsistent attendance and engagement reduced continuity and weakened the impact of activities (DK).
- Language barriers hindered participation in online modules, particularly in regions with lower proficiency in the language of delivery (IT).

Platform and hubs' sustainability in the medium-long term

- Usability and accessibility to the platform should be improved.
- It is still unclear how new educational gaps will be addressed and who will take the lead in developing new courses in the platform.
- From the platform perspective, there is also a barrier about the language used for the training for some specific learners.
- Each stakeholder needs a clear value proposition in order to actively engage in the hub. If certain stakeholders are not yet engaged, a joint reflection process should take place to identify mutual benefits and create a win-win situation.

4 Conclusion

This report presented shared approaches, regional differences, and overall structural learning from the testing and implementation phase which can be used to draw up policy recommendations, sustainability, and business plans. The regional implementation reports are summarized in the appendices.

In all 7 European regions participating in the EUVECA project, Regional VET Excellence Hubs were established to support regional innovation and change agendas through coordinated action in healthcare education and VET. Regional missions, strategies and action plans were developed, and concrete teaching and learning activities were tested on a regional and interregional level among students, professionals, and educators. The workshops conducted during the partner meetings ensured that each of the hubs went through the same testing and implementation phases.

Across the hubs, a consistent picture emerges educating future-proof healthcare professionals relies less on single interventions and more on strong, connected ecosystems. The most impactful approaches are grounded in collaboration, sharing, and mutual learning, rather than operating in silos. The Edu4Health platform provided the opportunity to gather and coordinate collaboration between VET Excellence Hubs from the 7 European regions by providing learning resources for health professionals, students and teachers for five different megatrends, i.e. 1) Personalised care and prevention, 2) The ageing population, 3) Chronic disease and co-morbidity, 4) The competent and modern health consumer, 5) The information revolution and general digitalization of society and 6) Climate challenge.

A common denominator in most regions is simulation-based training. Although each region tailor's simulation to its own context and target groups—ranging from interdisciplinary student cohorts to experienced professionals—simulation proves to be adaptive, future-oriented, and practice-based. Regional factors such as geography (e.g. Norway), compact and closely connected ecosystems (e.g. the Netherlands), or strong sectoral infrastructures (e.g. Italy) shape how simulation is designed and embedded.

Another recurring strength is interdisciplinary collaboration. Regions benefit when healthcare professionals, educators, researchers, and students learn together, supported by digital tools but not driven by technology alone. Spain highlights the role of new technologies combined with interdisciplinary professional learning, while Italy benefits from a unique autonomous structure with strong governmental support and funding. Long-standing reforms in some regions have created established meeting points that facilitate collaboration across education and practice.

Success depends on aligning interventions with regional structures, existing networks, and learner needs, while staying connected to the broader European ecosystem. Based on the processes and outcomes of Work package 5 (Testing and Implementation), recommendations can be summarized as:

- Invest in strong ecosystems: Build on existing partnerships and strengthen connections between education, research, healthcare providers, and policymakers.
- Place the learner at the centre: Use needs-based assessments, flexible learning pathways, and interdisciplinary formats tailored to different target groups.
- Support adaptive lifelong learning: Empower professionals to continuously adapt to emerging technologies and changing care demands.
- Create spaces for cocreation: Combine bottom-up innovation with supportive top-down structures to ensure sustainability and scale.
- Use platforms wisely: Avoid reinventing the wheel, but continuously validate usability, relevance, and alignment with existing systems.

5 Reference list

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Appendix 1. Workshop 1 – Develop your dream hub (partner meeting Ljubljana, Slovenia)

Develop your dream
Regional Vocational Excellence Hub

WHY? Describe the purpose.

HOW? Describe your ideal process.

WHAT? Describe the desired result, when is the RVEH a success?

CHALLENGES? Describe the biggest challenges you foresee.

CREATE Create an image of your dream scenario using (one of) the available materials.

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Appendix 2. Workshop 2 – Stakeholder overview (partner meeting Bergen, Norway)

Stakeholder overview

WP5 Testing & Implementation

Country please check the box

Identify your stakeholders
 Start by brainstorming who your stakeholders are. Consider all the people who are affected by your work, who have influence or power over it, or have an interest in its successful or unsuccessful conclusion. Make sure to identify both the organizations involved and the individual stakeholders within them. You can add detailed information about the stakeholders in the Excel sheet provided.

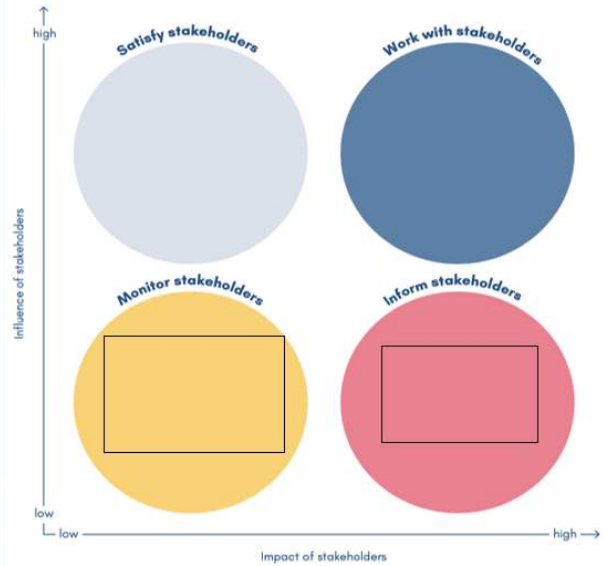
Prioritize your stakeholders
 Once you have identified all the individuals and organizations impacted by your work, it's important to prioritize them. The Power-Interest Grid can help you group stakeholders based on their level of power and interest. Some stakeholders may have a greater ability to influence the success or failure of your project, while others may have less impact. Prioritizing your stakeholders can help you allocate your time and resources more effectively and ensure that you focus on the stakeholders who are most critical to your success.

The above figure explains the different approach we should have for the stakeholders:

- **High power - High interest:** These stakeholders are decision-makers and have a significant impact on the project's success. Therefore, it's important to closely manage their expectations and keep them informed at all times.
- **High power - Low interest:** These stakeholders may not be interested in the project, but they still yield power. As a result, it's crucial to keep them satisfied and informed, as they could potentially use their power in a negative way if they become dissatisfied.
- **Low power - High interest:** These stakeholders are interested in the project but have minimal power. It's important to keep them adequately informed and engaged to ensure that they remain supportive and can provide helpful insights.
- **Low power - Low interest:** These stakeholders have little interest or power and should be monitored but not bombarded with excessive communication.

Power-Interest Grid

Fill in the Power-Interest Grid for stakeholders that are part of your regional health eco-system.



Appendix 3. Workshop 3 – PowerPoint template (partner meeting Lubeck, Germany)

1 **WPS: Testing and Implementation**
Mission, Strategy & Workplan RVEH
[Country, hub]

2 **Mission**
Describe the mission of your RVEH regarding testing and implementation of the Regional Objective of Excellence Hub (for the first 1-5 year).
The mission is a short statement about the reason for your hub's existence. The mission answers 4 questions: Why are we? What do we do? Who do we do that for? How do we do that? You can construct the answer to these questions in 2-3 sentences.

3 **Main objectives**
Describe the main objectives of your regional hub, especially for the first 1-5 year. Describe what you want to reach in month 1, 6, 12, month 18, 24, month 30, month 36, month 42, month 48, month 54, month 60.

4 **Input from baseline report**
• Needs analysis (survey)
– 21st century skills
– learning and teaching activities
• Interviews with regional stakeholders
• Scoping literature review
Look for main points of attention (pain / challenge) from the baseline report regarding the commitment of your region or hub.

5 **Concrete actions**
Describe the main points of work that need to be done to achieve a goal. Describe the actions you take in response to the baseline report. Where do you start from, which kind of concrete activities do you have to carry out?

6 **Training and learning activities**
Which kind of learning training and meeting activities are used to carry out on a regional level as part of the RVEH? Describe, and exchange and evaluate within different health care providers, state training, knowledge exchange etc.

7 **Strategy**
– Describe the strategy
A strategy defines how you want to reach your mission. It defines a long-term goal. The strategy for the individual country is in the project description.

8 **Promoting factors and barriers**
– Describe the possible promoting factors and barriers
What are the factors promoting factors and barriers to work with the RVEH?

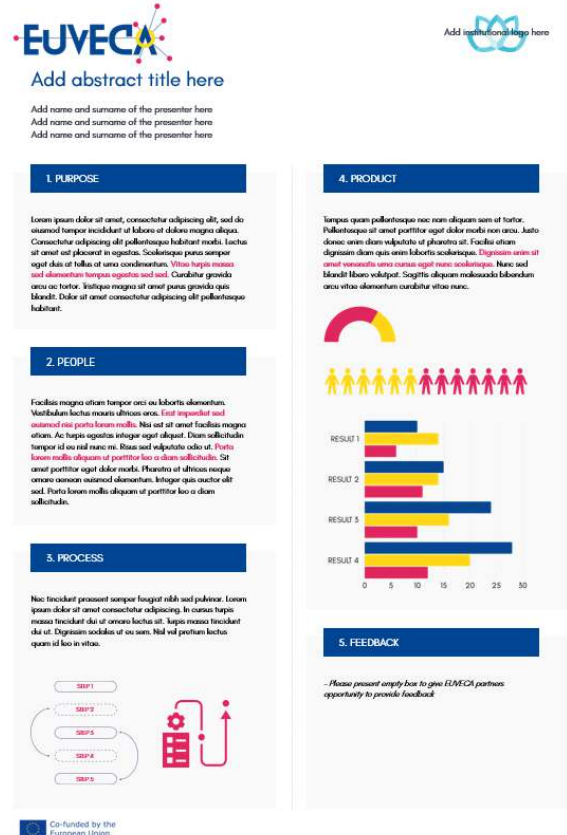
9 **Workplan**
– Describe a concrete workplan
A workplan puts your strategy into the field, breaks up tasks of projects. It describes activities, resources and time/effort needed to achieve your goals. The activities in the activities and page 4 in the project description.

10 **Relevant stakeholder**
• Describe the relevant stakeholders
• Use the 'stakeholder overview' that you made in Dagen
• How will stakeholders be involved in your hub?
• What do the hub stakeholders think about being part of the process?

Appendix 4. Workshop 4 - Poster template (partner meeting Enschede, the Netherlands)

Information to present on poster:

- Purpose Regional VET Excellence Hub
 - What is the shared and main purpose of the RVEH for your region?
 - How does the RVEH build on knowledge from the European Baseline Report?
- People Regional VET Excellence Hub
 - Which partners and members are already included in the RVEH?
 - Which partners and members are not yet involved in the RVEH but on your wish list? What is the main challenge to get them involved?
 - How can RVEH facilitator group be organized?
 - How can RVEH working group be organized?
- Process Regional VET Excellence Hub
 - Describe an example of a ‘bottom up’ idea (RVEH working group) that is relevant for your region
 - Describe an example of a ‘top down’ idea (RVEH facilitator group) that is relevant for your region
- Product Regional VET Excellence Hub
 - What vocational educational and learning activities are most relevant for your region, on local and international level?
 - What are key elements in the strategic plan for the RVEH?
 - What are key elements in the action plan for the RVEH?
 - How will you test the learning activities in the RVEH?
 - How are you going to reach and involve end-users to test the activities in your RVEH?
- When is the learning activity a success and are you satisfied? What criteria would you like to attach to this?



Appendix 5. Workshop 5 - Padlet board (online partner meeting)

Testing learning activities on Edu4Health platform
Online Inspiration Session WP5 (21 Nov 24)

Denmark	Germany	Italy	Netherlands	Norway	Slovenia	Spain
<p>Where? Describe the context and place (for regional and interregional activities).</p> <p>Online Hub meetings</p> <p>Educational institutions Hospitals</p> <p>Who? Who will test the learning activities (students and professionals)?</p> <p>UCL (education) SORSU? (education) SHR (hospital) SNS (hospital) OLRH (hospital) Odense (municipality) Middelfart (municipality) Aabenraa (municipality) Mølndalen (municipality)</p>	<p>What? What learning activities will your hub test? We will test all learning activities that will be available on the platform</p> <p>VR Scenario "AI in Healthcare" VR Scenario "Future Assessment of patients"</p> <p>Who? Who will test the learning activities (students and professionals)?</p> <p>Nursing students (university+ vocational training) Nursing professionals External healthcare professionals (from RVEH)</p> <p>Where? Describe the context and place (for regional and interregional activities).</p> <p>Online / Platform Hub Meeting</p> <p>When?</p>	<p>What? What learning activities will your hub test? We will test all learning activities that will be available on the platform</p> <p>Who? Who will test the learning activities (students and professionals)?</p> <p>Students from the University of Verona (nurses, healthcare assistants, physiotherapists) Healthcare professionals APSS (local health trust)</p> <p>Where? Describe the context and place (for regional and interregional activities).</p> <p>Self-delivered for health professionals through the platform During classes for students</p>	<p>What?</p> <ul style="list-style-type: none"> Awareness course V-model Action bound Exchange <p>At least one activity per megatrend</p> <p>Who?</p> <ul style="list-style-type: none"> Students: nursing, social work, technical medicine Professionals: nurses <p>Where?</p> <ul style="list-style-type: none"> ZGT hospital University of Twente Saxion University of Applied Sciences Hub partners: TZA IJden, MST 	<p>What? What learning activities will your hub test?</p> <ul style="list-style-type: none"> Regional activity: Simulation training The regional activity will be further planned in the next month. Interregional: Actionbound + 1-2 or more activities to be identified as they are published <p>Who? Who will test the learning activities (students and professionals)?</p> <ul style="list-style-type: none"> Healthcare students from HVL Students from high school in Regional Nordhordaland (RN) Healthcare employees at the hospital and the municipalities (Haukeland and RN) 	<p>What?</p> <ul style="list-style-type: none"> Simulation training on interprofessional collaboration <p>Who?</p> <ul style="list-style-type: none"> Students: nursing, medicine, physiotherapy, occupational therapy, radiologic technology, sanitary engineering, social work Professionals <p>Where? Describe the context and place (for regional and interregional activities).</p> <ul style="list-style-type: none"> SIM Center at Community Health Center of Ljubljana <p>When?</p> <ul style="list-style-type: none"> Set around May 2024 (for students) 2nd round: December 2024 	<p>What?</p> <ul style="list-style-type: none"> Provide tools for patient Empowerment Using Social Media Make evident the need of an integrated approach to deal with chronic diseases management A common language: communicating with the elderly and people with dementia <p>Where? Describe the context and place (for regional and interregional activities).</p> <p>Courses in Spanish and English in parallel Regional</p>

Appendix 6. Workshop 6 – Creative pitches (partner meeting Valencia, Spain)

Three stills from the movie from the Dutch RVEH:



Appendix 7. Workshop 7 – Reflection cards (partner meeting Trento, Italy)

Workshop WP5 Partnermeeting Trento

Reflection cards

Testing learning activities and other activities

What were main successes for recruiting health care students / professionals?	
What were main challenges for recruiting health care students / professionals?	
What were main barriers for recruiting health care students / professionals?	
What were main successes for testing activities?	
What were main challenges testing activities?	
What were main barriers for testing activities?	
What were promoting factors on a local, regional, national level for testing activities?	
What were hindering factors on a local, regional, national level for testing activities?	
How to lift or overcome barriers?	

Workshop WP5 Partnermeeting Trento

Reflection cards

Setting up Regional Vocational Excellence Hub

Has the dream hub been realized?	
What were main successes for setting up the hub?	
What were main challenges for setting up the hub?	
What were main barriers for setting up the hub?	
What were promoting factors on a local, regional, national level for setting up the hub?	
What were hindering factors on a local, regional, national level for setting up the hub?	
How to lift or overcome barriers?	

Appendix 8. Workshop 8 – The international café (partner meeting Brussels, Belgium)

Workshop 'The international café'



EUVECA

2

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Café conversations (35 min)

- Aim: To identify European pattern, differences and shared insights -> as concrete input for our key messages in the comparative chapter
- Discuss about three questions (10 min each)
Next slide
- One-word check-out (5 min)
Each participant states one word that should characterize the comparative chapter

EUVECA

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➤ **Three questions**

1. Which approach or intervention in your region has contributed most to educating future-proof healthcare professionals? What regional factors made this successful?
2. What are 'unique selling points' from your region compared to other Euveca regions?
3. What are the most important recommendations that we want to 'tell the world'?

➤ **One-word check-out**

EUVECA

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- Appendix 9. Regional Implementation Report - Denmark**
- Appendix 10. Regional Implementation Report - The Netherlands**
- Appendix 11. Regional Implementation Report - Germany**
- Appendix 12. Regional Implementation Report - Italy**
- Appendix 13. Regional Implementation Report - Norway**
- Appendix 14. Regional Implementation Report - Slovenia**
- Appendix 15. Regional Implementation Report - Spain**

Regional Implementation Report

Denmark

1. Creation of the Regional Vocational Excellence Hub (RVEH)

The Region of Southern Denmark (RSD) was established in 2007 as a result of a structural reform in Denmark, with the main objective to organize the health care system in bigger and more competent structures. RSD being the largest regional employer with the responsibility for the delivery of primary healthcare, health and welfare technologies became a strategic priority area for the region. It was seen as a win-win situation, where a structural challenge in a sector could serve as an innovation driver for regional enterprises. Especially the city of Odense became a center of innovation and excellence, hosting the South Danish Health Innovation Center, the Life Science Cluster, the Odense Robotics and many other business development initiatives focusing on the health care sector.

When the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) was launched in 2012, the RSD was among the first 8 regions to become a 4-star reference site. Already at that time, the region was also an active member of - and contributor to - the ECHA alliance (now Global Health Alliance), and thus a regional health eco-system has existed in South Denmark for many years.

The regional health eco-system in the RSD was created around the regional and local health providers, the university of southern Denmark and the Welfare Tech cluster.

To work with the EUVECA project on local level, our approach has always been to build on the existing eco-system, and with the creation of the regional EUVECAHUB, educational institutions on VET and professional bachelor level were included as well as the regional HR department and the political level with a representative from the regional council.

The implementation process


The implementation process started in January 2023, where all stakeholders were invited to a creative workshop to kickstart the RVEH, and set up the priorities for the collaboration in the regional HUB.

In collaboration with the Southern Denmark Health Innovation Unit (SDSI) we created a 4-hour creative workshop, where 26 regional stakeholders from the entire health eco-system participated. The workshop was organized into four groups that each included at least representatives from a municipality, a hospital, and an education institution.

The following stakeholders were represented in the workshop;

- Regional municipalities (In Denmark the municipalities are also health care providers, being responsible for health promotion, disease prevention and rehabilitation)
- 4 Regional hospitals (one university hospital) and Psychiatric hospital; educational representatives and SIM-centers
- Regional Development Agency;
- Politician from the Regional Council
- Other regional care organizations; South Denmark Health Innovation Center, Danish Life Science Cluster
- Educational institutions; University colleges educating nurses, physiotherapists, occupational therapy; Institution educating health care assistants, Kolding School of Design, University of Southern Denmark: with a focus on doctors, engineers, robotics

The creative workshop resulted in a substantive implementation report with a list of concrete ideas to work with and priority areas for the regional collaboration.



Besides the first kick-off and creative workshop in January 2023, we have organized the following meetings and activities with the RVEH stakeholders;

- March 2023: Follow-up (online) to inform about results from the creative workshop and present the results from the European survey and review.
- June and August 2023: Two strategic workshops with a smaller group of participants, where we designed the strategy for the regional HUB.
- October 2023: Online meeting to present and discuss the proposed strategy for the HUB as well as presentation of regional initiatives that could be an active part of the HUB.
- February 2024: physical meeting where 2 concrete pilot projects were identified for the group to collaborate about. These were: 1) Creating the good story and the good image about working as a health care professional in the RSD and 2) Creating a better link between study life and working life. We also started discussions about a common regional approach to micro credentials.
- December 2024: Online meeting where we discussed how we can align our work in the HUB with national strategies and a mapping analysis of regional initiatives to support the 2 regional pilot projects.
- April 2025: This physical meeting became a kind of an anticlimax because we had prepared everything to start working concretely on the 2 pilot projects, but when this was presented to the HUB, they suddenly didn't feel ready and asked for a more important and explicit management support from the participating stakeholders.
- Based on the discussions that took place within the group during the meeting in April 2025, we decided to write an application, involving the regional stakeholders from the EUVECA HUB, to the Novo Nordisk Foundation, to obtain funding for the development and implementation of a project focusing on STEM and digitalisation in the health care educations on professional bachelor level through a closer collaboration with the technical faculty on the university of southern Denmark. The project proposal also includes activities to work with micro credentials on regional level. During the proposal writing the regional HUB met several times.
- November 2025: Despite the ups and downs in the collaboration within the HUB, agreed during this meeting that they find it important to have this kind of forum that we have created in EUVECA, where the stakeholders, on innovation and consultancy level, can discuss concrete ideas and exchange experiences. What is needed is a stronger managerial support, describing the legitimacy of the collaboration. We will work to ensure that for the rest of the project.

Strategic process

To define the strategy for the HUB we invited relevant persons from each sector into a working group. Two meetings were held: one to bring forward the needs and objectives for the strategy and a second to finalize the strategy.

In between these two meetings, the two regional EUVECA partners drafted the proposal for a strategy.

The strategy for our HUB was elaborated over summer 2023 in close dialogue with essential stakeholders being;

- Representatives for the two university colleges for applied science (UC)
- A representative for the health- and social care education (SOSU)
- A representative for Kolding Design School
- A representative for a local health provider (Odense Municipality)
- A representative for the Regional Council (Politician Mark Vitterup Søggaard)
- Representatives for the hospitals (SHS & Esbjerg)
- A representative for South Danish Health Innovation

Our Strategy

The strategy takes its starting point in an expressed need for more cross professional collaboration in the region and a better insight into and coordination of the different educational offers in the region.

In short: there is a need to bring down the silos through;

- Enhancing collaboration between the different regional education and skills development Programs
- Increasing the focus on the patient journey in regional education and competence development programs instead of mainly being divided into single themes/silos and subject areas
- Improving the coherence and transition between education, skills development and work-life.

Our regional HUB should be special and be a platform that...

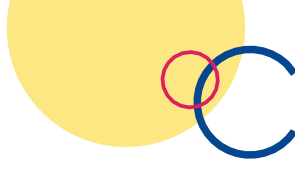
- allows us to do something different and more than what each actor can do individually. We want to create political awareness
- allows us to create concrete solutions and alternatives to what we know today (not just more of the same)
- is able to make decisions when we initiate concrete projects
- offers to participate in European cooperation. In particular EUVECA, but also other new EU projects that may arise
- Builds on the knowledge and cooperation that already exists nationally and in the Region of Southern Denmark
- Creates contact and mutual understanding between the regional players, making it easier to cooperate.

Bottom-up approach

- It was important for the group of stakeholders that the work in the group becomes practical oriented and focuses on concrete collaboration on specific subjects.

Our work will build on already existing knowledge:

- Recommendations from the Danish Commission for Resilience in Healthcare
- Regional §17 stk. 4; "Special committee on coherence between education and work-life"
- Recommendations from the Danish Commission for the reform in health care



2. Activities conducted with the RVEH together with stakeholders

Type of activities	
<i>Collaboration activities</i>	<p>As described above, we have organized a series of meetings with regional representatives from the relevant stakeholders. Each meeting focused on a specific theme of shared interest.</p> <p>From the outset, it was important for stakeholders to gain a deeper understanding of each other's work and competencies, forming a solid foundation for stronger collaboration. The meetings were hosted by different organizations and also functioned as study visits.</p> <p>Through these meetings, we have moved closer to a shared understanding of how we can collaborate and communicate beyond the EUVECA project and build a sustainable platform for educational innovation and development.</p> <p>As a concluding activity, the group prepared and submitted an application to a national innovation fund (the Novo Nordisk Foundation) proposing the implementation of a joint regional project called STEM4Health.</p> <p>This initiative represents a strong example of interprofessional collaboration, with participation from all levels of education: upper-secondary education, bachelor programmers, universities, and vocational education within hospitals.</p> <p>The project began in February 2025 and will run for three years. It will support the continuation of the work and collaboration initiated during the EUVECA project.</p>

<i>Communication activities</i>	<p>Throughout the entire project, SDEO has continuously published articles about EUVECA in their regional newsletter. For example, following each meeting in the regional network, an article has been shared to highlight progress and insights.</p> <p>SDEO has a unique opportunity to reach the political level, as its management board is composed of politicians from both regional and local authorities. At several board meetings, the project and its regional activities have been presented, giving politicians the opportunity to discuss the project's implementation as well as its relevance to regional and local responsibilities and competence areas within the healthcare sector.</p>
<i>Testing learning activities</i>	Participants from the RVEH who were teachers at Vocational Schools or universities, and implementation coordinators from a municipality tried out the courses investigating the relevance for the employees or students.
<i>Sustainability activities</i>	N/A
<i>Other activities</i>	N/A

3. Promotion of the European platform for Vocational Excellence (EPVE)

Through the meetings in the regional network, we have informed the participants at each meeting about the status of the European project, including a presentation of the Edu4Health platform.

On the one hand, we have shown the actors how they can use the material available on the platform, and on the other hand, we have discussed and encouraged the actors to use the platform to market their own training activities and teaching programs for which they want European students and/ or participants to join.

We have also been collaborating with University College Lillebælt in our Region, which has been subcontracted to work with the system of micro credentials for the platform.

In the process of recruiting students and healthcare professionals to test the platform, we have sent emails to relevant stakeholders.

The stakeholders find the platform a little difficult to use in terms of direct access for students and healthcare professionals, but several of our educational stakeholders would like to use the platform in relation to their European cooperation, with the opportunity to attract European students and expand their European profile.

4. Trained / upskilled health care students and professionals

Country / region	Regional learning activities	Number of students/ professionals trained in region	Interregional learning activities	Number of students/ professionals trained interregional
<i>(please state your country and region)</i>	<i>(please insert learning activity)</i>	<i>(please insert number)</i>	<i>(please insert learning activity)</i>	<i>(please insert number)</i>
Denmark (SOSU-skolen)			Awareness Course	28 students
Denmark (FAM & X-ray)			Awareness Course	30 students
Denmark (UC Syd, Esbjerg)			VR-scenario	6
Denmark, (L&F)			VR-scenario	15
Denmark, SDU			Action Bound	27
Denmark Haderslev Kommune			Awareness Course	1
Denmark, SHS			Awareness Course	
Denmark, UCL			Awareness Course	

5. Overview testing activities

For the overview of testing activities from Danish Regional Vocational Excellence Hub, see table 1 Trained and upskilled healthcare professionals, students and teachers in the European Implementation Report.

6. Participation list

We collected signed attendance lists from participants of the learning activities. Due to privacy considerations, these lists are not included here. They can, however, be made available upon request if needed.

7. Reflection on the executed learning activities and the feedback received on the evaluations

Overall, the experience with Edu4Health has been mixed. The topics are interesting, particularly the focus on health, sustainability, and following a citizen through a care pathway, which many found engaging and informative. The courses offer useful knowledge and a creative way of learning, and the platform itself is generally easy to navigate for users with solid digital skills.

However, many found the structure complicated, with too much text, too many clicks, and an unfamiliar setup that made the courses feel overwhelming. Key points were easy to forget, which made the questions difficult to answer. Some participants felt they did not gain much overall. The courses often require more technical ability, English skills, and familiarity with new concepts than many employees have.

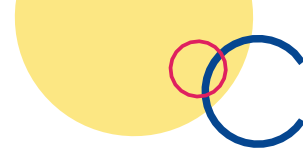
The AI course in particular was difficult to access, required downloading an app, and included English interfaces and videos. The content sometimes felt too technical, too focused on the hospital sector, and occasionally value-loaded in its wording. The green transition course was easier to enter and more relevant to municipal work, but also heavy on text and contained many clickable elements that made it hard to maintain an overview.

Compared to local platforms like MyMedCards/MyGuides/MySkills, Edu4Health appears less intuitive and less accessible to the broad variety of staff groups. While the idea of shared EU learning materials is positive, the intended target audience for Edu4Health remains unclear, as the courses seem to address both decision-makers and general staff. A clearer focus and simpler design would significantly improve the platform's usability and relevance.

8. Promoting factors in the RVEHs for testing and implementation of activities

Promoting Factors for Testing and Implementing Activities within the RVEH:

- **Collaborative Workshop Approach**
The bottom-up approach in workshops with diverse stakeholders ensured active participation and a sense of ownership, fostering engagement and motivation for implementation.
- **Alignment with Existing Initiatives**
The network's focus on integrating with existing regional health strategies and initiatives made it more relevant and easier to connect with ongoing projects.
- **Strong Local Partnerships**
Continued collaboration between local health institutions, educational bodies, and municipalities facilitated resource sharing, mutual learning, and problem-solving.
- **Real-World Relevance**
Emphasizing practical training, such as simulation and VR, ensured that participants could directly apply what they learned in clinical practice, making the activities more effective and engaging.
- **Leadership and Governance**
Support from leadership and clear facilitation by project leads helped maintain focus, ensure the network's progress, and align activities with broader goals.
- **Funding and Resource Mobilization**
Connecting the network with funding opportunities (e.g., for STEM skills) enabled the development of key projects and furthered the network's implementation.



Elements on the Local, Regional, and/or National Level that May Facilitate Setting Up the RVEH:

- **Local Collaboration and Networks**
Local initiatives, such as learning cafés and inter-professional training, created a strong foundation for broader collaboration, facilitating easy integration of new members.
- **Regional Health Strategies**
The alignment with regional health system strategies and youth transition programs provided a clear framework for integrating the network into broader regional goals.
- **Political and Administrative Support**
Strong political and administrative backing ensured the network's activities were aligned with regional priorities, increasing sustainability and support.
- **Interregional Collaboration**
Cross-border cooperation, especially with Slesvig Holstein, expanded knowledge-sharing and innovation, enhancing the network's regional and international reach.
- **Innovation and Project Development**
The focus on micro-credentials and digital technologies in training aligned with national priorities for digital health, helping to drive innovation and build capacity in the workforce.

9. Barriers in the RVEHs for the testing and implementation of activities

Barriers for Testing and Implementing Activities within the RVEH:

- **Lack of Institutional Affiliation and Recruitment Challenges**
The fact that participants were not employed within hospitals, municipalities, or educational institutions posed a significant challenge for testing and recruitment.
Being external to these organizations made it difficult to access the necessary resources, networks, and decision-makers, which hindered recruitment efforts and the ability to engage key stakeholders effectively.
- **Lack of Clear Mandate and Objectives**
Some stakeholders expressed the need for a clear mandate and defined tasks for the network. Without these, it was challenging to maintain focus and ensure concrete outcomes.
- **Inconsistent Attendance and Engagement**
Not all participants attended meetings regularly, which limited the consistency and momentum needed for effective implementation.
- **Resource Constraints**
Limited resources, particularly in terms of time and funding, made it difficult to fully implement and scale activities. There were challenges in mobilizing resources across organizations.
- **Complex Governance Structure**
A lack of clarity in the governance and decision-making process slowed down the ability to initiate and execute projects effectively. The need for a clear decision-making framework was emphasized.
- **Resistance to Change and Collaboration**
Some stakeholders were resistant to breaking down silos and engaging in more collaborative, cross-sector activities. This reluctance hindered the establishment of a fully integrated network.
- **Mismatch Between Education and Clinical Practice**
The challenge of integrating education with real-world clinical practice was noted. This gap made it harder to design training that was both relevant and practical for healthcare professionals.

Elements on the Local, Regional, and/or National Level that May Have Hindered Setting Up the RVEH:

- **Limited Political and Administrative Support**
Insufficient political and administrative backing, particularly in the early stages, posed a barrier to gaining the necessary resources and commitment to establish the network.
- **Fragmentation of the Healthcare and Education Systems**
The fragmented nature of the healthcare and education systems at the local and regional levels made collaboration challenging, as stakeholders were often operating in separate silos.
- **Lack of Standardized Frameworks**
The absence of standardized frameworks for cooperation and governance across different regions and sectors created confusion and delays in decision-making.
- **Cultural and Organizational Differences**
Differences in organizational cultures and practices across sectors (healthcare, education, municipalities) led to misunderstandings and misaligned priorities, slowing progress.
- **Competing Priorities**
Competing priorities among stakeholders at the local, regional, and national levels often diverted focus from the RVEH's goals, making it difficult to prioritize the network's development.
- **Regulatory and Policy Barriers**
Existing regulations and policies at the national level sometimes limited the flexibility needed to test new approaches in education and training, such as introducing micro-credentials or cross-sector collaboration

10. How to overcome the identified barriers

Our experience from the implementation of the project is that a constant secretariat function is very important. We have used many resources to keep up the continuing of the communication between the stakeholders and the constant focus on the objective and mission of the regional network.

As already stated in the beginning, it has been very important to build on already existing activities, that has helped to position the project within relevant policy frameworks and / or regional and local priority areas.

To overcome the issue related to the financing of the network activities and the continuation of the network beyond the project period, we identified national funds to support the regional collaboration and development of common initiatives and activities.



The South Danish Network for Training and Skills Development in the Healthcare Sector



Henriette Hansen
Sabine Paasch Olesen

1. PURPOSE

● We want to break down the silos in regional HEALTH education and skills development by.....



- Enhancing collaboration and coordination between the different regional education and skills development programmes.
- Collaboration to create concrete projects together
- Improving the coherence and transition between education, skills development and work-life.

2. PEOPLE

- The South Danish Health Education Eco-System
- South Denmark European Office (secretariat)
 - The Region of Southern Denmark, being responsible for primary care and thus the running of 4 university hospitals (Employer and VET provider)
 - Representatives from local authorities, being responsible for health promotion, disease prevention, rehabilitation and care close to the citizen (Employer and VET provider)
 - University of Southern Denmark
 - 2 University Colleges
 - 4 VET Health Care Assistant providers

3. PROCESS

- 1) Creating a common vision and strategy – we agree to try to break down the silos between the different educations



- 2) Getting to know each other better through dialogue and studyvisits
- 3) Creating relations and finding common challenges
- 4) Developing concrete activities together and seeking internal and external funding
- 5) Ensuring managerial and political support through meetings
- 6) Continuing the collaboration in the eco-system with managerial and political support

4. PRODUCT – The Regional collaboration

- Continue to learn from each other and facilitate interdisciplinary collaboration in the regional HUB



- Implementing STEM4Health during the next three years, that is a regional project with financial support from the Novo Nordisk Foundation with interdisciplinary collaboration between all levels of health education; from social care assistants students to MedTech engineer students
- Collaborating with Social Sundhed – A Danish initiative the engages health care students to become volunteers
- Develop activities that create a better transition from education to working life, so that students feel better prepared when they start in the clinic and can better engage in collaboration? For example, more relevant student jobs and better feedback on their assignments.

Through high quality education, interdisciplinary collaboration and continuing training on the workplace, we want to make the South Danish health care sector known as an excellent place to work



5. FEEDBACK

Give us feedback to our regional network



Implementation Report

The Netherlands

1. Creation of the Regional Vocational Excellence Hub (RVEH)

The Regional Vocational Excellence Hub (RVEH) in the Twente region was established to strengthen healthcare by structurally connecting education, research, innovation, and clinical practice. Its purpose is to better prepare professionals and students for a rapidly evolving healthcare environment characterized by technological advancements, digitalization, and increasingly complex patient needs.

The creation of the RVEH in Twente was a collaborative process. At the start of the EUVECA project, four key partners joined forces: ZGT as hospital, University of Twente and Saxion University of Applied Sciences as educational and knowledge institutions, and Oost NL as regional development agency. This initial partnership enabled an immediate link between education, research, innovation, and clinical practice.

The development of the RVEH was guided by practice-driven insights and regional priorities, resulting in a strong substantive foundation. The hub model offers clear benefits, including improved alignment between education and clinical practice and expanded opportunities for interprofessional learning. At the same time, effective collaboration requires ongoing coordination: roles, expectations, and communication within the network must remain transparent.

External partners were informed about the RVEH on multiple occasions. Although this did not result in their formal participation in the regional hub, these stakeholders remain actively connected through existing networks in which collaboration already takes place around shared themes, such as health, technology and innovation. For these partners, formal inclusion in the regional hub did not provide additional added value beyond the structures already in place.


Overall, the RVEH represents a valuable, yet still evolving cooperation that supports future-proof skills and innovation capacity in regional healthcare.

2. Activities conducted with the RVEH together with stakeholders

Collaboration activities were realised through a combination of joint content development, knowledge exchange, and co-creation in educational and professional contexts. ZGT, University of Twente, Oost NL and Saxion worked together on several shared outputs, including the article “*Experts join forces on emergency care safety training*”, the development of the knowledge clip “*De Innovatie Challenge*”, and the article “*Learning strategies for developing 21st-century skills*”, published in the professional journal *O&G*. In addition, partners jointly organised and facilitated workshops linked to learning activities on the Edu4Health platform.

In varying partner constellations, workshops were delivered to other healthcare networks and organisations, as well as at regional conferences within the Twente region. Educational collaboration was further reinforced through the joint supervision of multiple student groups, who worked on assignments commissioned by the RVEH. International exchange also played a valuable role, particularly through collaboration with partners from Lübeck. By working across regional and international boundaries, partners broadened both professional and educational perspectives.

Communication activities focused on strengthening regional connectivity and increasing transparency regarding ongoing activities, shared expectations, and collaboration opportunities for partners. To promote EUVECA and the Edu4Health platform, a range of targeted communication activities was implemented across the RVEH.



Building on collaborative outputs, several articles were published, and project-related updates were shared through LinkedIn posts by different RVEH partners. In addition, presentations were delivered at conferences, symposia, and within internal professional communities. Information was also disseminated via internal and external newsletters and newsfeeds, including those of stakeholder organisations such as MST Hospital and employee associations. Together, these communication activities contributed to increasing the visibility of EUVECA and Edu4EHealth and to reinforcing awareness of the RVEH within the regional and professional networks.

New learning activities were tested across both educational and clinical settings. Testing within educational contexts proved relatively straightforward, with bachelor's and master's students, as well as lecturers, able to engage with the activities and provide feedback. Integration into existing curricula proved challenging, likely due to a mismatch between the intended audience of the Edu4Health platform and the student groups being taught. In contrast, testing in the hospital environment faced more challenges. Identifying suitable target groups and integrating voluntary participation alongside mandatory training requirements limited engagement and constrained the potential impact. In addition to these settings, several workshops were conducted within regional healthcare organisations, providing opportunities for care professionals to interact with the learning activities.

Sustainability has been actively supported through the development of lasting relationships and ongoing collaboration among hub partners. Partners maintain intensive partnerships with each other via educational programmes and joint projects, such as the Zorginnovatieplein and the collaborative seed fund. The EUVECA project further strengthened these connections by enhancing mutual understanding of each partner's expertise and capacities, making collaboration more effective and targeted. In addition, the regional development agency Oost NL plays a key role in ensuring sustainability by identifying funding opportunities, supporting partner searches, and mapping ongoing initiatives in the region. Together, these efforts provide a solid foundation for preserving and building upon the knowledge, experience, and networks developed through the EUVECA project, ensuring that the outcomes and collaborations continue to benefit the region beyond the project's duration.

3. Promotion of the European platform for Vocational Excellence (EPVE)

The European Platform for Vocational Excellence (EPVE) was actively promoted across the regional ecosystem through a coordinated and multi-channel approach involving healthcare providers, higher education institutions, and vocational education partners.

Within partner organisations, the platform was introduced through internal communication systems, presentations, and direct outreach to colleagues. This included promotion via internal and external newsletters, presentations during lectures, and targeted e-mail communication. Academic partners embedded the platform in educational settings by presenting it to students during lectures and engaging with relevant student associations, particularly those connected to health and technology-related study programmes. In addition, the platform was shared with key internal governance and advisory bodies, such as healthcare advisory councils, works councils, HR departments, and regional HR managers, ensuring visibility among both strategic and operational stakeholders.

This broad dissemination strategy helped position the EPVE as a shared regional resource that connects education, healthcare, and workforce development. The feedback collected through informal conversations, direct responses from colleagues, and interactions during presentations was

largely positive. Stakeholders valued the platform’s ambition to strengthen collaboration between vocational education, higher education, and healthcare practice, and appreciated the clear regional focus combined with a European perspective.

At the same time, feedback indicated the importance of continued communication and practical guidance to support active use of the platform. Users expressed a need for clear examples, concrete use cases, and ongoing updates to fully integrate the EPVE into daily educational and professional practices. These insights are being used to further refine dissemination efforts and to strengthen the platform’s relevance, accessibility, and long-term impact within the region.

4. Trained / upskilled health care students and professionals

Country / region	Regional learning activities	Number of students/ professionals trained in region	Interregional learning activities	Number of students/ professionals trained interregional
<i>(please state your country and region)</i>	<i>(please insert learning activity)</i>	<i>(please insert number)</i>	<i>(please insert learning activity)</i>	<i>(please insert number)</i>
			V-model	Students (n=20) Professionals (n=20) Teachers (n=41)
			Develop your skills	Students (n=24)
			Awareness course	Students (n=9) Professionals (n=1)
			Animated 360 VR-skills training	Students (n=3) Professionals (n=2)
			AI action bound	Students (n=4) Teachers (n4)
			Introduction to psychogeriatrics	Professional (n=1)

5. Overview testing activities

For the overview of testing activities from Dutch Regional Vocational Excellence Hub, see table 1 Trained and upskilled healthcare professionals, students and teachers in the European Implementation Report.

6. Participation list

We collected signed attendance lists from participants of the learning activities. Due to privacy considerations, these lists are not included here. They can, however, be made available upon request if needed.

7. Reflection on the executed learning activities and the feedback received on the evaluations

A small-scale evaluation conducted by students indicated that both the EUVECA website and the Edu4Health platform shows promising but, at the time of testing, lacked user-friendliness. The link to Edu4Health was hard to find, navigation was inconsistent, and several functions were unclear. Also, many learning modules on Edu4Health were not operational at that moment (only 3 of 17 were accessible).

Key Learnings

- Improve visibility and structure to guide users to the platform and modules.
- Ensure consistent, intuitive navigation and language options.
- Resolve privacy issues (participant data must remain hidden).
- Define target groups more clearly, as module suitability varies.
- Address quality gaps: some modules lack feedback or instructional clarity.
- The AI Actionbound stands out as an effective, motivating format.
- Usability remains limited due to incomplete module development.

The V-model learning activities, delivered as workshops and guest lectures within healthcare organizations and the Master's program Health Care & Social Work, received highly positive evaluations. Participants rated the sessions with an average score of 8.1, highlighting strong relevance to their professional practice. The activities were valued for fostering dialogue on technology developments, sharing knowledge and experiences, and promoting awareness of future-proof competencies. Interactive elements—such as practical exercises (e.g., “brilliant failure”), discussion cards, and the Technology Competence Guide—were praised for encouraging reflection and structured learning. Respondents appreciated insights into the impact of technology on required skills and the opportunity to revisit the V-model's meaning for their organization. Suggestions for improvement included more time for in-depth discussion, greater focus on 21st-century skills, and enhanced use of digital tools. Overall, the sessions effectively combined theory, practice, and collaboration to support technology integration in care and welfare.

Awareness course – develop your green skills. This e-learning course focuses on making healthcare and social work more sustainable by raising awareness and applying practical solutions. Students and professionals learn how to make sustainable choices in their work to reduce healthcare's environmental impact while improving patient and client health. The course follows the patient journey of Mr. Martin, a 73-year-old man with a complex medical history. Students and professionals take on the role of healthcare and social work professionals supporting Mr. Martin in different care settings, making sustainable choices based on the five themes of sustainable care (next page) to improve his care and reduce its environmental footprint. This e-learning was integrated into the bachelor's program Nursing of Saxion University of Applied Sciences.

Leadership course – WOOP (climate change). The course follows a structured leadership framework, based on the Inner Development Goals, using the WOOP method. Participants reflect on their sustainability goals and develop action plans to address challenges in their workplace. They apply the five themes of sustainable care—health promotion, climate impact awareness, CO2 reduction, circular economy principles, and responsible medication use—to real-life professional scenarios. This course was delivered as a workshop within Master's program Health Care & Social Work of Saxion University of Applied Sciences, received highly positive evaluations (average score of 7.3). Sustainability is becoming more and more important as a central theme in health care organisations in our region.

Based on this learning activity student/professionals became aware and were challenges to think critically about their own behaviour and practice regarding sustainability.

8. Promoting factors in the RVEHs for testing and implementation of activities

Several elements facilitated the testing and implementation of learning activities. First, raising awareness about the platform and its available activities proved essential for engagement. Second, establishing connections with lecturers enabled integration of activities into formal curricula, lifelong learning initiatives, and professional development programs. This alignment ensured relevance for both students and professionals. Finally, active collaboration with stakeholders - listening to their needs and assessing whether the platform's activities addressed those needs – is important to see if activities on the platform sufficiently meet their needs.

Within the Dutch RVEH, a strong starting point was the diverse partnership established at the outset of EUVECA. By involving a hospital, a university of applied sciences, a university, and a regional development agency, the RVEH was able to connect across all relevant layers of expertise from the beginning. This reduced the need to seek additional partners for missing knowledge and created a sense of being a fully functioning RVEH early on.

Stakeholders from other healthcare organizations and educational institutions were involved in the project at various moments, but they never formally became partners of the hub. This was not an intentional choice; rather, it evolved naturally over time. This is likely due to the fact that the Twente region already has several existing networks and collaborative partnerships in which we regularly encounter one another and work on similar or shared challenges.

On the national level, no structured activities were initiated, as the focus was on regional embedding first. However, collaboration with the **COVE project Care About IT** allowed for knowledge exchange and mutual learning.

9. Barriers in the RVEHs for the testing and implementation of activities

Testing the activities required very active recruitment of teachers and students. As stand-alone activities, participation was limited, which led to embedding them in existing courses or modules. This approach increased feasibility but depended heavily on the willingness of colleagues to cooperate. As a result, project members often delivered the activities themselves as guest lecturers. Delays in platform development initially caused demotivation among interested colleagues.

In the hospital, limited alignment with the needs of target groups was a major barrier. Professionals already face many mandatory training requirements, leaving little time or motivation for additional activities. High workload and strict IT security regulations further hindered participation. Progress was mainly achieved by involving students who could link testing to their study requirements.

The barriers identified in setting up the RVEH largely overlap with those described above.

At a local and regional level, the existence of an extensive core group and the presence of many established networks and collaborations in the Twente region influenced the development of the hub. Because partners already collaborated in other contexts and worked on similar or shared challenges, there was less urgency to formally expand the hub or to restructure existing collaborations under the RVEH umbrella. This abundance of existing initiatives and partnerships, while a strength of the region, also made it more complex to position the RVEH as a distinct and necessary new structure.

10. How to overcome the identified barriers

To lift the identified barriers, several complementary strategies are recommended. Future learning activities should be more closely aligned with the daily practice and learning objectives of the target groups, increasing relevance and intrinsic motivation. Where possible, activities should be accredited so that healthcare professionals can use them for mandatory requirements such as quality register registration, reducing the burden of additional training.

Structurally embedding activities within existing curricula, courses, or mandatory training programmes - rather than offering them as stand-alone activities - can further improve participation and sustainability. This requires formal commitment from educational programmes and departments, rather than relying on individual willingness.

Maintaining a stable, professional, and user-friendly platform is essential to sustain engagement.

11. Conclusion

EUVECA has significantly strengthened collaboration among the four Dutch partners by fostering a deeper mutual understanding of each other's expertise and roles within the health (education) domain. The partnership is characterised by short communication lines and easy accessibility: partners readily find one another, which is clearly reflected in day-to-day practice. Expertise is frequently and efficiently exchanged, enabling insights and experiences to be shared more quickly and effectively, and allowing partners to draw on each other's knowledge when needed.

This intensification of cooperation has already translated into several promising follow-up initiatives. At the regional level, a new one-year project has been initiated focusing on learning within hospital practice. At the international level, collaboration has expanded through initiatives such as iRECAP (Innovation and REsearch in Health CARE Professions), an international project aimed at strengthening the innovation and research competencies of healthcare professionals. iRECAP develops educational resources to support evidence-based practice, research capacity, and the effective implementation of innovations in healthcare. In addition, in January 2025 a meeting was held with partners from Lübeck, following the exchange programme, to define shared ambitions and concrete objectives for collaboration in 2026.

Altogether, these developments illustrate that EUVECA has not only generated tangible short-term results but has also laid out a robust foundation for sustained collaboration, ongoing innovation, and long-term regional and international partnerships.



Twente Regional Vocational Excellence Hub

Saxion University of Applied Science: Marloes Bults, Marloes Postel, Marjolein den Ouden
University of Twente: Eliane Mocking, Marije Hahnen, Jouke Tamsma
Hospital ZGT: Jan van Otten, Melanie Broens, Emiel van Trijffel
Oost NL: Tessa Dijkgraaf

1. PURPOSE

Shared and main purposes:

- Strengthen healthcare through education, research, innovation, knowledge exchange and practice
- Making (digital) training activities available and accessible for (health care) organizations
- Organizations can easily use facilities of educational institutes (i.e. labs)
- Developing and strengthening collaboration through Twente ecosystem (practice, education, research and innovation institutes)



Results from baseline report:

- Focus on topics: "personalised medicine", "the digital transformation" and "green skills"

2. PEOPLE

Partners and members already included:

- Saxion University of Applied Science, University of Twente, Ziekenhuisgroep Twente (ZGT, hospital), Oost NL

Regional stakeholders:

- Hospital MST, TZA, ROC van Twente, Employees Association

Challenges:

- How to realize added value next to other existing adjacent initiatives and daily practice.
- Be specific what partners and members can expect and contribute

Stakeholder group:

- Demand-driven
- Exchange of knowledge and expertise ("think tank")
- Participate and expand focus of existing networks
- Creation of subgroups per theme

3. PROCESS

Bottom up idea:

- Exploring Crew Resource Management; a safety training for multidisciplinary teams in emergency care
- Learning community, where participants bring up issues

Top down idea:

- Care and Innovation Centre
- Regional strategic innovation agenda (TOPFIT)

4. PRODUCT

Most relevant:

- MedTech related learning and training activities
- Workshops at healthcare organizations
- Transition of healthcare
- Sustainability of healthcare
- 21st century skills development of students and professionals
- Technology competencies of students and professionals

Key elements:

- Adaptive professional
- Preferably social learning (small groups, learning communities, problem based, workshops), scenario-based learning (VR, AR or mixed reality learning scenarios, role play, simulations) and classroom, in person learning (lectures, seminars)
- Learning on the job

Monitoring, Testing and Evaluating:

- Questionnaires
- Testimonials
- Sharing best practices

Involving end users:

- Co-creation/end user groups/
student groups

Achievements:

- Impact in practice
- Collaboration with and involvement of students (research results regarding hub and platform)



Regional Implementation Report

Germany

1. Creation of the Regional Vocational Excellence Hub (RVEH)

The Regional Vocational Excellence Hub (RVEH) for the German region was established with the aim of fostering innovation, collaboration, and excellence in healthcare education and training. Its purpose is to serve as a central platform for the development, testing, and dissemination of advanced learning activities, digital tools, and competency frameworks, particularly in emerging areas such as future skills, digital health, and interprofessional collaboration.

The creation process was driven by the collaboration of key stakeholders with both institutional and professional expertise. The core organization of the RVEH are UKSH, UKSH Academy and the University of Lübeck. This natural connection between the partners facilitated alignment of objectives, resources, and strategic priorities. Their involvement ensured both academic and practical healthcare perspectives were integrated from the outset.

The RVEH actively engaged a broad and diverse group of stakeholders representing different professional backgrounds and levels of healthcare education and practice. These included Academic Degree Program Coordinators, Practical Training Coordinators, national policymakers, managers, academic teachers in nursing science and informatics, scientists, and practicing nurses. In designing the RVEH, deliberate efforts were made to mix and match participants across professions and educational levels to ensure that all perspectives—from frontline practice to policy and academia—were considered.

The establishment process was highly participatory. Stakeholders provided input on their needs and requirements for a regional competence center, including interests, content priorities, and motives for cooperation. Methods to involve stakeholders included a combination of online and face-to-face meetings, structured networking sessions, regular news updates, direct invitations, and the use of a digital memo-board for asynchronous input. This combination of engagement tools ensured that all participants could contribute effectively, regardless of professional role or time constraints, and allowed iterative feedback to shape the Hub's design.

The “product” of this creation process is a functioning RVEH that reflects regional needs, fosters cross-professional collaboration, and serves as a platform for piloting and implementing innovative learning activities. The RVEH is characterized by its interdisciplinary structure, flexible governance, and the capacity to adapt to evolving healthcare education demands. It provides a space where academic knowledge, practical expertise, and policy considerations converge, ensuring that the learning activities, resources, and future developments are aligned with both practice and strategic priorities.

In reflection, the creation of the RVEH has demonstrated the value of early stakeholder involvement, structured engagement strategies, and strong institutional connections. By combining digital and in-person interaction, the RVEH successfully integrated diverse perspectives, enabling the co-creation of a regional competence center that is responsive, sustainable, and capable of supporting the continuous development of healthcare professionals across the region. To ensure sustainability after the project ends, the RVEH is designed to maintain active governance, ongoing stakeholder engagement, and alignment with institutional and regional strategies, allowing it to continue as a long-term platform for innovation, training, and professional development.

2. Activities conducted with the RVEH together with stakeholders

Type of activities	
Collaboration activities	<p>Since 2022, RVEH partners have engaged in regular collaborative meetings to foster co-creation, knowledge exchange, and innovation.</p> <p>Activities included a Future Workshop on co-creation design in Lübeck (09/2023), followed by a series of online, hybrid, and in-person meetings addressing key topics such as megatrends, hub and platform development, sustainability, AI in healthcare and education, future skills, VR, and EU AI regulation. These meetings strengthened networking, supported joint learning formats, and enabled interdisciplinary collaboration among participants across the network.</p> <p>Overview of Collaboration Activities:</p> <p>09/2023 – Future Workshop Co-Creation Design, Lübeck</p> <p>25 January 2024 – Online meeting Topics: Megatrends, hub and platform development, AI and healthcare lecture, connection to Pflege Campus, sustainability</p> <p>18 July 2024 – Online meeting - Topic: AI and teaching</p> <p>21 November 2024 – Hybrid RVEH meeting - Objectives: FlexLab, VR, networking</p> <p>15 May 2025 – 7th Network Meeting, physical in Lübeck (HL) Topics: DLC, future skills, AI and teaching (11 participants)</p> <p>11 September 2025 – 8th meeting, online Focus: AI manuscript, EU AI Act (guest: TS, 19 participants)</p> <p>5 February 2026 – VR Expertise meeting</p> <p>4.5. Final RVEH Meeting in ERASMUS+ period</p>

Communication activities

In addition to the regular network meetings, the RVEH carried out a set of communication and dissemination activities in line with Erasmus+ requirements. Project partners participated in relevant thematic days, professional events, and conferences at regional, national, and European levels. Engagement took place both through attendance and through active contributions, including presentations, workshops, and panel discussions. Dissemination was further supported through continuous communication measures, such as regular news updates on project activities and results published on partner websites and shared via social media channels. These activities contributed to increasing the visibility of the network, promoting project results, and ensuring outreach to relevant target groups and stakeholders.

2022:

- Forum on Vocational Excellence, 14.-16.11.2022, San Sebastián, Spain. Networking with other interregional COP COVE & with EUVECA Partners.

2023:

- Die 6. Clusterkonferenz 20.-22. September "Excerpt from the database for the population of German HCP" Oldenburg
- Forum on Vocational Excellence, 25.-26.09.2023, Amsterdam, NL. Networking with other interregional COP COVE & with EUVECA Partners.



	<p>2024:</p> <ul style="list-style-type: none">- 8.11.2024 Gesundheitspflege Kongress Hamburg “Excerpt from the database for the population of German HCP concerning Future skills needs”- Forum on Vocational Excellence, 10.-12.09.2024, Lyon, France Networking with other interregional COP COVE & with EUVE-CA Partners. <p>2025:</p> <ul style="list-style-type: none">- Basel 25.+26.9.2025 “Workshop VR in Healthcare education- How to teach Future skills evidence based”- Preparation scientific article “Future skills needs among German nurses” (Review process)- Forum on Vocational Excellence, 10.09.2025, Abenraa, DK. Workshop on VR with other interregional COP COVE & with EU-VECA Partners from DK.- Workshop on VR with nurses from DK in Simulation Center of Sygehus Sonderjylland, 10.12.2025, Abenraa. <p>2026:</p> <ul style="list-style-type: none">- March 3rd+ 4th Clusterkonferenz Zu-kunft der Pflege, Nürnberg, Presentation on the evaluation results of testing VR learning activities
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<i>Testing learning activities</i>	<p>Workshop on Euveca VR Patientroom (1+2) in Digital Learning Campus Event room, Lübeck</p> <ul style="list-style-type: none">- Mint4girls group: 04.+12.02. & 14.03.+18.03.2025 = 65 participants (Pax)- Berufsbildungszentrum Mölln group: 15.05.25 = 22 pax- Group of professional nursing teachers from UKSH: 22.05.25 =12 pax- Group of professional nursing teachers from Diakonie NNO: 07.08.25.25 =13 pax- Group of IT-Teachers from Emil Possehl Schule, 10.10.25 = 3 pax- Woche der KI 11.-12.11. = 35 pax- Agentur für Arbeit, Berufsberater:innen, 11.12.25 = 45 pax <p>Altogether 195 participants, some professional nursing or IT teacher, labour market counselor and young people under 18 years with interest on technical content (MINT) and others tested our Euveca-VR-Learning activity throughout the year 2025. We don't have participant lists for these groups, but we counted them.</p>
<i>Sustainability activities</i>	<p>Since 2024 with the EUVECA Budget for learning activities we build up a professional VR-Metaverse for learning for the Patient room scenarios. The license model based on Open Educational Resources (OER). When the Euveca project is finished we plan concrete to use this platform and the contained VR-Content for healthcare professionals and students. The UKSH Academy has reserved some budget to produce more scenarios for this platform in the future.</p>
<i>Other activities</i>	<p>02.-05.12.2025, Study visit with RVEH Group to Euveca Partners from NL. Focus "Digital Transformation in healthcare". Financed by Erasmus+ budget</p>



3. Promotion of the European platform for Vocational Excellence (EPVE)

One significant challenge in promoting the platform was the late availability of the platform intended for hosting and testing the learning materials. Concrete the RVEH Members encountered several barriers that limited full implementation and integration especially to region the learning platform. From the outset, the EPVE was promoted within the RVEH, particularly at meetings. Its late availability delayed implementation. The offerings were advertised individually in newsletters, at meetings and as workshops. Due to the long lead time and lack of predictability, interest was not as high as it could have been. The platform itself was not adapted to the content, and it was necessary to take detours to launch the content. Another limitation was the requirement to register on the platform, which was not accessible. Demand for the EPVE was lower than for regional offerings (RVEH).

4. Trained / upskilled health care students and professionals

Country / region	Regional learning activities	Number of students/ professionals trained in region	Interregional learning activities	1wNumber of students/ professionals trained interregional
<i>(please state your country and region)</i>	<i>(please insert learning activity)</i>	<i>(please insert number)</i>	<i>(please insert learning activity)</i>	<i>(please insert number)</i>
GER UKSH-Akademie	VR Level 1			
GER Uzl	VR Level 2			18 all students
GER UKSH-Akademie	Action Bound AI			107
GER Uzl	Action Bound AI			4 all professionals
GER + DK	VR Level 1		VR Level 1	7
GER + DK	VR Level 2		VR Level 2	7

5. Overview testing activities

For the overview of testing activities from German Regional Vocational Excellence Hub, see table 1 Trained and upskilled healthcare professionals, students and teachers in the European Implementation Report.

6. Participation list

We collected signed attendance lists from participants of the learning activities. Due to privacy considerations, these lists are not included here. They can, however, be made available upon request if needed.

7. Reflection on the executed learning activities and the feedback received on the evaluations

The executed learning activities primarily targeted apprentices and students in the nursing profession, complemented by a smaller group of experienced healthcare professionals. The learning formats were based on innovative, technology-supported methods, in particular the use of the Actionbound app and VR-based scenarios.

Overall, the feedback received through evaluations was very positive. Participants described the learning materials as highly interesting, modern in design, and engaging, emphasizing that the interactive and digital approach increased motivation and enjoyment during the learning process. Especially among learners in initial vocational education and training, the practical and immersive character of the activities was perceived as a strong added value.

At the same time, the evaluations revealed several areas for improvement. Some participants indicated that they required more time to complete the activities and expressed the need for a clearer and more structured introduction to the applied methods, particularly when using digital tools such as Actionbound or VR scenarios for the first time. This highlights the importance of adequate onboarding and guidance to ensure effective learning outcomes.

From the perspective of teaching staff, feedback focused mainly on structural and organisational aspects. Educators expressed a need for improved accessibility to the learning materials and clearer guidance on how to integrate them into existing curricula. The innovative, technology-based nature of the learning activities was perceived as both a strength and a challenge, as current infrastructure and technical equipment in educational institutions are not yet sufficiently developed in all contexts. This limited the immediate transfer of the learning activities into regular teaching practice.

Summary and Main Learnings

In summary, the learning activities demonstrated high relevance and acceptance among learners, particularly due to their innovative, interactive, and practice-oriented design. Key learnings include the need to allocate sufficient time for participation, to provide comprehensive methodological introductions, and to offer additional support materials for educators. Furthermore, successful implementation and sustainability of such innovative learning formats depend strongly on improved technical infrastructure and clearer alignment with existing curricula. Addressing these aspects will be essential for scaling up and embedding the learning activities in formal education and training contexts.

8. Promoting factors in the RVEHs for testing and implementation of activities

Promoting Factors Facilitating the Testing and Implementation of Learning and Other Activities within the RVEH

Several factors contributed positively to the successful testing and implementation of the learning activities within the RVEH. A key promoting element was the strong collaboration between educational institutions, healthcare providers, and network partners, which enabled access to diverse target groups, including apprentices, students, and experienced healthcare professionals. This interdisciplinary cooperation supported piloting activities in real learning and practice-oriented environments.

Furthermore, the high level of motivation and openness towards innovation among learners and educators facilitated the adoption of modern, technology-based learning approaches such as digital applications and VR scenarios. The relevance of the learning content to current challenges in healthcare practice increased acceptance and engagement among participants.

Another facilitating factor was the flexibility of the RVEH framework, which allowed activities to be tested in different formats (online, hybrid, and on-site) and adapted to local conditions. Existing expertise within the network, particularly in digital education, healthcare training, and instructional design, also supported the development, testing, and iterative improvement of the learning materials. In addition, continuous feedback from learners and teaching staff enabled reflective adjustments and contributed to quality assurance.

Promoting Factors at Local, Regional and National Level Supporting the Establishment of the RVEH

At the local and regional level, established cooperation structures between educational institutions, healthcare organizations, and innovation stakeholders provided a solid foundation for setting up the RVEH.

Existing networks in vocational education and higher education, as well as close links to healthcare practice, facilitated recruitment of participants and piloting of activities.

Regional and national strategies focusing on digitalization, innovation in education, and the development of future skills in healthcare further supported the RVEH approach. Policy frameworks and funding initiatives promoting digital learning, interprofessional education, and the use of emerging technologies in healthcare education created a favorable environment for experimentation and implementation. Additionally, the growing awareness of skills shortages and the need for continuous professional development in the healthcare sector increased stakeholder interest and commitment. Overall, the alignment of the RVEH objectives with educational priorities, labour market needs, and digital transformation strategies at different governance levels acted as a significant promoting factor for the establishment and further development of the RVEH.

9. Barriers in the RVEHs for the testing and implementation of activities

Barriers hindering testing and implementation of learning activities within the RVEH

Several barriers affected the testing and implementation of learning activities within the RVEH. One significant challenge was the late availability of the platform intended for hosting and testing the learning materials. This limited the available testing period and reduced the flexibility for iterative improvements. In addition, the platform did not provide fully barrier-free access, which restricted usability for certain target groups and limited inclusive participation. The wide variance in the structure, format, and level of the learning materials also increased complexity for both learners and educators and required additional coordination and support.

A further major barrier concerned the limited financial and human resources available to RVEH members who were not formal project partners. These organisations did not receive dedicated funding for participation, implementation, or testing activities. As a result, all related tasks had to be carried out in addition to regular operational duties. In many cases, this significantly constrained the ability of external organisations to engage consistently or to test the activities in a systematic and comprehensive manner.

Moreover, the existing teaching structures proved to be highly constrained. Curricula and timetables in vocational and higher education contexts were already densely structured, leaving little room for the integration of new thematic areas such as future skills. This was further exacerbated by general resource scarcity, which limited the prioritisation of innovative and forward-looking competencies. In some cases, even core educational needs could not be sufficiently covered due to limited teaching resources, making the integration of additional learning activities particularly challenging.

Barriers at Local, Regional and National Level Hindering the Establishment of the RVEH

At the local and regional level, institutional constraints within education and training systems represented a major barrier to setting up the RVEH. These included rigid curricular frameworks, limited staffing capacities, and insufficient financial resources to support innovation beyond mandatory teaching requirements. The lack of compensation mechanisms for external organisations further reduced incentives and feasibility for sustained engagement.

At the regional and national level, systemic underfunding of education and healthcare training, combined with strict regulatory and accreditation requirements, limited the flexibility needed to introduce new competence areas such as future skills. In addition, the absence of dedicated policy instruments and long-term funding schemes to support cross-institutional and innovation-oriented networks hindered the sustainable establishment and scaling of the RVEH.

Overall, these barriers highlight the need for improved structural flexibility, inclusive digital infrastructure, and adequate resource allocation to enable the effective implementation and long-term sustainability of RVEH activities.

10. How to overcome the identified barriers

To address the barriers identified during the testing and implementation of activities within the RVEH, several targeted measures and strategic recommendations can be derived.

First, the timely availability and accessibility of digital platforms should be ensured. Future implementations should include clear timelines for platform deployment, early testing phases, and defined responsibilities for technical readiness. In addition, learning platforms and materials should be designed in line with accessibility standards to ensure inclusive and barrier-free access for all target groups. Standardising core elements of the learning materials while allowing modular adaptation could also reduce complexity caused by high variance in formats and levels.

To overcome resource constraints faced by RVEH members who are not formal project partners, dedicated funding mechanisms or compensation models should be considered. Providing financial support, workload compensation, or clearly defined participation incentives would enable external organisations to engage in testing and implementation activities without overburdening regular operations. Formal cooperation agreements and clearer role definitions could further support sustainable engagement.


In order to facilitate curricular integration, greater flexibility within existing teaching structures is required. This could be achieved by embedding future skills as cross-cutting competencies within existing modules rather than introducing them as standalone units. Aligning learning activities with formal learning outcomes, qualification frameworks, and accreditation requirements may increase acceptance and feasibility. Pilot phases and optional learning formats could serve as transitional solutions until full integration becomes possible.

Addressing general resource scarcity requires both organisational and policy-level measures. Prioritisation of future skills within institutional strategies, combined with targeted professional development for educators, could support more effective implementation. At regional and national levels, dedicated funding programmes and policy instruments supporting innovation, digitalisation, and cross-sectoral collaboration would significantly strengthen the long-term sustainability of RVEHs. Overall, overcoming the identified barriers requires a combination of early planning, inclusive design, adequate resource allocation, and stronger alignment between innovation initiatives and existing educational structures and policies.

11. Conclusion

The implementation of the RVEH activities has provided valuable insights into both the opportunities and challenges associated with introducing innovative, technology-supported learning approaches in healthcare education. Across all network activities, the combination of collaboration, structured testing, and active dissemination has proven essential in creating a dynamic environment for knowledge exchange, co-creation, and professional development. The regular RVEH meetings, conducted in online, hybrid, and physical formats, offered structured opportunities for stakeholders—including apprentices, students, experienced healthcare professionals, and educators—to engage with emerging topics such as AI in healthcare, future skills, and digital teaching methodologies. This collaborative framework fostered a sense of shared ownership, enabled interdisciplinary learning, and strengthened the network's capacity to pilot, refine, and evaluate new learning formats.

Reflection on the executed learning activities shows a high level of engagement and appreciation from learners. Participants highlighted the interactive, immersive, and modern design of the learning materials, which increased motivation and enjoyment. The use of VR scenarios and the Actionbound app provided an experiential learning dimension that encouraged self-directed exploration and active participation. At the same time, feedback revealed that learners sometimes required additional time, clearer methodological guidance, and structured introductions to the tools and activities. Educators similarly pointed to the challenges of integrating innovative content into existing curricula and teaching schedules, highlighting limitations in infrastructure, resource availability, and institutional flexibility. These reflections underline the importance of combining innovation with practical usability and support mechanisms.



Several promoting factors facilitated the testing and implementation of RVEH activities. Strong interdisciplinary collaboration among educational institutions, healthcare providers, and network partners ensured access to diverse participants and learning contexts. The intrinsic motivation and openness of both learners and educators towards technology-based learning enhanced engagement and adoption. Flexibility in delivery formats, availability of digital expertise, and continuous feedback mechanisms allowed iterative refinement of learning activities, increasing their relevance and effectiveness. At regional and national levels, alignment with broader digitalisation and innovation strategies in healthcare education, as well as existing networks and partnerships, provided additional support for the establishment of the RVEH.

Conversely, the RVEH encountered several barriers that limited full implementation and integration. Delays in providing access to the learning platform, lack of barrier-free access, and variability in the learning materials posed practical challenges for both learners and educators. Limited financial resources, particularly for network members who were not formal project partners, meant that many organisations had to conduct testing and participation alongside their regular duties, which constrained engagement and capacity. Furthermore, existing curricula and teaching structures were often too rigid to accommodate new thematic areas such as future skills. Resource scarcity, including staff time and institutional support, limited the ability to prioritise innovative learning formats over core educational requirements. At regional and national levels, regulatory and accreditation constraints, insufficient long-term funding mechanisms, and varying levels of digital infrastructure further complicated both the establishment and scaling of the RVEH.

To overcome these barriers, targeted measures are essential. Ensuring early deployment and full accessibility of digital platforms, providing structured guidance and onboarding for learners, and standardising materials while allowing modular flexibility can improve usability and engagement. Dedicated funding mechanisms or workload compensation for non-partner organisations would support broader participation and sustainability. Flexible curriculum integration, including embedding future skills as cross-cutting competencies, pilot testing optional modules, and aligning activities with formal learning outcomes, can facilitate adoption within constrained teaching schedules. At policy and institutional levels, investment in digital infrastructure, professional development for educators, and long-term funding programs are critical to ensuring the sustained implementation and expansion of RVEHs.

In conclusion, the RVEH experience highlights the significant potential of technology-supported, practice-oriented, and interprofessionally designed learning activities to enhance healthcare education. The project demonstrated that successful innovation depends not only on high-quality, engaging learning materials but also on structured planning, adequate resources, and strong alignment with institutional and policy frameworks. Lessons learned from this implementation underscore the importance of combining creativity, digital competence, and organisational support to address practical constraints. If these conditions are met, RVEHs can play a pivotal role in strengthening future skills, fostering interprofessional collaboration, and enhancing the quality and relevance of healthcare education, thereby contributing to long-term capacity building and improved outcomes across the sector.

Key Messages – Reflection and Main Learnings

- **High acceptance and relevance of the learning activities:**
The implemented learning activities were very well received by apprentices, students, and professionals in the nursing and healthcare sector. In particular, their practice-oriented and future-focused approach was perceived as highly relevant to current and emerging professional requirements.
- **Innovative digital learning formats increase motivation:**
The use of technology-supported methods such as Actionbound and VR-based scenarios was evaluated as modern, interactive, and highly motivating. The immersive learning settings promoted active, self-directed learning and significantly increased learner engagement, especially among participants in initial vocational education and training.
- **Added value through practical relevance and immersion:**
The realistic and experience-based scenarios enabled learners to meaningfully connect theoretical knowledge with practical application. This experiential learning approach was highlighted as a clear added value compared to traditional teaching formats.

- Need for sufficient time, structure, and methodological guidance:

At the same time, feedback indicated that learners required more time to complete the activities and expressed a need for clearer structure and more comprehensive methodological introductions. This was particularly relevant for first-time users of digital tools and VR applications.

- Onboarding as a critical success factor:

The evaluations clearly demonstrate that structured onboarding processes, clear learning objectives, and supporting guidance materials are essential to fully exploit the potential of innovative learning formats and to avoid learner overload.

- Challenges from the educators' perspective:

Teaching staff primarily pointed to structural and organisational challenges, including limited accessibility of learning materials, insufficient didactic guidance for integration, and constraints related to technical infrastructure. These factors hindered the immediate integration of the activities into existing curricula.

- Innovation requires supportive framework conditions:

While the technology-based learning formats were recognised as pedagogically valuable, their sustainable implementation depends strongly on adequate institutional infrastructure, curricular alignment, and additional support for educators.

- Key learnings for further development and scaling:

Successful scaling requires sufficient time resources, standardised yet flexible learning materials, targeted support for educators, and improved technical infrastructure. Stronger alignment with existing curricula is essential to ensure long-term sustainability and transferability of the learning activities.



UNIVERSITÄT ZU LÜBECK
INSTITUT FÜR SOZIALMEDIZIN
UND EPIDEMIOLOGIE



RVEH Germany - Netzwerk Future Skills im Gesundheitswesen

Ansgar Büter- Menke, Anja Moderegger, UKSH Academy
Adrienne Henkel, Katrin Balzer Universität zu Lübeck (UzL)

1. PURPOSE

The regional network "Future Skills in Healthcare" brings together committed partners from research, education and practice to jointly shape forward-looking competences in health care.

By linking the Regional Vocational Excellence Hub with the European Platform for Vocational Excellence, regional activities are connected to a broader European learning space.

Within this framework, partners co-create, test and refine strategies, guidelines and recommendations on how to anchor Future Skills in healthcare organisations and regional ecosystems.

The network also opens up new inter-regional and cross-border mobility opportunities for students and professionals, strengthening mutual learning and sustainable innovation capacity across European regions.

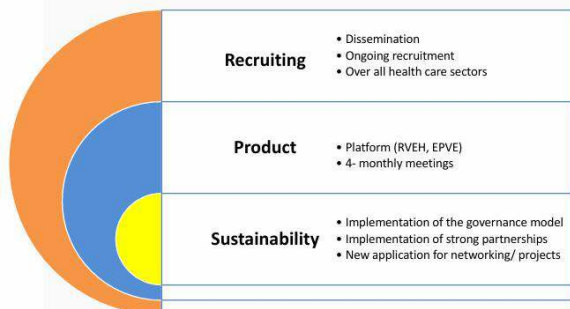
2. PEOPLE

The RVEH constellation is a multi-professional and cross-sector platform that brings together educators from different educational levels and institutions, political representatives, professional associations, public authorities, healthcare practitioners, and researchers.

By connecting perspectives from education, policy, practice, and research, RVEH promotes dialogue and knowledge transfer on key issues in healthcare education. Stakeholders from several sectors are already involved, with the aim of expanding the network to encompass all areas of the healthcare system.

3. PROCESS

The impetus organizations are UKSH Academy and UzL. We provide structure and coordination. The network lives through its participants and their motivation to share. We bring people together and create spaces to actively discuss future skills, identify barriers and create solutions. We ensure the necessary processes for this.



4. PRODUCT/ ACTIVITIES

- 9 RVEH Hub Meetings
- 1 Expert Meeting (XR in Health Care)
- 3 Learning Activities
- 3 Project proposals
- 1 Digital Board for OER material "Digital Competencies in Health"
- One study visit to Enschede Saxion & Twente University

Meeting



VR Scenarios for Skilltraining



5. FEEDBACK

Feedback from participants:

"The RVEH Hub meetings gave us a real community of practice - we moved from isolated initiatives to a coordinated regional strategy for Future Skills."

"Through the XR expert meeting and learning activities, I discovered concrete tools I can immediately use in my teaching and clinical training on digital competencies in health."

"The project proposals and the digital board for OER materials showed that this network is not just about talking, but about creating tangible resources and new mobility opportunities across regions."

6. MEDIA



Implementation Report

Italy

1. Creation of the Regional Vocational Excellence Hub (RVEH)

Our RVEH was created putting together our local stakeholders (University, ECM providers - lifelong learning, Trentino School of Management, Professional associations, ProMIS (national network)) involved in the activities regarding education/training in order to improve quality and attractiveness; promote mobility for professionals and students, share training activities and mobility and develop innovative curricula.

The organization was developed through a steering committee (political governance) responsible for directing, defining, proposing and coordinating objectives in accordance with EU guidelines (and local) overseeing implementation and evaluation outcomes.

Coordinating committee identifies proposals and requests by promoting activities (local and EU) Stakeholders group share needs and identifies new opportunities (incoming and outgoing) also using the EPVE.

In Trento, we've created our own "Hub for Educational Excellence in Health Care." This valuable network brings together our Provincial Healthcare Trust, professional health and social organizations, ECM providers (Continuing Medical Education providers), TSM (Trentino School of Marketing), and ProMIS (Our national healthcare network that brings together regions, autonomous provinces, and ministries). This hub is the very heart of our local efforts, serving as a crucial point for sharing knowledge and best practices. Your presence here today is a clear testament to the value of this network.

This project also fits perfectly with our local plans in particular the creation of our brand new Integrated Healthcare University of Trentino (ASUIT), which will soon be established as a key educational body for healthcare professionals. This new structure for our Provincial Healthcare Trust (APSS) will integrate services across both hospital and local communities, with a strong focus on "transmurality"—ensuring seamless care between different settings. The goal is to create an integrated healthcare system that is truly close to the needs of our citizens. EUVECA will help us enhance our training initiatives by offering new learning and research opportunities across our entire hospital network.

Our Strategy:

- collaborate within the hub under the governance of the Autonomous Province of Trento (PAT) and the representatives of the Control Body of the hub which has the task of directing, defining, proposing and coordinating the provincial objectives of the HUB's basic and continuous training in accordance with European indications, overseeing the implementation and evaluating the results.
- work under the coordination of the PAT so that the training portfolio is shared in terms of communication between stakeholders
- consider the added value of the professional orders at local and national level
- ensure that training needs are made clear by professionals (especially through orders) and are transformed into training activities

2. Activities conducted with the RVEH together with stakeholders

Type of activities	
<i>Collaboration activities</i>	<p>Creation of training activities with local stake-holders (Psychogeriatric course, podcast on Personalized medicine)</p> <p>Reflection on the creation of a scientific committee to develop new courses</p> <p>Local training activities organized for professionals by the training office of the Autonomous Province of Trento</p>
<i>Communication activities</i>	<p>Press relies from e – health ecosystem called TrentinoSalute4.0</p>
<i>Testing learning activities</i>	<p>Local training activities organized for professionals by the training office of the Autonomous Province of Trento</p>
<i>Sustainability activities</i>	<p>Evaluation of platform costs with FBK Regional event (dissemination and results)</p>

3. Promotion of the European platform for Vocational Excellence (EPVE)

- We invited all our stakeholders to the Trento meeting in September 2025 to update them about the project and inform them about the platform Edu4health.
- We met and informed our Healthcare Trust regarding the platform so that they can publicize it among healthcare professionals and specially divulgate the awareness course.

4. Trained / upskilled health care students and professionals

Country / region	Regional learning activities	Number of students/ professionals trained in region	Interregional learning activities	1wNumber of students/ professionals trained interregional
<i>(please state your country and region)</i>	<i>(please insert learning activity)</i>	<i>(please insert number)</i>	<i>(please insert learning activity)</i>	<i>(please insert number)</i>
Italy (Trento)			AI in healthcare (FORMAZIONE MANAGERIALE RETRAINING)	31 professionals
Italy (Trento)	Lab TrentinoSalute4.0	4 professionals		
Italy (Trento)	Telemedicine (FORMAZIONE MANAGERIALE RETRAINING)	33 professionals		
Italy (Trento)	EUVECA Trento meeting	17 stakeholders (7 Healthcare professionals)		
Italy (Trento)			Awareness course	24 professionals have filled out the evaluation form

5. Overview testing activities

For the overview of testing activities from Italian Regional Vocational Excellence Hub, see table 1 Trained and upskilled healthcare professionals, students and teachers in the European Implementation Report.

6. Participation list

We collected signed attendance lists from participants of the learning activities. Due to privacy considerations, these lists are not included here. They can, however, be made available upon request if needed.

7. Reflection on the executed learning activities and the feedback received on the evaluations

- Regarding the training activities mentioned, for medical doctors: in the Autonomous Province of Trento, we believe it is important to keep up to date with management training that always deals with current issues such as the “general digitalization of society,” for example, AI and telemedicine.
- Within our local ecosystem on digital health called TrentinoSalute4.0, all stakeholders from FBK, PAT and APSS (Healthcare Trust) take part in laboratories and workshops to discuss new strategies, projects and initiatives.
- Assessment test: after the retraining plenary session we organized group work, thus participants discussed the topic using simulations, and at the end the assessment test is carried out individually but includes a comparison of the group discussion.
- For the awareness course: see evaluation forms completed online.

8. Promoting factors in the RVEHs for testing and implementation of activities

- We presented the platform to the local Healthcare Trust (APSS) during an online meeting, and they were very interested in it.
- We have promoted the platform during local courses for medical doctors.
- We have created a course on psychogeriatrics in collaboration with one of our stakeholder and we will work with them in the future on the development of other training activities.
- We invited our local stakeholders from our hub to take part in the first part of the Partner meeting in Trento in September 2025 to show the platform and the work done by the EUVECA consortium.

9. Barriers in the RVEHs for the testing and implementation of activities

One barrier in testing is the platform user friendliness and attractiveness and lack of training activities to proceed individually.

Another barrier is the healthcare operator’s enormous workload and lack of language skills which create a barrier for them to enroll in the edu4healthplatform.

In Trentino, operators are used to have online courses directly available on the platform like the awareness course. Otherwise “in presence” courses are taught by local professionals /trainers / teachers and it is hard to convince them to use new courses from the platform as they already have their own material...

10. How to overcome the identified barriers

- Add courses and learning activities on the platform and upgrade the platform user-friendliness (pictures, clickability, video available directly on the platform...)
- Translate all content into local languages, so professionals do not feel that the training is another burden or lack of time and understand it easily.
- Ask /hire a digital content expert to upgrade the platform and find financial support to develop it.



TRENTINO HUB FOR EDUCATIONAL EXCELLENCE IN HEALTH CARE

Lucia Pederiva
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1. PURPOSE

Our goal is to put together our local stakeholders (University, ECM providers - lifelong learning, Trentino School of Management, Professional associations) involved in the activities regarding education/training in order to improve quality and attractivity; promote mobility for professionals and students, share training activities and mobility and develop innovative curricula.

2. PEOPLE

Trentino Hub for Educational Excellence in Health Care



3. PROCESS

The organisation is developed through a steering committee (political governance) responsible for directing, defining, proposing and coordinating objectives in accordance with EU guidelines (and local) overseeing implementation and evaluation outcomes. Coordinating committee identifies proposals and requests by promoting activities (local and EU)

Kick off meeting of the hub and focus group

Stakeholders feedback on questionnaires

Involvement for the content of the platform

Periodical information/communication

Test of the platform



Co-funded by the European Union

4. PRODUCT

- Psychogeriatrics_dementia
- Personalized Medicine story telling (interview) dealing with the Trento Breast Unit
- Artificial Intelligence in health, data techniques and ethics

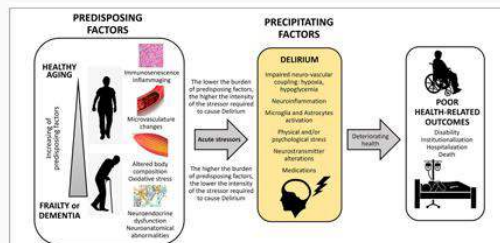


FIGURE 1 | Conceptual framework of predisposing and precipitating factors leading to delirium after an acute stressor, and resulting in poor health-related outcomes.



5. FEEDBACK

Implementation Report

Norway

1. Creation of the Regional Vocational Excellence Hub (RVEH)

Purpose - why the RVEH was created

The RVEH in our region was established to respond to major and long-term challenges in the health and care sector. The overall purpose is to recruit and retain qualified employees, ensure that education and services meet current and future competence needs, and make careers in health and care attractive for young people. The hub aims to secure a continuous alignment between the educational system and labour market needs, emphasizing 21st-century skills, lifelong learning, and innovative training methods.

People - who was involved

The RVEH builds on an already well-established regional collaboration culture. A broad group of stakeholders were involved from the beginning:

- Eight municipalities (political and administrative leadership, and professionals in health and social care)
- ISCED 3 providers (upper secondary schools)
- ISCED 4 and 5 providers (post-secondary non-tertiary institutions)
- Competence forum Nordhordland – a network including both public and private actors
- KS, the Norwegian association for local and regional authorities

In addition, several actors were identified as important future members, such as labour unions, the County Governor (Statsforvalteren), and private companies supplying digital and innovative solutions to the health sector.

The RVEH therefore grew out of an ecosystem that already existed, but was strengthened to place greater emphasis on VET, lifelong learning, and joint competence development across sectors.

Process - how the RVEH was formed


The creation of the RVEH followed a stepwise and collaborative process:

1. Pilot testing of decentralized simulation Partners and members were invited to test a decentralized simulation model for employees and ISCED 3-6 students. The first pilot was completed in May 2024. The pilot served both as a competence-raising activity and as a way to mobilize stakeholders around a shared need for innovative training.
2. Establishment of the RVEH working group A working group was formed to coordinate activities, facilitate dialogue, and ensure representation from relevant partners.
3. Workshops within the Competence Network A central workshop focused on task shifting in the health and care sector. The aim was to bring together leaders from hospitals, municipalities, and the university college for a workshop focused on strengthening collaboration. The workshop addressed important topics on the agenda, and the participants received a shared overview of current possibilities for cooperation. Through group discussions, the participants were able to reflect on how the different parties can make use of each other to address the challenges we are facing now and in the future. A key topic was knowledge development, and implementing a frailty scale can contribute to improved follow-up of elderly patients.
4. Development of strategy and action plan The RVEH decided on two key principles:
 - Inform, invite and involve all partners at all levels
 - Coordinate parallel processes in the broader Competence Network

This ensured that the RVEH became integrated into existing structures instead of being a stand-alone project.

5. Testing and evaluation

All learning and training activities are being systematically tested and evaluated to ensure relevance and quality, and to identify needs for further development.



Overall, the process was characterized by co-creation, iterative development, and active involvement of the sector.

Product – what the RVEH has delivered

Relevant VET activities at the local/regional level include:

- Decentralized simulation-based training for healthcare professionals and students
- Healthcare assistant students have gained access to courses on the platform. The students demonstrated strong engagement and expressed a clear demand for access to additional courses.
- Through the workshop, valuable new professional connections were established, and opportunities for further collaboration were identified. Future education and training activities will be developed and adapted to current and emerging needs in the health and social care sectors.
- New learning and training initiatives will support task shifting and enhanced collaboration between professions in health and social care.

These activities respond directly to competence needs identified through pilots, workshops, and feedback from the network.

At the international level, efforts are being made to share experiences, harmonize methods, and develop common tools that can support task shifting across countries and services. This includes the exchange of best practices, joint learning modules, and collaboration on further research and evaluation.

Reflection – how the RVEH emerged and what characterizes it

The establishment of the RVEH in our region can best be described as a bottom-up process built on strong existing networks, combined with a clear top-down mandate to address workforce shortages and competence needs in the health and care sector. The hub did not start from scratch; rather, it strengthened existing partnerships and provided structure and direction.

Key strengths in the creation process have been:

- A shared regional understanding of the recruitment and competence challenges
- Early and broad involvement of municipalities, education providers and sector stakeholders
- A focus on practical, relevant training activities, such as simulation and task-shifting competences
- Continuous testing, evaluation and adaptation

In this way, the RVEH has developed into a functional arena for cooperation, capacity building and innovation — supporting a sustainable and future-oriented health and care workforce.

2. Activities conducted with the RVEH together with stakeholders

Type of activities	
<p><i>Collaboration activities</i></p>	<p>Joint planning meetings with municipalities, hospitals, and education providers to identify competence needs and develop learning activities.</p> <p>Competence network coordination: Regular meetings with Competence Forum Nordhord-land to align activities, share best practices, and ensure broad stakeholder involvement.</p> <p>Task-shifting workshops: Engaged multiple professions to discuss skills development and inter-professional collaboration.</p> <p>Collaboration activities were crucial for ensuring that learning activities were relevant and adapted to the real needs of students and professionals. They strengthened trust and engagement across sectors and fostered a culture of co-creation within the RVEH.</p>
<p><i>Communication activities</i></p>	<p>Dissemination of information about RVEH activities, pilots, and learning opportunities to municipalities, schools, hospitals, and professional networks.</p> <p>Promotion of the EPVE platform via presentations, email campaigns, and internal newsletters.</p> <p>Sharing results and lessons learned through posters, reports, and workshops within the competence network.</p> <p>Effective communication helped raise awareness, encourage participation, and ensure transparency. Feedback from communication efforts also informed further development of activities and engagement strategies.</p>



Testing learning activities

Decentralized simulation training for health care students and professionals, tested in universities, municipal services, and hospitals.

Clinical supervision initiatives piloted with staff across different institutions.

EPVE online courses tested to evaluate content relevance, usability, and applicability.

Task-shifting exercises to explore training needs across professions.

Testing learning activities was central to the RVEH approach. Simulation training, in particular, received very positive feedback and demonstrated high relevance for real-life practice. Piloting also allowed iterative improvement and validation of learning content.

Signals from the hospitals indicate that simulation-based training may be an effective method for transferring knowledge from hospital settings to municipal health services. In this context, the regional health hub could serve as a suitable arena for implementation and coordination.

Sustainability activities

Integration into existing networks (municipal, regional, and educational) to ensure continuity beyond pilot phases.

Development of strategy and action plans for RVEH activities, including ongoing evaluation and feedback mechanisms.

Building capacity of local trainers and educators to continue delivering learning activities independently.

Focusing on sustainability early helped ensure that the RVEH's impact could last beyond initial pilots. Embedding activities into existing structures and building local ownership were key to creating a durable model for vocational excellence.



<p><i>Other activities</i></p>	<p>Stakeholder mapping and engagement planning to identify potential members, partners, and networks to strengthen the RVEH.</p> <p>Feedback collection and evaluation after each activity to inform iterative improvements.</p> <p>Exploration of international collaboration opportunities via EPVE and other European partners.</p> <p>These “other activities” complemented the core activities, ensuring that the RVEH remained inclusive, adaptive, and open to innovation. Continuous stakeholder engagement and reflection helped maintain relevance and quality.</p>
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3. Promotion of the European platform for Vocational Excellence (EPVE)

The promotion of the European Platform for Vocational Excellence (EPVE) in our region has been integrated into ongoing collaboration within the RVEH and the broader Competence Network. The aim has been to raise awareness of the platform, demonstrate its practical value, and encourage stakeholders to test and adopt the offered learning resources.

To ensure broad outreach, the EPVE has been presented and promoted across multiple levels of the regional ecosystem:

- Higher education (university) – Courses from the platform were tested with students and academic staff to explore how EPVE resources could support healthcare education, interdisciplinary learning, and digital competence development.
- Municipal level – Employees working in primary health and care services were invited to test selected courses to evaluate relevance for upskilling and lifelong learning.
- Hospital sector – Health professionals in specialist care also piloted courses to assess applicability across different parts of the healthcare pathway.

This cross-sector testing helped create a shared understanding of the platform’s potential.

Feedback and reflections

Feedback collected from the different user groups was generally positive. Participants highlighted that:

- The content was relevant and aligned with current competence needs in health and care.
- The platform offered flexible and accessible learning, which is essential for busy professionals and students.
- Several users appreciated the European perspective, which provided insights into best practices beyond the regional and national context.
- The platform was seen as a useful supplement to existing training rather than a replacement, especially for digital skills and emerging professional roles.



However, participants also identified several areas for improvement, providing valuable input for further development of the platform:

- The EPVE is perceived as somewhat unfinished at this stage, with some features still under development.
- Several users found the platform challenging to navigate, especially when searching for specific courses or understanding the structure of available content.
- The quality of courses varies, with some modules being well-designed and pedagogically strong, while others appear less developed or inconsistent in depth and format.
- There is a need for clearer guidance on how the platform can be integrated into existing training pathways and curricula.
- The platform faces competition from other established training platforms that are already well integrated among the various stakeholders.

Taken together, the feedback shows that the EPVE has significant potential as a shared European learning arena but also highlights the importance of continued refinement and user-centered improvements. The regional testing has increased awareness of the platform and created a foundation for further engagement as the EPVE continues to evolve

4. Trained / upskilled health care students and professionals

Country / region	Regional learning activities	Number of students/ professionals trained in region	Interregional learning activities	Number of students/ professionals trained interregional
<i>(please state your country and region)</i>	<i>(please insert learning activity)</i>	<i>(please insert number)</i>	<i>(please insert learning activity)</i>	<i>(please insert number)</i>
Norway			Mobil simulation	28 students
Norway			Mobil simulation	30 students
Norway			VR metaverse	6
Norway			Awareness course	15
Norway			AI in healthcare	27
Norway			Migration health https://edu4health.eu/courses/36 Global perspectives on healthy aging https://edu4health.eu/courses/37	1



5. Overview testing activities

For the overview of testing activities from Norwegian Regional Vocational Excellence Hub, see table 1 Trained and upskilled healthcare professionals, students and teachers in the European Implementation Report.

6. Participation list

We collected signed attendance lists from participants of the learning activities. Due to privacy considerations, these lists are not included here. They can, however, be made available upon request if needed.

7. Reflection on the executed learning activities and the feedback received on the evaluations

Key reflections and main learnings from the evaluations include:

- **Simulation training is highly effective:** The decentralized simulations were unanimously rated as excellent, highlighting the value of experiential learning in preparing participants for real-life healthcare tasks.
- **Relevance matters:** Activities directly addressing daily work challenges—such as task-shifting exercises and clinical supervision—were consistently appreciated.
- **Flexibility is essential:** Both professionals and students emphasized the importance of flexible access to learning resources, particularly online courses from the EPVE.
- **Quality and structure vary:** While the EPVE platform was positively received, users noted navigation challenges and varying course quality, pointing to the need for clearer guidance and ongoing improvement.
- **Co-creation strengthens ownership:** Involving municipalities, education providers, and health institutions in planning and implementation increased engagement and ensured content met real competence needs.
- **Evaluation creates momentum:** Continuous feedback helped identify future needs, improve activities, and strengthen regional collaboration.

Overall, the learning activities and evaluations demonstrate that the region is well-positioned to advance vocational excellence through a shared hub model. The strong positive response to simulation training, combined with the lessons learned from other activities, will guide the further development of regional training initiatives, inform improvements to the EPVE platform, and support the long-term goal of building a competent, adaptable, and future-ready health and care workforce.

At the same time, it is important to acknowledge that decentralized simulation entails costs related to the transport of equipment and personnel. In a period where stakeholders face limited budgets, this must also be taken into consideration.

8. Promoting factors in the RVEHs for testing and implementation of activities

Several key factors have facilitated the successful testing and implementation of learning activities in the RVEH:

1. Strong existing networks – The Competence Forum Nordhordland and the collaboration between municipalities, education providers, and health institutions provided a solid foundation for co-creation and rapid implementation.
2. Cross-sector involvement – Engaging participants from universities, municipal services, and hospitals ensured that activities were relevant, accepted, and adapted to diverse professional needs.
3. Pilot-oriented approach – Testing courses and simulations in real-life settings allowed immediate feedback, iterative improvement, and high engagement from participants.
4. Practical and relevant learning formats – Activities such as decentralized simulation and task-shifting exercises closely mirrored everyday work, increasing motivation and perceived usefulness.
5. Supportive governance and coordination – Clear roles within the RVEH working group and alignment with municipal and regional leadership facilitated decision-making and resource allocation.
6. Focus on lifelong learning and 21st-century skills – Framing learning activities around concrete professional skills and career development increased relevance for both students and employees.

Local level:

- Municipal engagement and leadership – Commitment from political and management levels ensured allocation of resources, access to staff, and integration with local services.
- Existing educational institutions – Upper secondary (ISCED 3) and post-secondary (ISCED 4+5) institutions provided infrastructure, expertise, and students for pilot activities.
- Active participation of professionals – Health and care workers contributed knowledge, feedback, and time to testing activities.

Regional level:

- Competence networks and forums – Platforms like Competence Forum Nordhordland facilitated collaboration across sectors and promoted knowledge sharing.
- Coordination mechanisms – The RVEH working group acted as a bridge between municipalities, education providers, and private actors, ensuring alignment of initiatives.

Regional vision for workforce development – Awareness of sectoral shortages and future skill needs created motivation to engage and innovate.

National level:

- Support from national interest organizations – KS (Norwegian Association of Local and Regional Authorities) provided guidance, legitimacy, and strategic alignment.
- Regulatory and policy frameworks – National strategies on lifelong learning, vocational education, and digital competence created favorable conditions for RVEH initiatives.
- Potential involvement of labor unions and County Governor – Engagement of broader stakeholders at the national level can provide additional support, resources, and recognition.

9. Barriers in the RVEHs for the testing and implementation of activities

Barriers hindering testing and implementation of learning activities within the RVEH

Several factors have been identified that may have hindered the testing and implementation of learning activities:

- Time constraints for professionals – Health and care staff often face heavy workloads, making it challenging to participate in pilots or training activities.
- Varied digital competence – Some participants had limited experience with digital learning tools, which affected engagement with online courses, including EPVE modules.
- Platform usability issues – The EPVE platform was perceived as somewhat unfinished, with navigation difficulties and variable course quality, which created barriers for consistent use.
- Coordination challenges – Aligning schedules and priorities across multiple institutions (municipalities, hospitals, and educational providers) occasionally slowed down implementation.
- Limited resources – While the RVEH benefited from committed partners, financial and staffing resources were sometimes insufficient to fully support all activities.

Despite strong engagement and a supportive network, practical constraints such as time, resources, and usability challenges impacted the smooth execution of learning activities. These barriers highlight the need for flexible planning, clear guidance, and ongoing support to ensure broader participation and successful implementation.

Barriers hindering the setup of the RVEH on local, regional, and national levels

Local level:

- Competing priorities – Municipalities often balance multiple initiatives and budget constraints, which can limit attention and resources dedicated to the RVEH.
- Staff turnover and availability – High workload and temporary staff reduce continuity and institutional memory needed for long-term development.

Regional level:

- Coordination across sectors – Aligning multiple stakeholders with different mandates and schedules is complex and may slow decision-making.
- Unequal engagement – Some municipalities or institutions were less active or slower to join, creating gaps in participation and representation.

National level:

- Limited national visibility and support – Although KS and policy frameworks provide legitimacy, broader national guidance and incentives for RVEHs are still evolving, which can make scaling or standardizing activities challenging.
- Fragmented stakeholder involvement – Engagement of labor unions, County Governors, or private actors is not yet fully established, limiting influence and resource support at the national level.

The setup and operation of the RVEH have faced barriers primarily related to time, resources, and coordination across multiple levels. While local commitment and regional networks have enabled progress, the experience shows that sustainable RVEH development requires structured governance, dedicated resources, and stronger national support to overcome these challenges.

10. How to overcome the identified barriers

Addressing time constraints for professionals

- Flexible scheduling: Offer training at different times or in short modular formats that can fit into busy workdays.
- Blended learning: Combine online and on-site activities to reduce time away from the workplace while ensuring practical learning.
- Protected learning time: Encourage municipalities and institutions to allocate dedicated time for staff to participate in RVEH activities.

Enhancing digital competence and usability

- Guided onboarding: Provide clear instructions, tutorials, and support for participants using online platforms such as EPVE.
- User-friendly interface improvements: Advocate for improved navigation, standardized course quality, and clearer pathways through the platform.
- Peer support and mentoring: Encourage experienced users to support colleagues in accessing and completing digital learning modules.

Strengthening coordination and engagement

- Structured governance: Maintain clear roles, responsibilities, and communication channels within the RVEH working group.
- Regular stakeholder meetings: Ensure continuous dialogue between municipalities, educational institutions, hospitals, and other partners to align schedules and priorities.
- Incentives for participation: Recognize and reward active participation, for example through certificates, professional development points, or public acknowledgment.

Securing resources and sustainability

- Resource planning: Ensure that staffing and financial support are considered early when designing RVEH activities.
- Collaboration with national bodies: Seek funding or strategic support from KS, national authorities, or relevant organizations to strengthen long-term sustainability.
- Leverage existing initiatives: Build on current networks, projects, and learning activities to avoid duplication and optimize resource use.

Increasing national-level support and visibility

- Policy alignment: Connect RVEH objectives with national strategies for vocational education, workforce development, and digital competence.
- Broader stakeholder involvement: Engage labor unions, County Governors, and private actors more actively to secure recognition, influence, and additional resources.

Dissemination of successes: Share lessons learned and positive outcomes at national conferences or platforms to raise awareness and support replication.

Overcoming barriers requires a combination of practical solutions (flexible learning, digital support), structural measures (clear governance, coordination mechanisms), and strategic efforts (national alignment, resource planning). Early involvement of stakeholders, continuous feedback, and iterative improvement *are essential to ensure that RVEH activities are sustainable, accessible, and impactful.*

11. Conclusion

The establishment and implementation of the RVEH in our region have demonstrated the value of collaborative, cross-sector approaches to vocational education and workforce development in the health and care sector. Through pilot activities such as decentralized simulation training, task-shifting workshops, and testing of the EPVE platform, the RVEH has successfully engaged multiple stakeholders, strengthened regional networks, and provided practical, relevant learning opportunities for both students and professionals.

Key takeaways include:

- Hands-on, experiential learning works best: Simulation training was highly valued and highlighted the importance of practical, real-life learning activities.
- Collaboration is essential: Engaging municipalities, education providers, hospitals, and networks like Competence Forum Nordhordland ensured activities were relevant, well-received, and effectively implemented.
- Flexibility and adaptability are crucial: Time constraints, varied digital skills, and differing institutional priorities require flexible formats, blended learning, and ongoing support.
- Continuous evaluation drives improvement: Feedback loops from participants enabled iterative development of activities, improving relevance, quality, and engagement.
- Barriers can be overcome with strategic measures: Clear governance, coordination, resource planning, digital support, and national alignment help lift obstacles and ensure sustainability.

Looking forward, the RVEH has the potential to become a sustainable, future-oriented hub for vocational excellence, not only at the regional level but also with opportunities for national and international collaboration. Building on lessons learned, enhancing digital platforms, and continuing to strengthen networks will ensure that the RVEH contributes meaningfully to recruitment, retention, and skills development in the health and care sector for years to come.



Competence Network for the Health and Care Sector, Region Nordhordland

Region Nordhordland IKS: Eva Kristin Nordnes

Haukeland University Hospital: Kari Britt Hagen, Henning Åge Skarbø, Elisabeth Woodward

Western Norway University of Applied Sciences: Hilde K.R. Riise, Marthe V. Tjemsland, Liv Irene Ruud, Mariya S. Bikova

1. PURPOSE

- Recruit and retain employees in the health and care sector, both now and in the future.
- Ensure that the educational system and the health and care sector consistently deliver on demand and on 21st century skills development for students and employees.
- Make careers in health and care attractive to young people.
- Build the Competence network on existing initiatives. Facilitate a stronger focus on VET and lifelong learning into existing networks and collaboration where relevant stakeholders are represented.

2. PEOPLE



Members of the network included:

- 8 municipalities (political level, management level and the health and social care professions – network)
- ISCED 3 upper secondary education
- ISCED 4 + 5 Post-secondary non-tertiary education
- Network: Competence forum Nordhordland (Both private and public entities)

3. PROCESS

To strengthen collaboration between education and the health and care sector, we carried out a series of coordinated activities that combined mobile training, cross-sector dialogue, and continuous regional follow-up.

- Piloting of Simulation on Wheels in two municipalities, engaging 12 groups and 58 participants.
- Delivery of realistic, hands-on clinical scenarios through a fully equipped mobile simulation trailer at local workplaces.
- Regular RVEH meetings ensuring coordination, experience sharing, and alignment across municipalities, education providers, and health services.
- Participation in regional and national forums and conferences to present EUECA activities, share insights, and strengthen intersectoral collaboration.
- Learning and training activities focused on task shifting and enhanced roles within health and social care teams.



EUECA workshop October 2025



Partnermeeting in Berntø 2025

4. PRODUCT

Simulation on Wheels

Through the EUECA initiative, we delivered decentralized simulation training using a fully equipped mobile simulation trailer.

- 12 groups and 58 participants trained in realistic, high-stakes clinical scenarios.
- The mobile unit enabled students and healthcare professionals to practice rapid decision-making, teamwork, and patient-safety routines directly at their workplace.
- Participants reported increased confidence, stronger clinical skills, and better preparedness for demanding tasks.
- The model significantly reduced travel barriers and ensured equal access to high-quality training in rural areas.

EUECA Workshop in Nordhordland

A regional workshop brought together leaders and professionals from municipalities, hospitals, and education.

- Focus on shared challenges, collaboration, and competence development.
- Practical examples showed how EUECA partners build sustainable solutions for the future workforce.
- The workshop now serves as a replicable model for interregional collaboration and integration of VET, health services, and lifelong learning.

Strengthened Regional Collaboration

Improved and more structured collaboration between municipalities, VET providers, and health services through regular RVEH meetings, shared planning, and common learning activities.



Pilot testing of Decentralized simulation training

5. FEEDBACK



Implementation Report

Slovenia

1. Creation of the Regional Vocational Excellence Hub (RVEH)

PURPOSE: Overall vision and mission for our RVEH is to provide interdisciplinary collaboration training within the simulation centre for students and healthcare professionals. By disseminating information and showcasing the benefits of our program, we aim to attract key stakeholders, including educational institutions, healthcare organisations, political stakeholders and others. Their support and cooperation are crucial in establishing and maintaining a sustainable program that will continuously evolve and adapt to the changing needs of the healthcare sector.

PEOPLE: As partners in the EUVECA project, the Community Health Center Ljubljana and The Faculty of Health Sciences of the University of Ljubljana are the founders of RVEH. They have signed an agreement outlining the roles and cooperation necessary to establish organisational foundations of the RVEH.

Interviews are being conducted with key regional stakeholders to help create the best understanding of how the RVEH should work and to develop a strategy based on which concrete education and training activities are implemented. We involved important stakeholders as professional chambers (Nursing, Social Work, Medicine), Ministry of Health and Ministry of Education, City Municipality of Ljubljana, etc.

PRODUCT: The educational course focused on the vital topic of interdisciplinary cooperation in health and social care, specifically within the realm of palliative care.

Already proven educational approaches are being adapted and further refined to better address current needs. Teachers and trainees are evaluating all activities. Teacher meetings are planned to assess and advance training activities based on constructive alignment, acquired knowledge and student satisfaction.

2. Activities conducted with the RVEH together with stakeholders

Type of activities	
<i>Communication activities</i>	<p>Presentation of the RVEH and EUVECA project to decision makers at the following institutions:</p> <ul style="list-style-type: none">• University of Ljubljana, Faculty of Medicine, Department of Family Medicine• Ministry of Higher Education, Science and Innovation• Municipality of Ljubljana, Department of Health and Social Care• Social Chamber, Section of Social Workers in Healthcare• Nurses and Midwives Association of Slovenia <p>Each meeting was organized with only one stakeholder, as this allowed us to have more constructive and tailored discussions about opportunities for collaboration and addressing challenges in the field of education in healthcare and social work. The simulation-based training method and our efforts to achieve broader recognition and inclusion in standard forms of education were presented to all participants.</p>
<i>Testing learning activities</i>	<p>We tested the module created in the hub with students from the Faculty of Health Sciences and the Faculty of Social Work. This program was designed in an interdisciplinary manner, with an emphasis on teamwork focused on the care of a palliative patient. We also tested the module that had been developed for professionals in the field of social work.</p> <p>As part of the hub activities, we also tested the Awareness Course on the Edu4Health platform with approximately 50 students from the Faculty of Health Sciences.</p>

<p><i>Sustainability activities</i></p>	<p>With all stakeholders, we also discussed how to keep the hub active after the project ends, as our activities were met with very positive feedback. Because funding for this purpose is difficult to obtain, the prevailing consensus was to focus on raising awareness and promoting these types of trainings as needed. Students are already being introduced to such approaches, and educational institutions as well as employers in the healthcare sector are making efforts to incorporate new methods and content into their programs and activities.</p>
<p><i>Other activities</i></p>	<p>Presentation of the project and edu4health platform at the International Conference of family medicine held in Jahorina, Bosnia and Herzegovina on 10-12 October 2025, https://porodicnamedicina.com/xx-dani-porodicne-medicine-republike-srpske-sa-medjunarod-nim-ucescem/</p> <p>We believe it is important that innovative approaches to healthcare education developed within the European Union reach professionals in less developed regions of Europe as well. In this way, we help ensure that patients receive the most equitable care possible, wherever they may need it.</p>

3. Promotion of the European platform for Vocational Excellence (EPVE)

In our region, the European Platform for Vocational Excellence (EPVE) was promoted primarily through targeted collaboration and communication activities with key stakeholders in healthcare and social care education. The RVEH and EUVECA projects were presented in individual meetings with decision makers, allowing for focused and constructive discussions on opportunities for collaboration and on the challenges associated with integrating simulation-based training and other innovative educational approaches into standard curricula.

The platform was continuously promoted among participants in our training activities, both students and professionals. Selected EPVE-related content was also incorporated directly into the educational modules, ensuring that learners not only became familiar with the platform but also experienced its added value through practical application.

4. Trained / upskilled health care students and professionals

Country / region	Regional learning activities	Number of students/ professionals trained in region	Interregional learning activities	1wNumber of students/ professionals trained interregional
<i>(please state your country and region)</i>	<i>(please insert learning activity)</i>	<i>(please insert number)</i>	<i>(please insert learning activity)</i>	<i>(please insert number)</i>
Slovenia			Simulation training in social work	46 students 32 professionals
Slovenia			Simulation training - child resuscitation	18 students
Slovenia			Simulation training in interdisciplinary team	44 students
Slovenia			Awareness course	50 students

5. Overview testing activities

For the overview of testing activities from Slovenian Regional Vocational Excellence Hub, see table 1 Trained and upskilled healthcare professionals, students and teachers in the European Implementation Report.

6. Participation list

We collected signed attendance lists from participants of the learning activities. Due to privacy considerations, these lists are not included here. They can, however, be made available upon request if needed.

7. Reflection on the executed learning activities and the feedback received on the evaluations

The overall satisfaction with the Interprofessional Collaboration module (Simulation training in interdisciplinary team), which integrates high-fidelity simulation into the learning process, is generally very positive. A detailed assessment of the role and impact of simulation-based training shows strong enthusiasm and a clearly recognized need for this type of educational approach, while also highlighting areas where further improvements are needed. The overall satisfaction score for 2024/25 is **M = 4.2** (on a 1–5 scale), based on feedback from **N = 38** participants.

Here are some statements that participants wrote after completing the training:

- “A simulation of a tough situation that we’ll definitely experience at least once.”
- “Too intense, not enough preparation.”
- “Great experience! It would be even better to have more practice sessions in the SIM center and go through more different cases, rather than just theory at school. You learn the most this way—by doing.”
- Preferably earlier, not in the evening.”
- “I liked it a lot—I really took a lot away from it.”
- “The best healthcare experience for learning communication and teamwork.”
- “It came as a real ‘shock’ for some programs.”
- “Super experience—everyone at the Faculty should have it.”
- “Too few exercises like this :!”

8. Promoting factors in the RVEHs for testing and implementation of activities

Promoting factors for testing and implementation of learning activities within the RVEH Several elements significantly facilitated the testing and implementation of learning activities and other activities conducted within the RVEH.

1. Strong collaboration between founding partners

The joint engagement of the Community Health Centre Ljubljana and the Faculty of Health Sciences of the University of Ljubljana provided a stable organisational basis for the development and implementation of activities. Their established cooperation, formalised through a partnership agreement, ensured clarity in responsibilities and smooth decision-making, which in turn accelerated the preparation and delivery of training modules.

2. Active involvement of key stakeholders

Interviews and targeted meetings with relevant stakeholders—including professional chambers, ministries, and the Municipality of Ljubljana—created a supportive environment for implementing educational activities. Their early involvement helped to align the training content with real needs in the health and social care sectors, increasing acceptance and relevance of the activities.

3. Pre-existing educational expertise and infrastructure

Having access to a well-established simulation centre and previous experience in simulation-based training significantly facilitated the implementation of activities. Proven pedagogical approaches could be adapted efficiently, while high-fidelity simulation equipment provided an authentic learning environment that was well-received by students and professionals.

4. Positive feedback and demand from participants

The strong enthusiasm expressed by students and professionals, reflected in high satisfaction scores and constructive feedback, served as an important motivating factor. Their recognition of the need for interdisciplinary training increased internal motivation among the teaching teams and

encouraged continuation and further development of activities.

5. Constructive communication and tailored dissemination

Stakeholder meetings were held individually, which enabled the project team to focus on specific needs and opportunities of each institution. This personalised approach facilitated constructive dialogue and enhanced the willingness of stakeholders to participate in and support training activities.

6. Inclusion of EPVE-related content in training

Integrating parts of the EPVE into learning modules helped participants better understand the broader European context and increased the perceived value of involvement in RVEH activities, which supported acceptance and successful testing.

Promoting factors at the local, regional and national level supporting the establishment of the RVEH

Several environmental and systemic elements at different levels have contributed to favourable conditions for setting up the RVEH.

1. Local level: Established cooperation networks and awareness of training needs

At the local level, strong existing connections between healthcare institutions, educational organisations, and the municipality provided a supportive foundation. The local recognition of challenges in interdisciplinary collaboration—particularly in the fields of palliative care, primary care, and social services—created strong motivation to introduce new education and training models. Furthermore, local institutions showed readiness to modernise their educational approaches through simulation-based and practice-oriented training.

2. Regional level: Regional commitment to improving healthcare workforce competencies At the regional level, there is a clear commitment to strengthening the competencies of health and social care professionals, especially in areas where traditional education has proven insufficient. The expressed interest from professional chambers and regional healthcare employers demonstrates that the region recognises the value of interprofessional education and is looking for structured, high-quality training opportunities such as those offered by the RVEH.

3. National level: Alignment with ongoing reforms in education and healthcare

National policies increasingly emphasize the importance of modernising vocational education, strengthening practical training, and improving cooperation between the healthcare and education sectors. The involvement of the Ministry of Health and the Ministry of Education in consultation processes indicates that the RVEH aligns well with current national strategies aimed at improving workforce readiness, quality of care, and integration of innovative teaching methods. This policy alignment creates favourable conditions for long-term sustainability of RVEH initiatives.

4. Supportive interest in European cooperation

At the national level, Slovenia has demonstrated a positive stance toward international collaboration and EU-supported innovation in healthcare education. This openness facilitated the integration of the RVEH into the broader EPVE framework and supported recognition of the added value of European platforms and cross-border learning.

9. Barriers in the RVEHs for the testing and implementation of activities

Barriers hindering testing and implementation of learning activities within the RVEH

Although the implementation phase was successful, two main barriers were identified. First, some participants—especially those already employed in healthcare or social care—had difficulty finding time to attend training activities alongside their regular work obligations. Second, ensuring sustainable funding for the continuation and further development of simulation-based and interdisciplinary training remains a significant challenge, as long-term financial resources are not yet secured.

Barriers hindering the setup of the RVEH on local, regional, and national levels

1. Local level: Limited awareness of interdisciplinary collaboration models

Healthcare institutions at the local level often operate in traditional, discipline-specific structures. This limited awareness of modern collaborative approaches resulted in slower acceptance and fewer opportunities to embed RVEH activities across organisations.

2. Regional level: Fragmented cooperation between sectors

The health and social care sectors are administratively and structurally separated in many parts of the region. This fragmentation complicates joint planning, limits the capacity for interdisciplinary training, and makes it difficult to coordinate participants from different environments.

3. National level: Lack of systemic integration and funding mechanisms

National policies support educational innovation but do not yet provide clear, long-term funding structures for simulation centres or interdisciplinary training programs. This makes it difficult to ensure the sustainability of the RVEH beyond the scope of EU-funded projects.

Additionally, administrative procedures can be slow, creating delays in obtaining formal recognition or inclusion of new training modules in national education frameworks.

10. How to overcome the identified barriers

Several strategies and recommendations could help address the obstacles identified during implementation:

1. Strengthening institutional commitment

Formal agreements with educational and healthcare institutions can secure long-term support. Including simulation-based training in institutional development strategies would ensure more consistent staffing and scheduling.

2. Increasing flexibility in scheduling

Offering activities at multiple times, using hybrid formats, or integrating preparatory materials online can help reduce scheduling conflicts for both students and professionals.

3. Securing stable funding sources

Developing proposals for national and regional funding schemes, as well as exploring partnerships with hospitals, municipalities, and professional chambers, could provide more stable financial support. Clear cost–benefit evidence of the impact of simulation training may strengthen funding proposals.

4. Enhancing stakeholder awareness and communication

Regular presentations, workshops, and demonstration sessions can raise awareness about the value of interdisciplinary education. Showcasing measurable improvements in communication, teamwork, and patient outcomes can help build broader support.

5. Strengthening regional cooperation between sectors

Creating a permanent regional working group or advisory board involving representatives from healthcare, social care, education, and policy sectors could facilitate better coordination and reduce fragmentation between systems.

6. Increasing capacity and efficiency of simulation infrastructure

Optimising scheduling, training additional facilitators, and developing smaller-scale or mobile simulation scenarios could alleviate bottlenecks and allow more frequent sessions.

11. Conclusion

The establishment and activity of the RVEH in Slovenia demonstrated strong potential for improving interdisciplinary collaboration, communication, and practical skills in both healthcare and social care sectors. The high satisfaction among participants, positive stakeholder engagement, and successful testing of multiple training modules validate the relevance and need for such educational approaches. Although several barriers—particularly those related to resources, scheduling, and systemic limitations—were identified, they are manageable through strategic planning, strengthened partnerships, and long-term institutional commitment. With continued collaboration, increased visibility, and stable funding, the RVEH can grow into a sustainable and influential model of vocational excellence, contributing not only to regional development but also to the broader European objectives of improving healthcare education and patient care. The experience gained through this project provides a strong foundation for future innovation and expansion, ensuring that modern, interdisciplinary, and simulation-based training becomes an integral part of professional education in Slovenia.

Implementation and Evaluation of Simulation-Based Interprofessional Education within Slovenian RVEH



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Background

Interprofessional collaboration represents a key competency for ensuring high-quality and safe healthcare delivery. Traditional educational approaches often do not sufficiently support the development of communication and teamwork skills.

Simulation-based education enables experiential learning in a safe environment and improves readiness for working in complex clinical situations within interdisciplinary teams.

Slovenian RVEH was established within the EUVECA project as a platform for the development and implementation of interprofessional education.

Aim and objectives

The main aim was to establish and pilot the implementation of the Slovenian RVEH model for interprofessional education.

Specific objectives:

- to develop and test simulation-based learning activities
- to improve communication and teamwork competencies
- to involve different participant profiles (students and professionals)
- to establish a sustainable model of collaboration among stakeholders

Keywords

- Interprofessional education
- Simulation-based learning
- Healthcare teamwork

Methods

Simulation-based learning activities were conducted, including:

- simulations in the field of social work
- simulations of pediatric resuscitation and palliative care
- interdisciplinary team simulations



Results

Multiple iterations of simulation-based activities were conducted during 2024–2025, confirming the feasibility and acceptability of the model.

Quantitative results indicate:

- improvement in communication and teamwork
- improvement in interprofessional learning
- less pronounced changes in interprofessional interaction

Participant satisfaction:

- mean score 4.2/5 (N = 38)

Qualitative results:

- high level of satisfaction
- strong emphasis on the value of experiential learning
- expressed need for more simulation exercises

Conclusion

- Simulation-based learning effectively improves communication and teamwork
- **Slovenian RVEH represents a successful model of interinstitutional collaboration**
- The program has strong potential for broader implementation within the healthcare system

Future development

- upgrading simulation scenarios
- increasing the number of practical exercises
- implementation in clinical settings
- ensuring program sustainability

Implementation Report

Spain

1. Creation of the Regional Vocational Excellence Hub (RVEH)

Using the 4-P methodology

Purpose

The Valencia Vocational Hub for Educational Excellence in Healthcare is formed by members from the quadruple helix (university-industry-government-public) participating in a common goal: to have healthcare workforce properly trained for 21st century challenges, sharing resources, knowledge and experiences. The hub aims to create synergies and improve professional training in a sustainable way. Therefore, the Regional Vocational Excellence Hub in Health of Valencia (RVEH Valencia) aims to establish itself as a stable ecosystem of collaboration between universities, public and private health centers, health administration, social services, professional associations, patient associations, and the biomedical sector, oriented towards the continuous improvement of the competencies of health professionals in the Valencian Community.

People

The hub is structured with:

- Facilitator group: University of Valencia (UV) plus Universitat Politècnica de València (UPV)
- Working group: Based on identification of common needs and agreement among stakeholders
- On-demand working groups: Created if there is critical mass around specific topics

Key persons involved: Gertrudis Fornés, Olga Navarro, Silvia Prieto, Zoe Valero and Vicente Traver

Process

The creation process follows two approaches:

- Bottom-up idea: Identification of common challenges to work together and share material.
- Common challenges have been identified and agreed upon during partner meetings.
- Top-down idea: Making physical meetings in the premises of different stakeholders to engage them and show specific topics or challenges they would like to share, demonstrating commitment and fostering participation.

Product

Main objectives for the first 1.5 years:

1. Create the RVEH
2. Consolidate and engage the RVEH
3. Improve the skills of the healthcare workforce in a sustainable way, generating synergies and reusing material

Key focus areas:

- Aging and chronic diseases
- Share, benchmark, exchange best practices
- Identifying gaps, reusing material, measuring learning outcomes and competences
- International twinning activities

2. Activities conducted with the RVEH together with stakeholders

Type of activities	
<i>Collaboration activities</i>	<i>3 meetings per year with specific focus on identification of educational offers and needs. Organization of mini meetings (matchmaking) 1-to-1 and in groups. Facilitation of professional contacts from other countries with those from the region.</i>
<i>Communication activities</i>	<i>Newsletters from EUVECA and specific RVEH newsletter (every 3 months in Spanish). Public space for listing entities and people involved, and private platform for exchange of information and knowledge.</i>
<i>Testing learning activities</i>	<i>Dissemination and testing of courses including: AI applications in healthcare, process mining, patient empowerment, and digital health. Innovation workshops. Training activities organized in response to identified needs.</i>
<i>Sustainability activities</i>	<i>Workshop with stakeholders about how to continue at regional level after EUVECA project ends. Development of governance model to ensure long-term viability, sustainability. Involvement of all partners (academia, healthcare and social professionals, colleges, etc.) in sustainability planning.</i>

3. Promotion of the European platform for Vocational Excellence (EPVE)

The European Platform for Vocational Excellence in Healthcare is promoted through:

- Presentation at each regional meeting with progress updates
- Invitation for stakeholders to raise doubts and suggestions
- Demonstration of how the platform can be used to access training activities and exchange knowledge
- Integration of EPVE platform with regional activities
- Encouragement of participation in interregional learning activities through the Edu4Health platform

4. Trained / upskilled health care students and professionals

Country / region	Regional learning activities	Number of students/ professionals trained in region	Interregional learning activities	Number of students/ professionals trained interregional
<i>(please state your country and region)</i>	<i>(please insert learning activity)</i>	<i>(please insert number)</i>	<i>(please insert learning activity)</i>	<i>(please insert number)</i>
Spain/Valencia	Course - Leading Organizational Change	86		
Spain/Valencia	Course- Digital health	10		
Spain/Valencia	Course – Artificial Intelligence for the Analysis of Healthcare Processes Using Process Mining	9		
Spain/Valencia			Course Patient Empowerment	1
Spain/Valencia			Course Common Language	40
Exchange: Spain/Valencia			Stay of staff member in Trento	1

5. Overview testing activities

For the overview of testing activities from Spanish Regional Vocational Excellence Hub, see table 1 Trained and upskilled healthcare professionals, students and teachers in the European Implementation Report.

6. Participation list

We collected signed attendance lists from participants of the learning activities. Due to privacy considerations, these lists are not included here. They can, however, be made available upon request if needed.

7. Reflection on the executed learning activities and the feedback received on the evaluations

Learning activities were primarily conducted in Spanish, as language remains a challenge for many participants.

While they are capable of communicating in English, they strongly prefer instruction in their native language.

With the exception of the Patient Empowerment course, all other courses were delivered through a blended format combining online, face-to-face, and synchronous sessions, fostering real-time interaction and engagement.

Key learnings

- Participants expressed high satisfaction with the training received, though several valuable insights emerged:
- AI technologies are evolving rapidly, underscoring the need for ongoing, continuous updates to keep pace with innovations.
- They particularly value sessions involving participants from diverse organizations, as these opportunities extend beyond the course content to enable networking, experience-sharing, and a refreshing change of perspective.
- The microcredential format was a standout favorite—perceived as agile, challenging, and approachable, without the intensity of a full master's program, while clearly demonstrating specific acquired skills.
- Presentations on Edu4Health and EUVECA were well-received, with participants appreciating these initiatives in a highly fragmented sector; they emphasized that efforts to unite forces, foster synergies, and streamline collaboration are eagerly welcomed.
- Discussions highlighted preferences for synchronous versus asynchronous training, which vary based on participants' professional contexts and profiles, suggesting a flexible, tailored approach.

Reflections on Evaluation and Learner Feedback

The training emphasized competencies over rote content delivery, aligning with EUVECA's promotional goals—this competency-focused direction was praised as the right path forward, though staying current remains essential.

Learners also called for more personalized training pathways, adapted to individual contexts and incorporating self-assessment tools. One innovative idea proposed was an AI-powered chatbot that engages in dialogue with learners, reviews their profiles, and recommends bespoke courses matching their needs, preferences, and career stage.

8. Promoting factors in the RVEHs for testing and implementation of activities

Promoting factors for testing and implementation of learning activities within the RVEH

Several elements significantly facilitated the testing and implementation of learning activities and other activities conducted within the RVEH.

- **Alignment with real needs:** Topics (AI in healthcare, digital health, process mining, patient empowerment, common language, organizational change leadership, aging/chronic diseases) directly addressed needs identified in regional analysis and stakeholder meetings.
- **Competency-based and microcredential format:** Focus on learning outcomes and skills, with short, challenging yet manageable trainings (microcredentials), facilitated participation for busy professionals, offering clear, transferable benefits to daily practice.
- **Multisectoral collaboration (quadruple helix):** Coordinated involvement of universities, public/private hospitals, health/social administration, professional colleges, patient associations, and biomedical sector generated synergies, legitimacy, and trust in the RVEH.
- **Flexible working dynamics:** Stable facilitator group (UV, UPV) and on-demand working groups enabled agile responses to emerging needs, specific activity design, and format/content adjustments during testing.

- **Blended learning formats:** Combining online, face-to-face, and synchronous sessions favored diverse profiles, maintaining interaction and interorganizational exchange with temporal/geographic flexibility.
- **Visibility of European initiatives:** Systematic presentation of Edu4Health, EUVECA, and EPVE in RVEH meetings reinforced sense of belonging to a structural European initiative, boosting motivation.

Promoting factors at the local, regional and national level supporting the establishment of the RVEH

- **Consolidated periodic and informal meetings:** Pre-existing spaces between universities, hospitals, and administration reduced initial coordination effort and activated RVEH on known structures.
- **Shared material repository:** Creation/use of repositories for training resources and documentation (teaching materials, best practices, evaluation tools) facilitated reuse and adaptation for RVEH activities.
- **Heterogeneity and critical mass of partners:** Diversity (size, public/private nature, care/education scopes, professional profiles) enriched needs diagnosis, co-creation of solutions, and mobility/exchange opportunities.
- **Alignment with regional innovation and S3 strategies:** RVEH connection to regional smart specialization priorities and health innovation agenda facilitated institutional support, strategic coherence, and post-project sustainability.
- **Prior experience in EU projects:** Valencian partners' track record in digital health and training EU projects brought management, quality, and evaluation skills, plus familiarity with co-creation, living labs, and action learning methods.

9. Barriers in the RVEHs for the testing and implementation of activities

Barriers hindering testing and implementation of learning activities within the RVEH

- **Time limitations and care overload:** High post-pandemic care pressure and staff shortages reduced professionals' availability for sustained participation, even for relevant activities.
- **Maturity and visibility of Edu4Health/EPVE platform:** Though recognized and well-designed, the platform's relative newness caused initial hesitations and limited some training enrollments.
- **Language issues:** Participants communicate in English but strongly prefer Spanish training; this reduced interregional activity appeal and required extra adaptation efforts.
- **Capillary reach within organizations:** While key partners are engaged, systematically reaching grassroots professionals is complex; excess emails/training offers compete with RVEH visibility.
- **Competition with other training offers:** Coexistence of multiple internal/external programs with varying recognition/accreditation complicates prioritizing RVEH activities.

Barriers identified on a local, regional and/or national level

After internal reflections:

- **Institutional calendars and decision cycles:** Fitting RVEH into differing academic, care, and administrative timelines slowed internal approvals and activity launches.
- **Need to clarify value proposition:** Intensive internal communication was needed in some organizations to explain concrete RVEH benefits (for institutions, teams, professionals) vs. existing initiatives.
- **Organizational culture and leaderships:** Consolidating a "win-win" collaboration model, without excessive egos and based on distributed leadership, took time and trust; hierarchical inertia slowed full agile co-creation in cases.
- **Administrative and formal recognition limitations:** Processes for credits, activity certification, or career system compatibility added complexity and delayed full institutionalization.
- **Territorial dispersion and resource inequalities:** Differences between centers (size, tech resources, protected training time) created uneven adoption paces, hindering uniform regional implementation.

Additionally, while positive interorganizational cooperation examples exist (e.g., theses co-supervised by Nursing School, VITHAS, UPV), scaling requires time and formal mechanisms.

10. How to overcome the identified barriers

As result of a brainstorming session and without being prioritised as key decision managers are not the same for each one of the different actions:

- **Refine value proposition and communication:** Develop clear, segmented messages explaining gains for each actor (managers, service heads, professionals, students) via success stories, impact indicators, and participant testimonials.
- **Integrate RVEH into formal structures:** Link activities to continuing professional development plans, career paths, accreditation systems, and performance evaluations, making participation core rather than "extra."
- **Enhance diffusion channels and reach:** Complement email with local ambassadors per service/unit, in-situ briefings, specific RVEH newsletters in Spanish, and visible spaces on intranets/corporate platforms.
- **Flexibilize formats and timings:** Strengthen short/modular/asynchronous formats combined with high-value synchronous sessions, offering wide time windows and shift-adapted alternatives.
- **Boost Spanish offer and language support:** Prioritize key activities in Spanish, provide summaries/support materials in this language for interregional ones, and explore subtitling/translation for webinars/e-learning.
- **Consolidate distributed leaderships and governance:** Advance RVEH governance model, promoting mixed committees (academics, clinicians, managers, patients) with real decision power on training priorities/collaborative projects, reinforcing neutral facilitator role.
- **Establish quick/visible recognition mechanisms:** Ensure clear certificates, digital microcredentials, and skill visibility (e.g., in professional portfolios) to boost participant motivation.
- **Deepen co-creation and joint project experiences:** Scale successful collaborations (theses, innovation projects, cross-practices) as tangible demonstrators, with periodic calls for hub member collaborative projects.
- **Adjust Edu4Health/EPVE integration:** Simplify access, guide first users (tutorials, short videos, tech support), and explicitly link to RVEH activities/results, positioning it as central tool.

11. Conclusion

The Valencia Regional Vocational Excellence Hub represents a collaborative, multisectoral approach to addressing current and future healthcare workforce training needs. The hub has effectively engaged key players from academia (Universitat de Valencia, UPV, and others), hospitals (Hospital Clínico, La Fe, VITHAS), policymakers (regional ministries of health and social care), professional associations (CECOVA, SOVAMFyC), and NGOs.

This quadruple helix model has ensured that diverse perspectives and expertise shape training programs that are practical and relevant. Therefore, through its quadruple helix model, strategic focus on sharing and benchmarking, and commitment to measuring outcomes, the RVEH is positioned to create sustainable improvements in healthcare professional competencies. The hub's emphasis on bridging academia-practice gaps, fostering international collaboration, and maintaining flexibility through on-demand working groups ensures its relevance to evolving healthcare challenges.



VALENCIA VOCATIONAL HUB FOR EDUCATIONAL EXCELLENCE IN HEALTH CARE

Silvia Prieto
Olga Navarro

Vicente Traver
Zoe Valeri

1 THE PURPOSE

Valencia Hub is formed by members from the quadruple helix (university-industry-government-public) participating from our roles in a common goal: to have healthcare workforce properly trained for the 21st century challenges, sharing resources, knowledge and experiences

- Improve professional training—Reskilling and upskilling
- Access to new opportunities in Europe
- Stronger Valencian healthcare ecosystem, sharing needs, resources and efforts

4 THE PRODUCT

What vocational educational and learning activities are most relevant for your region, on local and international level?

AGING and CHRONIC DISEASES.

What are key elements in the strategic plan for our RVEH?

SHARE, BENCHMARK, EXCHANGE.

What are key elements in the action plan for our RVEH?

IDENTIFYING GAPS, REUSING MATERIAL, MEASURING LEARNING OUTCOMES AND COMPETENCES, INTERNATIONAL TWINNING.

How have you tested the learning activities in our RVEH?

QUESTIONNAIRES FROM WP8, ATTENDANCE AND ENGAGEMENT FROM DIFFERENT ENTITIES INVOLVED IN THE RVEH. USE OF KIRKPATRICK MODEL

How have been involved end-users to test the activities in our RVEH?

ALL THE PARTNERS (ACADEMIA, HEALTH CARE AND SOCIAL PROFESSIONALS, COLLEGES,...) WERE WILLING TO INVOLVE END USERS. THAT HAPPENED THROUGH MAILING, COURSES, SPECIFIC ACTIVITIES,...

When is the learning activity a success and are you satisfied? What criteria would you like to attach to this?

DIFFERENT HORIZONS OF SUCCESS (SHORT, MEDIUM AND LONG TERM). JUST TO START, AMOUNT OF ATTENDEES, SATISFACTION SURVEY, SELF ASSESSMENT OF COMPETENCIES BUT IN LONG TERM, CHANGES AND INNOVATIONS HAPPENING IN CLINICAL PRACTICE .

2 THE PEOPLE

Academia	Hospitals and social care providers	Professionals associations	Policy makers	NGO InnoSOC Medicarama
<ul style="list-style-type: none"> Universitat de Valencia Universitat Politècnica de Valencia Universidad Católica de Valencia Universidad Europea Universidad Internacional Universidad Cardinal Herrera CEU 	<ul style="list-style-type: none"> Hospital Clínico Hospital La Fe Hospitales VITHAS Lares Comunitat Valenciana 	<ul style="list-style-type: none"> Nurses- CECOVA Medical – SOWAMFyC, College of Physicians 	<ul style="list-style-type: none"> Regional ministry of health Regional ministry of social care 	

Facilitator group – UV plus UPV
We are missing ...
Working group – based on identification of common needs and agreement
Creation of on-demand working groups if there is critical mass

COURSES

- DIGITAL HEALTH
- ARTIFICIAL INTELLIGENCE FOR THE ANALYSIS OF HEALTHCARE PROCESSES USING PROCESS MINING
- LEADING ORGANIZATIONAL CHANGE
- PATIENT EMPOWERMENT
- COMMON LANGUAGE

FINAL COMMENTS

- "develop a holistic health promotion project, as well as work to bring health closer to citizenship."
- "It is key to make a proper dissemination about what is happening in health and can affect healthcare professionals"
- "It is crucial to be self-criticism. Identify what can be done better and do it"
- "It is necessary to transfer the results of research to professionals, so the evidence does not remain only in academia and does not reach the clinical and care"
- "It is necessary to facilitate the comprehensive training of professionals within their job positions"

3 THE PROCESS

Bottom up idea
Identification of some common challenges to work together and share material. Some of these common challenges have been identified. Therefore, different joint thesis and shared activities are already happening

Top down idea
Making the physical meetings in the premises of the different stakeholders to engage them and show some specific topics or challenges they would like to share.

5 YOUR FEEDBACK

Co-funded by the European Union