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Evaluation report

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1 Executive summary

This document synthesises the core findings of the final EUVECA evaluation and highlights the most important achievements, lessons learnt, and priorities for continuation. The report shows that **EUVECA succeeded in establishing a credible European collaboration model for vocational excellence in healthcare, combining regional ecosystem building with a shared European platform and a structured quality assurance framework.** It also explains how **continuous evaluation and quality assessment of the project in its different dimensions has been used following an iterative approach to address and improve concerns in the implementation phase or even in the last phase of the project, guaranteeing more options to be sustainable after the end of the project.**

Document starts with the **evaluation approach, which was designed as a continuous and collaborative process rather than a single end-point review.** Through WP8, **the project combined monitoring, quality assurance, interim review, final assessment, and targeted feedback tools so that progress could be tracked throughout the lifecycle of the project.** This included the use of a living monitoring and management document, project management checklists, stakeholder questionnaires, course evaluation tools, interim survey exercises, and a final assessment questionnaire completed during the closing meeting in Brussels. All these templates and questionnaires are presented in Annex I.

Results of the different evaluation activities specifically affecting project quality and assessment are included in Chapter 3. Therefore, the **evidence presented in the report is positive and consistent.** Partners report high levels of satisfaction with project coordination, communication, and engagement, while stakeholders in the regional hubs generally describe the governance structures as relevant, useful, well organised, and participatory. **The strongest ratings in the final assessment relate to communication with the management team, overall project coordination, and the usefulness of physical meetings, which were seen as especially important for trust-building, alignment, and collaborative problem-solving.**

At regional level, the evaluation indicates that the **Regional Vocational Excellence Hubs created meaningful spaces for dialogue among education providers, healthcare organisations, public actors, and other stakeholders.** Survey findings show very strong perceived relevance of the regional network model and broad support for continuing the hubs beyond the funded project period. Respondents also reported positive experiences regarding role clarity, information flow, organisation of meetings, and the extent to which stakeholder input was considered. These findings suggest that the **hubs generated clear process value and relational value, even where concrete long-term collaboration outcomes are still developing.**

The evaluation of training activities and platform-based learning offers a more differentiated picture. Across the assessed courses, participants generally **valued the relevance of the topics,** especially in areas such as sustainability awareness, dementia communication, artificial intelligence in healthcare, and virtual reality-based learning. At the same time, and concerning platform assessment recurring improvement needs were identified across several activities: clearer instructions, more interactive and practice-oriented formats, better accessibility, stronger multilingual consistency, and a lighter text burden. In other words, the educational themes were considered worthwhile, but the learner experience often requires further refinement to fully match the needs of diverse European target groups. **This feedback has been really valuable to get the final version of the platform, already running, that in its final version it has not been evaluated formally but has collected much more positive feedback as most of the issues have been properly addressed.**

The final assessment also highlights variation across work packages. Activities related to coordination, quality assurance, testing, and general project management received stronger ratings what reflects a common pattern in complex European cooperation projects, where collaborative governance and network building stabilise earlier than technical consolidation, external uptake, and post-project ownership models.

A major lesson from the evaluation is that **EUVECA's most durable achievement may be the ecosystem it helped organise rather than any single output alone.** The project appears to have strengthened inter-organisational trust, improved dialogue on healthcare skills and vocational excellence, and created a **stronger basis for future cooperation at both regional and European levels.** The report therefore supports a forward-looking interpretation of impact: **EUVECA has built foundations that now need consolidation, clearer anchoring, and selective strengthening rather than redesign.**

2 The evaluation plan and the methodological approach

2.1 The evaluation plan

The **EUVECA project (European Platform for Vocational Excellence in Health Care)** is a strategic initiative aimed at fostering innovation and development in the European healthcare sector by ensuring the provision of future-oriented skills and training. The project brings together a diverse consortium of professionals, academic institutions, regional health authorities, and industry partners to create **Regional Vocational Excellence Hubs (RVEHs)** across seven European regions. These hubs will collaborate within a **European Platform for Vocational Excellence (EPVE)** to promote regional coordination, support educational innovation, and facilitate upward convergence in healthcare training and professional development. The overarching goal of EUVECA is to enhance the quality and attractiveness of vocational education and training (VET) in healthcare, while contributing to the sustainability of the sector through better skills planning, forecasting, and innovation uptake.

In line with this vision, **Work Package 8 (WP8)** focuses on the critical task of **evaluation and quality assurance**. WP8 is dedicated to ensuring that the project not only meets its defined objectives but also continuously evolves to address emerging challenges and opportunities. The dynamic nature of the healthcare sector influenced by technological advancements, demographic changes, and evolving patient needs, necessitates a robust and adaptable evaluation framework. This work package provided the necessary tools and processes to track the project's progress, measure its impact, and enable timely adjustments to maintain alignment with both regional and European goals.

The **evaluation plan was a** cornerstone of WP8, being designed to offer a structured approach to monitoring, assessing, and enhancing the project's activities and outputs over its lifecycle. An evaluation plan is especially critical for a project like EUVECA, which operates across multiple regions and requires the coordination of various stakeholders, including healthcare professionals, educators, and policymakers. The plan assures that all partners are working towards common goals while allowing flexibility to adapt to the specific needs of each regional hub. By setting clear milestones, indicators, and responsibilities, the evaluation plan guided the project in achieving its intended impact, ensuring the relevance, quality, and sustainability of its results.

The evaluation plan is a comprehensive framework to guide the monitoring, assessment, and continuous improvement of project activities and outcomes for all the partners and stakeholder during the different phases of the project. Its primary goal is to ensure that the project remains aligned with its core objectives of enhancing vocational education and training (VET) within the European healthcare sector while fostering regional and inter-regional collaboration. Specifically, the EUVECA Evaluation Plan aims to:

- **Establish Clear Evaluation Criteria:** Define measurable indicators, milestones, and deliverables across all work packages, ensuring that progress can be consistently tracked and evaluated.
- **Support Continuous Improvement:** Provide a structured process for gathering feedback, identifying challenges, and implementing adjustments to improve the quality, relevance, and efficiency of project activities.
- **Ensure Stakeholder Engagement:** Involve all project partners and key stakeholders in the evaluation process, ensuring their input informs ongoing project development and the final outcomes.
- **Measure Impact and Sustainability:** Evaluate the effectiveness of the Regional Vocational Excellence Hubs (RVEHs) and the European Platform for Vocational Excellence (EPVE) in achieving long-term, sustainable impact on healthcare education and innovation.

By achieving these goals, the Evaluation Plan has ensured that EUVECA delivers high quality, impactful results that meet the needs of the healthcare sector and contribute to the project's overarching mission.

2.2 The methodological approach

The evaluation methodology for the EUVECA project followed a dynamic, evolving evaluation and quality assurance process designed to ensure that the project remains aligned with its objectives throughout its lifecycle. This means that evaluation will be an ongoing exercise, so that we continually can adapt in response to ongoing feedback, changes in the project environment, and the evolving needs of the partners and stakeholders. Our approach integrates **quality assurance (QA)**, **evaluation**, and **monitoring** into a cohesive process that supports the development, implementation, and continuous improvement of the project.

1. Ongoing Support for Project Development and Adjustment

To support the ongoing evaluation, a “living management and monitoring” template has been developed in close collaboration with WP1 coordinators. All partners used this template as a logbook throughout the entire project. The objective is that by the end of the project, consortium partners had a clear overview and understanding of how the project has been implemented within the seven regional partnerships as well as on European level.

The application of this document helped the management team to monitor the project in close collaboration with the partners and to assess activities against financial resources in order to ensure that all partners participate to a high-quality implementation of the project and its deliverables.

The living management and monitoring template is uploaded as D1 in WP1.

2. Integration of Quality Assurance, Evaluation, and Monitoring

Quality assurance has been integrated into the entire project lifecycle, from the project initiation phase to the final delivery of results. The evaluation process provides **useful feedback** and **actionable advice** on how to improve both project activities and deliverables. We have used three main streams to ensure this:

- **Quality Assurance (QA):** Ensures that the project outcomes meet the expectations and needs of stakeholders.
- **Evaluation:** Assesses the ongoing relevance, impact, and effectiveness of the project activities and deliverables.
- **Monitoring:** Tracks the progress of the project in real-time, allowing adjustments to ensure milestones and deliverables are met.

These streams are not functioning independently; instead, they are viewed as **integrated parts of the overall project monitoring process**. The quality and relevance of deliverables has been continuously assessed, and adjustments have been made as needed to keep the project on track.

3. Collaborative QA and Evaluation Processes

The QA and evaluation processes has been **collaborative**, involving input from all project partners as well as local stakeholders, including healthcare students, professionals, and teachers. These collaborations ensured that the **regional Vocational Excellence Hubs (RVEHs)** and the **European Platform for**

Vocational Excellence (EPVE) were developed in a way that is **usable, scalable and relevant** to the target groups.

To facilitate this, QA and evaluation was a standing agenda item at each **steering group (PSG)** and **partner meeting**. This gives all partners the opportunity to report findings, discuss challenges, and suggest adjustments that could improve project outcomes. This collaborative approach ensures that **feedback loops** are built into the project, allowing for continuous improvement based on real-world input.

4. Testing Phase and Quality Assurance in WP5

A key element of the project's quality assurance process has been Work Package 5 (WP5), which was dedicated to testing the project implementation. During this phase, the governance models, platforms, education and training activities, and blended mobility offerings have been tested for their **quality, usability, and relevance**. In cooperation with WP8, the testing phase has involved key stakeholders to ensure that the results are applicable and sustainable across different regions and contexts.

Testing has been structured to:

- Gather feedback from a range of target groups (e.g., students, professionals, regional stakeholders).
- Identify areas where the project deliverables can be improved.
- Ensure that the project outputs are high quality and aligned with the needs of the healthcare sector.

5. Horizontal WP for Overall Project Evaluation

In addition to WP5, this Work Package 8 (WP8) is dedicated to the overall evaluation of the project. This horizontal WP ensures that the evaluation is not limited to specific deliverables but is applied comprehensively across the entire project. Therefore, the WP8 leader was responsible for coordinating the evaluation efforts, ensuring that all partners contribute to and benefit from the evaluation process.

This horizontal approach ensures that the evaluation process is centralized and standardized, while still allowing for the flexibility necessary to adapt to the unique circumstances of each work package. The results of the evaluation were shared with all partners, ensuring transparency and promoting ongoing improvement.

6. Evaluation Tools and Templates

To ensure that the evaluation process is both systematic and comprehensive, we have developed various evaluation templates within WP8, which can be used in different contexts throughout the project lifecycle. These templates included:

Template 1 – Living monitoring and documentation document template, which provided a complete overview of the implementation of the project and the learning gained by the partners

Template 2 – Project management checklist – quantitative measurement of deliverables and milestones.

Template 3 – Relevance, usability and quality of the governance models, platforms and concrete education, training and (blended) mobility activities developed by EUVECA.

Template 4 – Evaluation of the governance and collaboration processes within the regional hubs as perceived and experienced by the stakeholders in the health eco-systems, that will be used in WP 5

Template 5 – Questionnaires to students and health care professionals regarding relevance, usefulness and quality of the regional training activities and activities on the European VET platform, which will also be used in WP5.

Template 6 – Questionnaire to participants in regional and European events for WP7

Finally, as target users were the same and not overload with paper stuff, templates 3 and 4 were merged in a single document.

2.3 Periodic project assessment activities

For the progress report in July 2024, an interim evaluation survey was conducted. In the interim survey, we were especially interested in knowing more about how the partnership functions, if the partners were satisfied with the management and how we could improve the project implementation and management.

- A form with a set of questions was created, addressing specific aspects of project management, meetings, and activities conducted within each work package (WP). These questions were completed individually by participants before the EUVECA project meeting in Enschede.
- The WP8 leader, Vicente Traver, analyzed the responses and prepared a detailed report, which was shared prior to a dedicated quality management workshop at the partner meeting in Enschede. The report contained over 40 slides summarizing the findings.
- Having reviewed the report in advance, the meeting attendees, organized into their respective regional teams, proposed a set of actions for each identified issue. Each team presented its suggestions, and common conclusions were reached to guide future improvements.
- A summary of the survey results and the agreed conclusions can be found in 3.1

During the final meeting of the project in Brussels, a final assessment questionnaire was fulfilled to extract progress and lessons learnt for the future. It was only fulfilled for attendees to the event, so just people fully engaged and committed within the project. Results of this survey are presented in section 3.4

Questions listed below, were about coordination of the project, consortium meetings, lessons learnt and the different regional vocational educational hub, following a similar structure to the interim assessment survey done during the Enschede workshop.

3 Evaluation and Quality assessment results

3.1 Interim evaluation survey results (July 2024)

Evaluation is on the agenda for each partner meeting, and tools such as Mentimeter and other kind of “quizzes” have been used to “take the temperature” on a general level. These exercises have led to discussions and proposals on how the project implementation, collaboration and management can be improved. During several meetings, various assessment activities were conducted to identify bottlenecks and gaps needing attention, with the aim of improving project management in real time. This section presents how the EUVECA consortium handled an interim assessment of the project, happened during the partner meeting in Enschede (July 2024). Questions are described in section 5.7 whereas results and recommendations are shown below.

3.1.1 Coordination of the project on European level

The overall project coordination is rated as very good, with efforts to communicate with partners and keep everyone updated. However, some feel that at times, the decisions reflect only the management's perspective and that the decision-making process can be slow and confusing.

Communication is considered adequate, with the management team always available for questions. Some suggest more follow-up actions after international meetings.

Most feel quite engaged in the project's decisions, although the fixed framework can feel a bit limiting at times given the project's scope. A single list of pending actions was suggested.

Administrative and financial procedures are rated as good overall, with some suggestions to further simplify reporting. The workload was considered manageable.

3.1.2 Coordination of the project on regional level

The results from the Enschede workshop indicate that, at the regional level, the coordination of the EUVECA project shows both strengths and some challenges. Overall, regional partners had a clear understanding of the project's objectives, and regular meetings—such as those held every three weeks—have facilitated high participation and progress in specific activities. However, some difficulties were noted in aligning educational activities on the platform with the diverse expectations and needs of partners. There is a suggestion to improve meeting preparation through clear, structured agendas, and to propose more defined deadlines for various tasks. In terms of coordination, it was mentioned that the instructions for developing activities should be more concrete and standardized to ease the work of regional groups. Despite these challenges, collaboration among regional partners and the exchange of experiences have been positive, and it is recommended to continue this dynamic to ensure the sustainability of the Regional Vocational Excellence Hubs (RVEHs).

3.1.3 Consortium meetings

The results from the survey regarding face-to-face meetings highlight that these gatherings are generally seen as effective and valuable for advancing the project. Regional partners reported high participation in physical meetings, which have been instrumental in fostering collaboration, sharing experiences, and ensuring alignment on project objectives. However, there were suggestions for more structured preparation, with clear agendas and defined action points to maximize productivity. Some partners also recommended more frequent in-person meetings to facilitate better communication and coordination, particularly in

relation to important milestones and deadlines. Overall, face-to-face meetings are viewed positively, but improvements in organization and follow-up could enhance their impact.

3.1.4 About the different regional vocational excellence hub

Overall, collaboration is described as smooth, efficient, enriching, and democratic, with areas for improvement in clearer objectives and work prioritization. Regional groups involve a wide range of stakeholders, from hospitals and universities to policymakers and social care providers.

Bureaucracy, lack of clarity on added value, and occasional need for funding are cited as barriers to regional stakeholder involvement. Many groups have leveraged joint strategies and existing networks as drivers.

In summary, the project is progressing well with strong collaboration, but there is room for improvement in decision-making, focus, and regional engagement to make the most of this complex endeavour.

3.2 Evaluation of the training activities

Below, the results of the evaluation of the training activities are presented. Detailed information on the number of participants enrolled in each course can be found in the implementation report. **We are fully aware about the low answer rates about these assessment questionnaires vs people enrolled in the training activities, at all levels including universities or healthcare provider even though platform and lecturers insisted and recommended to fulfill the questionnaire.**

Therefore, in this section, we present and analyze the results of the completed questionnaires (Template 5, described in Section 5.5, if at least more than five participants submitted responses. When fewer or equal than five questionnaires were completed, the results were considered statistically invalid. As mentioned also in implementation report, validation of the training activities was happening at regional and international level and in not all the cases the Edu4Health platform was used and even in some cases, specific training providers claimed that as they were using their own platform, they were using their own methods to assess the quality of the training activities as that was an internal request from their organisations.

Please note that **all these recommendations and concerns from the training activities and the platform have been already communicated to the course designers and platform leaders for fine tuning, Therefore, new editions of the courses have improved with such feedback (and verified using the same quality control team of the EUVECA courses, led by Sabine Pasch) and the EDU4Health platform has also been improved generating a new version, that got not only positive comments from lecturers and learners but also from other ERASMUS projects interested in using the EDU4Health platform.**

Nevertheless, given the high volume of training activities and students enrolled in such courses, results presented here are really valid and can be used as inputs not only for the **sustainability of Edu4Health platform** but also for the **Pact for Skills of healthcare workforce**.

Name of the course available in EDU4Health Platform	Amount of answers collected
Migrant Health	1
Global perspectives on healthy ageing	1
Awareness course	65
Training with simulations in Healthcare for edu4health platform	1

AI in Health: Data, Techniques and Ethics	0
A common language: communicating with older people and	45
V- Model	1
Virtual Reality - Brille	71
Artificial Intelligence in Healthcare	8
Animated 360° „VR-Skills training Patient room	5
Patient empowerment	1
Psychogeriatrics	1
Develop your Green Skills - Guideline for teachers	0
Develop your Green Skills – leadership course	0
Develop your Green Skills	0

Table 1. Amount of answers collected in the courses provided by EDU4Health platform

3.2.1 Results of the evaluation of the Awareness course

The overall picture is positive but mixed: participants value the topic and the general quality of the experience, yet they also ask for clearer instructions, more interactivity, and better language and accessibility support.

Participant profile

The **sample is highly international**, but it is dominated by **healthcare students and healthcare professionals, especially nurses, occupational therapy students, and related profiles**. Respondents come mainly from **Slovenia, Italy, Denmark, the Netherlands, Germany, and Norway**, which explains why the comments appear in several languages and why translation was necessary for a joint interpretation. The course therefore seems to have reached a broad European audience with different educational levels and professional backgrounds.

Most respondents identify as female, and the educational background is varied, ranging from upper secondary education to master’s and doctoral level. This suggests that the course is being used by learners with very different expectations: some are early-stage students looking for basic awareness, while others are experienced professionals expecting depth, applicability, and professional relevance. That diversity is useful for dissemination, but it also makes it harder to satisfy everyone with a single course format.

Overall evaluation

The quantitative ratings indicate a generally acceptable to good reception, with most scores clustering around 4 out of 5. The highest-rated dimension is content quality, with a mean of 3.84, followed by usability at 3.80, while the weakest areas are visualization at 3.57 and overall satisfaction at 3.59. Accessibility is also relatively modest at 3.59, and interactivity stands at 3.66, suggesting that the course content is seen as worthwhile, but the learning experience itself could be substantially improved.

The course is not being rejected; rather, respondents seem to view it as useful but uneven. The gap between the topic’s relevance and the platform’s execution is visible in the pattern of scores: **people generally accept the substance, but many are less convinced by the format, visual presentation, and user**

journey. This is a classic sign of a promising educational product that needs refinement in delivery rather than a complete redesign of its conceptual basis.

Strengths

One of the clearest strengths is that several respondents explicitly describe the course as **interesting, innovative, and meaningful for professional reflection.** The Italian comments are particularly positive about the value of addressing environmental impact in healthcare and encouraging professionals to think critically about sustainability in their own practice. Some respondents also appreciate that the course tackles a topic that is not always covered in basic training.

Another strength is the **perceived usefulness of the material for awareness-raising.** A number of comments indicate that the course helped participants reflect on climate and healthcare connections, which is a key achievement for a course in this thematic area. Even when respondents are critical of the format, they still acknowledge that the topic is timely and that the course has educational value as a first step toward deeper learning.

Main concerns

The most frequent criticism concerns **clarity of instruction.** Several respondents ask for more explanations, clearer guidance, and simpler questions, with some comments stating that the wording is confusing or that it is not always clear what is expected. In translation terms, this issue is not just linguistic but pedagogical: the learners want the course to be easier to follow and the tasks to be more self-explanatory.

A second major concern is **interactivity in the platform.** Multiple comments ask for more quizzes, more closed questions, more short videos, and less dependence on long open-text answers. Some respondents explicitly say that they would prefer more dynamic, engaging, and practical elements. This suggests that the course may currently feel too text-heavy or too passive, especially for younger learners and busy healthcare professionals.

A third concern is **language and accessibility in the platform.** Several comments mention that English-only buttons, videos, or interface elements reduce usability, even when the learner has selected another language. Others note problems with translation quality, readability, font size, image clarity, and the visibility of details. This matters because the course appears to be multilingual in principle, but not multilingual in practice, and the gap affects learner confidence and comprehension.

The comments also show that **respondents care about professional relevance.** Some ask for **more locally grounded examples or more realistic scenarios,** while others point out that certain cases do not fit their clinical or national context. This means the course is being judged not only on whether it teaches a topic, but also on whether it speaks to the everyday reality of healthcare work in different countries and professions.

Interpretation

Taken as a whole, the collected answers suggest a **course with a strong conceptual foundation but a format that still needs pedagogical and technical refinement.** Participants recognize the value of the topic and, in many cases, appreciate the chance to reflect on it. However, they also signal that the learning experience would be stronger if it were shorter, clearer, more interactive, and more visually accessible.

This is important for future iterations of the course because it points to a practical improvement path. The issue is not whether the topic matters; the issue is **how best to deliver it to a diverse, multilingual audience.** A course like this can become much more effective if it combines the current thematic relevance

with better navigation, more concise instructions, more closed or guided activities, and a more consistent multilingual user interface.

Recommendations

Based on the responses, the most important improvements were:

- Simplify and clarify instructions, especially for open-ended tasks.
- Add more quizzes, short activities, and scenario-based interaction.
- Reduce text burden and use more visual, practical, and dynamic elements.
- Improve translation quality and ensure the interface matches the chosen language.
- Increase readability by improving font size, contrast, and image clarity.
- Use more realistic and professionally relevant examples across countries and settings.
- Make time expectations and course structure more explicit at the start.

In short, the course is seen as worthwhile and relevant, but it needs **better delivery to match the quality of its subject matter**. The responses show a clear opportunity: if the platform becomes more intuitive, more interactive, and more consistently multilingual, it could move from being a good awareness resource to a much stronger learning experience. **Please be aware that all these recommendation have been properly addressed in the new version of the platform and the newest version of the courses.**

3.2.2 Results of the evaluation of the course A common language: communicating with older people and people with dementia

The sample is strongly skewed toward women and healthcare-related learners, especially healthcare students in social care, social work, nursing, occupational therapy, and related fields. Most respondents come from Spain, with a smaller number from other European countries. The questionnaire therefore reflects a mainly **pre-professional or early-career healthcare audience** rather than experienced clinical staff alone.

In terms of educational background, respondents range from upper secondary to bachelor level, with some short-cycle tertiary and master-level participants. This suggests the course was reaching a **mixed audience with different levels of prior training, which may partly explain the diverse expectations found in the comments**. The broad spread of profiles is useful for evaluating a course aimed at European health and social care audiences, but it also creates a challenge: **some learners want introductory guidance, while others expect more advanced, practical, or context-specific content**.

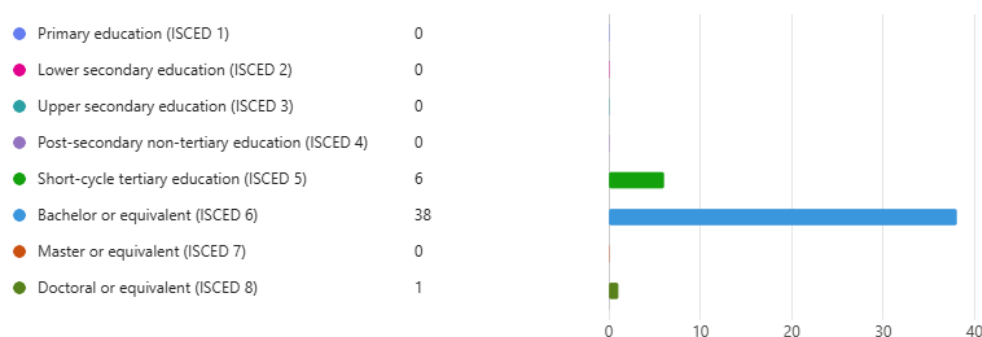


Figure 1. Profile of students that followed the course

Overall satisfaction

Overall satisfaction is high. The average score for “I am satisfied with the training” is 3.96 out of 5, and the recommendation intention for the course is similarly strong at 4.02 out of 5. The platform itself is also rated positively for ease of use, with a mean of 4.04, and usability is high at 3.91. These results indicate that, at a general level, participants found the course acceptable, relevant, and worth recommending.

The most positive signal is that learners do not just rate the course well; they also express a willingness to recommend it to colleagues and friends. That matters because recommendation intent often reflects perceived practical value beyond simple satisfaction. In other words, the course appears to have achieved a credible educational presence, even if it is not yet fully polished in design or pedagogy.

Ratings by dimension

The strongest-rated dimensions are platform accessibility in the broad sense of navigation and usability, while the weakest dimension is accessibility for people with different needs, which has the lowest mean at 3.40. Visualization also scores moderately well at 3.82, and content quality at 3.73, while interactivity is 3.81. This pattern suggests that the course is working better as a structured learning environment than as a highly immersive or fully inclusive digital experience.

A useful interpretation is that **learners appreciate the course’s overall structure and practicality, but they are more critical when evaluating whether the materials work equally well for all users.** The accessibility score is especially important because several open comments specifically mention problems with typography, readability, language clarity, and visual presentation. The ratings and comments align closely: respondents are not rejecting the course, but they are signalling that inclusiveness and user experience need strengthening.

Main concerns in comments

The most frequent request in the open responses is for **more interactivity.** Several respondents ask for more practical activities, quizzes, and tools that can be applied to real-life communication with older adults and people with dementia. Some participants explicitly ask for fewer open-ended questions and more closed or guided tasks, which suggests that the current format may feel too demanding or too text-heavy for some learners.

A second major theme is **accessibility and readability.** Comments mention improving typography, colours, image size, and visual clarity for people with visual difficulties. Others ask for clearer instructions, better explanations of what is expected, and more intuitive navigation at the start of the course. These remarks indicate that the pedagogical content may be relevant, but the delivery format still creates barriers for some users.

A third recurring theme is **practical relevance.** Several respondents want more real-world examples, local initiatives, and case-based materials tied to actual communication scenarios with older people and people with dementia. This is a strong indication that participants value applied learning over abstract explanation. In educational terms, the course is being perceived as conceptually valuable, but many learners want stronger transfer to practice.

Because responses appear in Spanish and other languages. The translated Spanish feedback consistently emphasises “more interactive elements,” “more practical activities,” “better accessibility,” and “examples from local health initiatives.” That consistency strengthens the validity of the findings, because the same concerns emerge across language groups rather than being isolated to one country or one subgroup.

A few comments in other languages add extra nuance. For example, some participants praise the course as innovative and interesting, while others say the pace, structure, or materials **do not fully match their professional context**. This is important because it shows **the course is not simply being evaluated on content quality, but on fit with professional reality, clarity of language, and relevance to specific healthcare settings**.

Interpretation

Taken together, the questionnaire suggests that the **course has a solid foundation: it is generally appreciated, participants are satisfied, and recommendation levels are good**. The learning topic clearly resonates with respondents, especially because communication with older people and people with dementia is seen as important and socially relevant. However, the course would benefit from refinement in three areas: interactivity, accessibility, and practice orientation.

The results also imply a pedagogical tension. On one hand, the course seems valuable as awareness-raising and conceptual training; on the other hand, learners want something **more hands-on, more guided, and easier to use across different language and accessibility needs**. This is not a sign of failure. Rather, it suggests a mature next step: converting a promising course into a more inclusive, practical, and learner-centred resource.

Recommendations

Based on the questionnaire, the most important improvements would be:

- Add more quizzes, short tasks, and scenario-based activities.
- Replace or complement open questions with more guided response options.
- Improve readability through larger fonts, clearer contrast, and better visual layout.
- Provide clearer instructions at the start of each activity.
- Include more real-life examples, preferably linked to local or national practice.
- Review translations so the non-English versions feel natural and consistent.
- Offer downloadable or accessible supporting materials for later review.

Overall, the course is well received and has clear educational potential, but users are asking for a more interactive and accessible learning experience. If these adjustments are made, the platform could better match the expectations of its diverse European audience and increase its practical value for both students and professionals

3.2.3 Results of the evaluation of the course Virtual Reality – Actionbound

The responses show a mixed but informative picture: the course is seen as innovative and potentially useful, but many participants find it hard to navigate, too text-heavy, and not yet fully accessible or intuitive.

Profile

The sample is large enough to give a useful impression of user experience, with 76 respondents answering the main satisfaction items. Most participants are from Germany, and the group includes healthcare students, healthcare professionals, lecturers, and trainees in medical and nursing-related fields. There is also a notable mix of educational levels, from lower secondary to doctoral level, which helps explain the very wide spread of expectations and opinions.

This is an important point because the VR course seems to be used by people with very different goals: some are testing the technology, some are learning content, and some are judging whether it would be useful as a teaching tool. That diversity makes the feedback valuable, but it also means the course must serve multiple audiences at once, which is not easy to do well.

Overall ratings

The quantitative ratings are moderate rather than strongly positive. Content quality receives the best score, with a mean of 3.57, followed by usability at 3.50, interactivity at 3.49, and general platform ease of use at 3.47. Visualization and accessibility are both lower at 3.22, and overall satisfaction is also 3.22. The weakest result is recommendation intention, at 2.93, which suggests that many users do not yet feel confident recommending the course to others.

This pattern is revealing because it shows that the idea of the course is appreciated more than the finished experience. The topic and format are viewed as modern and interesting, but the execution is still seen as uneven. In other words, respondents are not rejecting the concept of VR-based learning; they are saying that the current version still needs substantial refinement.

Strengths

One strong positive theme is that the course is perceived as **innovative**. Several respondents describe it as a **useful alternative to traditional learning** and **appreciate the European scope of the platform**. Some comments explicitly say that the material is interesting, that it provides new input, and that it can complement classroom teaching or professional development.

Another strength is the **perceived educational value of the content**. Some respondents consider the topics relevant to healthcare training and appreciate that the platform introduces them to themes they may not encounter in their daily education or workplace. There is also recognition that digital formats can help standardise quality and broaden access to learning resources.

Main weaknesses

The most frequent criticism concerns **usability and clarity of purpose**. Several respondents say they do not fully understand what the game or activity is supposed to achieve, or what they are expected to do at each step. Others mention that the user journey is not sufficiently intuitive, that instructions are missing or unclear, and that some functions are difficult to control, especially on desktop or mobile devices.

A second major issue is **visual and textual overload**. Many comments ask for less text, shorter content blocks, more graphics, clearer images, and a more engaging visual style. Some respondents also say the platform feels too dark, too plain, or too dense, which makes it less appealing and harder to follow. This is especially important for VR-based learning, where immersion and visual clarity are part of the expected value proposition.

A third recurring issue is **accessibility and language fit**. Some respondents say the platform is not sufficiently barrier-free, while others request easier language, better translation, or more content in their own language. One lecturer notes that there are still remnants from other languages in the material, and another says the interface would be easier if the user could choose a simpler, more smartphone-like structure. That suggests the platform is still not fully adapted to a multilingual European audience.

The German comments dominate and are particularly detailed. They consistently ask for **shorter texts, clearer formulations, more visual support, and a better explanation of the purpose of each task**. Several German respondents also mention that the course would benefit from more videos, better image

quality, or a more intuitive interface. This is a strong sign that the learning design is not yet matching the expectations of its main user group.

The Dutch and Spanish comments added another layer. For example, a Spanish respondent emphasised the **practical value of the project and the importance of healthcare communication**. These responses show that users are willing to engage with the concept, but they want a clearer bridge between the tool and real professional practice.

Interpretation

The biggest takeaway is that the VR course has strong potential but unfinished execution. Participants generally recognise that VR can be an attractive and innovative learning format, but they want a much clearer instructional structure, lighter text load, and more polished interaction design. The current course seems to work better as a prototype or pilot than as a fully mature learning resource.

It is also clear that users expect VR learning to feel effortless and immersive. If they need too much explanation just to understand the interface, the educational value is reduced. The survey suggests that the course should not only present content but also teach the learner how to engage with the environment quickly and confidently.

Recommendations

Based on the questionnaire, the most important improvements would be:

- Add a very clear introductory explanation of the course purpose and workflow.
- Reduce text density and replace long blocks with shorter steps or screens.
- Improve visual design, contrast, image quality, and layout clarity.
- Make navigation more intuitive, especially on desktop and mobile.
- Strengthen accessibility and language consistency across all versions.
- Add more guidance during tasks so users know exactly what to do.
- Emphasise the professional relevance of the VR scenarios more explicitly.

Overall, the course is seen as **promising and innovative, but it still needs a better balance between content, interface, and user guidance**. If the platform becomes more intuitive, visually clear, and multilingual, it could become much more effective as a VR learning tool for healthcare education.

3.2.4 Results of the evaluation of the course Artificial Intelligence in Healthcare

The results are more cautious than in the other surveys: respondents see some value in the topic, but they clearly question the course's clarity, practical relevance, and overall usability.

Profile

The sample is small, with **only eight completed responses, so the findings should be read as indicative rather than definitive**. Respondents are mainly **lecturers and healthcare professionals** from the Netherlands, Germany, and Belgium, with one or more people connected to social work and healthcare education. This means the feedback comes from users who are likely to judge the course not only as learners, but also as people thinking about how it could fit into teaching or professional development.

The group is educationally mixed, **ranging from short-cycle tertiary level to doctoral level**. That matters because AI in healthcare is a topic that can easily become too technical for some audiences and too basic

for others. The questionnaire reflects this tension: **some respondents want stronger introductory framing, while others want more depth and clearer links to practice.**

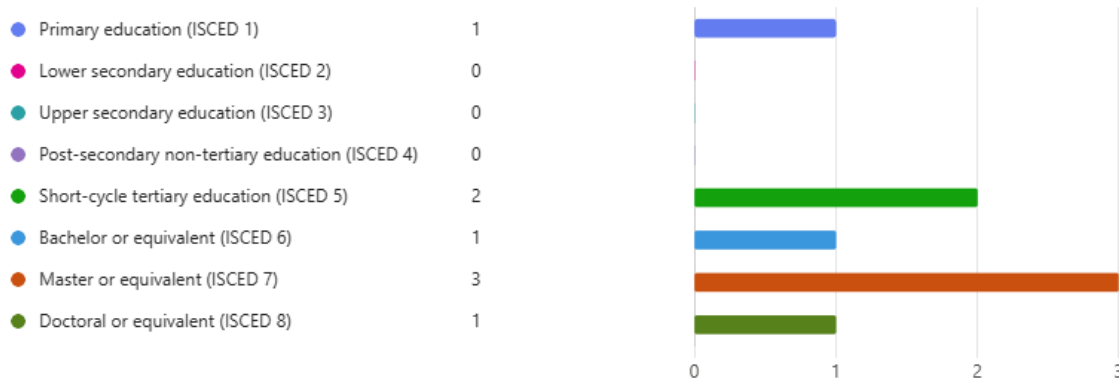


Figure 2. Profile of students that followed the course

Overall ratings

The quantitative scores show a moderate reception rather than a strongly positive one. The highest dimension is interactivity, with a mean of 3.50, while usability, visualization, and accessibility cluster around 3.1 to 3.14. Content quality is rated exactly 3.00, and overall satisfaction is lower at 2.88, with recommendation intention at 2.75. The platform’s ease of use receives the weakest score, with a mean of 2.75.

This pattern suggests that respondents do not reject the course concept, but they are not convinced by the execution. The material appears to be seen as somewhat engaging in parts, yet not sufficiently polished or well aligned with expectations for a healthcare learning resource. In practice, that means the topic is promising, but the learner experience still needs significant refinement before the course feels fully mature.

Main strengths

The strongest positive signal is that respondents recognise the importance of AI in healthcare as a learning topic. Several comments indicate that the course is useful for building basic awareness, especially for students and professionals who need to understand what AI can and cannot do. One lecturer notes that the course could be valuable for teaching because it introduces depth and knowledge that many educators do not already have.

Another strength is the course’s potential for innovation in education. Some respondents see value in the platform as a source of inspiration, especially if it is connected to broader European collaboration and updated with more professionally oriented content. In this sense, the course is viewed less as a finished product and more as a useful starting point for future development.

Main weaknesses

The most consistent criticism concerns **clarity and practical relevance**. Several respondents say the course is not easy to understand, that the purpose is unclear, or that the content does not sufficiently explain what healthcare professionals can actually do with the knowledge. One Dutch respondent says the group could not really see what the task was for, and another says the material asks too much imagination to connect theory with everyday work.

A second major issue is **user experience**. Respondents describe the course as too text-heavy, repetitive, or not dynamic enough. One lecturer suggests that the platform should show only one fact per click and combine the most relevant content into a short video followed by a quiz. Another respondent says the quiz format is frustrating because one mistake triggers an immediate negative response, which feels discouraging. These comments suggest that the course mechanics may be undermining motivation rather than supporting it.

A third weakness is target-group fit. Some respondents think the **language is too difficult for certain students, especially those in social work, while others feel the course is more suitable for nursing or medicine**. This indicates that the **current design may be too broad and not sufficiently tailored to distinct learner profiles**. A single AI course may need different tracks, levels, or examples depending on whether the audience is social work, nursing, medical training, or teacher education.

The non-English comments reinforce the same pattern. German feedback praises the topic's relevance and some of the didactic formats, such as Actionbound, but asks for clearer language editing and a better understanding of where the material fits in teaching. Dutch feedback repeatedly asks for more clarity about the purpose, stronger links to the workplace, and a more practical orientation. These comments are consistent with the English-language remarks and point to a shared demand for better framing and usability.

The Danish comments are especially critical about contextual fit. One respondent says the case does not suit the Danish context, another says the language is too difficult and poorly structured, and a third notes that there are broken links and unclear instructions. The strongest criticism is that the course is not yet usable as it stands, which is a serious signal about design quality, not just content preference.

Italian comments are also revealing. One respondent says the course is interesting and useful for encouraging reflection, but too focused on awareness rather than application. Another asks for the material to be adapted to the professional field and for clearer explanations of what the learner should actually do. Together, these comments show that **the course is appreciated as a sensibilisation tool, but not seen as strong enough for applied professional learning**.

Interpretation

The biggest takeaway is that the course has a good topic but an unfinished format. AI in healthcare is clearly perceived as important, timely, and relevant, but the current version of the course is not yet delivering the clarity, structure, and practical usefulness that respondents expect. The gap between strategic relevance and learner experience is wider here than in the other questionnaires.

This course also appears to sit at the intersection of several audiences: healthcare students, healthcare professionals, lecturers, and social work learners. That breadth is a strength in principle, but in practice, it can create confusion unless the course is carefully segmented. Respondents seem to want a clearer answer to three questions: Whom is this for? What should I learn? In addition, how will I use it in my work or teaching?

Recommendations

Based on the responses, the most important improvements would be:

- Clarify the learning goals at the start of the course.
- Define the target audience more precisely or create different versions for different professions.
- Reduce long text blocks and use shorter, more digestible content units.
- Add more quizzes, case-based examples, and practical workplace scenarios.

- Improve feedback design so mistakes are instructional rather than discouraging.
- Strengthen language editing and ensure terminology is consistent.
- Make platform instructions, links, and task steps fully explicit and functional.

Overall, the questionnaire shows that **the course has real potential**, but it currently functions more as an exploratory introduction than as a fully effective learning experience. If the design becomes clearer, more practical, and more tailored to specific health and social care audiences, it could become much more convincing and useful.

3.2.5 Common lessons learnt of the training activities used for fine tuning and for the future

Across the evaluated activities, **the overall pattern is quite consistent: participants value the relevance of the topics, but they also ask for clearer instructions, more interactivity, and stronger language/accessibility support.** This is true for the awareness course, the communication with older people and people with dementia course, the artificial intelligence course, and the VR-based learning activity. The common thread is that the **content is usually seen as worthwhile, while the learning experience often needs refinement to better fit diverse European audiences.**

The strongest positive signal across all courses is that learners appreciate topics that are current, professional, and connected to real healthcare practice. Climate-related awareness, dementia communication, AI in healthcare, and immersive simulation are all seen as important and timely. **Participants generally recognise the value of learning resources that go beyond standard curricula and introduce new perspectives, European cooperation, or emerging themes in healthcare education.** This is helping the EUVECA consortium to identify **new megatrends and skills needs for the next editions of courses in the EDU4Health platform, once EUVECA project has formally finished.**

Shared strengths

A first shared strength is relevance. In all questionnaires, respondents tend to agree that the subject matter is useful for their studies, teaching, or professional development. Even when the scores are moderate, the comments usually acknowledge that the course addresses an important topic and can stimulate reflection or awareness. This suggests that **EUVECA's thematic choices are broadly aligned with learner needs and healthcare sector priorities.**

A second shared strength is **innovation.** Participants repeatedly describe the **courses as novel, different from traditional teaching, and potentially useful as complementary resources.** The AI and VR courses in particular are perceived as forward-looking, while the awareness and communication courses are valued for opening new angles on environmental sustainability, ageing, or dementia communication. In several cases, respondents explicitly mention that the platform can support innovation in education or professional development.

A third common strength is the **European dimension.** Some respondents appreciate access to materials from other countries and the chance to compare perspectives across contexts. This appears especially clearly in the lecturer feedback, where the platform is seen as a source of international ideas, networking, and broader educational quality. **The multilingual nature of the project is therefore a real asset, not just a translation challenge.**

Shared weaknesses

The most consistent weakness across the activities is **clarity of design and instructions.** Respondents often say that the course objectives are not sufficiently clear, that task expectations are ambiguous, or that

the flow of the activity is hard to follow. This appears in the AI course, the VR course, and the awareness courses, where people ask for better explanations, clearer guidance, and a more intuitive structure.

A second major weakness is **interactivity balance**. Learners often want more quizzes, simulations, guided tasks, or short interactive segments, but they also want these elements to feel meaningful rather than frustrating. Several comments indicate that open-ended tasks are too demanding, while some quizzes are perceived as repetitive or punishing. In other words, the problem is not just too little interactivity; it is also the quality and pedagogical design of that interactivity.

A third shared weakness is **language and accessibility**. Across multiple courses, users point out translation problems, English-only interface elements, poor readability, unclear phrasing, or visual design that is not fully accessible. This matters especially because the project targets international healthcare audiences with different language proficiencies and professional backgrounds. When the interface language, task wording, or visual hierarchy is not fully adapted, the educational value is reduced even if the topic itself is strong.

Differences by activity

The awareness course is generally appreciated and receives relatively positive scores, especially for recommendation intent and perceived usefulness. However, its main limitation is that users want more practical, hands-on elements and better accessibility. The tone of the feedback suggests a solid foundation that would benefit from more experiential learning and better visual design.

The course on communicating with older people and people with dementia performs well in terms of satisfaction and recommendation, but respondents ask for stronger practice orientation, more realistic examples, and clearer accessibility features. The main issue is not rejection, but a desire for more applied learning and less text-heavy delivery.

The artificial intelligence in healthcare course receives the most cautious evaluation. Respondents recognise its importance, but they are less convinced about its clarity, relevance to practice, and suitability for different audiences. This course seems to need the most work on learning design and target-group alignment, because users repeatedly ask what they can actually do with the content in real professional settings.

The Virtual Reality / Actionbound activity is seen as innovative and potentially engaging, but its usability scores are only moderate and recommendation intent is weak. Here, the key issue is the user experience itself: unclear instructions, too much text, visual overload, and accessibility concerns reduce the impact of the simulation. This suggests the VR format has promise, but only if the interaction design becomes much more intuitive and polished.

Cross-course interpretation

Taken together, the surveys suggest that **EUVECA is producing courses with strong thematic relevance and high developmental potential, but the platform still needs to mature in terms of usability, consistency, and learner support**. The educational content is often appreciated, yet the experience of navigating, understanding, and completing the activities is uneven. This is especially visible in multilingual settings, where translation quality and interface adaptation become central to the user experience rather than a secondary issue.

A useful way to read the feedback is that the project is succeeding at the level of what it teaches, but still refining how it teaches. The comments do not ask for less ambition; they ask for better structure, clearer instructions, stronger practice examples, and a smoother digital experience. That is a constructive signal, because it means the courses are seen as worth improving rather than being fundamentally unsuitable.

Common priorities for improvement

- Across all activities, the most important improvement priorities are:
- Clearer learning objectives and task instructions.
- More practical, scenario-based, and professionally relevant examples.
- Better translation and language consistency.
- More interactive but less frustrating learning design.
- Stronger accessibility, including font size, contrast, and visual clarity.
- Better fit between activity type and target audience.
- More explicit explanation of time requirements and user workflow.

Overall conclusion

In summary, the different training activities are all perceived as **valuable, timely, and innovative, but none of them is yet fully optimal in user experience terms**. The recurring message is that the content matters, but the platform must do more to make that content easy to understand, easy to use, and clearly relevant to practice. All these suggestions have been properly addressed, specially with a strong focus on the platform, so now, the **EUVECA activities are much stronger as a coordinated European learning offer for healthcare and social care audiences with a sustainable vision beyond**.

3.3 Evaluation of the regional hubs

3.3.1 Overview

Based on the templates 3 and 4, an online form was generated that was fulfilled by 55 members of the regional hubs. Therefore, this section presents an overall assessment of the survey on governance and collaboration processes within the regional EUVECA hubs, as perceived by stakeholders in the health ecosystems. The analysis is based on 55 questionnaire records contained in the project dataset, and it focuses on aggregate findings rather than country- or role-level breakdowns in line with the requested scope.

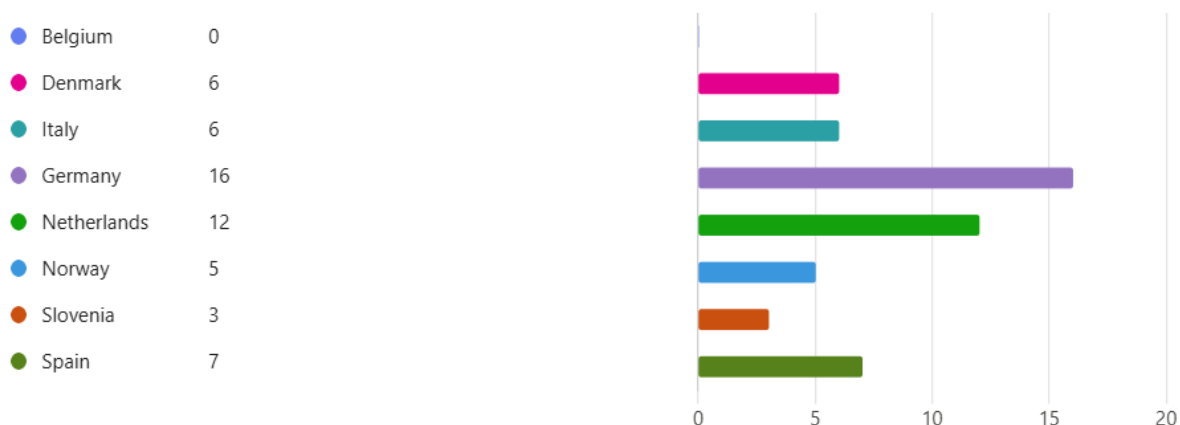


Figure 3. Answers collected from every regional hub according to country

The results indicate a strongly positive perception of the regional hubs. Respondents consistently describe the network as relevant, useful for stakeholder dialogue, and effective in supporting communication,

participation, and continuity of collaboration. Across the items that could be coded into comparable rating scales, most average scores are above 4.3 on a 5-point scale, and several dimensions reach the highest observed average in the dataset.

A first statistical screening was also carried out to detect whether perceptions differed significantly across countries or organisation types. In this initial analysis, no statistically significant differences emerged in the tested items, suggesting that the positive assessment is broadly shared across stakeholder groups represented in the survey.

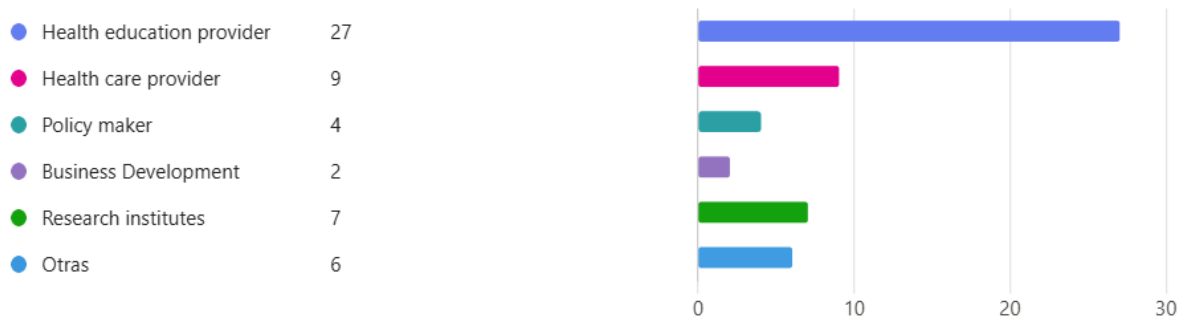


Figure 4. Type of organisation for the members of regional hubs that fulfil the survey

3.3.2 Survey basis and analytical approach

The dataset contains 55 responses and combines background variables, such as country and type of organisation, with mostly open-text answers about the purpose, value, governance, meetings, communication, collaboration, and future continuity of the regional network (see 5.4. for additional information and direct access to all the questions raised in the template). Because the questionnaire is largely qualitative, a structured coding approach was used to convert clearly positive or negative statements into simple comparable scores where possible. This allowed an initial descriptive analysis and a basic significance check while preserving the qualitative meaning of the responses.

The analytical approach has two implications. First, the findings are reliable as an overall directional assessment of stakeholder sentiment, especially where positive formulations are repeated across many answers. Second, exact numerical comparisons should be interpreted with caution because some items were not originally designed as closed Likert-scale questions and therefore required coding from narrative responses.

The advantage of this approach is that it captures the broad balance of opinion while still allowing statistical testing. The limitation is that subtle differences in tone, nuance, or partial agreement may not be fully reflected in the coded scores. Even with this caveat, the pattern across the dataset is sufficiently consistent to support a robust overall conclusion that stakeholders view the hubs positively.

3.3.3 Relevance and strategic value

The strongest finding in the survey concerns the perceived relevance of the regional network itself. The item addressing the purpose of the regional EUVECA network reaches an average coded score of 5.00 out of 5 among responses that could be scored, with 100 percent of coded answers falling into the top two categories. This indicates that respondents do not see the hub as a marginal coordination layer, but

rather as a meaningful mechanism for connecting actors around health education, skills, and innovation.

A similarly strong result appears in the question about the relevance of meeting and discussing education and competence development with other stakeholders in healthcare. This item also reaches a coded average of 5.00, again with all coded responses in the top two categories. In practical terms, the survey suggests that **stakeholders see cross-sector dialogue not as an optional activity but as a necessary condition for identifying needs, sharing intelligence, and building a common agenda within regional health ecosystems.**

This pattern matters because it points to a clear strategic rationale for the hub model. Where actors operate across education, care delivery, research, skills development, and innovation, governance structures often struggle to align priorities and maintain continuity. The survey responses suggest that **the regional hub has partly filled that coordination gap by creating a recognised space for discussion and relationship-building.**



Figure 5. Cloud representation of answers about the added value of the regional hub

3.3.4 Governance, communication, and participation

Governance-related perceptions are also very favorable. The question on clarity of the organisation's role in the regional network reaches an average coded score of 4.33 out of 5, and all coded responses fall into the top two categories. This implies that respondents generally understood why they were involved and what contribution they were expected to make, which is a positive indicator for collaborative governance.

Communication processes were rated highly as well. The item on being sufficiently informed about project progress obtains a mean of 4.46, while the item on whether meetings were well organised and purposeful scores 4.40. These **results suggest that the project was not only visible to participants but also managed in a way that supported continuity, alignment, and a sense of procedural order.**

Perceptions of inclusion are among the strongest in the dataset. The item asking whether participation and input were taken into consideration reaches an average coded score of 4.50, again with all coded responses in the top two categories. This is particularly relevant for governance quality because stakeholder networks tend to weaken when actors feel informed but not heard; here, the evidence points to a more participatory dynamic in which contributions were generally recognised.

Taken together, **these findings show that the regional hubs were not experienced merely as a formal project structure. They were perceived as a functioning collaborative space with relatively clear roles, regular information flows, and meetings that served an identifiable purpose. These are core features**

of effective inter-organisational governance, especially in projects that depend on voluntary engagement and cross-institutional trust.

3.3.5 Collaboration outcomes and tangible effects

The most nuanced result concerns the **creation of new interregional or cross-regional collaborations**. This item records an average coded score of 3.72, lower than the governance and communication items, although still with 79.3 percent of coded responses in the top two categories. The result suggests that respondents generally acknowledge collaboration benefits, but **these benefits are not as uniformly strong or as immediate as the more procedural achievements related to meetings, information, and participation**.

This difference is understandable. Building effective governance routines and creating a useful forum for dialogue can happen relatively early in a network's life, whereas the emergence of tangible collaboration outcomes usually takes longer and depends on external conditions, organisational capacity, and alignment of priorities. In other words, the survey suggests that the hubs have succeeded more clearly as enabling structures than as guaranteed producers of concrete joint projects in every case.

Even so, the qualitative orientation of the responses indicates that **tangible value has been created**. The survey includes **references to expanded networks, shared learning materials, stronger partnerships, and opportunities for future projects, all of which are consistent with an ecosystem-building function** rather than a narrowly transactional one. This is important because network value often appears first in the form of relational capital, knowledge exchange, and shared orientation before becoming visible in more formal outputs.



Figure 6. Cloud analysis about the answers to tangible results of the regional EUVECA network

3.3.6 Continuity beyond the project period

Support for continuing the regional network beyond the end of the EUVECA project is high. In the coded continuation item, 90.9 percent of responses are favorable, and the pie chart of coded answers shows that supportive responses clearly dominate the distribution.

This result is one of the clearest indicators of perceived value in the entire survey. Stakeholders are rarely willing to support continuation of a collaborative structure unless they believe it serves a practical purpose, creates useful connections, or fills a coordination need that would otherwise remain unmet. The strong continuation signal therefore reinforces the interpretation that **the hub has developed legitimacy among its participants**.

At the same time, continuation should not be interpreted as a request to preserve the network unchanged. The broader pattern of results suggests that stakeholders value the hub most when it acts as a purposeful and active platform, not simply as a recurring meeting format. Future sustainability will likely depend on maintaining relevance, curating practical topics, and linking dialogue to visible follow-up actions.

3.3.7 Statistical significance

A first round of statistical testing was performed to explore whether coded survey responses varied significantly by country or by type of organisation. The tests used a non-parametric Kruskal-Wallis approach, which is appropriate for small groups and ordinal-type scores derived from the survey coding.

No statistically significant differences were detected in the analysed items by country or by type of organisation. For example, the item on role clarity shows a p-value of 0.588 when grouped by country and 0.463 when grouped by organisation type, both far above conventional significance thresholds. This means there is no evidence, in this initial screening, that the positive or negative balance of views differs systematically across those background variables.

This is a useful finding for interpretation. It suggests that the **positive assessment of governance and collaboration is not driven by a single subgroup, country, or stakeholder profile**, but is relatively consistent across the sample. However, caution remains necessary because some categories contain few cases and because the underlying coding simplifies qualitative responses into broad score bands.

3.3.8 Implications

Three implications stand out from the survey. First, the regional hubs appear to have generated clear process value: **they created a forum that stakeholders considered relevant, organised, and inclusive.** Second, they also produced **relational value by strengthening dialogue and opening space for collaboration**, even if not every respondent reported equally strong concrete collaboration outcomes. Third, the high support for continuation suggests that stakeholders see the hub as more than a temporary project task; they see it as a structure worth sustaining beyond the funded period.

For project decision-makers, this means the main challenge is likely to be sustainability and evolution rather than justification. The evidence does not point to a failed or weak governance model that needs replacement. Instead, it points to a positively regarded model that may now need clearer post-project anchoring, stronger pathways from dialogue to action, and a practical mechanism for preserving momentum after May 2026.

3.3.9 Conclusion

The survey provides a consistently positive picture of the governance and collaboration processes within the regional hubs. **Stakeholders largely view the network as relevant, useful, well organised, and participatory, and they express strong support for its continuation beyond the life of the project.**

No statistically significant differences were found in the first tests by country or organisation type, which suggests that this positive perception is broadly shared across the available sample. Although collaboration outcomes appear somewhat less uniformly strong than process-related indicators, **the overall balance of evidence suggests that the hubs have functioned effectively as collaborative governance spaces within the regional health ecosystems.**

3.4 Results of final assessment questionnaire (March 2026)

As consequence of our final physical meeting in Brussels, a final assessment questionnaire was held there and below you can find the specific results got from such survey.

The questionnaire included both quantitative and qualitative material. The quantitative section uses 1-to-5 satisfaction scales for key dimensions of project implementation, while the qualitative section captures explanations, suggestions, perceived barriers and drivers, and reflections on added value at both consortium and regional levels.

Results have been analysed at two levels. First, the numerical answers were aggregated to produce average scores by thematic section and by individual work package. Second, the open comments were reviewed to identify recurring themes related to strengths, lessons learnt, and areas for further improvement. This combination makes it possible to preserve nuance while still presenting a structured final assessment.

Three broad analytical groups emerge from the data. Governance-related items include coordination, communication, decision-making, dissemination, and evaluation. A second group concerns work package management. A third group focuses on meetings, especially the comparative usefulness of physical and online interaction.

All the questions are detailed in section 5.8.

3.4.1 Overview

This report analyses the results of the final project evaluation questionnaire completed during the Brussels meeting in March 2026. The dataset contains **22 responses and covers governance, communication, partner engagement, satisfaction with work package management, the usefulness of physical and online meetings, lessons learnt, barriers and drivers for the Regional Vocational Excellence Hubs in Healthcare, and reflections on regional cooperation.**

Overall, the final assessment presents a **positive and constructive picture of the project**. Partners report **high satisfaction with coordination and communication**, strong appreciation for the value of in-person meetings, and a broadly favorable view of the project's management across most work packages. At the same time, some areas such as the platform, sustainability strategy, and dissemination appear less strongly rated than the project's core coordination functions, offering useful signals for future refinement rather than causes for concern.

The evidence also suggests that the **project generated more than formal outputs**. The open responses point to **trust, commitment, knowledge exchange, and stronger regional collaboration as major gains**, while the improvement suggestions are largely forward-looking and practical in tone. This creates a **sound basis for identifying lessons learnt and formulating recommendations that build on success**.

3.4.2 Governance, communication and engagement

The governance-related findings are clearly positive. **Satisfaction with project coordination reaches an average of 4.32 out of 5, while communication with the management team scores 4.50, making it one of the strongest ratings in the whole questionnaire. These results indicate that partners largely experienced the project as well coordinated and accessible from a management perspective.**

Partner engagement in decision-making is also positive, with an average score of 4.00. This suggests that the consortium was not perceived as purely top-down, even if some room remained to strengthen the sense of involvement for all actors at every stage.

The broader governance profile is reinforced by the ratings for dissemination and evaluation. Satisfaction with WP7 on dissemination, transferability and uptake averages 3.65, while WP8 on evaluation and quality assurance averages 4.05. The picture that emerges is one of solid internal project functioning, with somewhat greater confidence in coordination and quality processes than in broader external uptake and visibility.

The section-level aggregation confirms this pattern. Governance-related questions collectively average 4.10, which places them above the overall threshold of strong satisfaction and signals a high level of partner confidence in the way the project was steered.

3.4.3 Work package performance

The work package results are positive overall, although they show more variation than the core governance items. WP2, focused on setting the scene, obtains an average score of 4.25, while WP5 on testing and implementation reaches 4.23. **These are strong results and suggest that partners valued the project's ability to establish a framework and move towards practical application.**

WP4, dedicated to developing learning activities for the platform, records a mean of 3.91, indicating a generally favorable but slightly more mixed assessment. This may reflect the inherent complexity of translating strategic aims into concrete learning products that are useful across diverse partner contexts.

The more moderate scores appear in WP3 and WP6. WP3, related to the design and creation of the European platform for VET Excellence in Healthcare, averages 3.19, while WP6 on conceptualisation, strategy and sustainability averages 3.67. These results do not suggest dissatisfaction with the project overall; rather, they point to areas where expectations may have been higher, implementation more demanding, or long-term sustainability questions more difficult to resolve within the project timeframe.

These results are clearly positive, but it also shows that technical development and long-term consolidation were somewhat more challenging than coordination and meetings. In many European cooperation projects, this pattern is normal: internal collaboration often stabilises earlier than platform maturity, transferability, and post-project sustainability mechanisms.

3.4.4 Meetings and collaboration dynamics

The results on meetings are among the clearest in the questionnaire. Physical meetings receive an average usefulness score of 4.55, the highest value in the analysed dataset, while online meetings score 3.95. This difference indicates that both formats were useful, but **in-person meetings were especially important for trust-building, strategic alignment, and effective collaboration among partners.**

The open comments are consistent with this interpretation. Partners describe collaboration using positive and relational terms, and the practical suggestions for improvement mostly focus on maintaining closeness, clarifying follow-up, and supporting more agile exchanges. **The final meeting context in Brussels appears to have reinforced the value of face-to-face reflection, particularly when reviewing achievements and planning the future.** This is an important result because collaborative European projects often depend on periodic moments of concentrated interaction to move from information-sharing to joint interpretation and commitment.

3.4.5 Lessons learnt

Several lessons learnt emerge from the combination of scores and open comments.

First, **strong project coordination and good communication are not simply administrative benefits; they are enabling conditions** for trust, continuity, and the ability of partners to contribute meaningfully over time. The questionnaire shows that these foundations were one of the project's main strengths.

Second, **physical meetings remain highly valuable in transnational partnerships**, especially when the aim is not only to exchange information but also to co-create, review progress honestly, and strengthen commitment. The difference between physical and online meeting scores suggests that hybrid collaboration works best when online meetings support continuity and physical meetings are reserved for deeper strategic and relational work.

Third, **platform-oriented and sustainability-oriented work streams require longer maturation cycles than coordination activities**. The more moderate scores for WP3 and WP6 suggest that digital ecosystem building, strategic anchoring, and long-term continuation need focused follow-up, realistic sequencing, and clear ownership beyond the project period.

Fourth, **the regional dimension appears to have generated clear added value**. The open responses emphasise cooperation, commitment, and participation at regional level, indicating that the project helped strengthen ecosystem thinking rather than only delivering isolated outputs. **This is one of the most important achievements because durable vocational excellence depends on networks that remain active after the funded project ends.**

3.4.5.1 Recommendations for the governance model of the EDU4Health platform

The most constructive way forward is to consolidate the strongest elements of the project while giving additional structure to the areas that require further development. **Therefore, those results do not call for major redesign but collecting our experiences, have built on a successful foundation to boost the sustainability of EUVECA, including all these aspects in the governance model of the EDU4Health platform.**

The following recommendations emerge from the evaluation:

- Preserve **strong coordination routines**, because they were one of the clearest drivers of partner satisfaction and collaboration quality.
- Continue to prioritise **periodic physical meetings** for key decision points, strategic review, and network consolidation, while using online meetings for operational continuity.
- Define a **more explicit roadmap for platform evolution**, including responsibilities, target users, and mechanisms to keep content current and relevant after the project period.
- **Strengthen the sustainability** narrative by connecting strategic intentions to concrete governance, funding, and ownership options at regional and European levels.
- Support **dissemination through clearer audience segmentation**, more visible examples of use, and stronger articulation of the project's transferable value for external stakeholders.
- **Capture regional success stories** more systematically, since these appear to be one of the most persuasive ways to demonstrate impact and maintain momentum.

These recommendations are improvement-oriented rather than corrective. **The final evaluation suggests that the consortium has built a credible collaborative model and now has an opportunity to convert that model into a more durable post-project legacy.**

3.4.6 Conclusion

The final Brussels evaluation presents a positive closing assessment of the EUVECA project. **Partners reported strong satisfaction with coordination, communication, and meetings, and they view the consortium as collaborative and constructive in its way of working.**

The more differentiated scores for platform development, sustainability, and dissemination do not weaken that conclusion. Instead, they identify the areas where the project's future value can be enhanced through clearer follow-up, stronger strategic anchoring, and continued ecosystem engagement. Overall, **the project appears to have ended with solid internal legitimacy, useful lessons learnt, and a strong basis for future continuation and transfer.**

4 Conclusions

Taken as a whole and considering all results collected across the different evaluation activities, the evidence presented across the report supports a positive final judgement on the EUVECA project. **The project has demonstrated that a transnational partnership in healthcare vocational education and training can create both structured collaboration and meaningful learning across regions when evaluation, stakeholder participation, and quality assurance are embedded from the beginning in an iterative loop, guaranteeing the quality of the activities and the sustainability of the project after its end.**

The evaluation findings show that EUVECA performed particularly well in the areas that most directly shape collaboration quality. **Project coordination, communication, partner involvement, and the organisation of consortium meetings were consistently rated positively in both interim and final assessments.** The regional hub evaluation also confirms that **stakeholders largely experienced the governance model as relevant, inclusive, and useful, with strong support for maintaining the network beyond the official end of the project.** This is a significant achievement because it suggests that the **project generated legitimacy among those expected to carry its results forward.**

A second important conclusion concerns the **added value of the regional ecosystem approach.** The Regional Vocational Excellence Hubs appear to have functioned as more than formal project structures. They created settings in which education providers, healthcare organisations, policymakers, and other stakeholders could exchange perspectives, clarify needs, and begin shaping common agendas around skills, training, and innovation in health. Even where immediate tangible outputs varied by context, the report shows **that the hubs created process benefits, relationship capital, and continuity mechanisms that are essential for longer-term transformation through education.**

The assessment of the educational offer and the European platform points to a constructive but more qualified conclusion. **EUVECA was successful in identifying relevant themes and mobilising interest in future-oriented topics for healthcare education.** However, the report also makes clear that platform-based and digital learning formats suggested another iteration for improvement that was addressed to realise their full value. The recurring requests for clearer course design, stronger interactivity, better translation, improved accessibility, and more practice-based learning have been used as strategic guidance for the final version of the platform already in place.

One of the clearest lessons from the report is that **collaboration itself was a central project result.** The strong valuation of physical meetings, the positive descriptions of partner relations, and the willingness to continue regional cooperation all indicate that the consortium built trust and shared commitment across a diverse European partnership. In complex fields such as healthcare skills development, this form of relational infrastructure is not secondary to impact; it is often the condition that makes durable impact possible.

The report also shows the value of **treating evaluation as a developmental function rather than a compliance task.** By using continuous monitoring, interim reflection, stakeholder questionnaires, and final partner feedback, **EUVECA created opportunities to adjust implementation while the project was still active.** This approach strengthened transparency, surfaced weaknesses early, and helped the partnership focus on practical improvements. It should therefore be considered one of the project's methodological strengths and a useful model for future multi-country initiatives in vocational excellence.

In final terms, EUVECA can be regarded as a successful collaborative project that has delivered a strong governance model, a credible regional hub approach, useful learning resources, and a substantial base of experience for future action. Its main legacy lies in the combination of network

building, shared learning, and a European framework for vocational excellence in healthcare. The next challenge is not to prove the value of the model, but to secure its continuation through sharper strategic anchoring, better exploitation of educational assets, and sustained commitment from regional and European stakeholders.

5 Annexes. Evaluation templates and questionnaires

5.1 Template 1 – Living monitoring and documentation

This document was created at the beginning of the project in the shared repository and it was used to collect pieces of text and documentation that has made easier our task to collect evidences and make reports for the different WPs for each one of the regional partnerships or per pan-European partner. Being a common document for all, it included also specific sections to be fulfilled only by WP leads or some specific partners, but always keeping coherence across the entire document.

Living Monitoring and Management Document For the EUVECA Project

	One document per regional partnership or per pan European partner
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Date of Updating	Updated by	Focus of the updating (ex: creation of regional training activities)

Add more rows if necessary

Date of joining the network	Partner name (abbreviation organization)	Name of the member	Date if the member has left the network

Regional Project Collaboration

Describe how you have organized the collaboration between the regional partners that participate in the EUVECA project	
Who will be the regional coordinator?	
Describe how you have collaborated during the	

project to coordinate the regional activities	
Any other issues that you would like to mention	

Baseline Report

For UL as WP lead Describe the process for developing the templates that were used in the WP	
For UL as WP lead Describe the process, methodology and collaboration with partners for the development of the scoping review	
For UL as WP lead Describe the process, methodology and collaboration with partners for the development of the baseline report	
For UL as WP lead Give a short description of the baseline report	
Describe the regional stakeholders you have involved in the analysis and why	
Describe how you involved the regional stakeholders. You are supposed to have interviews with 15 stakeholders	
Describe the main input that you received from the stakeholders	
Describe how you involved health care professionals You are supposed to involve 50	
Describe how you involved students You are supposed to involve 50	
Describe the main input that you received from the health care professionals	
Describe the main input that you received from the students	
Describe if and how you contributed to the scoping review	
Any other issues that you would like to mention	

A specific template will be developed for the gathering of input to the baseline report

Setting up a Regional Vocational Excellence Hubs (RVEH)

Only for HVL as WP 3 lead Describe how you developed the governance model for the RVEH in the European partnership	
Only for HVL as WP 3 lead Describe briefly the governance model for the RVEH	
Describe the regional stakeholders that you have involved in the work to set up the RVEH <i>Pay attention to indicators on page 9 in the project description</i>	
Describe how you involved these stakeholders	
Describe the strategy that was developed for the RVEH <i>Pay attention to the indicators on page 9 in the project description</i>	
Describe the action plan that was developed for the RVEH <i>Pay attention to the indicators on page 9 in the project description</i>	
Describe the concrete activities that were actually carried out within the RVEH	
Describe the sustainability strategy and business plan that was developed for the RVEH.	

<i>Pay attention to indicators on page 10 in the project description</i>	
If a sustainability strategy and business plan has not been developed, explain why	
Describe how you have applied the Regional Health Eco-system model in your work with setting up the RVEH	
Any other issues that you would like to mention	

Developing the European Platform for Vocational Excellence in Health Care (EPVE)

<u>Only for HVL as WP 3 lead</u> Describe the process how the partnership developed the governance model for the EPVE	
<u>Only for SHS as WP 4 lead</u> Describe the process how the partnership collaborated to develop the activities for the EPVE	
<u>Only for SHS as WP 4 leader</u> Describe the concrete activities that have been developed for the platform. <i>Pay attention to the indicators on page 9 and 10 as well as the relation to the 6 mega trends</i>	
Describe how your regional partnership participated in the development of activities to the EPVE	
Describe how you involved experts from your regional health care sector and research environment in the development of activities	
Describe how you promoted the EPVE among students and health care professionals in your region	
Describe how you think that you can continue using the EPVE as an active tool for competence development and inter regional innovation	
If we did not reach the objectives to develop the EPVE and the activities, please provide your view on this and your experiences.	
<u>Only for HVL as WP 3 lead</u> Describe how you collaborated with the professional web designer. E.g. tender process, communication, participation and collaboration with the partners.	
<u>Only for ECHA as WP 6 lead</u> Give a short summary of the European sustainability strategy and business plan	
<u>Only for ECHA as WP 6 lead</u> Describe the process, methodology and collaboration with partners to develop the European sustainability strategy and business plan for the EPVE	
Any other issues that you would like to mention	

Training of students and health professionals (minimum 100 per region – 25 % in inter regional activities)

Describe what kind of training activities that were carried out within the RVEH for students	
Describe what kind of regional training activities that were carried out within the RVEH for health professionals	
Describe how many and what kind of students participated in these regional activities	
Describe how many and what kind of health professionals participated in these regional activities	

Describe how many – and what kind of - students and health professionals took part in inter regional activities	
Describe what kind of activities and how they did participate in these inter regional activities	
If you did not reach the minimum of 100 professionals and students, please explain why	
Any other issues that you would like to mention	

Short summary of feedback from regional stakeholders, health care professionals and students

Describe the feedback you received from the stakeholders that participated to set up and make the RVEH functioning in your region	
Describe the feedback you received from the health care professionals that participated in the training activities	
Describe the feedback you received from the students that participated in the training activities	
Any other issues that you would like to mention	

Policy and Implementation Recommendations

Describe if you can see any kind of trend that shows in the collaboration and functioning of your RVEH. It could be ways of working, specific training activities coordination activities etc	
Describe if you can see any kind of trend that shows in the collaboration in and functioning of the EPVE. It could be ways of collaboration, training activities, innovation activities, engagement of students or staff etc.	
If you have not described any recommendations, please explain why	
Any other issues that you would like to mention	

3 Good Stories

The benefit of the regional collaboration and coordination related to the innovation agenda and 3S	
The regional benefit of the inter regional collaboration in relation the innovation agenda and 3S	
The individual benefit for health care students and professionals related to better coordinated regional education and VET as well as the inter regional opportunities through the EPVE	
Any other good story that you want to tell	
If you didn't manage to tell any good stories, please explain why	
Any other issues that you would like to mention	

Implementation Report

<p><u>Only for Saxion as WP 5 lead</u> Describe the process to develop the roadmap / template that all regions follow when carrying through the testing phase</p>
<p><u>Only for Saxion as WP 5 lead</u> Describe the process to gather input from all regions to the implementation report</p>
<p><u>Only for Saxion as WP 5 lead</u> Give a short summary of the implementation report</p>
<p>Any other issues that you would like to mention</p>

Dissemination

<p>Describe the main result from your stakeholder analysis Who are your main local stakeholders? Who are you going to communicate with and how? Through which channels? Are there any important local / national events where you could plan to participate?</p>	
<p><u>Only for EHMA as WP 7 lead</u> Describe how the website was opened up in the beginning of the project and maintained with news and activities</p>	
<p><u>Only for EHMA as WP 7 lead</u> Describe the visual identity for the project and the design of the logo</p>	
<p><u>Only for EHMA as WP 7 lead</u> Describe the factsheet and the roll up</p>	
<p><u>Only for EHMA as WP 7 lead</u> We are supposed to make 6 e-newsletter. Describe when and the subjects for the newsletters</p>	
<p><u>Only for EHMA as WP 7 lead</u> We are supposed to organize 4 European expert and policy webinars. Describe when these were organized, the subject and main target group.</p>	
<p><u>Only for EHMA as WP 7 lead</u> In collaboration with EMHA, ECHA, ESNO, SHS and SDEO, a European research article should be produced. Describe the process for the article, subject and how and where it has been published</p>	
<p>Describe 3 Local articles, ideally as follows</p>	
<p>6 news feeds for the European website. Describe for each feed what you wrote about</p>	1
	2
	3
	4
	5
	6
<p>Describe your local final conference</p>	
<p><u>Only for EHMA as WP lead</u> Describe the European final conference</p>	

Describe any other dissemination activities that were not originally planned for	
Any other issues that you would like to mention	
Only for EHMA as WP lead	
Give a short summary of the dissemination activities in the project	

Learning, collaboration and sustainability

In your opinion, how innovative was the project?	
In your opinion, how has the project influenced your organization?	
What impact has the project had on local, regional or national stakeholders in your country, if any?	
What do you consider the main learnings from the project?	
How are you going to use the results and material from the project beyond the project period? In your organization and / or in your regional collaboration	
Which ideas do you have to sustain the project and it's results?	
Which ideas do you have to spread the material developed – both on a local, national, and international level?	
What kind of difficulties have you encountered to work with and implement the project, if any?	
If any difficulties, how did you overcome these?	
Any other things that you want to say about the project and the collaboration we have had?	
Any other issues that you would like to mention	

Evaluation

Only for UVP as WP 8 lead	
Describe the process to develop the evaluation strategy and templates	
Only for UVP as WP 8 lead	
Describe the process to write the interim report	
Only for UVP as WP 8 lead	
Write a summary of the interim evaluation results	
Only for UVP as WP 8 lead	
Describe the process to write the final evaluation report	
Only for UVP as WP 8 lead	
Write a summary of the final evaluation results	
Any other issues that you would like to mention	

Administrative tasks for all partners

Administrative to-do-list	Yes	No
Have you submitted financial report (timesheets, travel and invoices) (Dec 2022)		
Have you submitted financial report (timesheets, travel and invoices) (June 2023)		
Have you submitted financial report (timesheets, travel and invoices) (Dec 2023)		
Have you submitted financial report (timesheets, travel and invoices) (June 2024)		

Have you submitted financial report (timesheets, travel and invoices) (Dec 2024)		
Have you submitted financial report (timesheets, travel and invoices) (June 2025)		
Have you submitted financial report (timesheets, travel and invoices) (Dec 2025)		
Have you submitted financial report (timesheets, travel and invoices) (June 2026)		
Have you participated in the evaluation exercise for the interim report		
Have you participated in the evaluation exercise for the final report		
Have you ensured that all external invoices relate specifically to the EUVECA project		
Have you ensured that the EU logo and the project logo is visual on all external material		
Have you ensured translation of the following material		
Governance models for RVEH and EPVE		
Good practice stories		
Introductory texts of the EPVE (the objective, how to become involved as a student, health care professional og teacher)		
Subtitles for the webinars and e-learning courses		
Introduction to blended mobility activities		
Introduction to internships, twinning and innovation activities		

5.2 Template 2 – Project management checklist

This template was used for WP1 leaders and for project management, being the way to have a dashboard with the different deliverables and milestones that was reviewed during each partner meeting.

EUVECA		Template 1 - Project management check list					
Due Date	New Due Date (if delay)	Delivery date (actual)	WP No	Deliverable No	Deliverable Name	Description	Lead Beneficiary
31-ago-22		04.08.2022	WP1	D1	Living Monitoring and Management Plan and Reporting Document	English	RSD
31-ago-22			WP1	MS1	Agreements, management Structure and templates	Evaluation template 1 for the management team. See section 2.1.2 for description	RSD
31-ago-22		03.06.2022	WP2	MS6	Development of templates	Presentation during kick-off meeting and common decision of the relevance and usefulness of the templates	UL
31-ago-22		03.07.2022	WP2	MS10	Design of Framework for the scoping review	Presentation and discussion with partners during the kick-off meeting	UL
30-sep-22			WP1, WP7	MS3	Dissemination plan	Evaluation template 1 for the management team. See section 2.1.2 for description	EHMA
30-sep-22			WP1, WP8	MS4	Evaluation plan	Evaluation template 1 for the management team. See section 2.1.2 for description	UPV
30-nov-22			WP2	MS7	Gathering of data and knowledge	Evaluation template 4 to be used to gather feedback from target groups. See section 2.1.2 for description	UL
31-ene-23			WP2	MS8	Elaboration of Regional needs analysis	Regional partners verify the regional reports with their regional stakeholders and end users. Evaluation template 1 for the management team. See section 2.1.2 for description	UL
28-feb-23			WP2	MS9	Elaboration of European needs analysis	Evaluation template 1 for the management team. See section 2.1.2 for description	UL
28-feb-23			WP4	MS20	Create 6 Inter regional working groups	Evaluation template 1 for management team	RSD
28-feb-23		18.02.2023	WP7	MS36	Develop dissemination strategy and visual identity	The plan will be presented and discussed during the PM in M9	EHMA
28-feb-23		5.10.2022	WP7	MS37	Templates	The templates will be presented and discussed during the PM in M9	EHMA
28-feb-23		5.10.2022	WP7	MS39	Project fact sheets and roll up	Verified through evaluation template 1 and 4	EHMA
28-feb-23		09.02.2023	WP8	MS46	Develop evaluation strategy and plan	Strategy and plan will be presented and discussion during the PM in M9	UPV
28-feb-23		10.02.2023	WP8	MS47	Develop evaluation templates	Templates will be presented and discussion during the PM in M9	UPV
31-mar-23			WP2	D2	Baseline Report	The baseline report will cover; the skills needs analysis, the scoping review and the needs analysis for regional coordination	UL
31-mar-23			WP2	MS11	Elaboration of Scoping Review	Evaluation template 1 for the management team. See section 2.1.2 for description	UL
31-mar-23			WP2	MS12	Elaboration of Final European Baseline Report	Evaluation template 1 for the management team. See section 2.1.2 for description	UL
30-jun-23			WP4	MS21	Decide on teaching and learning activities and materials	Evaluation template 2 and 3 and the testing phase	RSD
31-jul-23			WP1	D10	Progress report for EACEA after one year	Progress report (without payment) after one year	RSD
31-jul-23			WP3	MS13	Defining the overall mission, vision and strategy	Evaluation template 2 and 3 and the testing phase	HVL
31-jul-23			WP3	MS14	Defining governance models	Evaluation template 2 and 3 and the testing phase	HVL
31-jul-23			WP3	MS15	Designing the functioning and content criteria for the EPVE	Evaluation template 2 and 3 and the testing phase	HVL
30-nov-23			WP3	MS16	Developing the prototype of the EPVE	Evaluation template 2 and 3 and the testing phase	HVL
30-nov-23		30.11.2023	WP7	MS38	Develop Project website	Verified through evaluation template 1 and 4	EHMA
31-ene-24			WP5	MS24	Testing and implementation plan	Short baseline report to be presented by each regional partnerships during PM in M20.	SAXION
31-ene-24			WP8	MS25	Evaluation and implementation templates	Discussion and decision during PM in M20	UPV
31-ene-24			WP6	MS32	Development of templates and guidelines	Templates will be presented and discussed at the PM in M20 and decided upon in consensus.	ECHA
31-mar-24			WP5	MS26	Setting up of 7 RVEHs	Template 4 as described in section 2.1.2	SAXION
31-may-24			WP5	MS27	Recruitment of at least 100 health students and / or health professionals to participate in regional and inter regional activities	Reporting via template 4, diploma of participation and evaluation and feedback each individual student or professional	SAXION
31-may-24			WP8	MS49	Elaborate Interim report	The interim evaluation report will be part of the technical interim report to the EC.	UPV
31-may-25			WP5	D5	At least 700 trained and / or upskilled health care students and professionals	Each regional partnership will ensure participation of at least 100 health students and/or health professional in	SAXION
31-may-25			WP5	MS28	Executing regional and inter regional teaching and learning activities	Reporting via template 2 and 4, diploma of participation and evaluation and feedback each individual student	SAXION
31-may-25			WP5	MS29	Carry out evaluation and gather feedback	Reporting via template 2 and 4, evaluation and feedback each individual student or professional as well as the regional stakeholder	SAXION
31-jul-25			WP2	D11	Progress report for EACEA after three years	Progress report (without payment) after three years	CHCL
31-ago-25			WP5	MS30	Elaborate regional implementation reports	Based on input from template 2, 3 and 4. Presentation and discussion during PM in M40	SAXION
30-sep-25			WP5	D6	Implementation Report	The regional implementation reports are summarised into a European comparative report, highlighting the outcomes	SAXION
30-sep-25			WP5	MS17	Testing	Evaluation template 2, 3 and 4, as well as the testing phase	SAXION
30-sep-25			WP5	MS23	Testing of teaching and learning activities and material	Evaluation template 2, 3 and 4 and the testing phase	SAXION
30-sep-25			WP5	MS33	Elaborate European implementation report	Template 1 for management team. Presentation and discussion in the 4th webinar with the expert and policy	SAXION
30-sep-25			WP6	MS35	Development of good practice stories	Final evaluation report	ECHA
30-sep-25			WP7	MS43	European expert and policy webinars	Evaluation templates 1 for management team, as well as 2 and 3 with feedback from partners and	ECHA
30-nov-25			WP7	MS42	European scientific article	Evaluation template 1 for management team. Presentation and discussion with partners during PM in M40.	RSD
31-mar-26			WP3	D3	7 Regional Vocational Excellence Hubs (RVEH)	The English master governance model for the RVEH, will be applied in each of the 7 regions to set up a RVEH	HVL
31-mar-26			WP4	D4	European Platform for Vocational Excellence in Health Care (EPVE)	The EPVE will be mainly developed in English, but all learning and teaching material as well as mobility descriptors	RSD
31-mar-26			WP6	D7	Sustainability Document, Strategy and Business Plan	An individual strategy and business plan for each of the 7 RVEH, showing the way to sustain the regional collaboration and coordination of education and VET within the health care sector. These will be in the	ECHA
31-mar-26			WP5, WP6	MS18	Evaluation and fine-tuning of Governance models	Evaluation template 2 and 3 and the testing phase	SAXION
31-mar-26			WP4, WP6	MS19	Evaluation and fine-tuning of EPVE	Evaluation template 2 and 3 and the testing phase	SAXION
31-mar-26			WP4	MS22	Develop teaching and learning activities and materials	Evaluation template 2 and 3 and the testing phase	RSD
31-mar-26			WP6	MS34	Elaborate the regional sustainability strategies and business plans	Documentation via template 1, 2, 3 and 4. Presentation and discussion in PM in M46. Presentation and	ECHA
31-mar-26			WP6	MS35	Elaborate the European sustainability strategy and business plan	Documentation via template 1 for management team. Presentation and discussion in the 4th webinar with the	ECHA
31-mar-26			WP7	MS40	e-Newsletters	Evaluation template 1 for management team Evaluation template 2 and 3 with feedback from partners and	EHMA
31-may-26			WP7	D8	Dissemination material and activities	As described above, the following dissemination activities are planned for the project: Project website, Fact sheet and roll-up, e-Newsletters, Articles, Expert / policy Webinars, National/regional seminar, European final conference	EHMA
31-may-26			WP8	D9	Evaluation Reports	Based on all the milestones above, the evaluation reports will be elaborated in order to ensure quality on both	UPV
31-may-26			WP1	MS2	Meetings	Evaluation template 1 for the management team. See section 2.1.2 for description	SDOE
31-may-26			WP1	MS5	Reports	Evaluation template 1 for the management team. See section 2.1.2 for description. Interim & Final Report	RSD
31-may-26			WP7	MS41	Regional articles and news feeds	Evaluation template 1 for management team Evaluation template 2 and 3 with feedback from partners and	EHMA
31-may-26			WP7	MS44	Regional/national conference	Evaluation templates 1 for management team, as well as 2 and 3 with feedback from partners and stakeholder	EHMA
31-may-26			WP7	MS45	Organize Final European conference	Evaluation templates 1 for management team, as well as 2 and 3 with feedback from partners and stakeholder	EHMA
31-may-26			WP8	MS48	Evaluation and feedback	Evaluation will be on the agenda for each PM. Evaluation templates 1, 2, 3 and 4 will be used to carry through	UPV
31-may-26			WP8	MS50	Elaborate Evaluation report	The final evaluation report will be part of the technical final report to the EC.	UPV

5.3 Template 3 - Relevance, usability and quality of the governance models

Template was designed following an iterative approach with WP5 and WP1 leaders. Below you can find the word version, but an online form was generated to stimulate and guarantee anonymous responses. Questions from template 4 were included to reduce the evaluation burden and get more useful feedback from the different stakeholders. Access to online form is available here: <https://forms.cloud.microsoft/e/JzmQgcmCvR>



EVALUATION OF REGIONAL HUBS

EUVECA project

Sección 1

Introduction

You have been involved in the EUVECA project through your participation in the Regional Network, which was established to support the development of a sustainable healthcare sector by strengthening partnerships and dialogue between regional health education providers and the primary consumers of healthcare education, namely, the healthcare providers.

Over a period of three years, you have participated in meetings and activities with the aim of creating a more structured dialogue and strategic focus on education within health in regional cooperation.

Through this questionnaire, we aim to gain a deeper understanding of your perceptions regarding the cooperation within the network and the results you have achieved through your collaboration. Thanks in advance for sharing your thoughts with us.

1. Which country are you located?

Belgium

Denmark

Italy

Germany

Netherlands

Norway

Slovenia

Spain

2. Type of organisation

Health education provider

Health care provider

Policy maker

Business Development

Research institutes

Specific questions

*The strategic **purpose** of the EUVECA project is every region is focused on the **support to the development of a sustainable healthcare sector by strengthening partnerships and dialogue between regional health education providers and the healthcare providers***

3.How relevant do you think this purpose is for the regional EUVECA network in your region?

4.What was the added value for your organisation to participate in the regional network?

5.How clear was the role of your organisation in the regional EUVECA network?

6.How relevant is it for your organisation to meet and discuss with other stakeholders about education and competence development in health care?

7.Has the hub/EUVECA project helped you to make new (inter)regional collaborations?

8.Please describe any example of effective or challenging teamwork experienced in the EUVECA partnership

9.Have you been sufficiently informed about the progress and development within the EUVECA project?

10.Have meetings been well-organised and purposeful?

11.Do you experience that your participation and input in the hub are taken into consideration?

12.What tangible product or results have been created as a result of the regional EUVECA network for your organisation?

13.The EUVECA project comes to an end in May 2026. Would you like the Regional EUVECA network to continue beyond the project period? Yes/ No

5.4 Template 4 – evaluation of the governance and collaboration processes within the regional hubs

After several iterations, the EUVECA partnership realized that different question overlapped between templates 3 and 4, having also, the same target group so all the questions initially included in this template were moved to Template 3.

5.5 Template 5 – Questionnaires to students and health care professionals regarding relevance, usefulness and quality of the regional training activities and activities on the European VET platform

Template 5 was developed after several iterations and it was translated to the different languages of the students. A specific instance for each different course was done in order to make data collection easier and even do not ask the code of the activity. Just when some training asked for printed versions, the code was requested. All the questions can be shown below and you can get online example of this evaluation form at <https://forms.office.com/e/iLuCGbP1qE>

TITLE OF THE TRAINING
WHERE, WHEN
EVALUATION FORM. Training activity
CODING ACTIVITY?

You have participated in activities that have been developed within the scope of the EUVECA project. Either as a regional activity or an activity that has been promoted through the Education4Health platform. Your feedback is very important for us to evaluate the effectiveness of our project impact, and it will help us to make improvements.

Current form is already available at <https://forms.office.com/e/iLuCGbP1qE>

SECTION 1. PROFILING INFORMATION

1. Please introduce code of the training activity (if you do not know, ask your trainer)

2. In what year were you born (e. g. 1973)?

3 - What gender you identify as?

- Male
- Female
- Transgender
- Non-binary person
- Prefer not to answer

4 - What is the highest educational level that you have attained?

- Primary education (ISCED 1)
- Lower secondary education (ISCED 2)
- Upper secondary education (ISCED 3)

- Post-secondary non-tertiary education (ISCED 4)
- Short-cycle tertiary education (ISCED 5)
- Bachelor or equivalent (ISCED 6)
- Master or equivalent (ISCED 7)
- Doctoral or equivalent (ISCED 8)

5. Please mark your position:

- Healthcare students
- Healthcare professional
- Lecturer/teacher

SECTION 2 – PROFESSIONAL/OCCUPATIONAL QUESTIONS

6 - Please, specify your professional/occupational group:

- Physician / Medical doctor
- Nurse
- Physiotherapist
- Occupational therapist
- Social assistant / Social care worker
- Healthcare assistant / Nurse assistant or aide
- Engineer with health focus / Medical technologist / Technical assistant / ...
- Other (Please, specify):

7- Please, select your place of employment: If you work at more than one place, please, select the one at which you work the most hours.

- Hospital
- Community health centre
- Nursing home, retirement home
- Community long-term care facility (providing care at client's or patient's home)
- Municipality
- Business or company
- Other (Please, specify):

8- How many years have you worked in your current profession/occupation?

SECTION 3 STUDIES/TRAINING PROGRAMMES

9 - Please, specify the study/training programme you are currently enrolled in:

- Medicine
- Nursing
- Physiotherapy
- Occupational therapy
- Programme for social assistant
- Programme for social care worker
- Programme for health care assistant / nurse assistant
- Programme for engineers with health focus / Programme for medical technologists / Programme for technical assistants
- Other (Please, specify:)

10 - Please, select the educational level of the programme you are studying at:

Vocational education and training

- Secondary school
- College / High school
- Bachelor degree
- Master degree
- Doctor degree

SECTION 4 – QUESTIONS FOR LECTURERS

11. Are you considering to reuse these materials in the near future?

- YES
- NO
- Maybe

12. How do you consider to reuse these materials?

13. Please, write any comment or question from the pedagogic approach or education focus you have in mind

SECTION 5 - RELEVANCE

Please, rate different statements from 1 to 5, with 1 (strongly disagree) being the lowest score and 5 (strongly agree) being the highest score.

14. The subject matter of the training/workshop/session is relevant to my daily work.

15. It has allowed me to acquire or progress in one or more of the 21 st century skills (communication, collaboration, critical thinking and problem-solving, social and cultural skills, leadership, green skills, creativity and innovation, ICT literacy, and media literacy), that I can apply to my (future) work.

16. It has allowed me to acquire or progress in one or more the current megatrends (ageing population, growing importance of chronic disease and co-morbidity among patients, the Information Technology Revolution and the general digitalisation of the society, Personalised Medicine, modern health consumer, The climate challenge)

SECTION 6 MATERIALS

Please, rate different statements from 1 to 5, with 1 (strongly disagree) being the lowest score and 5 (strongly agree) being the highest score

17. The materials used (such as presentations, papers or infographics) were useful and effectively supported the learning process.

18. The materials used (such as presentations, papers or infographics) were of good quality (that means inclusion of examples references, evidence,...)

SECTION 7- PLATFORM

Please, rate different statements from 1 to 5, with 1 (strongly disagree) being the lowest score and 5 (strongly agree) being the highest score

19. The EUVECA platform was easy to use and navigate through

SECTION 8 - GLOBAL VALORATION

Please, rate different statements from 1 to 5, with 1 (strongly disagree) being the lowest score and 5 (strongly agree) being the highest score

20. Overall, I am satisfied with the training.

21. I would recommend the course to colleagues/friends

SECTION 9 GENERAL COMMENTS

22. Please, specify the recommendations you would make for improvement next trainings/courses/workshops.

23. Overall comments

24. If you are not receiving the EUVECA project newsletter and you would like to keep being informed about new courses and activities, please mark below to give your consent and write your e-mail address

Thank you for your cooperation!

5.6 Template 6 – Questionnaire to participants in regional and European events for WP7



Template 6 v1



TITLE OF THE EVENT

WHERE, WHEN

EVALUATION FORM. Regional and European EUVECA events

Your feedback is very important for us to evaluate the effectiveness of our project impact and it will help us to make improvements:

1. Tell us about yourself. Profession, organization and country:

2. Please, rate different statements about the **ORGANIZATION** from 1 to 5, with **1 (strongly disagree)** being the lowest score and **5 (strongly agree)** being the highest score.

	1	2	3	4	5
1. The schedule has favoured the attendance to the course					
2. The information given beforehand was sufficient					
3. The event has been well organised					
4. The event has met my expectations					
5. I thought the program of the event was interesting					
a. The presentation was interesting					
b. The content of the event was interesting					
c. Hearing the experience of the professionals involved was interesting					
d. The energizer (coffee break, lunch,...) halfway the program was nice					
6. The duration of the event has been convenient to meet the objectives					
7. The technical support of the event was good					
8. I am planning to be in contact with the EUVECA project in the future					

3. GENERAL COMMENTS

- 3.1. Please, specify the **recommendations** you would make for improvement next events.

- 3.2. Overall comments

Thank you for your cooperation!

5.7 Intermediate survey report

COORDINATION OF THE PROJECT How would you rate your satisfaction with the coordination of the project? (1 low -5 high)

- How would you rate the communication as a partner with the management team in the project? (1 bad - 5 excellent)
- Have you felt engaged and involved in the decisions made for the project? (1 low -5 high)
- Do you wish to add anything about the project's coordination, communication, and decision-making?
- How would you rate your satisfaction about the management with WP2: Setting the scene? (1 low -5 high)
- How would you rate your satisfaction about the management with WP3: Design and creation of European Platform for VET Excellence in Healthcare? (1 low -5 high)
- How would you rate your satisfaction about the management with WP4: Developing learning activities for the platform? (1 low -5 high)
- How would you rate your satisfaction about the management with WP5: Testing and Implementation? (1 low -5 high)
- How would you rate your satisfaction about the management with WP6: Conceptualisation, strategy and sustainability? (1 low -5 high)
- How would you rate your satisfaction about the management with WP7: Dissemination, transferability and uptake? (1 low -5 high)
- How would you rate your satisfaction about the management with WP8: Evaluation and quality assurance? (1 low -5 high)
- Please, feel free to justify your scores or make any suggestion to any WP

COORDINATION OF THE PROJECT at REGIONAL LEVEL (or paneuropean level) with the following questions

- How would you rate your satisfaction with the coordination of the project at regional level? (1 low - 5 high)
- How would you rate the communication between partners and management in the project at regional level? (1 bad - 5 excellent)
- Have you felt engaged and involved in the decisions made at regional level or paneuropean in the case of ESNO, EHMA and ECHAlliance(1 low -5 high)
- Which was your feeling about cooperation, commitment and participation at your regional level? Which is the added value of the collaboration at the regional level? Please feel free to make any suggestion or comment about your regional partnership (results will be presented anonymously)
- Do you wish to add anything about the project's coordination, communication, and decision-making at regional level? (in the case of paneuropean partners, please feel free to suggest anything also about collaboration and feedback from regions to the activities you are leading)

CONSORTIUM and MEETINGS at project level with the following questions

- Please rate usefulness of the physical meetings
- Please rate usefulness of the online meetings

- Define in one word how you would define collaboration among partners in the project? (at any level)
- Any specific suggestion for improving collaboration among partners?
- Are you the coordinator of your region? (in this case, answer to a few new questions will be required)

Your Regional Vocational Educational Hub (RVEH)

- How many meetings have you already arranged within your region?
- Please, indicate the average amount of people attending such meetings
- Please, mark which kind of organisations are attending your regional meetings (you can mark several)
- If you marked others, please specify which other kind of organisations were attending your regional meetings:
- Please, mark the role of people that are attending your regional meeting (you can mark several)
- If you marked others, please specify which other roles of people were attending your regional meetings.
- What kind of BARRIERS and/or DRIVERS do you estimate will have an impact on the creation and sustainability of the RVEH in your region?
- How do your regional stakeholders with whom you have collaborated express their attitude towards EUVECA and the creation of the RVEH?

5.8 Final survey report

COORDINATION OF THE PROJECT

- 1.1 How would you rate your satisfaction with the coordination of the project?
- 1.2 How would you rate the communication as a partner with the management team in the project?
- 1.3 Have you felt engaged and involved in the decisions made for the project?
- 1.4 Do you wish to add anything about the project's coordination, communication, and decision-making?
- 1.5 How would you rate your satisfaction about the management with WP2: Setting the scene?
- 1.6 How would you rate your satisfaction about the management with WP3: Design and creation of European Platform for VET Excellence in Healthcare?
- 1.7 How would you rate your satisfaction about the management with WP4: Developing learning activities for the platform?
- 1.8 How would you rate your satisfaction about the management with WP5: Testing and Implementation?
- 1.9 How would you rate your satisfaction about the management with WP6: Conceptualisation, strategy and sustainability?
- 1.10 How would you rate your satisfaction about the management with WP7: Dissemination, transferability and uptake?
- 1.11 How would you rate your satisfaction about the management with WP8: Evaluation and quality assurance?

CONSORTIUM and MEETINGS at project level

- 2.1 Please rate usefulness of the physical meetings
- 2.2 Please rate usefulness of the online meetings
- 2.3 Define in one word how you would define collaboration among partners in the project. (at any level)
- 2.4 Any specific suggestion for improving collaboration among partners?

LESSONS LEARNT

What have been your major lessons learnt during the project in order to reach the EUVECA goals from these different dimensions:

- 3.1 Needs analysis of the learners
- 3.2 Platform
- 3.3 Focus of activities in megatrends
- 3.4 Structure of the courses
- 3.5 Quality assessment of the courses
- 3.6 Dissemination and marketing activities of the courses
- 3.7 Any other lesson learnt you want to raise

YOUR REGIONAL VOCATIONAL EDUCATIONAL HUB (RVEH)

- 4.1. What kind of BARRIERS and/or DRIVERS do you estimate will have an impact on the creation and sustainability of the RVEH in your region?
- 4.2 Which was your feeling about cooperation, commitment and participation at your regional level? Which is the added value of the collaboration at the regional level? Please feel free to make any suggestion or comment about your regional partnership (results will be presented anonymously)

