Education in Mental Health for Nurses in Home and Residential Care (EDU-MENT)

Internal Process Evaluation

Interim Report

lead by

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28.03.2025

Co-funded by the European Union

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Interim Process Evaluation Report

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1 Project Background

The *Education in Mental Health for Nurses in Home and Residential Care* (EDU-MENT) project brings together five partner organisations from Austria, Cyprus, and Slovenia to strengthen the mental health competencies of registered nurses working in home and residential care settings.

The project is organised into five interlinked Work Packages (WPs), each designed to produce concrete outputs:

- **WP1: Project Management and Quality Assurance** (led by UMIT TIROL) ensures effective coordination, partner communication, and the monitoring of quality across all activities. Outputs include the Quality Management Manual, internal evaluation tools, and coordination of external evaluation.
- **WP2: Requirements and Needs Analysis** (led by UMIT TIROL) identifies the knowledge and training needs of nurses. Main results include national and transnational reports based on desk research and interviews, as well as specifications for the development of digital tools and training content.
- **WP3: Development of Digital Screening Tools** (co-led by AgeCare and UCY) focuses on designing, testing, and refining digital tools to support early identification of mental health problems in care settings. Key outputs include a screening tool, a user manual, translations in partner languages, and a summary of evaluation results based on user feedback.
- **WP4: Blended Learning Training Module** (led by University of Maribor) develops a 5 ECTS postgraduate blended learning programme for nurses. Results include a training concept, defined trainer profiles, curricula and learning outcomes, digital learning materials, an e-learning platform, and the piloting and evaluation of the course in all three countries.
- **WP5: Organisational Development Concept** (led by Hafelekar) ensures the sustainability and practical implementation of the project results. Outputs include an audit methodology and national audit reports, piloting results of the tools in care organisations, training and certification guidelines for mental health caregivers, a transfer handbook, and a collection of good practices.

Together, these WPs aim to improve early recognition, monitoring, and care of individuals with mental health issues in home and residential settings. By combining digital tools, innovative training, and organisational strategies, the project supports both individual professional development and institutional capacity-building.

EDU-MENT runs from **October 2023 to September 2026** and is co-funded by the Erasmus+ programme under project number **2023-1-AT01-KA220-VET-000166434**.

Partner Organisations

- **UMIT TIROL** (Coordinator, Austria) – http://www.umit-tirol.at/
- **HAFELEKAR UNTERNEHMENSBERATUNG** (Austria) – https://www.hafelekar.at/
- **UNIVERSITY OF CYPRUS** (Cyprus) – http://www.ucy.ac.cy/
- **AGECARE (CYPRUS) LTD** (Cyprus) – http://www.materia.com.cy/
- **UNIVERZA V MARIBORU** (Slovenia) – http://www.um.si/

2 The Aim of the Report

The aim of the Interim process evaluation is to assess the EDUMENT project's progress towards its aims and objectives, considering the perspectives of all partners. The evaluation focuses on:

- Assessing the effectiveness of the project's initiation and alignment with its objectives.
- Strengths and weaknesses of the process, as perceived by partners.
- Examples of good practice of partnership working.
- Areas where improvements could be made.
- Enhancing the working processes of the consortium

3 Executive Evaluation Summary

Project Management & Monitoring in Partner Organizations

The EDU-MENT partnership has implemented structured project management systems adapted to each organization, with clear roles and use of shared digital tools. Coordination is supported by regular meetings, transparent communication, and internal task tracking. All partners contributed actively to the implementation of core activities, including project management, needs analysis, and tool development. While collaboration was effective overall, some delays arose due to staff absences, transitions, and timeline misalignments. These were addressed through bilateral coordination, informal support, and adjusted scheduling. Communication has been professional and open, though partners noted room for improvement in response times and task follow-up. Despite challenges, the partnership has remained cohesive and committed to shared outcomes.

WP2: Requirements and Needs Analysis (UMIT Lead)

WP2 focused on identifying needs in mental health care for older adults through coordinated desk and field research. UMIT led the process, developing research tools and overseeing implementation across partner countries. Each organization contributed interviews, data analysis, and translation, resulting in national and transnational reports. Quality assurance was ensured through shared templates, internal reviews, and ethics procedures. All core indicators—interview targets, translations, and reporting—were met. Feedback highlighted the value of practical insights and cross-country comparison. For future improvements, partners suggested earlier planning, broader stakeholder input, and stronger linkage to follow-up work packages.

WP3: Development of the Digital Screening Tools (AgeCare/UCY Lead)

WP3 developed a digital tool for identifying psychosocial stress in older adults, co-led by Materia Group and UCY. A structured checklist and scoring system were created, designed for mobile use and easy integration into care routines. Feedback from 53 nurses informed refinements and confirmed the tool's usability. Quality assurance involved iterative partner reviews, external input, and piloting across three countries. During the real-life implementation of the tool several key-areas for discussions emerged including ethics of the tool, permissions of the scales to be used for which we had to consult with the authors due to Intellectual Property Rights, the need of end-users to have a tool comprehensive yet short and easy to be administered and more, which demanded intensive discussions among clinical and technical partners. These led to the creation of a tool that is aligned with end-user needs, has

a more comprehensive and broader representation of mental health than initially planned and is based on concurrent research which is absent from existing tools. Hence, partners are now finalizing also the prototype and user manual. Partners suggested that WP3 activities would benefit from clear timelines, early user involvement, and close coordination between clinical and technical teams to support finalization and future implementation.

WP4: Blended Learning Module (UMB Lead)

The blended learning module is under development, led by the University of Maribor. A training concept and curriculum outline have been drafted, informed by previous work on needs analysis and tool development. Partners have contributed feedback on structure, trainer profiles, and learning outcomes. Early-stage delays have slowed progress, particularly on content development and platform planning. Recommendations include better alignment with WP3, earlier partner involvement, and a stronger focus on practice relevance to ensure the training reflects real-world care settings. WP4 is progressing on a sound basis and will gain momentum in the upcoming phase.

WP5: Organizational Development Concept (Hafelekar Lead)

A draft concept for WP5 has been prepared but awaits input from WP3 and WP4 before full implementation can begin. Due to delays in tool and training development, audits and rollout activities have not yet started. Progress will resume once these interdependent components are finalized.

Overall Project Evaluation from Partners' Perspective

Partners expressed a generally positive view of the project's progress and cooperation to date. Contributions across work packages have been consistent, and the partnership has demonstrated strong adaptability in response to delays and challenges. Project goals remain clear and achievable, with all core components advancing steadily. The interim phase served as a solid foundation, and partners are aligned in their commitment to ensuring successful delivery in the second half of the project.

Strengths, Weaknesses, and Ideas for Improvement

Strengths reported by partners include:

- Open and constructive communication
- Complementary expertise across academic, technical, and clinical fields
- High motivation and professionalism
- Active involvement of stakeholders, including advisory board members and nurses

Weaknesses identified relate mostly to:

- Delays in task completion and uneven pacing between partners
- Occasional gaps in communication and unclear expectations
- Staff turnover and illness affecting continuity

Suggestions for improvement:

- More regular coordination at WP level
- Clearer timelines and task tracking
- Improved preparation and documentation for meetings
- Early sharing of drafts and better integration across work packages

Overall Partner Satisfaction with the Project

Partner satisfaction is generally high. Feedback reflects a shared appreciation for the partnership's professionalism, relevance of the project topic, and value of the results achieved so far. While some challenges have impacted workflow, the cooperative spirit and commitment across the consortium have ensured strong progress. Most partners indicated they are satisfied or very satisfied with their involvement and the project as a whole.

4 Project Management & Monitoring in Partner Organizations

PM-Structure

Partner organizations have implemented structured and well-defined project management systems tailored to their institutional settings, ensuring the coordinated execution of project tasks. In most cases, a dedicated project manager leads the process, supported by administrative and financial officers who oversee budgeting, financial reporting, and documentation.

Some partners apply a dual-coordinator model to balance strategic and operational aspects of project delivery. Across the board, project management includes regular team meetings, clear task allocation, and the use of shared digital tools for planning and monitoring progress. These tools help track milestones, allocate responsibilities, and ensure adherence to the project timeline. Internal communication is supported by transparent channels that facilitate coordination among staff, with specific attention to cross-partner collaboration.

Project leads are also responsible for liaising with the coordinator and other partners, contributing to a unified consortium-level approach. This management framework allows for consistency across all work packages, promotes accountability, and provides a basis for high-quality implementation.

Contribution to Implementation:

All partners have made substantial contributions to the implementation of the EDU-MENT project during the interim phase. Engagement has been consistent across work packages, beginning with WP1, where all partners participated in project coordination, communication activities, and dissemination.

Several partners were involved from the outset in designing the project structure, shaping the work packages, and setting up internal quality assurance mechanisms. Hafelekar, responsible for quality management, developed the Quality Management Manual, initiated the internal evaluation framework, and launched the process for appointing an external evaluator. In WP2, partners were engaged in reviewing and refining the research templates, conducting national desk research, and carrying out interviews with nurses in home and residential care. These activities contributed to the preparation of national and transnational reports. Under WP3, the co-lead institutions took charge of developing the technical specifications for the digital screening tools, drafting the theoretical concept, and initiating interface design. Partners also

contributed to the preparation of the user manual and its translation. Progress has also been reported under WP4, where the training concept has been drafted based on WP2 and WP3 findings. Specific tasks included defining trainer profiles, preparing the curriculum structure, and outlining learning outcomes. Pilot planning has also started, especially in the context of the upcoming training event in Slovenia. Dissemination activities have been ongoing and well-documented, including preparation of materials and content for newsletters and social media, ensuring that the project's visibility is maintained across all participating countries. Overall, implementation efforts have been collaborative, timely, and in line with project objectives and roles assigned in the application.

Challenges Faced by the Partnership and Their Resolution

During the first project phase, the partnership encountered several implementation challenges that required adaptive responses and close collaboration among consortium members. One of the primary challenges was a delay in the development of the digital screening tool under WP3. Although the responsible partner initiated the work ahead of the planned schedule, the process required deeper engagement with clinical partners to ensure that real-world needs and diverse perspectives were adequately reflected. The added complexity of incorporating multi-stakeholder input led to a slower pace but ultimately improved the scientific robustness and practical relevance of the tool.

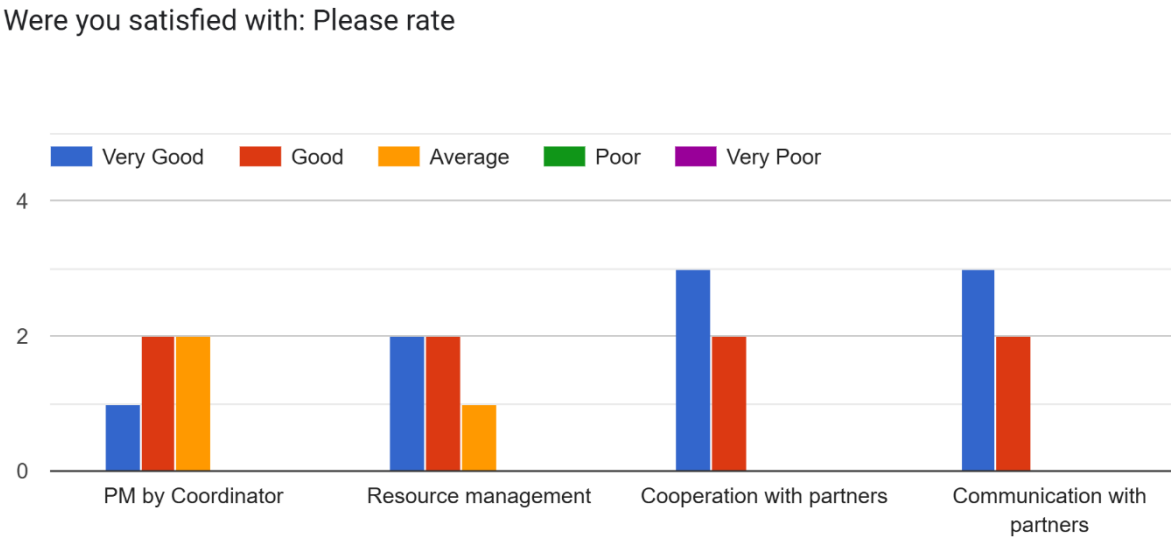
Delays in earlier tasks under WP2, particularly those related to the collection and consolidation of national data, also impacted subsequent activities. These delays affected the timeline for WP4, where the development of the blended learning concept had to be adapted accordingly. Partners showed flexibility by adjusting internal schedules and maintaining active communication to align their tasks with the revised timelines.

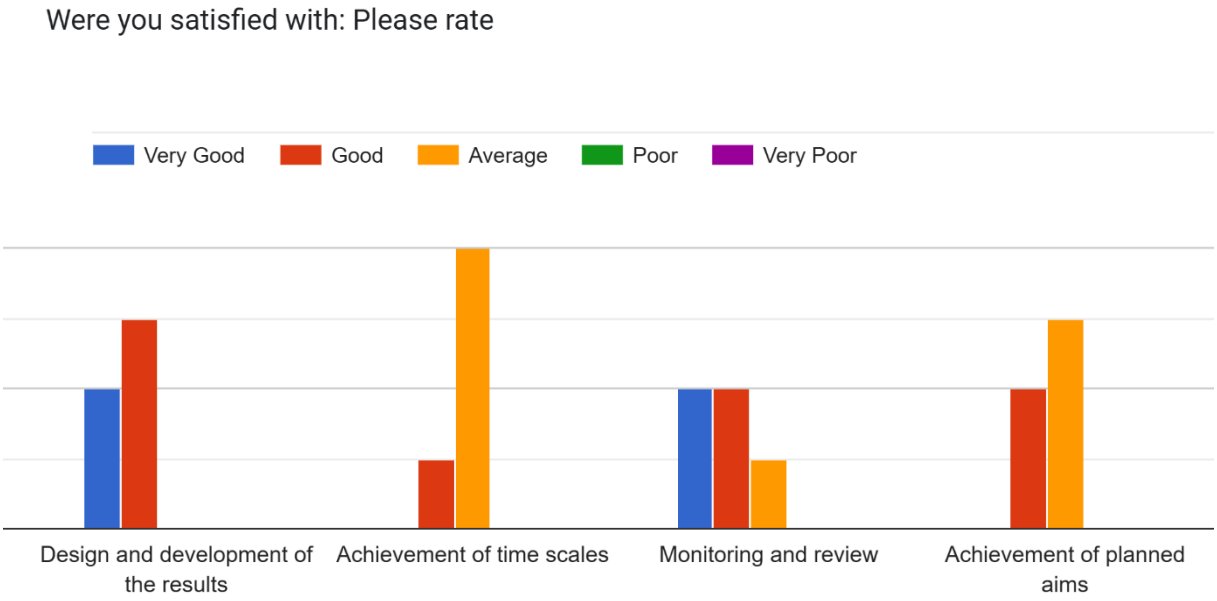
Another significant challenge arose from a change in the project management team at the coordinating institution, compounded by an extended period of staff illness. This transition caused temporary disruptions in communication, slower decision-making, and unclear task responsibilities. The issue was addressed through targeted bilateral exchanges, proactive support from other partners, and a reaffirmation of internal coordination routines. In parallel, quality management activities continued without interruption, ensuring that quality-related milestones remained on track.

Staff shortages across the partnership—caused by illness and team changes—also posed risks to continuity. These were mitigated through increased coordination efforts, including more frequent online and transnational meetings, which served to clarify expectations and resolve open questions.

Shared online platforms facilitated real-time information sharing, and workload redistribution within and across teams helped maintain overall progress. Finally, specific delays in agreeing on the user requirements of the digital tools were handled by accelerating subsequent development activities, demonstrating the consortium's capacity to respond to bottlenecks with pragmatic solutions and collective commitment.

Perception of Partners on Project Management and Monitoring





Internal Communication

Internal communication within the EDU-MENT partnership has been largely constructive and collaborative. Regular monthly meetings and one transnational partner meeting provided essential structure and continuity, fostering exchange across work packages and supporting mutual understanding of roles and responsibilities. The use of a shared digital platform has also contributed to transparent information flow, ensuring that documents, updates, and decisions are accessible to all partners.

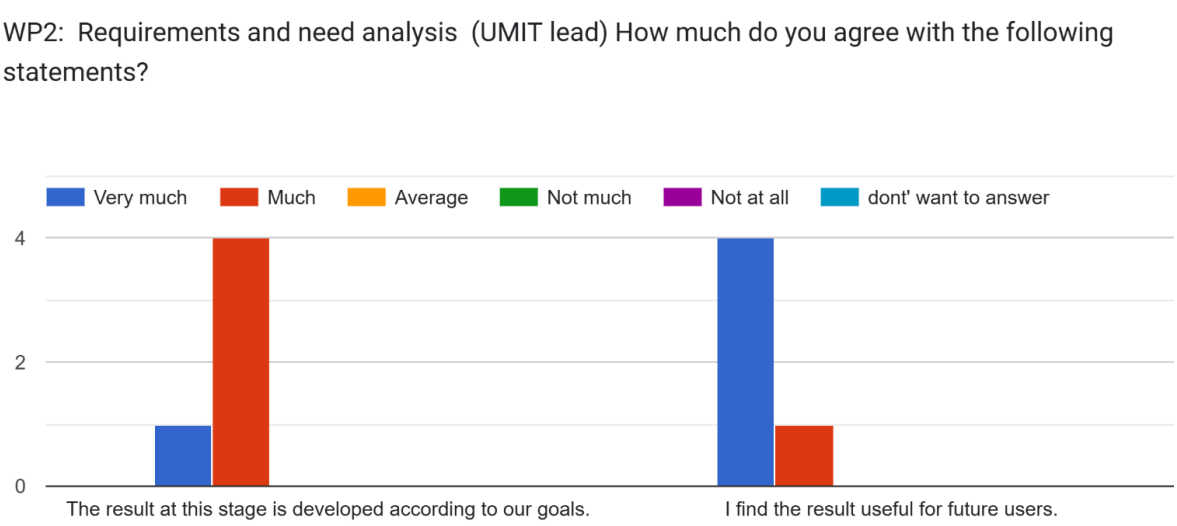
In general, communication was described as smooth and professional, with a strong spirit of cooperation. Most partners have been responsive and engaged, contributing actively to discussions and implementation. Informal coordination—beyond scheduled meetings—proved especially valuable when formal decision-making processes experienced delays. This flexibility helped maintain workflow and supported a sense of shared responsibility.

Nonetheless, the partnership did face some communication-related challenges. Delays in email responses, slower decision-making, and differing expectations occasionally hindered progress. These issues were further complicated by temporary staff shortages and illness-related absences, including a change in the coordinating team and team changes and staff absences in the WP4 leading team due to health-related reasons. These disruptions affected the pace of preparatory work for training activities and required additional coordination effort.

To address these challenges, the consortium adopted a proactive and solution-oriented approach. Informal communication channels were strengthened, and smaller working groups were formed to clarify roles and expedite coordination on key tasks. Open dialogue and bilateral communication were emphasized, with all partners showing a commitment to resolving issues constructively. Redistribution of tasks and internal support measures helped mitigate resource gaps, enabling the partnership to maintain progress despite setbacks.

Overall, cooperation among partners has been characterized by a high level of professionalism and mutual support, with no significant conflicts reported. The collective commitment to shared goals and transparent communication has been a strong foundation for project success so far.

5 WP2: Requirements and need analysis (UMIT lead)



Contributions and ideas for future improvements

Under the leadership of UMIT, WP2 focused on identifying key challenges and needs in the early detection and management of mental health issues among older adults in home and residential care. The partners contributed through both desk and field research activities based on a coordinated research design.

UMIT, as work package lead, was responsible for developing the overall structure of the research, including the methodological framework, interview guides, and coordination of partner activities. They ensured the consistency of national-level data collection and led the analysis and synthesis of findings, producing the transnational report that underpins subsequent project work in WP3 and WP4.

All partner organizations contributed to the national research activities. This included conducting desk analyses of the mental health care context in their respective countries and performing qualitative interviews with frontline nurses. For example, Materia Group carried out ten in-depth interviews with Cypriot nurses, analyzed the collected data, and compiled the national report. They also supported translation work and the preparation of the WP2 summary. The University of Maribor similarly delivered national reports in both Slovenian and English and emphasized that the research provided a solid foundation for curriculum development.

In addition to data collection, several partners supported the development and refinement of research tools, including feedback on templates and interview guides. They also engaged in

joint discussions to ensure clarity and alignment in the analytical process. UCY provided technical feedback on the documented requirements to ensure their applicability in the forthcoming tool development phase.

For future implementation of similar research packages, partners suggested several improvements. These include earlier and more detailed planning to clarify timelines, responsibilities, and expected outputs, which would enhance coordination and efficiency. A stronger theoretical grounding—such as applying the Context-Mechanism-Outcome (CMO) model—was recommended to deepen the understanding of how contextual factors influence implementation success. Additionally, integrating real-world case studies and expanding participant groups (e.g., including more health professionals) could further increase the depth, relevance, and practical impact of the findings. Closer alignment of research outcomes with subsequent work packages (e.g., WP3 screening tools and WP4 training) was also highlighted as a way to improve continuity and usability.

Quality Assurance Measures

The quality of activities and results in WP2 was ensured through a combination of structured research design, consistent methodological application across countries, and continuous internal coordination among partners. Under the leadership of UMIT, a standardized approach was adopted for both the desk research and the field research phases. This included the development of uniform templates for data collection and interview guides, which enabled methodological consistency and comparability of results across the three partner countries.

Regular coordination activities—such as monthly online meetings and a transnational meeting in Cyprus—played a central role in monitoring the implementation process. These sessions provided opportunities to clarify open questions, align methodological approaches, and review interim results. Internal reviews were conducted both within and across partner organizations to validate the findings, ensure coherence of the national reports, and strengthen the transnational synthesis.

The field research component included qualitative interviews with nurses working in home and residential care, with each country completing the agreed number of 10 interviews. The participants were selected to reflect a range of professional settings, ensuring a representative perspective on the challenges faced in mental health care for older adults. Ethical standards were followed in all data collection processes, and where required, national ethics approvals were obtained prior to implementation.

In terms of **quantitative indicators**, the project has fully met its targets: national reports were completed in each country, translated into national and English versions, and compiled into a

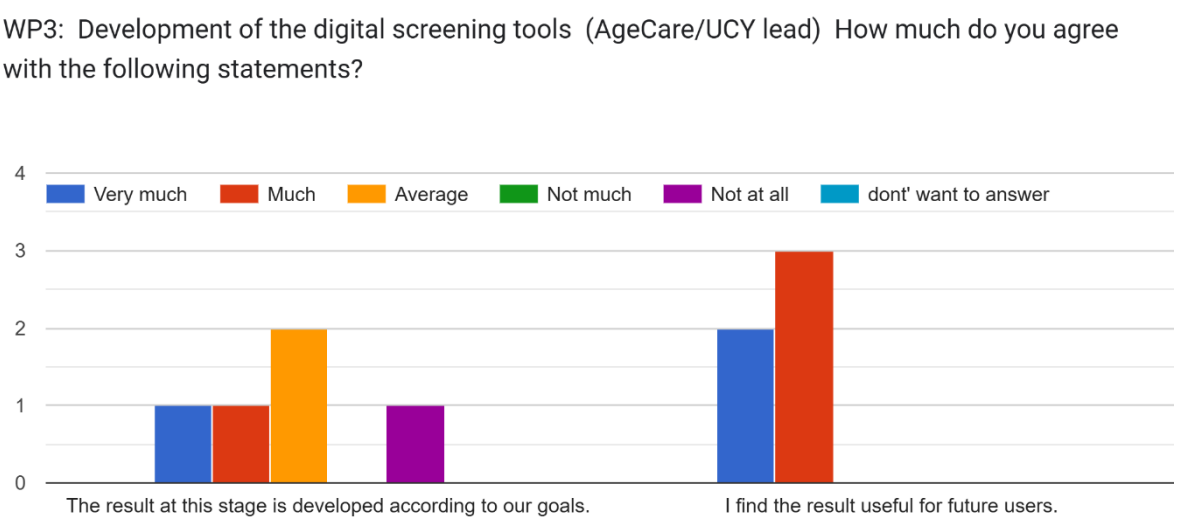
transnational report in four languages. The planned number of interviews and scope of data collection were achieved. In addition, at least 30 registered nurses were consulted across the consortium, satisfying stakeholder engagement goals set in the original project plan.

Regarding **qualitative indicators**, the results provide a rich and detailed overview of current needs and gaps in the field. The findings reflect practical realities and were positively received by clinical stakeholders, underscoring their relevance. Contributions from practice partners have enriched the analysis with concrete suggestions for future training content and tool development. Partners highlighted the added value of cross-country comparison and the clarity of insights generated from structured feedback rounds.

While the outputs met expectations, several areas for improvement were noted. These include the potential for deeper alignment between the research findings and the subsequent tool development (WP3) and training design (WP4), as well as more thorough planning at the outset to mitigate initial coordination delays. Some partners suggested applying a theory-driven framework—such as the Context-Mechanism-Outcome model—in future analyses to further enhance the strategic usability and evidence base of the findings.

Overall, the WP2 outputs are regarded as methodologically sound, thematically relevant, and sufficiently robust to support the project's next phases.

6 WP3: Development of the digital screening tools (AgeCare/UCY lead)



Contributions and ideas for future improvements

WP3, co-led by Materia Group and the University of Cyprus, focused on designing and developing a digital screening tool to support nurses in identifying psychosocial stress and mental health risks among older adults in home and residential care. Building on the findings of WP2, the work package officially launched in early May 2024 and has since made substantial progress despite some coordination delays.

Materia Group took primary responsibility for the conceptual and content development of the screening tool. They coordinated closely with UCY, the technical partner, to ensure a smooth translation of clinical and contextual needs into a user-friendly digital solution. A structured checklist covering six key domains was developed, consisting of 44 items that assess various aspects of psychosocial well-being. The tool includes embedded scoring logic based on severity levels, informed by an evidence-based literature review. To support more complex assessments, the platform offers validated instruments for evaluating depression, anxiety, stress, and cognitive function. The system is designed with flexibility in mind—allowing either partial or complete assessments depending on the user's needs—and optimized for mobile use to facilitate field application.

The usability of the tool was also a key focus. Partners emphasized the importance of intuitive design and data protection. The platform allows nurses to generate personalized reports for caregivers and professionals, download them as PDFs, and perform screenings during home

visits via tablet or smartphone. Built-in prompts support nurses who may be less familiar with psychosocial issues, increasing confidence and reliability in data collection.

Extensive piloting activities were conducted in all three countries. Across Cyprus, Austria, and Slovenia, 53 nurses participated in the testing phase, surpassing the originally planned target of 30 participants. Feedback from nurses was collected, analyzed, and used to refine both content and technical features. National experts from both mobile and residential care contributed their practical perspectives, ensuring the tool's relevance to real-world conditions.

Several partners contributed to WP3 by reviewing early drafts of the screening tool, providing expert input on structure, terminology, and relevance. Partners also supported the development of the specification report, participated in virtual meetings, and offered continuous feedback during coordination sessions.

AgeCare initiated the work under WP3 in May 2024 but there were some delays in coordinating and developing the screening tools. However, this extra time brought significant benefits. Instead of developing two tools as originally planned, six tools were developed, based on thorough research and tailored to the needs of end users. Ethical considerations also required further discussion and expert advice was consulted to ensure compliance. Each item and its severity score were carefully reviewed in joint clinical and technical meetings, using the latest research to ensure that the tools were accurate, efficient and aligned with practical needs. To improve future development phases, the partners suggest setting clearer internal deadlines, organising more frequent co-lead coordination meetings, and involving end-users earlier to speed up feedback and decision-making. Stronger links with WP5 will also help to ensure that practical implementation continues to inform tool refinement.

Quality Assurance Measures

The quality assurance strategy for WP3 focused on ensuring that the digital screening tools developed are scientifically robust, practically usable, and aligned with the needs identified in WP2. To this end, the co-leads, Materia Group and UCY, coordinated a multi-phase validation and feedback process involving both internal and external stakeholders.

Key quality measures included structured review rounds with project partners, external advisors, and clinical experts. These review processes—carried out both online and in person—enabled the iterative refinement of the screening tool based on constructive feedback. Internal quality checks were also supported by contributions from in-house researchers, who ensured that the conceptual framework and clinical logic of the tool met scientific standards. Particular attention was paid to ensuring usability for nurses without psychiatric specialization, including the use of prompts and scoring logic that simplify the identification of psychosocial risk factors.

A central component of the quality assurance process was the piloting and evaluation phase, during which 53 nurses across Cyprus, Austria, and Slovenia tested the tool—exceeding the initial target of 30 participants. This allowed the partnership to validate the tool's functionality in different care environments, including home and residential care. User feedback confirmed the tool's ease of use, clarity, and practical relevance, which led to further adaptations that improved its integration into daily nursing routines. Regular meetings across the partnership further supported timely exchanges on progress, challenges, and methodological adjustments.

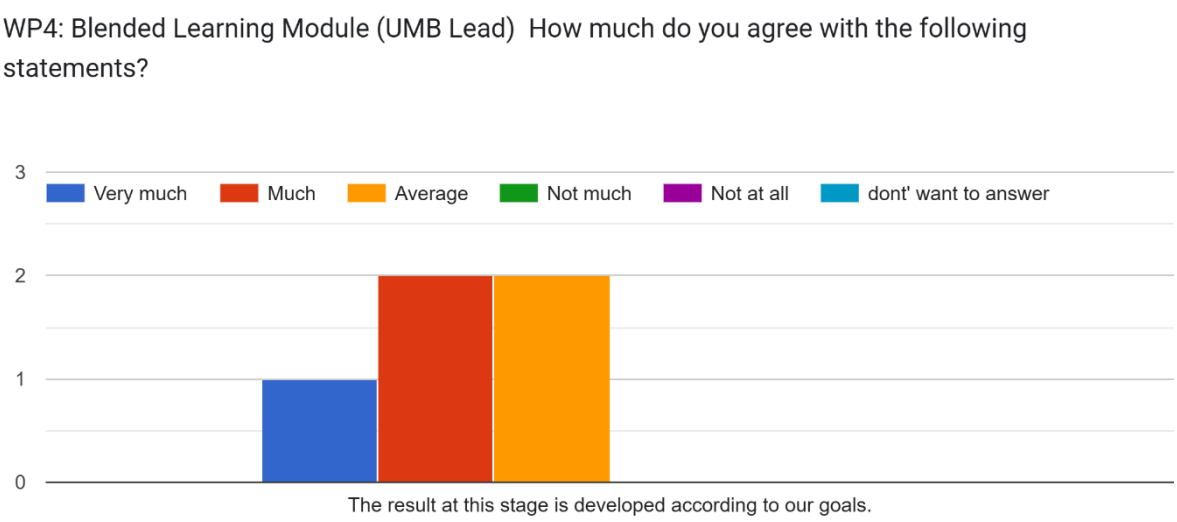
In terms of **quantitative indicators,** WP3 has successfully met and, in some areas, exceeded expectations. The number of participating testers surpassed the target by more than 75%, and data was collected, analyzed, and reported across all three participating countries. Key deliverables, including D3.1 and the evaluation report, were finalized. While the complete prototype with final language versions and the user manual experienced some initial delays, development is now progressing as planned, and all related outputs are on track for completion.

On the **qualitative side**, significant progress was made. The screening tool is now equipped with a comprehensive set of assessment items across six thematic domains, developed using evidence-based criteria and confirmed by end-user validation. The tool's design allows for both full and partial use, supports mobile access, and provides print-ready reports, thereby enhancing its practicality and flexibility.

Partners noted that continued collaboration between technical and clinical teams is crucial for completing the final stages of tool refinement. Future improvements could include more regular technical coordination, early user involvement in future iterations, and stronger integration with WP5 to ensure implementation feasibility. These adjustments would help optimize usability and sustainability in real-world healthcare settings.

Overall, WP3 has made strong progress in delivering a validated and user-oriented screening tool. With final technical outputs nearing completion, the project is on track to meet its intended outcomes, provided that pending items are finalized according to the adjusted timeline.

7 WP4: Blended Learning Module (UMB Lead)



Contributions and ideas for future improvements

Work Package 4, led by the University of Maribor, focuses on designing a competency-based blended learning module to equip nurses in home and residential care settings with practical skills for identifying and managing psychosocial health issues. As WP4 is still in its early stages, contributions from partners have focused primarily on conceptual development, ensuring alignment with insights gathered in WP2 (needs analysis) and WP3 (screening tool).

The lead partner has already developed a preliminary training concept, structured around a 5 ECTS credit framework, and has defined the target competencies and educator/trainer profiles. Additionally, initial drafts of the curriculum outline and learning outcomes have been shared with partners. These early steps establish the foundation for the creation of blended learning materials and the future piloting of the course in partner countries.

Several partners have actively contributed to shaping the module's direction by offering input on structural design, curriculum content, and evaluation criteria. Notably, Materia Group is supporting the process by integrating feedback from nurses who participated in the WP3 pilot, helping to ensure that the learning content is grounded in practical experience and addresses real-world challenges in mental health care delivery. This input has been crucial in refining the training scope and ensuring it reflects actual clinical practice.

Other partners have contributed to early discussions on defining trainer profiles and structuring learning activities, while also offering feedback on how the training can interface

effectively with the implementation strategies planned in WP5. These contributions support a more integrated and transferable learning approach that can be adapted to various care settings.

While foundational elements of WP4 are progressing well, partners noted some early-stage delays—particularly in curriculum detailing and platform development. To strengthen the next steps, they recommend tighter coordination between WP3 and WP4 to ensure the digital screening tools are embedded effectively in the learning content. Additionally, earlier and more active involvement of partners in content development is seen as essential to producing a training program that is practical, cohesive, and oriented toward the everyday needs of care professionals.

Overall, WP4 is on a strong conceptual path. With targeted improvements in coordination and content development, the blended learning module is expected to serve as a key resource for enhancing mental health competencies among nurses in long-term care settings.

Quality Assurance Measures

WP4 is still in the initial development phase, with key activities such as curriculum drafting and material design just underway. As a result, only limited quality assurance measures have been applied so far. Initial internal reviews focused on the structure of the training concept and alignment with results from WP2 and WP3. More extensive quality assurance processes, including piloting, evaluation, and feedback loops, are planned for the next project phase.

8 WP5: Organizational Development Concept (Hafelekar Lead)

A first draft of the organizational development concept has been prepared by the WP5 lead, Hafelekar. However, the development of this work package has not yet progressed further, as it depends heavily on inputs from preceding work packages, particularly WP3 and WP4. Due to delays in the finalization of the screening tools and the blended learning content, the planned audits and implementation activities could not yet be initiated. Further progress is expected once the necessary foundation from earlier WPs is available.

9 Overall Project Evaluation from Partners Perspective

The following section provides a comprehensive synthesis of partner reflections on project implementation, cooperation, and progress across work packages. Drawing from internal feedback and documented contributions, it highlights key strengths, identifies minor constraints, and outlines practical suggestions for further improvement. This evaluation reflects the partnership's collective experience and serves as a basis for guiding the final stages of the project toward successful completion.

10Strengths, Weaknesses, and Ideas for improvements

Strengths

Partners highlighted a range of positive aspects in the cooperation, reflecting a strong and committed working relationship across the consortium. The most frequently mentioned strengths include:

- **Effective and Open Communication**
  - Regular meetings and active engagement from all partners
  - Clear role distribution and responsiveness in day-to-day coordination
  - Informal and bilateral exchanges worked well during periods of slower formal coordination
- **Complementary Expertise**
  - A well-balanced mix of academic, technical, and clinical know-how
  - Each partner brought in-depth knowledge of their field (e.g. nursing education, digital tool design, organizational development)
  - This diversity enabled a multisectoral, practice-oriented approach to the project
- **High Levels of Professionalism and Commitment**
  - Strong motivation and dedication to shared objectives
  - Collaborative problem-solving mindset, even under pressure
  - Flexibility and mutual support helped maintain momentum despite delays
- **Stakeholder and Advisory Board Involvement**
  - Active participation of advisory board members throughout the project cycle

- Close involvement of clinical partners (nurses) during tool development and evaluation
- Their input added practical relevance and strengthened the quality of deliverables

Weaknesses

While overall collaboration within the EDU-MENT partnership has been positive, partners also identified several areas where improvements could enhance coordination and efficiency. Most challenges were related to timing, communication flow, and role clarity.

- **Coordination and Timelines**
  - Delays in task completion have affected the workflow of interdependent work packages (particularly WP3 and WP4)
  - Uneven pacing between partners—some tasks are completed faster than others, creating bottlenecks
  - Internal project timelines could be more consistently followed and reinforced
- **Communication Gaps**
  - Occasional lack of timely responses to emails or requests for input slowed down decision-making
  - Inconsistent participation during key coordination phases, sometimes due to staff absences or transitions
  - Misalignment of expectations around deliverables required additional clarification and follow-up
- **Structural and Staffing Issues**
  - Staff shortages, illness, and team changes impacted continuity in several partner organizations
  - Different institutional working styles and structures sometimes required additional coordination effort

Fields for Improvements

While the EDU-MENT partnership has functioned effectively overall, partners identified several targeted measures to further streamline collaboration, improve delivery timelines, and strengthen the project's operational flow. These suggestions reflect a shared intention to increase coordination efficiency and ensure timely progress in the upcoming implementation phases.

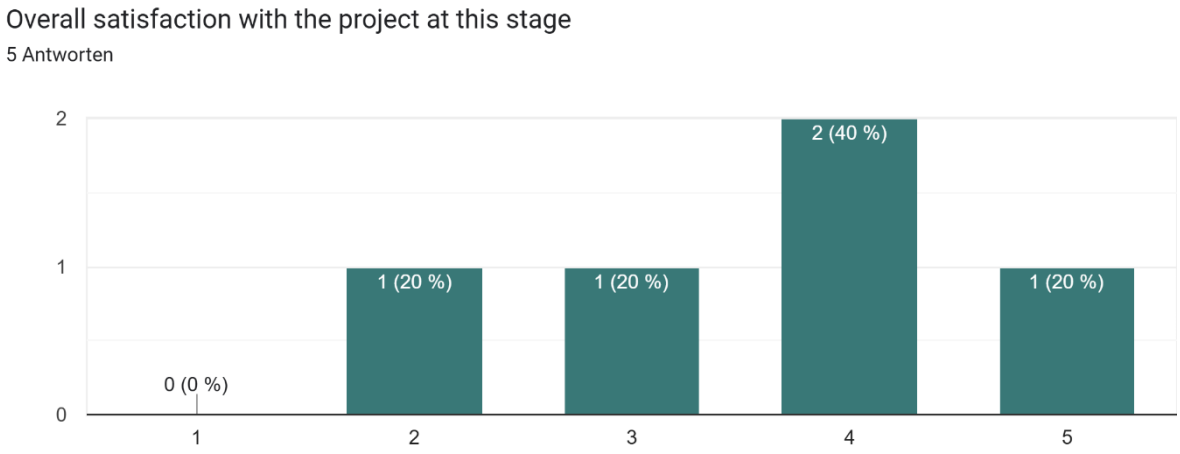
Suggested Improvements

- **More regular WP-level coordination meetings**
  - Introduce structured, task-specific check-ins within work packages (e.g., WP3, WP4, WP5) to resolve open questions early.
  - These focused meetings would complement full consortium meetings and maintain momentum between major milestones.
- **Clearer internal timelines and follow-up mechanisms**
  - Reinforce internal deadlines to prevent delays that cascade across interdependent work packages.
  - Implement regular reminders and status updates to support timely task execution and partner alignment.
- **Improved preparation and documentation for meetings**
  - Distribute early drafts of tools, training concepts, and deliverables in advance of meetings to allow for meaningful feedback.
  - Ensure agendas are clearly defined, and action points are documented to support effective follow-up and decision-making.

Additional Partner Recommendations

- Ensure consistent responsiveness to emails and partner requests to avoid communication bottlenecks.
- Clarify responsibilities and deliverables in joint activities—especially those involving integration across WP3, WP4, and WP5.
- Increase partner involvement in testing and feedback cycles, particularly during tool evaluation and training preparation.
- Finalize pending inputs (e.g., user requirements) promptly to enable subsequent work to begin on time.

11 Overall partner satisfaction with the project



Scale Legend:

1: Not at all satisfied 2: Slightly satisfied 3: Moderately satisfied 4: satisfied 5 :Very satisfied