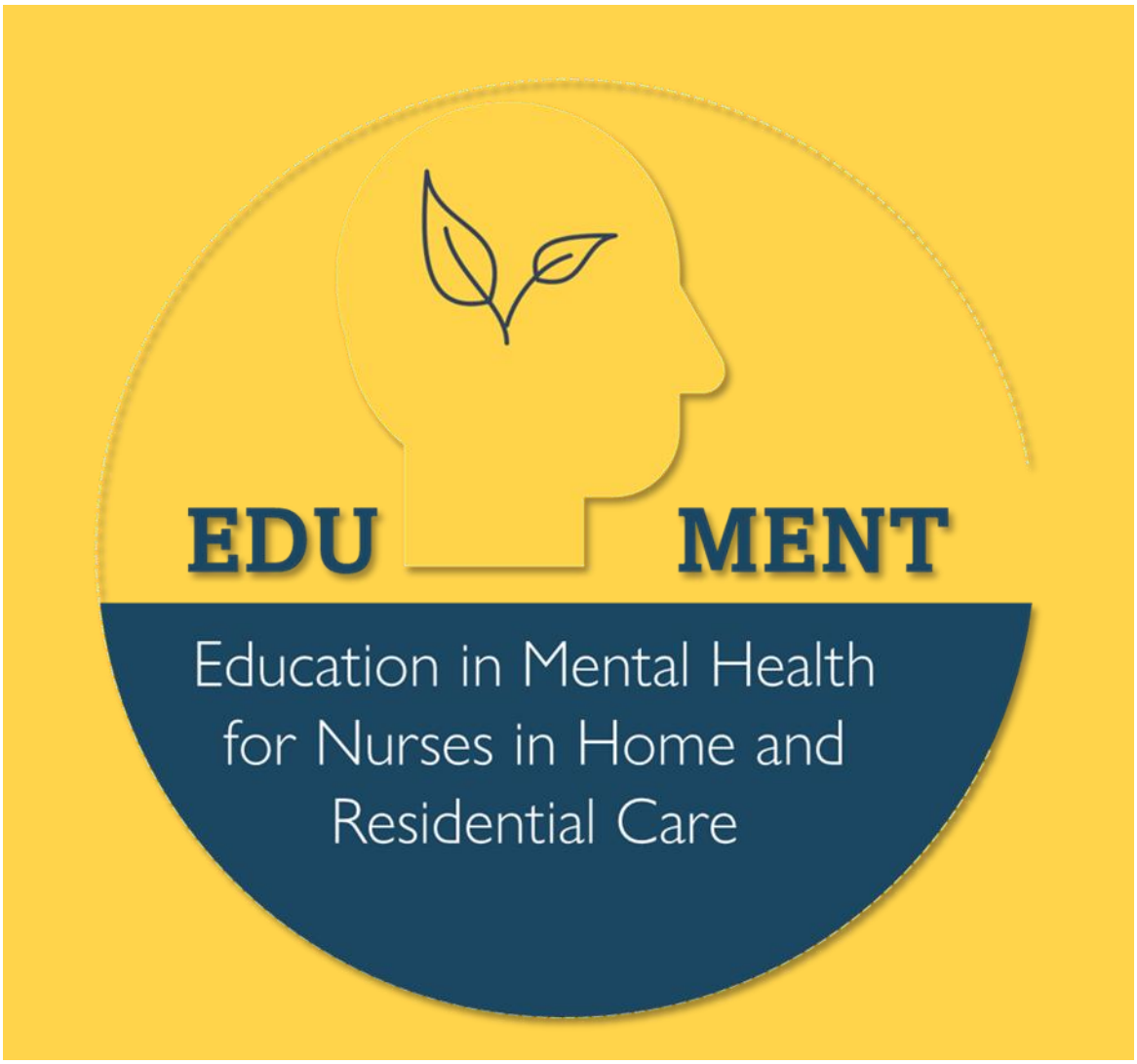


WP5 Transfer Handbook Implementation guide

UMIT TIROL
THE TYROLEAN PRIVATE UNIVERSITY

2334
HAFELEKAR

SEiT Lab
Software Engineering and Internet Technologies Laboratory

Πανεπιστήμιο Κύπρου

MATERIA GROUP
CARE - NURSING - REHABILITATION

Univerza v Mariboru
Fakulteta za zdravstvene vede

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

Project ref no:	**2023-1-AT01-KA220-VET-000166434**
Project acronym:	**EDU-MENT**
Project full title:	**Education in Mental Health for Nurses in Home and Residential Care**
Nature:	**Transfer Handbook**
Dissemination level:	**Public**
Status:	**Final Version · 30 September 2026**
WP contributing to the deliverable:	**WP5 – Organisational development and transfer**
Author(s)	**Hafelekar Unternehmensberatung Schober GmbH**

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

Contents

Section	Page
1 Purpose and use of the handbook	4
2 The EDU-MENT resource system	6
3 Practical lessons for your organisation	9
4 Start with the Organisational Audit Tools	11
5 Ownership and responsibilities	13
6 Plan the local introduction	15
7 Learning for confident and reflective use	17
8 Practical use within a care encounter	19
9 Use in home, community and residential care	22
10 Review quality through existing routines	24
11 Embed EDU-MENT in everyday work	26
12 Sustain useful application over time	28
13 Recognition, certification and accreditation	30
14 Resource guide for future users	32

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

1 Purpose and use of the handbook

1.1 Purpose and audience

This handbook is for managers, nurse leads and registered nurses who want to introduce EDU-MENT into home, community or residential care. It explains how to prepare an organisation, support staff and use the completed resources in everyday work. Educators and trainers can also use it to connect learning with practice. The aim is a workable local arrangement in which psychosocial and mental health concerns inform person-centred care, professional discussion and follow-up.

Begin with the question that matters in your setting: where could a more structured understanding of the person's physical, emotional, social and environmental circumstances improve care? EDU-MENT connects a digital screening tool with further assessments, interdisciplinary communication and care planning. Learning materials and organisational guidance help staff use that pathway confidently and make it part of the service's existing work.

Begin with the Audit Tools. Their checklist, evaluation matrix and interview guide help the organisation assess its own conditions before introducing EDU-MENT. Use them to connect the intended purpose with suitable devices, staff preparation, time and responsibilities. They provide an organisational entry point for using the completed resources.

Use the handbook according to your role. Managers can start with the readiness audit, responsibilities and local planning in chapters 4 to 6. Nurses can use chapters 7 to 9 for preparation and the practical care process. Chapters 10 to 13 explain review, routine use, continuity and recognition of learning. The resource guide and partner contacts in chapter 14 provide the access and support routes.

The EDU-MENT project website is your central working resource, not simply a description of the project. It brings together the implementation collection and the Digital Tools pathway. From the EDU-MENT Process page, staff can read the Guidelines, open the Screening Tool, find Further Assessments and use the SBAR and Care Planning templates. Keep this shared route available to the team so colleagues use the connected resources rather than isolated documents.

The focus is practical use of the completed EDU-MENT approach. Screening supports structured observation, conversation and professional reasoning; it is not a diagnosis. Interpret the results alongside the person's account and the care context, then use established professional and consultation procedures.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

CC BY NC

This handbook helps the organisation make those connections clear, proportionate and sustainable.

1.2 Four phases for a workable introduction

Preparation establishes the organisation's purpose and readiness. Use the Audit Tools with management, nursing staff and the relevant learning or quality lead. Identify the intended setting, the available resources and any local condition that needs to be arranged before routine use.

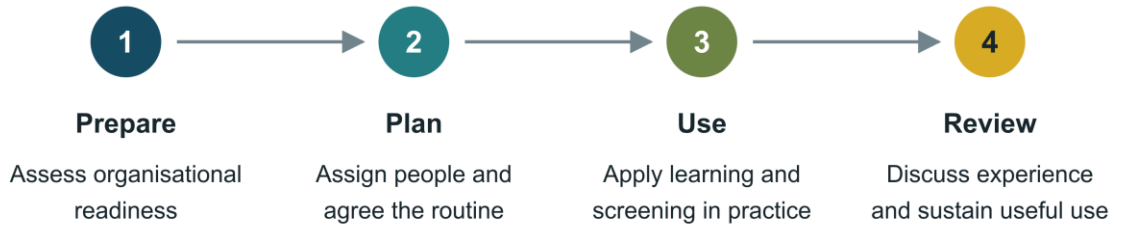


Figure 1 Four phases for introducing EDU-MENT

Planning connects the purpose with people and an existing routine. Decide who leads the introduction, how staff will learn the approach, when screening or case-based learning is appropriate, and how its output will enter care discussion or educational feedback.

Practical use follows the website's four-step care pathway: screening, further assessment when indicated, SBAR communication and care planning. Staff interpret the results in context and agree a suitable response through their normal professional process. A useful overview reaches the people who can discuss and act on it; it does not remain a separate digital exercise.

Review considers the contribution to that process. The team can discuss relevance, workload and follow-up during an existing meeting, then retain or adjust the local arrangement. Review is also the point at which continued ownership and learning support become explicit.

The phases are connected but need not create four separate administrative projects. Chapters 4 to 6 support preparation and planning; chapters 7 to 9 explain learning and use; chapters 10 to 13 address quality, embedding, continuity and recognition. Chapter 14 identifies the resources to use at each stage.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

2 The EDU-MENT resource system

2.1 Choose the resources needed for your setting

EDU-MENT supports a holistic view of psychosocial and mental health needs alongside physical health and daily living. Its resources help staff recognise concerns, discuss sensitive topics and connect findings with care. Use the research results for background when needed; for introduction into a service, prioritise the website pathway, staff learning and the organisational arrangements that make follow-up possible.

The Training Framework for Nurses describes the intended competences and module structure. It includes mental health understanding, psychosocial reasoning, digital competence, interprofessional communication and self-organisation. The five-module framework can support a formal educational programme or help an organisation understand the learning needed for the roles involved in using EDU-MENT.

The digital Screening Tool organises information into six domains: Demographic Characteristics; Health and Comorbidities; Cognitive and Emotional Function; Sleep and Nutrition; Community and Lifestyle; and Personal Space and Environment. The Patient Report brings the completed-domain results together and points to relevant resources. Read the Guidelines before first use and interpret the overview alongside professional observation and the person's account.

The website's Further Assessments collection helps nurses explore a concern in more depth when screening or professional judgement indicates a need. It groups additional instruments by domain. The process then connects assessment with the SBAR communication template and the Care Planning template. These are working aids for the care team: choose the relevant assessment and use the results within your professional role and the organisation's existing care procedures.

The Audit Tools assess the receiving organisation. They include the Institutional Audit Checklist, Institutional Audit Evaluation Matrix and Institutional Audit Interview Guide. Together they consider the environment, care processes, staff preparation and potential for integration. They provide the entry point to the introduction described in this handbook.

Learning and quality guidance support the same pathway. The Training Framework helps identify the competences staff need; case-based learning supports interpretation and communication. The education and service-quality

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

CC BY NC

guidelines connect responsibilities, review and continuity. Together with the Audit Tools, these resources help an organisation prepare staff and integrate the digital care process into everyday work.

2.2 Use the website as a working resource

Open Digital Tools on the project website and begin with the EDU-MENT Process page. It brings the nursing pathway together in one place: screening, further assessment, SBAR communication and care planning. Staff can use it during preparation and return to it in practice, while managers can use it to explain how the digital resources connect with the service's existing responsibilities.

Read Guidelines before opening the Screening Tool. After completing screening, review the Patient Report and the summaries for the domains assessed. The website then provides a route to Further Assessments, where instruments are grouped by domain. Examples include PHQ-9, GAD-7, the Perceived Stress Scale, the UCLA Loneliness Scale and cognitive-assessment options. Follow the selected instrument's instructions rather than treating the collection as a checklist that everyone must complete.

The process page also links directly to an SBAR template and a Care Planning template. These help carry the information into interdisciplinary discussion and an agreed care response. Use them alongside local documentation rather than as a replacement for it. The public resource collection provides the learning and organisational materials needed to support this practical use.

For the team, the advantage is a shared route: colleagues know where to begin, what each resource contributes and where the next step leads. Include the process page in demonstrations and induction. Keep clinical questions with the relevant professional lead and access questions with the named local support contact.

2.3 Fit the working arrangement to the organisation

Local implementation concerns the service and its people. Organisations can choose the learning schedule, examples, allocation of responsibilities and place of EDU-MENT within existing care or teaching. A community team may use a suitable home visit; a residential service may connect the overview with a planned care review; an educator may integrate practical application.

Keep the purpose of the resources clear when adapting these arrangements. Learning support can be tailored to staff experience, while intended competences remain visible. The local care process can accommodate the

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

CC BY NC

output, while the distinction between screening and diagnosis remains intact. The organisation should use the completed tool and its guidance rather than create an undocumented alternative scoring method.

Table 1 Local implementation choices

Local choice	What can be arranged	What remains consistent
Learning	Timing, guided discussion and relevant examples	Intended competences and reflective use
Care workflow	Appropriate encounter and existing review route	Professional interpretation and responsibility
Documentation	Place in the authorised local care process	Clear information source and agreed next step
Team organisation	Existing roles and support functions	Named ownership and continuity

These choices allow transfer without imposing a uniform service model. The organisation's usual rules govern access, personal information, clinical responsibility and referral. A formal education provider determines how learning and assessment fit its programme. The handbook provides a practical structure for those decisions, not a new qualification or a replacement for local governance.

Staff should know why EDU-MENT is used, who supports it and where the resulting information enters care or learning.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

CC BY NC

3 Practical lessons for your organisation

3.1 Learn from care situations

EDU-MENT practice examples show why a broad view of the person matters. Bereavement, reduced mobility, sleep difficulties and limited social contact can overlap with physical health needs. Use the Best Practice Brochure to discuss how such information changes the questions a nurse asks and what the care team needs to consider. The purpose is to strengthen professional reasoning, not to copy another person's care plan.

For a person experiencing loneliness or bereavement, the useful starting point is their own account of daily life. The presence of relatives or visitors does not by itself explain whether they feel supported. Screening can help structure the conversation; a relevant further assessment may clarify the concern. The next step is to discuss what support is meaningful and feasible and connect it with the usual care-planning route.

For staff learning, ask what became clearer, which information supported the interpretation and what should happen next. The practical value lies in connecting an observation with an appropriate professional response. Keep proposed support distinct from support actually arranged and reviewed, so the team knows who still carries the responsibility for follow-through.

Where physical discomfort, sleep and emotional concerns occur together, review the picture across domains rather than interpret each category in isolation. Relate the overview to the person's existing care and the information already available. Use the Further Assessments collection where clarification is needed, and bring continuing concerns to the appropriate colleague through the SBAR structure.

Residential-care examples highlight the value of nursing knowledge and team discussion. Staff may know a person's routines well, but should still distinguish the person's answers from observation and existing records. When a topic cannot be assessed or the person does not wish to respond, use the appropriate option and follow the tool guidance. A low category should be understood in relation to the information available, not treated as proof that every concern has been excluded.

Choose brochure examples relevant to your service. Nurses can explain their reasoning; managers can identify the time, access and support needed for the next step. Use that discussion to agree a workable local arrangement.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

CC BY NC

3.2 Support staff in everyday use

A practical introduction combines a clear explanation, a demonstration of the website pathway and supported use. An experienced colleague can show how the Screening Tool, Patient Report and Further Assessments fit together, then discuss how findings enter SBAR communication and care planning. Give staff a named contact for questions and a suitable opportunity to apply what they have learned.

Digital access and care integration need to be arranged together. A shared computer or tablet is useful only when staff can access it at the right time, work with appropriate privacy and connect the output with authorised documentation. Use the readiness audit to agree these conditions. The aim is a manageable place for EDU-MENT in existing work, not another disconnected documentation task.

Support should fit the team. Some colleagues need practice with navigation and the reports; others need discussion of sensitive communication or interpretation. Use a relevant example, demonstrate the next step and give feedback on professional reasoning. A trained colleague and normal team review can provide continuity without establishing a separate project structure.

Table 2 Practical approaches to local introduction

Setting	How to introduce EDU-MENT	What to connect with routine work
Home and community care	Guided practice around a suitable care encounter	Person's priorities, assessment and an accessible follow-up route
Residential care	Trained colleagues and discussion across shifts	Patient Report, care review and clear team responsibility
Staff learning	Demonstration, case discussion and feedback	Screening, further assessment, SBAR and care planning

Select the approach that fits your service. Staff should know when to use EDU-MENT, where to find its resources and who supports the next decision. Review the arrangement through an existing meeting.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

CC BY NC

4 Start with the Organisational Audit Tools

4.1 Assess organisational readiness

Use the EDU-MENT Audit Tools to answer the entry question: is our organisation ready to introduce EDU-MENT into this care or learning setting? The assessment is a structured conversation about the organisation's conditions, not an external certification or a new test of the completed digital resource.



Figure 2 Four dimensions of organisational readiness

The Institutional Audit Checklist records the care setting, staffing, devices, working environment, current screening and referral arrangements, training and quality processes. Management and nursing staff should contribute the information relevant to their roles. Existing service records can support the discussion.

The Institutional Audit Evaluation Matrix brings that information into four dimensions: structural readiness, process readiness, human readiness and integration potential. Its comment fields explain the conditions behind a rating. These explanations make the assessment useful for deciding what support the organisation needs.

The Institutional Audit Interview Guide brings together the perspectives of management, nurses, trainers and quality staff. Its questions explore how mental health is considered, how staff learn and what support makes introduction workable. Use the relevant questions within the existing audit framework.

Read the three audit parts together. Available computers and electronic care records are useful starting conditions, but staff also need access at the right time, learning support and a clear route into care planning. Identify the service's strengths and agree practical support for any condition that needs attention.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

This makes the audit a preparation tool for sustainable use rather than an exercise in collecting scores.

4.2 Turn readiness findings into a decision

The evaluation matrix uses a one-to-five rating scale, from absent or very limited provision to fully developed arrangements, with comments for context. Use the criteria and their explanations together. A summary score is an orientation aid, not an automatic pass mark for adoption or a ranking of care quality.



Figure 3 Turning the audit into an implementation decision

Discuss whether the intended arrangement is ready, needs defined support or requires preparation of essential conditions. These are practical decisions informed by the audit, not new numerical thresholds. Shared devices can be workable when staff access is arranged. Different levels of digital confidence can be supported through a trained colleague, guided use and an accessible contact for questions.

Record the decision through an existing organisational process. Where support is needed, identify the action, responsible person and when the condition will be reviewed. Keep the response specific to the intended use: allocating a suitable device, arranging learning time or identifying the care-discussion route.

The professional and organisational conditions should be in place before routine use. Staff need to understand the approach and know how an identified concern reaches an appropriate colleague or service. If those conditions are missing, prepare them first. The audit is useful because it makes that decision explicit and proportionate, without requiring a new committee or a separate accreditation exercise.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

5 Ownership and responsibilities

5.1 Assign local responsibilities

A workable introduction needs identifiable responsibilities, but not necessarily new posts. Management authorises the local purpose and resources. A professional lead connects EDU-MENT with care practice. An educator or experienced trainer supports learning. Quality and technical contacts support the organisation's established processes. A small service may combine several of these functions.

Management decides where the approach belongs and how staff time will be available. This includes time to explain the activity, interpret the overview, discuss findings and complete the usual care documentation. The decision should fit the service's workload and the reason for using EDU-MENT.

A nurse lead or experienced practitioner helps colleagues relate the resource to appropriate situations. This person can discuss interpretation, identify the relevant consultation route and support consistency across the team. The function supports use within established professional responsibilities; it does not create a new diagnostic or specialist role.

Learning support helps staff connect mental health concepts, tool use and practical reasoning. An educator can organise learning within a programme; trained colleagues can support application within a provider. The organisation should identify who can give feedback on a case and who can guide someone joining the team later.

Quality support focuses on the local process: how information reaches care review, whether responsibilities are understood and whether the approach remains useful. Technical support concerns the organisation's access and device arrangements. Staff should know which contact is appropriate for each question.

The responsibilities should remain understandable to the whole team. Knowledge held only by one enthusiastic user is difficult to sustain. A clear local lead, shared working arrangement and accessible learning resources make it easier for colleagues to continue the practice when staff change roles.

5.2 Coordinate through existing processes

Connect the introduction with processes the organisation already uses. A service manager can discuss purpose and resources in a team meeting. The nurse lead can bring interpretation into care review. An educator can give

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

feedback within the course's assessment arrangements. The quality contact can use an established improvement channel for a local process issue.

Table 3 Responsibilities and existing coordination routes

Function	Main responsibility	Existing process to use
Management	Purpose, resources and continued use	Service or team planning
Professional lead	Contextual interpretation and consultation	Care review or supervision
Educator or trainer	Learning and practical feedback	Course or staff-development process
Quality and technical contacts	Process review and local support	Existing quality and support routes

Clarify who decides on routine use and who supports it. An individual practitioner's interest is a useful starting point; the organisational arrangement determines how the approach will be maintained. Staff should know when to use EDU-MENT and where to ask for advice.

Where an educator and a care provider work together, distinguish their responsibilities. The education institution organises learning and assessment. The provider determines the care environment, authorised records and local follow-up. Shared preparation can connect these roles while keeping professional and institutional accountability clear.

A short record of the agreed purpose, lead, learning support and review point can sit within existing service or course documentation. It need not become another recurring report. The test of the arrangement is whether colleagues can explain it and whether the overview reaches the appropriate professional process.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

6 Plan the local introduction

6.1 Define purpose and scope

Turn the readiness decision into a compact local plan. Start with the care or learning task identified in the audit, then assign responsibilities and connect EDU-MENT with the existing routine. Planning should help staff see where the resource belongs and what follows its use.

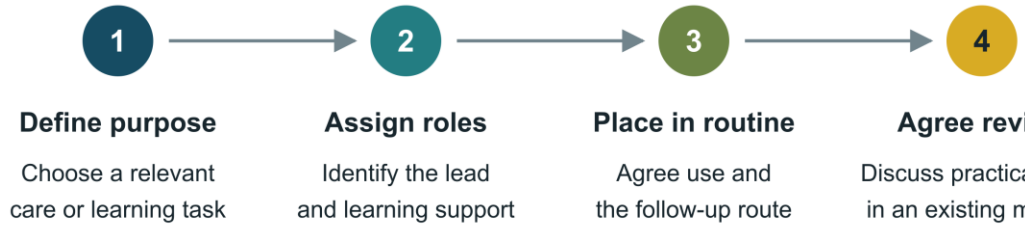


Figure 4 A compact local implementation plan

Choose the relevant staff group and learning support. Someone familiar with the framework may need a focused introduction to the local arrangement; another colleague may benefit from guided case discussion. Plan around the roles involved rather than assuming that all staff need the same learning sequence.

Allow time for the whole care process. The website Guidelines give 10–15 minutes as a usual estimate for screening itself; discussion, any further assessment, team communication and care planning may require additional time. Staff can complete the screening domains in one session or separately, as described in the Guidelines. Plan around the person's circumstances and the follow-up needed, not only the time spent entering answers.

Describe where the overview will enter care planning or educational feedback. Identify the person who discusses it and the existing route for consultation or referral when appropriate. Agree a review point through a normal team, quality or educational meeting.

The plan is sufficient when staff can answer the practical questions: why use EDU-MENT here, who is prepared, when is it appropriate, where is the interpretation recorded and who takes the next step? Use the organisation's normal planning format rather than create a parallel administrative system.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

CC BY NC

6.2 Arrange access and documentation

Arrange authorised staff access and a suitable device with an internet connection. Begin at the EDU-MENT project website and open Digital Tools. Read the Guidelines, then use the EDU-MENT Process page as the shared navigation point for screening, further assessment, SBAR and care planning. Include this route in staff induction and make clear who provides local technical support.

During staff training, demonstrate the full sequence: complete a screening using a practice example, review the Patient Report, find an appropriate further-assessment resource, prepare an SBAR message and identify a care-plan action. Use the website templates where helpful. Give colleagues a short local instruction naming the responsible team and the approved place for recording decisions.

Place the interpretation and agreed next step in the authorised care or learning process. Repeated copying into several unrelated files adds work and makes it harder to identify the current information. The useful record explains the concern, the practitioner's judgement, the agreed responsibility and any follow-up.

The website Guidelines specify coded patient entries: do not enter names or personal identifiers into the Screening Tool. Keep any link between a code and an individual within the organisation's approved systems. Handle reports and care information through authorised local procedures. Use anonymised material for teaching and external case discussion, avoiding combinations of details that could identify the person.

The organisation should also identify how its learning records are maintained. Attendance, assessed completion and a practical reflection serve different purposes. An educator may need the learning evidence; the care team needs the information relevant to care. Linking the two does not require placing a full educational assignment into a client's record.

The objective is a reliable local sequence: appropriate access, a meaningful encounter, an interpretable overview and a clear place for the next decision. Keep it simple enough for staff to use consistently.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

CC BY NC

7 Learning for confident and reflective use

7.1 Prepare staff for practical use

Staff should be able to navigate the website pathway, complete screening appropriately, interpret the Patient Report and know when a further assessment or professional discussion is needed. They should understand how SBAR supports communication and how the agreed response enters the care plan. Preparation combines these practical skills with a person-centred approach and the limits of screening.

The Training Framework for Nurses offers a five-module structure covering mental health understanding, psychosocial reasoning, digital competence, collaboration and self-organisation. An education provider can use it within a formal programme. A care organisation can use the intended competences to identify the preparation relevant to each staff role.

Combine a short explanation with demonstration, guided practice and discussion. Use a realistic care example to show how information across domains relates. Let staff navigate from the EDU-MENT Process page to screening, Further Assessments and the two templates. Ask them to explain their interpretation and proposed next step, with a named colleague available for questions.

Practise respectful communication about loneliness, grief and emotional concerns alongside digital navigation. Staff should be able to explain the purpose, listen and respond to reluctance without pressure. Teach them to distinguish a person's account from professional observation and existing records, and to use the non-assessable or unwilling-response option when appropriate. Technical familiarity and sensitive communication should develop together.

Provide feedback on reasoning rather than only on completion of fields. Ask the learner to explain the information considered, what screening contributed, any uncertainty and the appropriate next step. A facilitator can ask a colleague to present the concern using Situation, Background, Assessment and Recommendation (SBAR), then discuss whether the proposed response fits the situation and available services. Use the existing learning activities and feedback guidance so that technical confidence develops alongside communication and judgement.

The learning outcome is usable competence within the practitioner's role. Staff understand the purpose, can apply the resources and can connect the output

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

CC BY NC

with care or learning. Participation in a demonstration can contribute to that preparation, while assessed completion depends on the education provider's defined activities and requirements.

7.2 Use cases to connect learning and judgement

Case-based reflection helps staff explain how general concepts apply to a particular situation. A useful account describes the setting, the reason for using EDU-MENT, what information became clearer, how the practitioner interpreted the overview and which action was realistic. Uncertainty belongs in that reasoning when it affects the decision.

The practice form and Activity D connect application with interpretation, feasibility and possible action. The E-Training Manual also provides case-based work in Activity B and SBAR communication practice in Activity C. An educator can use these existing activities for structured feedback; a care team can draw on their questions in normal case discussion. Choose the material that answers the learning need rather than require every educational form during routine care.

Consider both what the tool records and what the person describes. For example, the presence of social contacts does not settle whether the person feels supported. A practitioner can use a case discussion to explain why the quality of those relationships matters and how that information affects the interpretation. This supports contextual reasoning rather than mechanical reliance on a category.

Match the extent of assessment to the learning purpose. Internal staff development may use a guided discussion of an appropriately anonymised example. A formal course may require a structured reflection alongside other learning activities. The educator should make clear what is required for attendance, completion and any recognition offered.

Keep case information proportionate. Detailed personal histories are not necessary for every learning discussion. The important learning points are the information considered, the practitioner's judgement and the feasibility of the next step. This makes an example transferable without exposing the person or turning it into a claim of clinical effectiveness.

Staff should leave the discussion able to explain why their chosen next step is appropriate within the setting. That is a more useful learning outcome than reproducing the tool's summary without interpretation.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

8 Practical use within a care encounter

8.1 Prepare the care encounter

Use the EDU-MENT Process page as your starting point. Its four steps connect screening with further assessment, interdisciplinary communication and care planning. Read the linked Guidelines before first use, then follow the pathway below within your professional role and local care procedures. The purpose is coordinated, person-centred support, not diagnosis.

Choose an appropriate encounter with sufficient privacy and a pace suited to the person. Explain why psychosocial topics are relevant and how the overview may help with care. Respect a choice not to answer or to stop. Arrange the device and access in advance so attention can remain on the conversation rather than on navigation or equipment.

Use a patient code, not a name or personal identifier, in the Screening Tool. Be clear about whether information comes from the person, observation or existing records. The tool offers an option for information that cannot be assessed or where the person is unwilling to respond; the Guidelines explain that these responses are excluded from scoring. An unanswered item should not be converted into a reassuring answer.

8.2 Follow the four-step digital care process

Step 1 Screening. Complete the relevant screening domains using the predefined answer options and review the generated Patient Report. The domain summaries and colour-coded overview help you identify areas requiring attention. Read them alongside the person's account, observations and care context. A screening category is an initial guide; the nurse remains responsible for interpretation and for recognising when more information or professional advice is needed.

Use the report to prepare a professional conversation, not to label the person. The overview can confirm information already known or bring a concern into view that merits clarification. Where a domain could not be fully assessed, keep that information visible when discussing the result. Resources suggested in the report can support the next decision, but the appropriate action still depends on the individual situation.

Step 2 Further assessments. Open Further Assessments from the process page when the screening indicates moderate or high concern, or whenever additional information is needed. The collection groups instruments by domain, including tools addressing mood, anxiety, stress, loneliness and cognitive

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

concerns. Choose an instrument relevant to the question and suitable for the intended use; follow its own instructions and your organisation's procedures. Do not administer every linked instrument simply because it is available.

For example, a concern about loneliness and one about cognitive change require different questions and instruments. The website collection helps locate the relevant option; it does not require the nurse to use every assessment or to make a diagnosis. Where use or interpretation is outside the nurse's role, seek the appropriate professional support and follow the organisation's consultation route.

Step 3 Interdisciplinary communication. Use the website's SBAR template to share continuing concerns with the appropriate colleague or team. Situation identifies the current concern; Background supplies the relevant context; Assessment explains screening, observations and further-assessment findings; Recommendation states the advice or action proposed. Make the question for the recipient clear and use established escalation arrangements where an urgent concern requires a prompt response.

Use SBAR to make the handover actionable: say why you are raising the concern, what information supports it and what response you are asking for. The recipient should be able to identify the decision needed. Keep the information relevant and handle it through the organisation's approved communication arrangements.

Step 4 Care planning. Use screening, further-assessment findings and interdisciplinary discussion to agree a person-centred care response. The website's Care Planning template supports a clear record of actions, referrals or interventions, responsibilities and follow-up. Connect that record with the existing care plan and discuss the intended support with the person. A documented plan should lead to an identifiable next action and review point.

8.3 Connect decisions with care and follow up

Keep the person involved throughout the process. Explain what the overview suggests, ask what matters to them and discuss the practical options within the care setting. The conversation and professional interpretation give meaning to the digital output. A useful result may confirm an existing arrangement, prompt further discussion or support an agreed change in care.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

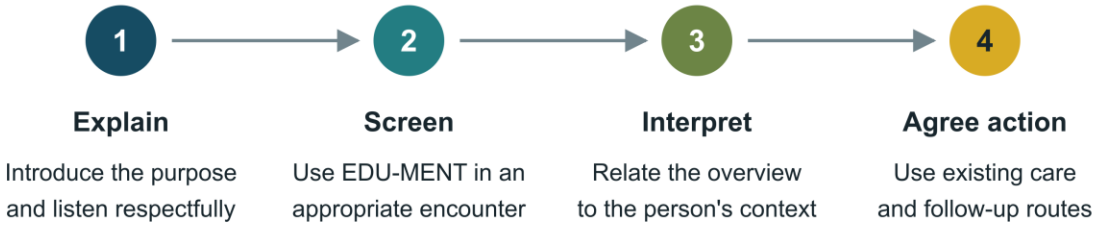


Figure 5 Person-centred communication and professional follow through

Read the Patient Report as an overview, not a stand-alone decision. Green, yellow and red categories indicate different levels of concern within the tool; they do not establish a diagnosis or replace judgement. Where information is incomplete or the person's circumstances suggest a concern despite a low category, clarify the issue through the appropriate assessment or professional consultation route.

Use the care and consultation routes available to the organisation. Identify who receives the concern, who agrees the response and how the person will be informed. If a preferred service is difficult to access, discuss a feasible alternative with the appropriate professional and record the agreed arrangement. The next step should be realistic and have a clear owner.

Record the interpretation, agreed action, responsible person and review point in the authorised care process. Distinguish an action proposed from an action arranged or completed. At follow-up, review the person's situation and whether the agreed response remains appropriate. If the existing care plan is sufficient, record the professional reason for retaining it rather than adding an unnecessary intervention.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

CC BY NC

9 Use in home, community and residential care

9.1 Use in home and community settings

Home and community care provide direct insight into daily living, relationships and the environment. EDU-MENT can support consideration of these aspects alongside health conditions, mobility, emotional experience and self-management. The practitioner connects the person's account with observations made in their everyday setting.

Place use within a suitable visit or planned review. The readiness audit and local plan should already have addressed staff preparation, device access and the route for follow-up. During the encounter, the priority is a respectful conversation and interpretation of the information, not technical testing of the resource.

Explain why psychosocial topics are relevant to the visit. A person may be accustomed to discussing physical symptoms but less used to talking about loneliness, sleep or emotional concerns. Giving them time and a clear purpose can help the practitioner understand what matters in daily life. The conversation should fit the person's willingness and circumstances.

Consider relationships in context. Having contact with relatives or neighbours does not necessarily mean that the person feels supported. The practitioner may need to understand the quality and practical availability of that support rather than rely only on its presence in a summary category.

Connect the overview with the service's normal care-planning and consultation arrangements. Community work may involve several providers or geographically dispersed resources. The local lead should identify how an appropriate concern reaches the relevant professional and who follows up within the service's responsibility.

The community application is therefore a care process supported by a resource: a relevant visit, a clear explanation, holistic information, professional interpretation and an available next step. The organisation decides which encounters are appropriate and keeps the arrangement consistent with its established professional responsibilities.

9.2 Use in residential care

Residential care involves an ongoing relationship with the person and a team working across shifts. EDU-MENT can provide a structured overview for a planned care review or discussion of changes observed by staff. Its value

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

depends on connecting that overview with the information and responsibilities already present in the service.

Clarify how the person's account, observation, biography and existing records contribute to understanding. Respect willingness to participate and identify the source of information, particularly where communication is limited. Use the tool's guidance for non-assessable information. Staff knowledge can inform care discussion without being presented as answers supplied by the person.

Choose a recognisable point in the routine. A nurse lead can identify a suitable review occasion and explain how the overview reaches the care-planning discussion. The result should not sit in an unrelated document that colleagues cannot connect with the person's current care.

Bring the Patient Report and relevant further-assessment findings into an existing care review or team discussion. Colleagues across shifts can compare information and use SBAR to clarify a concern or request. The nurse lead supports interpretation, clear responsibility and time for follow-through. Record the agreed care-plan response through normal arrangements rather than creating a separate EDU-MENT committee.

Respect the distinction between contextual explanation and changes to the instrument. Staff can explain what an item means within the setting and document the information basis. They should use the resource's guidance rather than introduce an undocumented scoring rule or treat an unanswerable item as reassuring.

The residential arrangement should remain understandable when staff change. Colleagues need to know when EDU-MENT contributes, where the interpretation is recorded and which team member carries the agreed responsibility. This makes the approach part of shared practice rather than a task held by one trained individual.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

10 Review quality through existing routines

10.1 Review the local process

Review whether EDU-MENT helps staff understand needs, discuss findings and agree follow-up. Consider the whole process, from preparation to the care decision. The number of completed screenings is only one part of that review.

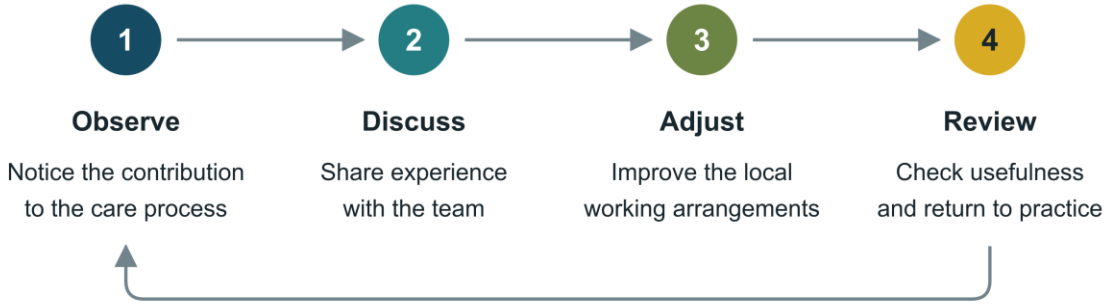


Figure 6 A proportionate quality improvement cycle

Use an existing team, care-review or quality meeting. Staff can discuss whether the overview helps them consider relevant needs, whether the record reaches the right colleagues and whether responsibilities for follow-up are understood. The discussion should lead to a practical decision about the local arrangement.

The practice and reflection resources provide useful questions. What did the overview add? How was it interpreted? Which next step was feasible? Did the organisation's working arrangement support the encounter? These questions can guide review without requiring a new routine dataset or research study.

Adjust local arrangements where needed. Learning support, the occasion for use, allocation of time or the care-discussion route may need attention as the organisation develops experience. Keep the working arrangement consistent with the resource guidance and the team's responsibilities.

Review the adjustment through the same existing process. Retain the arrangement when it remains useful, and change it when the service's needs or responsibilities change. A proportionate quality cycle makes the approach maintainable without adding a parallel inspection system.

10.2 Use information that helps the team improve

Review information that answers a practical question. A learning discussion can show whether staff understand interpretation. A care encounter can show whether the workflow fits the service. An existing care record can show whether an agreed response was followed through. Use these different sources for their

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

proper purpose and focus review on how the team can improve its local arrangement.

Table 4 Information for local quality decisions

Local question	Useful information	What to look for
Are staff prepared?	Learning activities and practical explanation	Confident explanation and application, not attendance alone
Is EDU-MENT used appropriately?	Care encounter and appropriate use of the website pathway	Person's wishes and information source are respected
Does it inform reasoning?	Interpretation and professional discussion	Results are interpreted in the person's care context
Does follow-up occur?	Normal care-process record	Action, responsibility and review are recorded

Keep review proportionate to the service's needs. Ask whether staff can find the resources, understand the reports, choose the next step and connect it with care planning. Use examples and existing records where useful; do not introduce extra forms or activity counts unless they serve a clear local purpose.

Use a concrete case to discuss what helped and what needs to change. If several colleagues are unsure who should act, clarify responsibility. A short team discussion may provide enough information for that decision.

Use existing learning and service-review arrangements to maintain the quality of EDU-MENT use. Discuss a relevant example, identify what helped or caused difficulty, agree a practical adjustment and review it through the same process. Keep the decision understandable to staff without duplicating personal information or turning routine care into a separate research exercise.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

CC BY NC

11 Embed EDU-MENT in everyday work

11.1 Connect EDU-MENT with existing tasks

Embedding gives EDU-MENT a recognisable place in an existing process. A planned home visit, residential care review, transition discussion or course assignment can provide that place. Staff should understand when the approach is helpful and how it connects with the task they already perform.

Bring the overview into normal professional discussion. The practitioner explains the relevant information and judgement; the team considers the next step through the existing care process. Where the resource overlaps with an assessment already in use, identify its additional contribution instead of requiring staff to maintain two disconnected records.

Shared discussion can turn an individual experience into team learning. Colleagues may add observations, identify available support or clarify who should act. The purpose is to improve understanding of the person and the care process, not to make every meeting a separate EDU-MENT activity.

An educational institution embeds the resources through learning outcomes, assignments and assessment. A care provider determines the conditions for practice with people receiving care. Collaboration can connect teaching with application, while the two organisations retain their respective responsibilities.

Make the decision about routine use explicit. The organisation may choose a defined care occasion, integrate the learning materials into staff development, include case-based use within teaching or combine these arrangements. The appropriate scope depends on its purpose and resources; wider use is not automatically better use.

Keep the materials accessible and make ownership clear. Use team meetings, induction and supervision to answer questions and help new colleagues continue the agreed way of working.

11.2 Illustrative workflows for future applications

The following workflows show how an organisation can connect EDU-MENT with an existing task. They are application examples for local planning. Each uses the same website-supported care process while adapting the setting, staff preparation and route for follow-up to the service's responsibilities.

In a community service, a nurse introduces EDU-MENT during a suitable visit and relates the screening overview to the person's account of daily life. Where clarification is needed, the nurse uses the Further Assessments collection within

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

their role. Continuing concerns are communicated through SBAR and connected with the service's care-planning or consultation route. The record identifies the agreed next step and who will follow it through.

In residential care, a nurse lead links use with an existing care review. Staff discuss the Patient Report alongside the person's account, observation and care records, using a further assessment where appropriate. SBAR helps the team communicate a continuing concern; the agreed response enters the care plan with a responsible person and review point. Management provides time and access for this work across shifts.

In an educational programme, the educator connects the holistic framework with a practical assignment. Learners explain the setting, use, interpretation and feasibility of action. Feedback examines their reasoning and understanding of screening limits. Attendance and assessed completion remain distinct, and recognition reflects the programme's actual requirements.

Organisational preparation and the care pathway work at different levels. The audit and local plan establish access, learning, responsibilities and review. Within each appropriate encounter, the nurse then follows screening, further assessment where indicated, SBAR communication and care planning. This connection allows the same EDU-MENT resources to work in different services without imposing one organisational model.

Use the workflows as discussion prompts. Ask who performs each part and where the information goes in the local service. If colleagues give different answers, clarify the arrangement before relying on it as routine practice.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

12 Sustain useful application over time

12.1 Plan continuation and ownership

Sustainable use means that EDU-MENT remains accessible and useful as staff and services change. Keep the project website as the team's common resource point and give the approach a clear place in normal care and learning. Local ownership, shared competence and a workable follow-up route support continuity. A service should be able to continue the care process without depending on one enthusiastic user.

Identify the local owner. This function should be connected with an existing management, nursing, education or quality role. The owner makes sure the arrangement remains understandable and that questions about learning, care-process fit or local support reach the appropriate people.

Include time for conversation, interpretation, learning and review in normal planning. Make sure the local owner can coordinate device access, staff questions and links with care planning. An existing ward, service or education lead can usually hold this responsibility. Retain practical support through trained colleagues and an accessible local contact rather than building a separate administrative structure.

Educational partnerships offer a further route for continuity. A care provider can connect staff development with a nursing education institution, use case-based learning and relate the materials to existing programmes. Agree who supports learning and how completion is described. Where academic recognition is relevant, the responsible institution determines the route; chapter 13 explains the distinction between internal learning, certification and credit recognition.

The EDU-MENT partners provide contact routes for continued educational and implementation support. Hafelekar will reuse the results in Train-the-Trainer courses and online training; the University of Cyprus offers technical support to partners continuing platform use. Use the partner directory for questions about learning, organisational introduction or technical access, and agree any specific training or assistance with the relevant organisation.

Choose the continuation route that serves your setting: a regular care-review occasion, staff development, a course module or guided case-based learning. Keep the website resource collection available and review usefulness, staffing and responsibilities through existing processes. Sustainable local use does not require another project pilot or compulsory external accreditation.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

CC BY NC

12.2 Keep knowledge in the team

Continuity is stronger when the purpose and workflow are understood by the team rather than held by one practitioner. Use existing induction and staff-development arrangements to introduce new colleagues to the local role of EDU-MENT and the people who can support them.

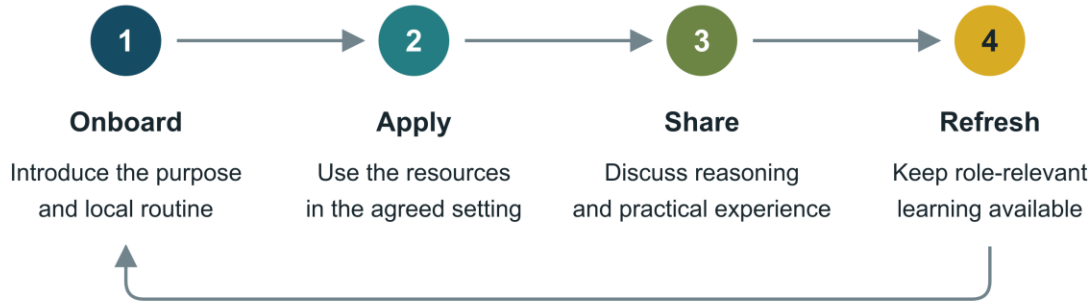


Figure 7 Keeping EDU-MENT practice in the team

A new colleague needs to understand the purpose, appropriate use occasions, information sources and care-discussion route. Learning support should match their role and prior competence. A focused introduction or guided case discussion may be sufficient for one person; another may need further preparation through the educational resources.

Use team discussion or supervision to share how the overview informed interpretation and action. Retain useful anonymised examples within authorised learning arrangements. Existing supervision can also support staff facing uncertainty or emotional strain in sensitive conversations.

Refresh role-relevant learning when responsibilities or service needs change, using existing supervision and professional-development opportunities.

Keep an accessible account of ownership, materials and review arrangements. When a lead changes, hand over responsibility for learning support, technical access and the route for questions.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

13 Recognition, certification and accreditation

13.1 Distinguish forms of recognition

Recognition can make learning achievement understandable to practitioners, employers and educational institutions. Several forms serve different purposes. An attendance certificate records participation. A completion certificate records achievement against the provider's defined requirements. Academic credit, continuing professional development recognition and external accreditation depend on the relevant authorised institution or recognition body.

The Training Framework for Nurses provides a five-module design associated with five ECTS credits and an intended European Qualifications Framework (EQF) level 6 orientation. These describe the educational structure and level of the framework. Formal award of credits or a recognised qualification belongs to the responsible institution; it does not follow automatically from using the materials.

The education and quality-assurance guidance offers a basis for describing learning outcomes, activities, reflection and assessment. An education provider can use it within its programme procedures. A care provider can record staff development and assessed completion according to the activity it actually offers.

State what was assessed. Where an activity involves attendance and a demonstration, the certificate should describe that basis. Where completion requires defined learning activities and practical reflection, those requirements should be identifiable. Recognition is clearer when the certificate, programme description and retained evidence agree.

External accreditation and wider professional recognition are optional development routes. They can be considered where a responsible institution sees a relevant opportunity and has the authority and resources to pursue it. They are not prerequisites for every organisation using EDU-MENT and do not require another curriculum to be created solely for adoption.

The purpose is to describe the achievement accurately. EDU-MENT supports professional development, holistic reasoning and practice. Use of its resources does not itself create a specialist licence, new professional scope or diagnostic authority. Clear recognition can support continued learning without overstating those boundaries.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

13.2 Choose an appropriate recognition route

UM FHS and UMIT TIROL are considering ECTS recognition and incorporation of EDU-MENT modules into their curricula. UM FHS reports use within an accredited MSc course and the issue of university completion certificates. This is distinct from separate accreditation of EDU-MENT itself. A receiving education institution can connect module outcomes, workload and assessment with its established programme procedures.

The five-ECTS design, learning outcomes, activities and assessment documentation provide a concrete recognition dossier. Cypriot partners identify university credit, nursing-association and established training structures as complementary pathways. For internal staff development, a clear participation or assessed-completion record may be appropriate. The recognition route should match the learning actually offered and remain distinct from a claim that EDU-MENT itself has already received separate accreditation.

Table 5 Recognition routes and decision holders

Route	Use of the EDU-MENT resources	Decision holder
Internal staff learning	Framework and guided reflection	Care organisation
Curricular integration	Outcomes and module structure	Education institution
Completion certification	Defined activities and assessment	Course provider
Credits, professional recognition or accreditation	Learning and assessment dossier	Relevant authorised institution or body

For a formal recognition route, the responsible institution determines the applicable requirements and wording. This handbook does not specify approval rules for a particular body or promise acceptance. The provider should distinguish exploration of a route, an application, an approval and an award to learners.

Match recognition to the learning offered. Record internal staff development clearly; connect formal courses and assessment with institutional procedures. External accreditation remains optional for receiving care organisations.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

CC BY NC

14 Resource guide for future users

14.1 Find resources along the implementation pathway

Use the EDU-MENT website as the common entry point for implementation and daily application. The Audit Tools support readiness; the Training Framework and learning materials prepare staff; Digital Tools connects screening, the Patient Report, Further Assessments, SBAR and Care Planning. Quality guidance supports local review and continuity. The Best Practice Brochure and Piloting Report provide background examples when a team wants to explore experience in more depth.

Table 6 Core resources for local implementation

Resource	When to use it	Practical contribution
Institutional Audit Checklist	At the start of preparation	Describe the setting and local conditions
Evaluation Matrix and Interview Guide	During readiness discussion	Explain strengths and needed support
Training Framework for Nurses	When arranging learning	Connect roles with intended competences
Website and Digital Tools	Before and during practical use	Screening, further assessment, SBAR and care planning
Education and quality guidelines	When planning routine use	Connect ownership, learning and review

Use the website process page to move between the care resources without searching through separate project files. The Guidelines orient staff before screening; the Patient Report supports interpretation; Further Assessments helps explore a concern; the two templates support structured communication and care planning. These resources work together and should be introduced as a connected pathway.

Keep learning records distinct from care documentation. Attendance and learning activities demonstrate educational participation; care records explain information and decisions relevant to the person. An anonymised example can support team discussion without transferring identifiable details into teaching material. Record care decisions through the organisation's authorised system.

Use the SBAR and Care Planning templates where they help your existing workflow. They can structure discussion and decisions without creating duplicate records. The objective is a clear account of the concern, interpretation,

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

agreed response, responsibility and follow-up, not completion of every project form during each encounter.

The four phases in chapter 1 provide practical orientation: assess readiness, plan local use, apply the resources and review their contribution through existing processes.

14.2 Access the complete resource collection

All resources in the catalogue below are available through the EDU-MENT project website, https://edu-ment.eu. Public Deliverables and News & Resources provide the implementation collection. Digital Tools provides the working care pathway, Guidelines, Screening Tool, Further Assessments and the SBAR and Care Planning templates. Use the website as the common access point for your team.

The catalogue groups the essential results by work package. For first introduction, use the website pathway together with the Audit Tools and learning resources. The research and implementation reports provide supporting background; they do not need to be read in full before every care encounter. Select the resources that answer your organisation's practical question.

Bookmark the EDU-MENT Process page for staff who use the tool and the resource collection for those leading introduction or training. New colleagues should know both where to find the resources and whom to ask locally about interpretation, access or care follow-up. Partner contacts are provided below for further information.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

Table 7 Implementation resource catalogue

WP	Core results	Practical purpose
WP2	Desk- and Field Research Results	Understand the needs and care contexts behind the approach when background is useful.
WP3	Website Digital Tools pathway: Guidelines, Screening Tool, Further Assessments, SBAR and Care Planning	Follow the connected care process, interpret the Patient Report and access the relevant assessment and planning resources.
WP4	E-Training Manual and Train-the-Trainer Brief	Prepare educators and trainers to introduce EDU-MENT in learning and practice.
WP5	Organisational Audit Tools	Assess organisational readiness, establish local responsibilities and plan a suitable introduction.
WP5	Training Framework and Quality Guidelines for Education and Services	Structure staff learning and support proportionate quality assurance in education and care.
WP5	Piloting Report and Best Practice Brochure	Use practical examples and implementation experience to support team learning and local decisions.
WP5	Transfer Handbook	Guide implementation, integration into existing routines and sustainable use.

Project website: https://edu-ment.eu

Open Digital Tools for the EDU-MENT Process and its linked care resources. The implementation collection is available under Public Deliverables and News & Resources. Use the website links for current materials and the contacts below for further information.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

CC BY NC

14.3 Partner contacts for further information

Contact the EDU-MENT partners for further information about the resources, local introduction or educational use. The partnership connects coordination, nursing education, care practice, digital development and organisational transfer. Choose the contact most relevant to the question; partners can help identify the appropriate point of contact.

Table 8 Partner contacts

Partner and country	Contact for further information
UMIT TIROL – Austria; project coordinator	Eva Schulc; eva.schulc@umit-tirol.at
Hafelekar Unternehmensberatung Schober GmbH – Austria	Paul Schober; paul.schober@hafelekar.at
University of Cyprus / SEIT Lab – Cyprus	Christos Mettouris mettouris.g.christos@ucy.ac.cy
Materia Group / AGECARE – Cyprus	Sotiria Moza; sotiria@materia.com.cy
University of Maribor, Faculty of Health Sciences – Slovenia	Dominika Vrbnjak; dominika.vrbnjak@um.si

Institutional websites provide alternative contact routes and information about each partner:

UMIT TIROL: https://www.umit-tirol.at/

Hafelekar: https://www.hafelekar.at/

University of Cyprus / SEIT Lab: https://www.cs.ucy.ac.cy/seit/

Materia Group: https://materiacy.com/

University of Maribor: https://www.um.si/

Project contact page: https://edu-ment.eu/contacts/.

Enquiries should describe the organisation, intended setting and information needed, without including identifiable client information. Any training, technical assistance or follow-on cooperation is subject to arrangements with the relevant partner.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or OeAD-GmbH. Neither the European Union nor the granting authority can be held responsible for them.

CC BY NC