

Project publication no. 1 by the  
**D-LIGHT Network** partnership



The D-LIGHT Network is a 2022-2024 ERASMUS+ KA2 Programme Partnership Project:  
“Network Building for Digital Learning Innovation in Geriatric Healthcare Technology”

# Methodology Guidelines

for European Vocational Education and Training Providers

**Identifying transnationally relevant  
VET Skills Development Needs  
- for potential joint learning solution  
development in a European partnership**



Co-funded by  
the European Union

# Methodology Guidelines

for European Vocational Education and Training Providers:

## **Identifying transnationally relevant VET Skills Development Needs - for potential joint learning solution development in a European partnership**

Published February 2023 by the D-LIGHT Network partnership:

SOSU Nord (Denmark)  
Tallinna Tervishoiu Kõrgkool (Estonia)  
Yrkesinstitutet Prakticum (Finland)  
ROC da Vinci College (the Netherlands)  
Calasanz Santurtzi S.L. (Spain)



# Contents



Page

**Welcome..... 4**

## **Part 1 - Introduction**

**Our Objective..... 5**

**Our Starting Point..... 6**

**Who are we?..... 7**

**The D-LIGHT Network project..... 9**

## **Part 2 – Methodology Overview**

**Structure of our Methodology..... 10**

**How to use these Guidelines..... 12**

## **Part 3 – Identifying Topics**

**Methodology Step 1.1..... 16**

**Methodology Step 1.2..... 21**

## **Part 4 – Comparing and Validating Topics**

**Methodology Step 2.1..... 25**

**Methodology Step 2.2..... 36**

## **Part 5 – Concluding and Selecting Topics**

**Methodology Step 3.1..... 42**

**Methodology Step 3.2..... 46**

**The Next Steps..... 47**

# Welcome!



**Hello! - Hej! - Tere! - Hallo! - Hei! - Salut! - Kaixo! - Здравейте!  
Hola! - Γειά σου! - Halló! - Ciao! - Zdravo! - Helo! - Sveiki!  
Bongu! - Cześć! - Olá! - Dia dhuit! - Buna! - Ahoj! - Helló!**

Welcome to you reading this in all the 22 languages that we and the European Union call our own.

We are glad you are here, because it probably means that you are interested in vocational education and training, in European co-operation across our national borders, and in addressing the skills needed for tomorrow's labour market in whatever vocational area you are focused on.

So are we!

In our partnership of 5 countries – 5 regions – 5 vocational education institutions, we represent the social and health care vocational sector, but these methodology guidelines are intended to be sector neutral. We also wrote this document with YOU in mind, no matter whether you represent training and skills development in hairdressing, carpentry, car mechanics, sales & marketing, agriculture - or something entirely different.

What we all have in common, is that we live in Europe, train and develop our students for a borderless European labour market, and share

a wish to contribute to the future happiness, prosperity and positive collaboration of – and between – our societies as part of the European family.

This document is intended to showcase how we have approached our partnership and transnational co-operation. And we share it with you in the hope that it may provide inspiration and practical assistance to you and your institution in your current and future European partnerships. If you take inspiration from our experience and it may contribute to your future transnational co-operation success, then it will have been worth our efforts to develop this.

We wish you success and a positive reading experience!

# Our Objective



## Why is there a need for us to develop a set of **Methodology Guidelines** for **Joint Identification of Transnationally Relevant Skills Development Needs** in a specific Vocational Training Area?

This document is the first of three planned publications in 2023 from the ERASMUS+ D-LIGHT network project. It marks the conclusion of the first step of our joint exploration journey within the project – and is intended to show the methodology we have chosen to complete this first step of our process, as well as compiling the main headlines of our

experiences and learning we have gained from applying this chosen methodology.

When we started our partnership and sought ERASMUS+ KA2 Programme co-funding for its realization, the focus of our curiosity was the following question:

**“Development of high-quality digital learning solutions is *difficult and costly* for all of us on our own”**

**“So, could it be *feasible and realistic* to share this burden by developing solutions *together* – for joint use by all – to specific VET Skills Development Issues that are transnationally relevant for all of us?”**

Once this question was asked, we quickly realized that the answer would depend on:

- 1) Whether we could find a way to efficiently identify, confirm, and specify VET Skills Development Needs relevant for all of our institutions and the labour markets each of us serve?
- 2) Whether we could find a way to efficiently convert identified VET Skills Development topics of joint relevance into specific digital learning solutions that we could feasibly develop together – and which would be

useful in, and realistically applicable to, all our different education environments.

With *efficient*, we mean (in both cases) that we would feasibly be able to complete the process with only our existing teacher and other staff resources (i.e. without the need to acquire external specialist assistance) – and with a limited time consumption to make it realistic to use the same method also without project financing.

This present document represents our journey to find the **Methodology** to confirm item 1).

# Our Starting Point

When we applied for the ERASMUS+ KA2 grant to launch the D-LIGHT Network partnership, our starting point was that

- ✓ We had never co-operated at a partnership level with each other before
- ✓ We had no special previous insight into the education programmes and labour markets of our respective partner countries/regions
- ✓ All of our project teams were teacher-led and hands-on focused



In other words, we had no “hidden advantages” compared to the starting point that you would most likely have in your first transnational EU partnership.

In our project design, we reflected on this and decided that we would need **three specific tools** to get our partnership off to a good start and to establish the potential for reaching our objective as stated on page 4.

## 1 Cluster Partners – for transparent external inspiration

In order to secure a transparent and open dialogue for inspiration and relevance within our respective regional settings, we agreed that each partner would set up a *Regional Cluster* to support and validate the quality of its project inputs. Each Regional Cluster should include min. 1 leading sector employer of our students (within social/health care for senior citizens) and min. 1 innovative developer company/institution from the Digital Learning or Digital Media sectors. See more about the use of our Cluster Partners in the D-LIGHT Network on page 8-9.

## 2 Project Collaboration Guidelines – agreed from the start

As the first joint action of our project at launch, we sat down to agree on a set of guidelines to facilitate a positive collaboration between us - during an unknown, explorative process. [You can see the template for our PCGs here.](#)

## 3 A clearly defined shared Methodology ambition level

We agreed that the Methodology presented here is not to be the answer on how to collaborate on finding shared development needs – but our best attempt at making such a collaboration work in a setting as described above. It is not academic research, it is not rocket science, but it is how we have tried to make it *work in practise – in a teacher-to-teacher collaboration.*

# Who are we?

The D-LIGHT network is a partnership of five education institutions. Each of us represents a country and a region, with its own distinctive labour market-, society-, and education characteristics.

Some of us (the first two partners listed below) are specialist schools for social and health care education, the other three serve multiple employment sectors. But what we do have in common is that we all teach one or more vocational education programmes *preparing students for a career in social and/or health care for senior citizens.*

We also share an ambition to explore and utilize digital learning solutions – in order to make learning as relevant, effective, and enjoyable as possible for our students.

In this way, we believe that we are in many ways a typical European school partnership, a mixture of different cultures, different school sizes and different local roles and organization types but brought together by a joint curiosity to explore new opportunities and gain new knowledge and experiences.

The ERASMUS+ programme has made this possible for us, and we are pleased to share the highlights of our experience with you.



## SOSU Nord

På Sporet 8a,  
DK-9000 Aalborg  
[www.sosunord.dk](http://www.sosunord.dk)

*Denmark's third largest provider of social and healthcare vocational education and host institution of the national Knowledge Centre for Welfare and Assistive Technology in West Denmark.*

## Tallinna Tervishoiu Kõrgkool

(Tallinn Health Care College)  
Känu 67, EE-13418 [Tallinn](http://Tallinn)  
[www.ttk.ee](http://www.ttk.ee)

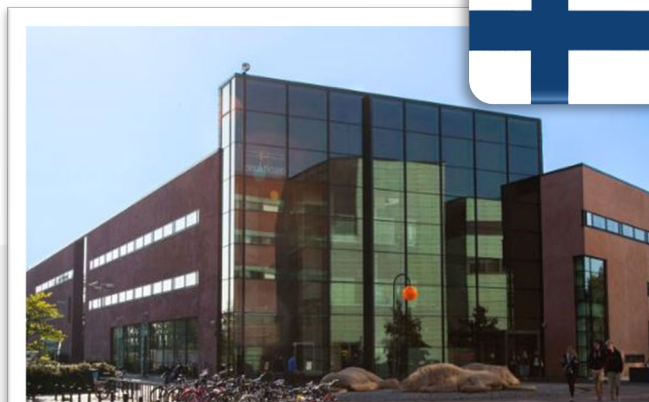
*Internationally recognized state professional higher education institution offering training in 1st & 2nd level higher education and VET (4th & 5th level) in social work, healthcare and medicine.*



## Yrkesinstitutet Practicum

(Practicum Vocational Institute)  
Jan-Magnus Janssons plats 5  
SF-00560 Helsinki  
[www.practicum.fi](http://www.practicum.fi)

*Swedish-speaking upper secondary vocational school in the capital region that offers youth and adult education in a number of sectors, incl. social and healthcare education.*



## ROC da Vinci College

Leerparkpromenade 100  
NL-3312 KW Dordrecht  
[www.davinci.nl](http://www.davinci.nl)

*As Da Vinci College, our job is to guide students in becoming a skilled professional and support them in their personal and professional development. Now, and in the future, in a fast-changing world*

## Calasanz Santurtzi S.L.

C/ Hospital Bajo, 11  
E-48980 Santurtzi (Bizkaia)  
[www.calasanz.eus](http://www.calasanz.eus)

*Vocational training centre in the Basque Country with extensive experience in innovative methodologies for training social and healthcare professionals, and application of new technologies at local and international level.*





# The D-LIGHT Network project



Our project was launched on March 1<sup>st</sup>, 2022 and ends on January 27<sup>th</sup>, 2024.

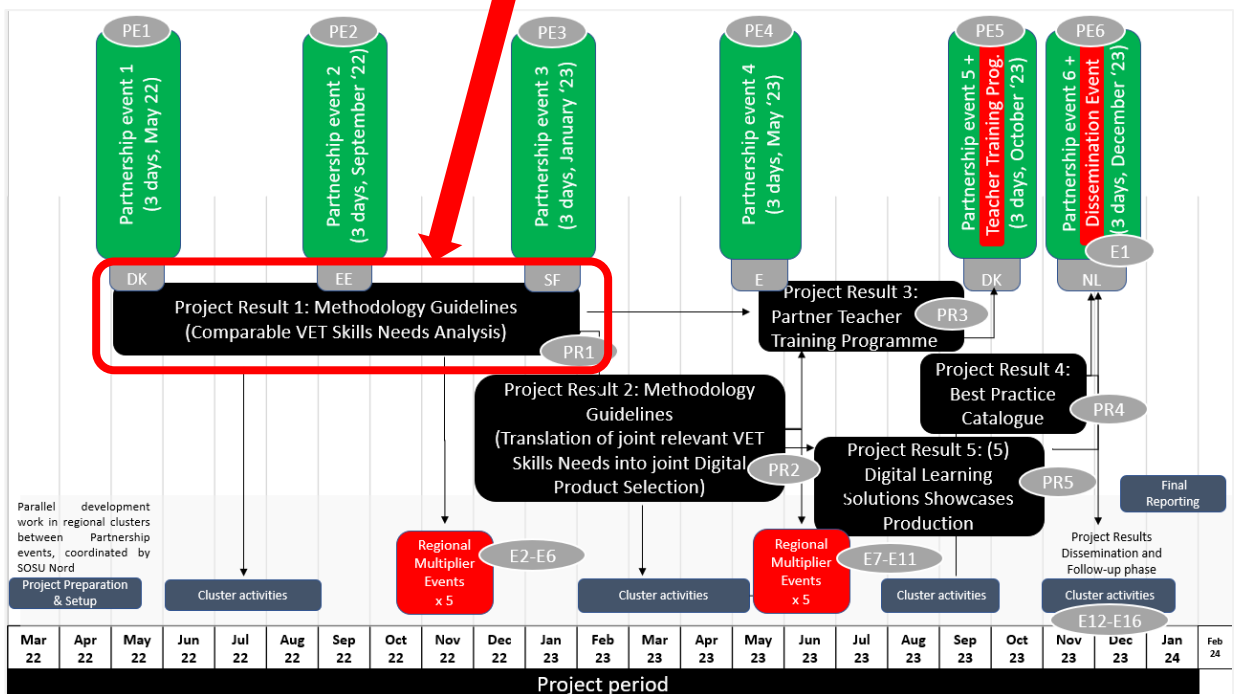
During this period, we will have **6 Partnership Events** (visiting each partner institution and its region + cluster partners at least once).

## -LIGHT

Between events, we have coordinated working periods for production of **5 Intellectual Outputs (Project Results)**, as well as **2 sets of Regional Multiplier Events in each Partner Region and 1 joint Teacher Training Programme** to spread the knowledge about our output – and how to use them as inspiration for similar processes across all types of transnational VET collaboration partnerships.

### Project Timeline:

The present Methodology Guidelines are here

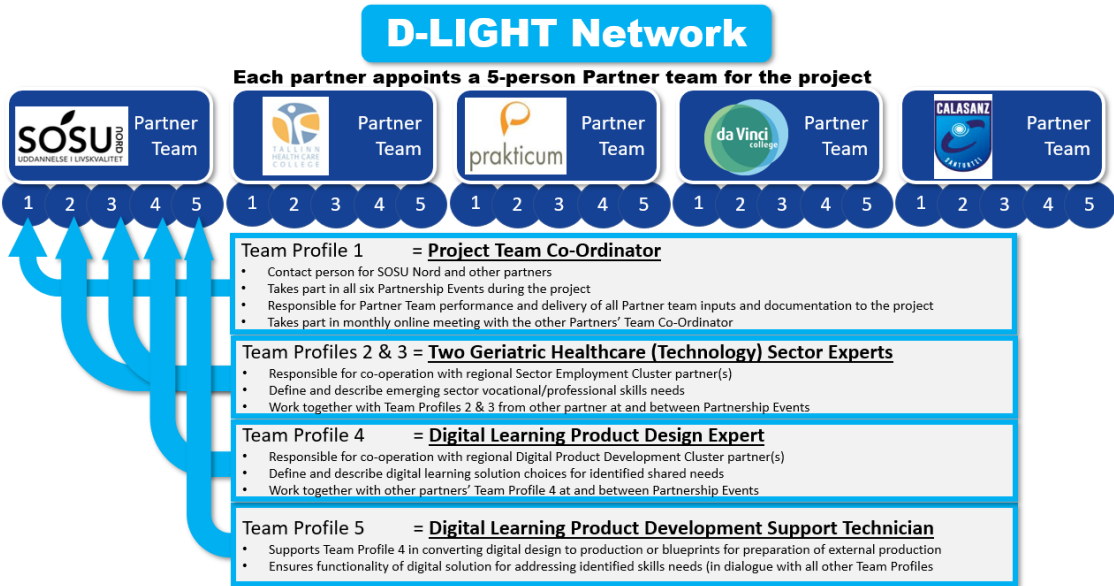


- = Partnership Event (PE1-PE6) meeting
- = Project Result (PR1-PR5) production process
- = Project Result Dissemination (E1-E16) event
- = Validation & Inspiration process in each Partner Region

## Project Team Organization at Partner Level:

For the project, we have set up five identical partner Project Teams, as shown below. The similar roles and profiles within each team makes it easier for us to understand each others' team organization and to set up working groups between our similar Team Profiles across the partnership.

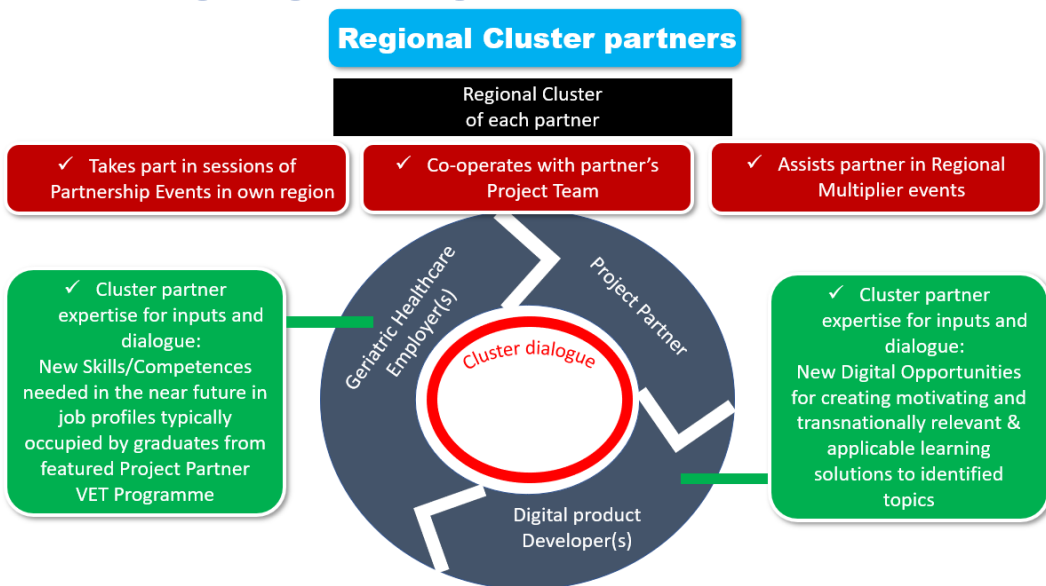
### Network Building for Digital Learning Innovation in Geriatric Healthcare Technology



## Cluster Partner Model and Roles:

Each partner Project Team is supplemented by the regional Cluster Partners of the school. The cluster partners **contribute inputs** and **support Project Team activities** as shown in the model below:

### Network Building for Digital Learning Innovation in Geriatric Healthcare Technology





The Methodology contained in this document illustrates the working process that has taken our partnership from the *starting point* described on page 7 to the *conclusion of our project phase 1, where we have now selected 5 vocational Skills Development Topics of joint transnational relevance.*

In the next phase (2) of the project, we will identify and detail a mutually relevant and applicable *digital learning solution* for each of these five topics. Parts of these solutions will then be physically developed as *5 Digital Showcases* in phase 3 of the project

## Six Steps and Three Stages

We did not pre-plan our entire working process but chose to plan incrementally as we moved forward and increased our mutual knowledge. The working process therefore more clearly represents an evolving Agreement of Method than a grand process design.

We believe that this approach better reflects our explorative investigation of the collaboration and potential of our partnership (since we did not know each other in advance). Also, it places the “ownership” of the process more firmly with the partnership itself, rather than with the institution leading the initial project application work.

After completion of phase 2, we will publish the working process employed by the partnership for this second objective as another set of Methodology Guidelines, which will be our Publication no. 2.

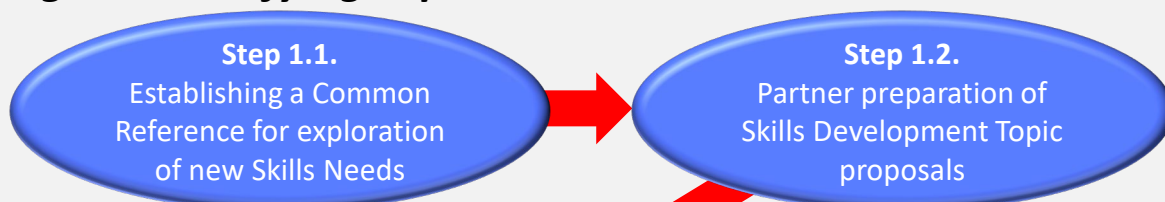
Phase 1 – and the process covered by this present Methodology – has taken our project 9 months to complete, but it should be noted that a significant amount of this time has been devoted to developing our initial mutual understanding of the institutions, labour markets and regional characteristics of the vocational sector we represent.

*Looking back* on the process as we have gradually developed it during implementation, it becomes clear to us that our work has been divided chronologically into **three stages**, each of which have included **two steps**.

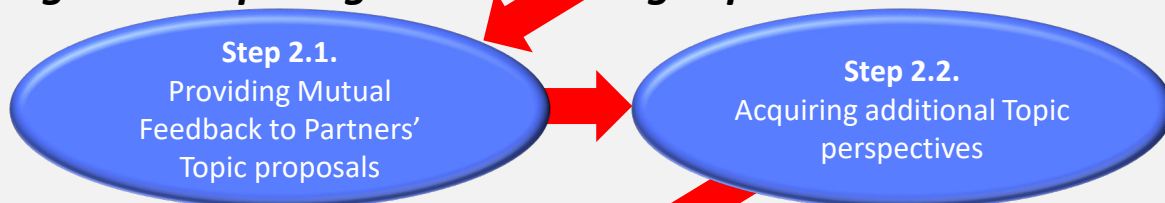
As a result, we have decided to divide these Methodology Guidelines in the same way. So, you will find this document divided into three Methodology sections (Stage 1-3, covered in Part 3-5 of this document). And each of these sections will include to separate sub-sections covering one step of the process each.

The entire process can be illustrated as follows:

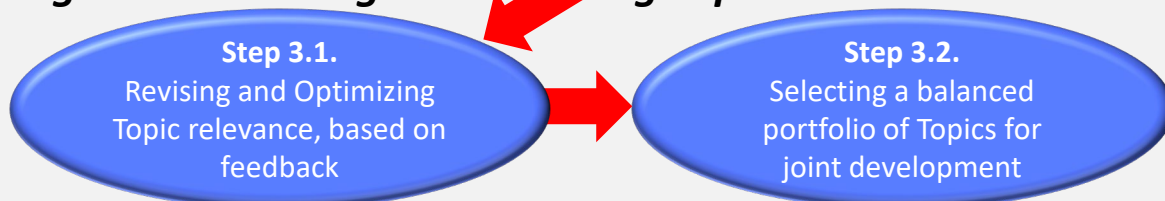
### Stage 1: Identifying Topics



### Stage 2: Comparing and Validating Topics



### Stage 3: Concluding and Selecting Topics



Step 1.1. was partially pre-planned by SOSU Nord as project applicant and lead partner – and launched at the first meeting of the partners (in Aalborg, Denmark – May 2022) to initiate the partner dialogue.

After this, each step of the process has been agreed on the basis of partner dialogue during Partnership Events or online monthly partner meetings – or proposed by one partner and discussed in the partnership until an approach has been agreed.

Each partner has been expected to involve its Regional Cluster (Geriatric Healthcare Sector) Employment Partner(s) as much as possible in all of the above steps. This to ensure that the Skills Development Topics proposed (and the feedback given to other partners' similar

proposals) represent the collective view of the education *and* employment perspective of each vocational programme/profile presented in the partnership.

We would like to stress that we have deliberately not consulted or tried to emulate existing academic models for conducting Training Needs Analysis when developing the above process. This project should instead be seen as an *experiment in collaboration-driven Methodology Design*, where the immediate needs and preferences of the partners have continuously shaped the Methodology design – along with the need to keep the process realistic within the time and resource framework of the project. We believe this has led to a process more readily re-applicable for/by other similar VET institutions - regardless of training focus.



These Methodology Guidelines are intended purely as an inspiration for you, your colleagues, and partners – and may hopefully support you in your planning or implementation of your European partnerships for addressing common skills and competence issues. Or simply to explore common ground with your partners.

You may use the Guidelines as a pointer on how to design an entire process, or you may apply – or adapt individual steps, tools or experiences from our process to strengthen your own process. It is all up to you. And whichever way

our experience may support you, we will be happy to have been able to provide this opportunity.

To make it easier for you to navigate through the Guidelines, we have designed a common structure, which you will find repeated in the description of every stage and step of our process, as they are laid out in parts 3-5. The structure is illustrated with the following icons and design features, that you may use for guiding your way around the document and finding the exact elements you are looking for:

## Each process step description will include

Icon	Feature
	<b>1. GOALS AND REFLECTIONS</b> What did we want to achieve with this step, where did we start, and what thoughts did we have about the process and what we should be aware of to make it successful?
	<b>2. PROCESS</b> Which specific actions did we launch during the process? Who were involved in the process. What – and how – did we communicate?
	<b>3. TOOLS</b> Which tools did we use in order to facilitate the process and our communication?
	<b>4. EXAMPLES</b> Examples of how we used the above tools in practise
	<b>5. OBSERVATIONS (listed in grey boxes)</b> What have we observed during the process, and which recommendations and learning points can we conclude from the experience?



**GOALS AND REFLECTIONS** is the narrative part of our story. If you are interested in our thoughts as we shaped our partnership and looked towards the next step in our process, this part is for you. But if you are mostly looking for specific tools, without the “background story”, you can skip this part.



**PROCESS** contains the factual listing of the work process as it happened. The activities, the participants, the timespan, the resources devoted to results achievement and at times the different interpretations of the process adopted by various partners. If you want inspiration for your process planning, this is where to look.



In **TOOLS**, we will show you the various templates, process descriptions, and other materials we used to guide us in completing the PROCESSES, and to share the results with each other. Most are intended to be useable also for other VET Sectors directly, others you may have to adapt yourself.



In connections with the TOOLS, we will provide you with **EXAMPLES** of how we filled in the templates etc. in our specific case. These may or may not be applicable to your VET sector but may anyway showcase how we used the tools in practice.

In our **TOOLS** and **EXAMPLES** sections, look out for **<LINKS>** to access the exact tools or examples for *your* download and use!



Our final section for each process step is **OBSERVATIONS**, where we will share with you our main learning conclusions when looking back at the process step covered. What turned out to be important for success, what was more difficult than expected? What would we do differently if we were starting over again?

Feel free to use our OBSERVATIONS as inspiration, and also as confirmation about the explorative nature of this process. Perfecting transnational collaboration is a never-ending process.

OBSERVATIONS are listed in **Grey Boxes** at the end of each process Step.

*Pictures: Students at ROC da Vinci College, Dordrecht (NL)*



Methodology Stage 1:  
**Identifying Topics**



## Stage 1: Identifying Topics

## Step 1.1: Establishing a Common Reference for exploration of new Skills Needs



### “We need to get started talking about Geriatric Healthcare”

As we launched our partnership in the D-LIGHT Network project, we knew already that the VET sector that we would focus on face a number of challenges that are similar across Europe: a growing population of senior citizens, who live longer than ever before, and where many citizens have increasingly complex multiple health issues including dementia, lifestyle diseases etc. as they reach old age.

At the same time, all our countries struggle with the challenge of recruiting enough new staff for the social and healthcare sector, which has led to an increasing focus on efficient work procedures and introduction of assistive technologies and digital aides into various care

routines.

We knew that we shared sector-specific *challenges*, but we knew next to nothing about the exact profile and contents of each others’ vocational education programmes - and which job functions our graduated students would typically be employed in.

Most crucially, we did not know where the focus of each of our institutions (and the labour markets each of us serve) lay – in terms of new professional skills to be developed. In other words, we needed to get talking as quickly as possible – to learn about each others’ interests, preferences, and profiles.

**“As lead partner and host of the first Partnership Event, we felt we had the obligation to launch a topic example for our initial dialogue – and use it to learn more about our mutual views on Skills Development within Geriatric Healthcare”**

*SOSU Nord*

At Partnership Event 1 in Aalborg (DK) – the first meeting of our project teams, we set aside a full day for a workshop to discuss a specific topic chosen by SOSU Nord, in dialogue with its regional cluster employment partner (the Municipality of Aalborg).

The idea was that talking about a specific topic would reveal not only the views of all partners on this topic (and its relevance) – but also

facilitate a general discussion of how each of our national healthcare systems worked. And the roles and services within the system that our graduated students would typically undertake.

We anticipated that this approach would facilitate a positive and open dialogue to start off our search for Skills Development topics of joint relevance to all of us.





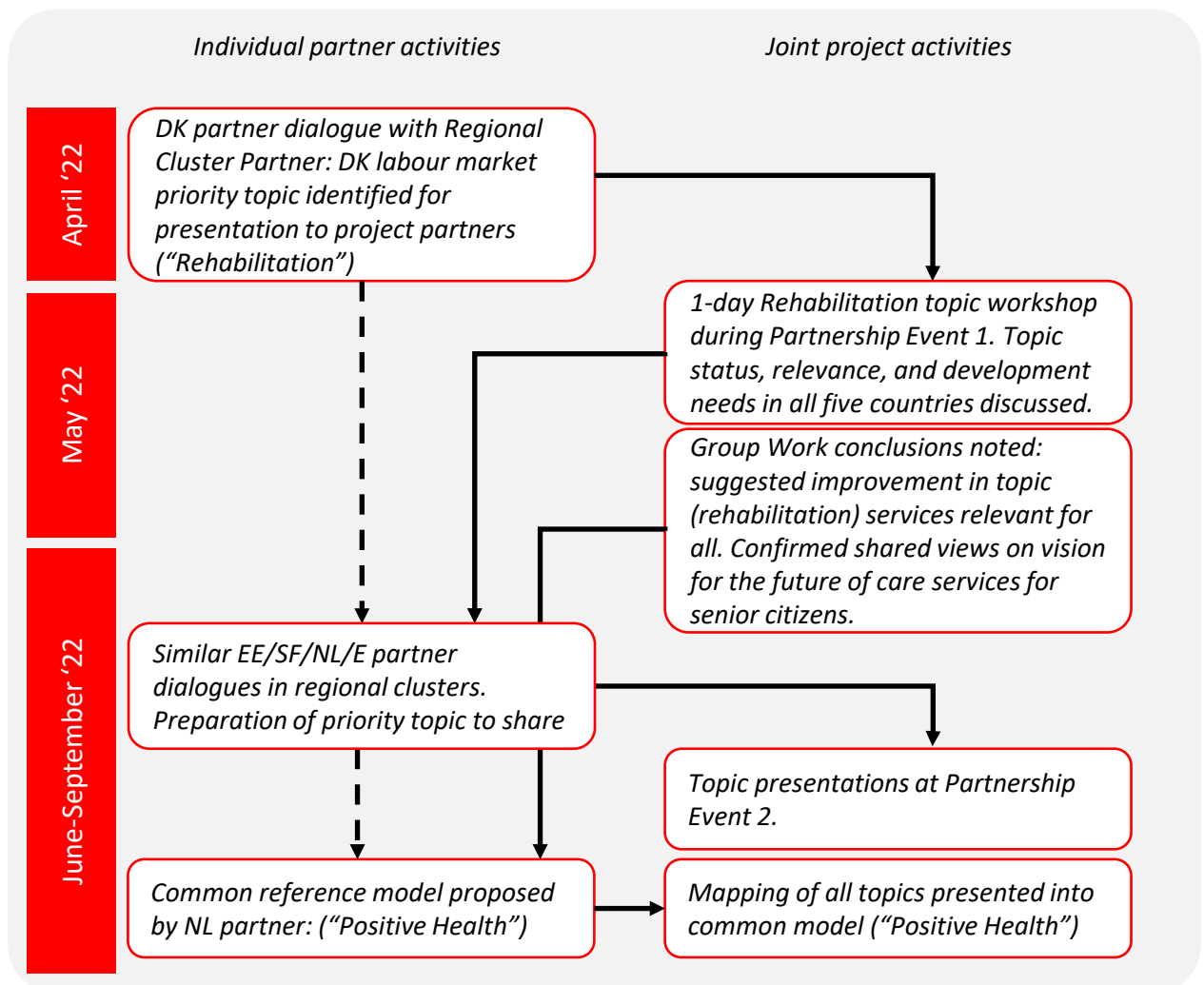
**“Every partner should have the chance to launch a topic that is important for that partner and its Regional Cluster”**

After we decided to launch our dialogue with the Partnership Event 1 workshop on a specific topic chosen by one partner, and seeing this event work out well, we decided to establish a process where every partner would get the chance to do the same. Identify a topic within Geriatric Healthcare in co-operation with its own regional cluster employment partner – and

present this topic for discussion in the partnership at Partnership Event 2.

At the same time, we were focused on which common framework of understanding would emerge from these dialogues, that could be used to map what we had in common – or maybe even our differences.

## Process Map





## “Focus on the personal impact of our vocational profiles helped clarify our shared vision”

To assist in focusing our initial discussion (at the first workshop), we used **personas** as a tool. Discussing a fictive – but typical – person profile, we were able to make the discussions much more direct, and clarify:

- What services would this person get today in each of our systems?
- Who would provide these services – how are roles and responsibilities divided?
- Which new services would we like to be able to offer this person?
- What do we consider a good life situation for this person?

Based on these *specific discussions*, we were able to identify a long range of *general* similarities and areas of agreement between us

– but also differences, primarily in the roles (who does what) in our systems.

We chose the persona since our VET programmes are person service oriented, and the senior citizen is the “end-user” of the skills taught to our students.

What could be a similar narrative to start the dialogue in your VET area? Think about where the ordinary citizen meets the skills and competences of the profiles you train. Maybe a “persona” could be made around the life/work situation of such a citizen and the challenges your students will help him/her to solve?

Our featured persona: “Chresten”

**Meet Chresten**

- Age: 78
- Civil status: Widower. Married to Ellen for 45 years.
- Housing: Terraced house (senior citizen housing)
- Former occupation: Warehouse keeper
- Network and interests:
  - Reads several newspapers daily
  - Loves to play chess (used to compete)
- Health condition:
  - BMI 29
  - Diabetes
  - Difficulties walking

**Chresten**

**Services from Senior & Care**

- Receives home care every day
- Every second week, the nursing care will dispense his medication
- Every second week he will receive cleaning services in his home
- Uses a walker
- A special team in the municipality department working to prevent loneliness has been contacted
- Uses the local community centre twice a week to stimulate his need for social contact
- Is granted paid transportation to the community centre
- Is granted training after a process of rehabilitation in order to maintain current abilities and skills
- A preventive and rehabilitating transverse effort: A focus on observing risks concerning falling, changes in health condition, loneliness, training etc.

All Rights Reserved by Aalborg Kommune, Senior & Care  
Rev. 19. november 2017



**“Our most important agreement early in the project was that we all shared the holistic vision for positive health – so this became the reference we could map our various Topic suggestions around”**

We went into the Partnership Event looking for an “anchor point” for our project. Something that we would all agree on and could use as a common reference in our collaboration.

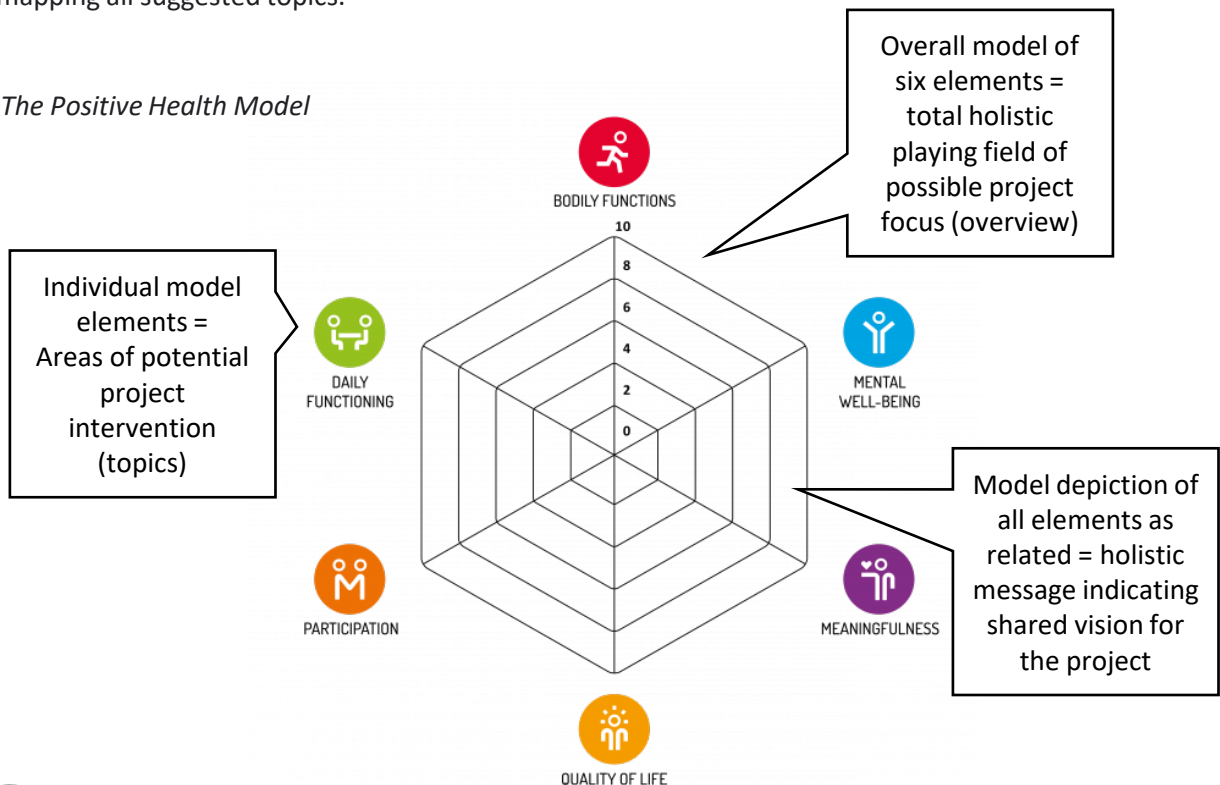
We did not know what it would be, but the dialogue in our first workshop showed us that the “holistic vision” for health (that good health is a combination of physical, mental, and social factors and all of these factors should be addressed and seen as a whole in healthcare) was our obvious common reference.

Our Dutch partner knew a model (“[Positive Health](#)” from the Institute for Positive Health) – and after briefly explaining this model during Partnership Event 1, we would eventually return to it at Partnership Event 2 – and use it for mapping all suggested topics.

If you were to do the same for your transnational VET collaboration, what could be the “anchor point” you would look for with your partners? A shared understanding of the future direction of your sector? A shared vision of where you want to make a difference? A common idea of the role your VET profile should play in tomorrow’s society?

We believe that the main benefit of a model as the joint reference point in a project collaboration is that it can be used for visually illustrating solutions or areas of activity. Therefore, a model should be simple and universally accepted to be suitable for this purpose.

*The Positive Health Model*





If you would like to see how we used our persona, “Chresten” at our first workshop at Partnership Event 1, [you can download the workshop presentation here](#).

Here you can [find our adapted version of the Positive Health model](#) as reference for our project – including the mapping of all partners’ proposed Skills Development Topics



From this first step of our process towards identifying VET Skills Development Topics of joint relevance, we learned that intensive dialogue is essential. Only when all of our teams got to actually sit down together and get specific situations to discuss at our Partnership Event 1 workshop did a picture start to emerge about our profiles, wishes, and national/regional labour market characteristics.

Could we have achieved the same online, without a face-to-face encounter to start off the partnership? No, we don’t think so!

In our case, a clear observation from this initial process was that agreement was easy to find and spell out in details when it came to the future vision (of social and healthcare for senior citizens). So, this vision became the natural point of our collaboration bonding. This may not be the case in all partnerships, but we believe that it is generally important to look out for *what* and *where* the most natural point of bonding through shared views or visions could be.

On the other hand, we also found that even simple terms (professional or educational) could

have different meanings in our different systems, and that we had to be very patient not to rush into misunderstandings, based on *assumed* joint understanding of a term. Even our first selected topic: Rehabilitation turned out to have different meanings in our various education and healthcare systems. So, we believe that it is important to test understanding of key terms from the start. Systems often differ more than individual humans across Europe!

We found that the use of a person-focused dialogue (aided by our use of a persona) helped us to identify common ground, shared visions, and system differences. And that dialogue became livelier when focused on the difference our students can make to individual lives and life situations. This might be a lesson than could be transferred also to other types of VET programmes.

Finally, our graphic illustration of all topics considered (using the Positive Health Model) has proven to greatly facilitate all our subsequent discussions – and to make it easier to show our project vision and progress as well.

## Stage 1: Identifying Topics

## Step 1.2: Partner preparation of Skills Development Topic proposals



**“We need to present our proposals with sufficient clarity and skills focus to allow our partners to reflect on them and provide feedback”**

When we completed our first step (1.1.) of the process during Partnership Event 2 (in Tallinn, September '22, see Process Map on page 16), we agreed – in direct continuation of this process – that the next step (1.2.) should be to describe and specify each of our proposals into a format that would allow us to exchange proposals with each other for a process of structured feedback.

We confirmed that the purpose of this process would be to develop our current proposals from broad areas of interest discussed with our Cluster Partners (and subsequently presented to the partnership for dialogue) to a specific proposal for a limited and defined TRAINING INPUT to be developed – which would result in the student acquiring some of the new skills and competences requested by the labour market, as per the original topic presented by the partner.

We felt that we had two options at this stage. Either we would develop a joint and dialogue-based process for development of each topic idea into a mutually agreed training input – or we would let each partner (and its Regional Cluster) develop the idea into specific training proposals, that would be “owned” individually by each partner, and then exchange feedback on

these to reach consensus on which topics to select.

In the end, we went with the latter variant and agreed that each partner would develop min. 2 Skills Development Topic Proposals for feedback. By choosing this option, we hoped to achieve detailed proposals faster, and secure a wider selection of proposals (min. 10) from which to choose the 5-6 proposals, which the project would later require for subsequent development of digital learning solutions.

We developed a one-page A4 template for specification of a Skills Development Topic proposal - but agreed that use of this template should be voluntary – and that each partner could choose its own format for presenting its Topics – as long as (minimum) the same information items and details level as included in the template would be covered in the partner’s chosen presentation format. By doing so, we kept the door open for all partners to introduce new ideas or elements in how to present a Skills Development Topic with maximum clarity, information value and skills focus – to give others the optimal platform for providing feedback.

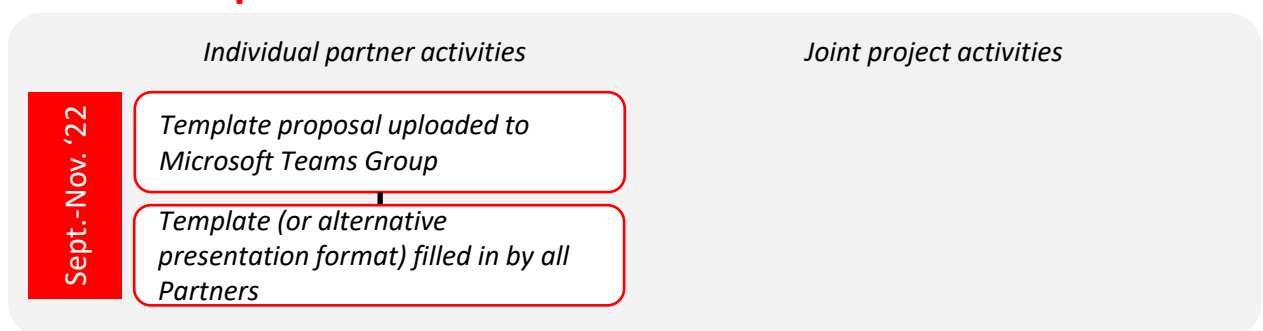


## “Use the project template or develop own presentation format?”

The voluntary template proposal was developed by SOSU Nord and uploaded to the partnership Group in Microsoft Teams one week after Partnership Event 2.

All partners’ Skills Development Topic proposals were prepared and shared for feedback during October and November ’22.

## Process Map



## “Skills Development: Why? What? Who?”

The template illustrates the information we wanted to clarify about each partner’s Skills Development Topic proposals, in order to assess its transnational potential during the feedback process (step 2.1.). For this purpose, the template is divided into four sections:

1. Orientation: The title of the Skills Development Topic proposed, and its position within the Positive health model reference (which elements of the model does the proposal *primarily* and *additionally* address/support?)
2. WHY – is this proposal relevant for the labour market in the partner’s region and well positioned to be added to the featured vocational education programme of the partner in the D-LIGHT Network partnership?

3. WHAT – should be the scope/duration, main contents and learning outcomes (in terms of skills and competences acquired) of the proposed topic as a training element for students of all partners’ featured vocational education programmes?
4. WHO – would benefit from this training, and which preconditions are applied in the above design? What should participants already know in order to benefit from the proposed training?

We believe that (with minor alterations) these four key issues would apply to the description of any new suggested VET skills training element, regardless of sector.

Template model:

### 1. Orientation

Insert logo	propose the following <b>Skills Development Topic</b> for joint development in our D-LIGHT Network partnership, based on our case presented at PE2 in Tallinn, Sept. 22
	<b>Topic:</b>
	This topic <u>mainly</u> supports the <b>XXXXXXX</b> element of the Positive Health Model But also contributes to the following other elements: <b>&lt;list elements&gt;</b>

### Why?

This topic marks a **RELEVANT** development for us and our cluster employment partner and would be a new and valuable addition to our education programme featured in the D-LIGHT partnership because:

<Describe in this box why this topic is **NEW** and **RELEVANT** for you>

### 2. Why? (Relevance)

### What?

For training in this topic, we propose the following learning/skills/competence goals, to be achieved specifically by completing the training element proposed

<List in this box the 5-6 most important learning/skills/competence goals that should be achieved as the outcome of your proposed training element>

<Describe in this box – in your own words – what you propose to be the contents of the training element leading to the above objectives – and what is your proposed duration of the training (number of hours)>

### 3. What? (Learning Outcomes + Contents – in two separate boxes)

### Who?

For training in this topic, we think that the student/participant must already possess the following key skills and knowledge

<List in this box the most important skills/knowledge that you think will be a precondition for the student to take part in the training element you propose



Co-funded by  
the European Union

### 4. For Whom? (Target Group and Preconditions)



[Download our project template regarding topic proposals for specific skills development](#) to use or modify to fit your purpose.

[Download examples from three partners in the D-LIGHT Network](#) and be inspired by how we worked with the template to present specific Skills Development Topic proposals.



With the preparation of a project template – but at the same time making it voluntary to use – we made our first attempt in the partnership to balance the need for (on one hand) unifying our work and communication to make it easier to compare ideas, but (on the other hand) not to dictate specific solutions but inspire each partner to think about how to contribute maximum value to the process – and ultimately these Methodology Guidelines.

The template was not intended to deliver a full and complete description of all aspects of the proposal, but to be supplemented by more detail in the materials used for inviting feedback (see Step 2.1.). But the A4-page of information *should* give a clear idea about the scope, contents and rationale of each Topic proposals.

In retrospect, we learned from this approach that there were many different processes involved between partner schools and their Regional Cluster (employment) partners. Some partners already had extensive development collaboration with their cluster partners and could take ideas already discussed and use in the project. Others started this dialogue from scratch with their clusters.

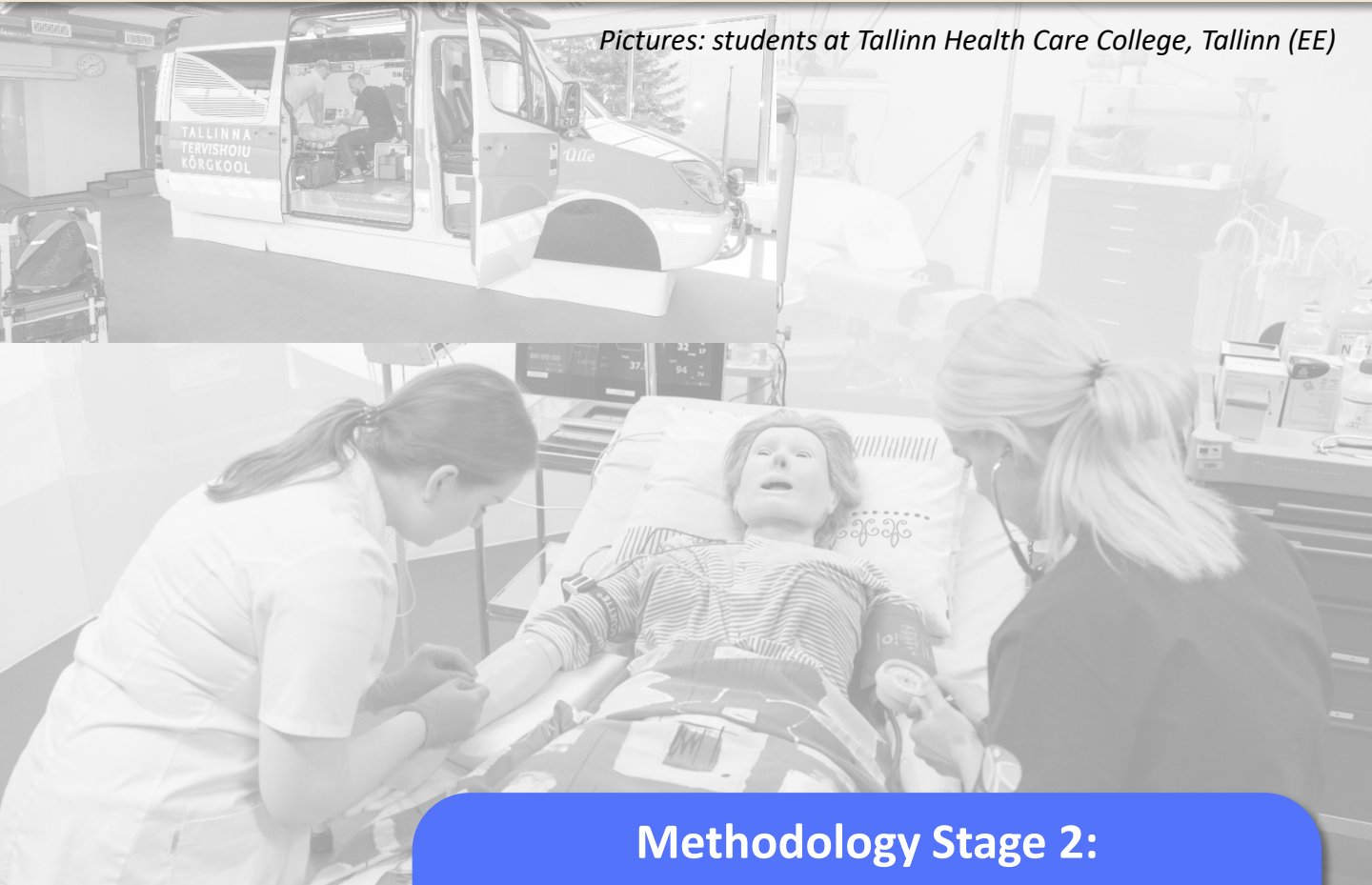
We learned that maybe a template (or any other unified project solution for how to present ideas or topics) should include more information about HOW the idea/proposal was developed between the involved regional stakeholders.

We also learned that in some cases, the dialogue with employers seems to have pushed the focus slightly off the intended target of describing SKILLS to be taught (digitally) to students in our VET programmes – and more towards digital SERVICES or SOLUTIONS that would benefit the target group (senior citizens). This means that we had to re-trace the proposals in Step 3.2, to clarify the exact student skills and competences (learning targets) in each proposal. This could maybe have been avoided if we had stuck more stringently to the headlines in the template. But at the same time, we do not regret having given each partner the freedom to develop their own regionally-based ideas, based on regional rationales, as it helped us to learn more about each others' priorities and cluster partner profiles.

No significantly different information elements emerged from other presentation solutions prepared by partners, and we have chosen in the tools section above to show and share the project-developed template proposal.

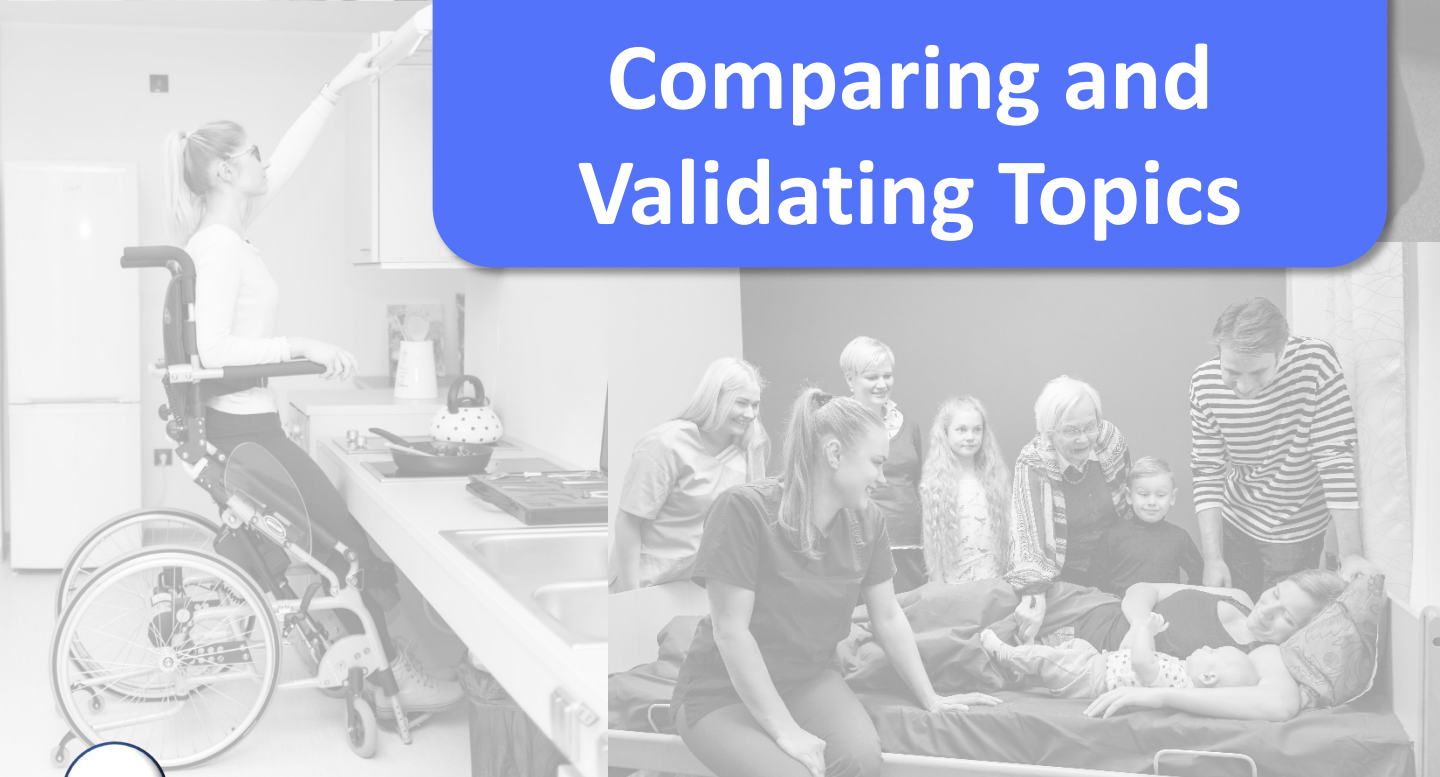


*Pictures: students at Tallinn Health Care College, Tallinn (EE)*



Methodology Stage 2:

# Comparing and Validating Topics



## Stage 2: Comparing and Validating Topics

## Step 2.1: Providing Mutual Feedback to Partners' Topic proposals



### “New, Applicable and Relevant for all? We need to test various channels to help validate our Skills Development Topic proposals”

As soon as we had launched step 1.2. in our process, the next key question to address was: How do we organize a process to ensure that all partners get feedback to their Skills Development Topic proposals from all other partners, how should this feedback look, and how to make sure that the feedback would have sufficient quality to allow the partner to conclude whether (and how) the topic proposed would be suitable for joint solution development and use across all five countries?

As stated in our Project Collaboration Guidelines (page 5), our five Project Team Coordinators (Team Profile 1 in each partner's Project Team) meet online min. once a month. At the first online meeting after Partnership Event 2, it was agreed that we wouldn't make a data-based comparison of proposals to try to create a "score" of suitable vs. less suitable proposals.

Instead, each partner would select (min.) two channels for obtaining feedback from all other partners to their Skills Development Topic proposals. The feedback would be *qualitative*, i.e., statements indicating the opinion of the

partner – and we would then trust each partner to neutrally and genuinely summarize all feedback received and - to the best of their ability – optimize their proposals for maximum transnational relevance.

We were well aware that this was a choice of trust in each partner's openness to feedback and self-managed revision of topics, but also a choice that would let each partner experiment with its own mix of feedback channels, and therefore potentially generate multiple learning tracks re. how to achieve the best feedback in such a transnational comparison and validation process.

As guidelines for the process, we defined three indicators (below), which together would define the potential of a topic proposal for joint development activities later in the project. Also, it was agreed that for its two-channel feedback generation process, each partner could choose between preparing and organizing,

- a written survey
- a matrix-based questionnaire
- a live focus group interview session.

#### Indicators to address in feedback channels:

- 1) **NEW** – how new and innovative (i.e. unaddressed but still confirmed as relevant) – is the topic for the partner and its national/regional labour market?
- 2) **APPLICABLE** – how well does the topic fit with existing labour market structures, traditions, culture and professional roles/responsibility divisions?
- 3) **RELEVANT** – how well does the topic fit into the partner's featured vocational education programme in the D-LIGHT Network partnership?



**“The hardest part of giving feedback is to understand what is really being asked. No single feedback process can eliminate all risks of misunderstandings”**

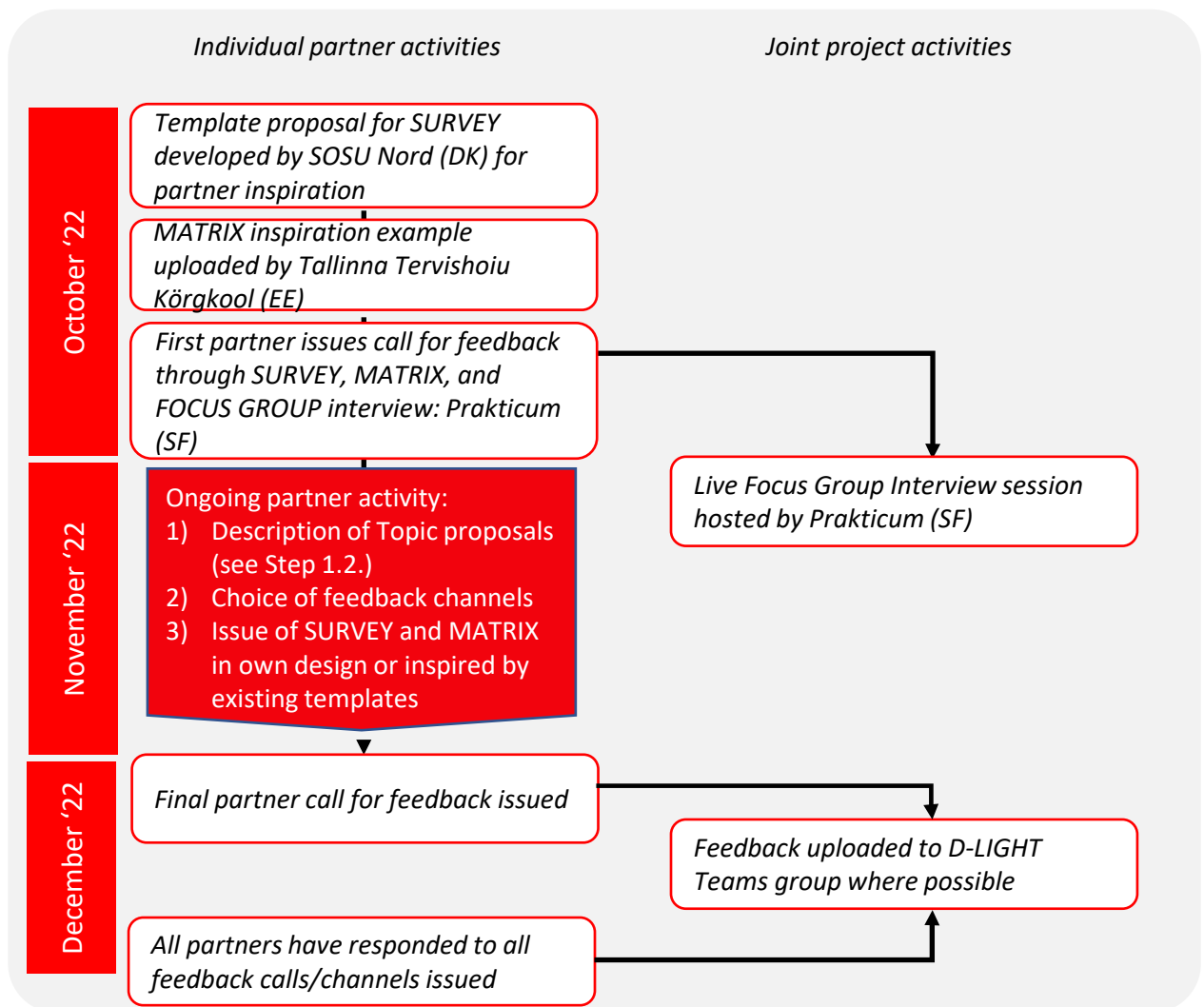
As we had deliberately maintained the right for each partner to choose its own path and tools for acquiring feedback to their Skills Development Topic proposals, we knew that the process could easily become complex and time-consuming – which it did!

This turned out to be the most complex part of

our process covered in these Guidelines, and one that would take two months longer to complete than initially expected.

But we also believe that this is where the real learning potential lies in our processes of exploring common development ground in a transnational partnership.

## Process Map





## “Ask detailed and accurate – and provide background that helps the respondent to understand what is the purpose of the question”

In order to give you as many options as possible to consider, for choosing your feedback process in a process of identifying development topics of shared relevance to several transnational partners, we will illustrate the various approaches chosen by the D-LIGHT Network partners to obtaining qualitative feedback to Skills Development Topic proposals through the agreed three channels:

### Survey

To conduct a SURVEY of partner attitudes to a Skills Development Topic proposal, SOSU Nord produced the following template, which was adopted with various revisions by several other partners. One notable revision was replacing the “manual” typing requirement in the PowerPoint based template and instead issuing the survey

SURVEY, MATRIX & FOCUS GROUP INTERVIEW.

In the following you will learn how each channel was applied by partners with the use of tools/templates and where and how different interpretations of each process were encountered.

as a Microsoft Forms document for typing answers directly into an online file to retrieved by the survey host.

The main survey elements were in all instances maintained as illustrated in the following template overview:



Focus in Survey Steps 1 and 2: is the topic NEW?

Step 1: A New Geriatric Healthcare/Rehabilitation Service Proposal

Description of the service proposed to be made available to senior citizens – and why it is new in your national/regional context

Question 1: How do you see this service proposal in your healthcare system? (mark one field with an 'X')

This service is already offered and considered normal practise in our healthcare system	This service is known in our healthcare system, but still only rarely offered	This service is not yet provided by our healthcare system, but is under consideration as a future option	This service is not yet provided or considered in our healthcare system, but we believed it would be relevant for the near future (up to 5 years)	This service is not provided or considered in our healthcare system, and we do not believe it will become relevant within the next 5 years.

Please add your comments to your selection

Step 1 (above) is focused on the employer perspective, and how new/unknown the topic is in the system. A middle field X marks the optimal innovative status.

Step 2 (below) looks at the responding partner as education provider. Here, the partner asking for feedback must detail the new vocational skills seen as required to provide the new service included in the topic – and the responding partner must then indicate if, where, and to what extent these skills are already taught in the school.

Step 2: New Skills Required for Professionals to provide the Service

Description of the most important new skills that we consider necessary to be acquired by professional healthcare staff in order to be able to plan and decide on the use of the proposed service

Description of the most important new skills that we consider necessary to be acquired by professional healthcare staff in order to provide the proposed service to the citizen and his/her overall care/rehabilitation process

Question 2: Are these skills already taught at your institution?

Yes. We already teach these skills	Yes, we teach some of these skills but not all	Yes, we teach a little bit of this, but most of it is new to us	No, we do not teach these skills

Yes. We already teach these skills	Yes, we teach some of these skills but not all	Yes, we teach a little bit of this, but most of it is new to us	No, we do not teach these skills

In your featured education programme for this project?

In your featured education programme for this project?

Somewhere else?

Somewhere else?

Your comments?

Your comments?

Focus in Survey Steps 3 and 4: Is this topic APPLICABLE and RELEVANT?

Step 3: Who would most likely provide these services in your healthcare system (= who would need the skills listed in Step 2)?

In the <b>Topic Author Country</b> Healthcare System, the <b>decision</b> to provide this healthcare / rehabilitation service would most likely be taken by:	In the <b>Topic Author Country</b> Healthcare System, the <b>planning and preparation</b> of this healthcare / rehabilitation service (including dialogue with the citizen about it) would most likely be performed by:	In the <b>Topic Author Country</b> Healthcare System, the <b>actual provision</b> of this healthcare / rehabilitation service would most likely be done by:	In the <b>Topic Author Country</b> Healthcare System, the <b>follow-up and evaluation</b> of this healthcare / rehabilitation service would most likely be performed by:
In your Healthcare System, the <b>decision</b> to provide this healthcare / rehabilitation service would most likely be taken by:	In your Healthcare System, the <b>planning and preparation</b> of this healthcare / rehabilitation service (including dialogue with the citizen about it) would most likely be performed by:	In your Healthcare System, the <b>actual provision</b> of this healthcare / rehabilitation service would most likely be done by:	In your Healthcare System, the <b>follow-up and evaluation</b> of this healthcare / rehabilitation service would most likely be performed by:

Step 3 (above) is about how APPLICABLE the topic would be in the partner’s labour market. In this section, the responding partner is asked to compare the division of responsibility between various professionals in their regional/national system with pre-listed similar roles in the asking partner’s system. The answers should indicate to which extent it is the same professionals that would require the proposed new skills in both systems.

Step 4 (below) includes two identical pages. On the first page, the asking partner lists all the relevant data about THEIR VET programme, and on the second page (shown here), the responding partner is asked to provide the same information about THEIR featured programme in the partnership. The aim of this section is to assess the RELEVANCE of the topic in the responding partner’s featured education programme

Step 4: Relevance for YOUR students in your featured education programme

<b>Your students’ likely role in the proposed rehabilitation service?</b>	<b>Decision-making:</b>	
Name of programme	<b>Planning &amp; Preparation:</b>	
Programme Level & duration	<b>Provision:</b>	
	<b>Follow-up &amp; Evaluation:</b>	

How relevant do you consider the proposed new skills for providing the rehabilitation service to be for YOUR students:

<b>Extremely relevant – almost essential for the future of our featured education programme.</b>	<b>Very relevant and a good addition to our featured education programme</b>	<b>Quite relevant and worth considering as a possible addition to our featured education programme</b>	<b>Only slightly relevant for our featured education programme, and not worth investing much in developing</b>	<b>Not at all relevant for our featured education programme</b>

Your comments?

## Matrix

The MATRIX as a method for requesting and generating feedback was proposed by Tallinn Tervishoiu Kõrgkool and shown by the school as a method to conduct self-assessment of training needs. The key feature of the matrix is that it requires the respondent to state his/her position to a number of statements, by marking one of several answer boxes, which represent varying attitudes or levels of knowledge/mastery of the issue covered in the question.

What happened in practice during our process was that several partners revised the Matrix in different directions and used it to highlight different information requests re. their Skills Development Topic proposals.

In the following, we will briefly show these various MATRIX interpretations, to illustrate the many ways this tool could be applied in a feedback process.

### 1. The MATRIX as illustrated when first presented to the D-LIGHT Network partners:

Competences needed for performing a Person-Centred Approach in Healthcare	I am good at this task, because		I do not do it because		I always follow this principle	This is not my task	I need extra training at this part
	I know it myself	Others have told me	I have no time	I do not have respective skills			
<b>I always communicate proactively</b>							
<b>I empower dependant people</b>							
<b>I am a good team member in a multi-disciplinary team</b>							

In this example, the Matrix is used to self-assess current competences seen by the question designer as required for the task in question (providing person-centred care). The answer possibilities indicate that a subjective self-

assessment is expected, just as the respondent is also requested to assess whether the issues are even considered part of his/her current tasks.

## 2. The MATRIX as applied in one partner call for feedback:

Digital solution:	I know how to use them.	I know these exist	I know these exist, but I never use <u>them</u>	I need training	No training needed
Alarm button					
A calendar clock for the elderly with dementia					
Vega GPS watch for the elderly					

In this example, the Matrix is used for a proposed Skills Development Topic concerning the provision of assistance to senior citizens in considering various digital tools to improve their daily life and safety at home. Here, the Matrix can either be used for asking about current

student familiarity with various appliances (to assess the need for additional training in this area) – or to ask the senior citizens about their awareness, to check if the proposed service is required.

## 3. The MATRIX as applied in another partner call for feedback:

Competence area 1: Assessing the need for a day-to-day functional ability training programme

Competence	Not at all Relevant	Slightly Relevant	Quite Relevant	Very Relevant	Extremely Relevant
Evaluate the functional ability rehabilitation needs of individual citizens, in order to assess whether a home-based daily training programme is feasible and suitable					
Coordinate with other healthcare professionals (e.g. therapists) whether use of a daily training programme is considered safe, suitable and beneficial to a citizen case					
Plan and coordinate with the citizen, his/her relatives, and other healthcare professionals the division of roles and responsibilities in training programme support					

Here, the Matrix is used to elaborate on the Skills Development Topic proposed by the partner – by breaking the topic down into 15 separate sub-competences and asking each

partner to rate the perceived relevance of each sub-competence for the students of *their* featured VET programme.



## Focus Group Interview

Among all partners in the project, only Prakticum chose to request a live focus group interview. Three out of four other partners were present for a 1.5-hour session where the host partner presented its two Skills Development Topic proposals and asked questions to the other partners about the novelty, applicability and relevance of the topics. Each partner has (in advance) been requested by Prakticum to discuss the issued topic presentation with their regional cluster employment partners and

include feedback from this partner into the interview session.

The focus group interview differed from the other feedback channels by being simultaneous, i.e., all partners could hear and react to each others' response. Also, at the session, the topics were presented in a PowerPoint slideshow, we gave everybody a much more visual impression of the ideas than what could be achieved through the other feedback channels.

Key elements of the session included:

**Vision presentation – The service idea to be developed**

**Engaging participants – Is this relevant for you? Why? And for whom?**

**Applicability – Where and how would you use such a solution?**



[Project template for a feedback SURVEY](#)

[Example of a filled-in template-based SURVEY](#), containing a specific topic and a partner response

Three different [variations of the MATRIX](#)

[Example of a sub-competence MATRIX](#) for a specific topic and a partner response

Presentation of topics covered by the [FOCUS GROUP INTERVIEW](#) of the process



The feedback process was started before all partners had completed discussion/description of their Skills Development Topic proposals, so the exchange of feedback became very asymmetrical, taking place over a period of more than two months.

All partners completed surveys of varying detail levels and the major differences between the partners' use of the matrix made it hard to compare the outcome of this approach.

The focus group interview was considered a successful approach, although also very work intensive – requiring host participation of three persons, and a full day of work to follow up on the inputs received.

A number of pros and cons were noted regarding the use of each of the three tested feedback channels:

**SURVEY observations:**

The advantage of using a written survey was, as expected, that it provides the respondent with the opportunity to reflect on their answers, and possibly coordinate with their cluster partners before submitting feedback.

Also, whenever respondents took the time to provide detailed answers, it clearly indicated a desire to create as much value as possible for the partner requesting feedback, and thereby conveyed interest and partnership.

Finally, the main advantage of the survey may be that its replies are already “processed” when received by the issuing partner and need no further work before they can be uploaded to the project Teams group and shared. In this respect, using Microsoft Forms as an alternative to the classic “manual” survey on paper/PowerPoint created the challenge that other partners could not immediately see the feedback provided. However, partners using this method were able to compile an overview of answers received and upload this to the group, which remedied the above problem.

**MATRIX observations:**

As shown on page 30-31, the Matrix was applied very differently by various partners during the feedback process. But a common learning point that we noted is, that unless a Matrix clearly invites the user to use the entire scale of answers available (by the range of questions included or the graduation of response options), there is a risk that it will lead to superficial, “all is equally good” response profiles. This was a/o experienced by one partner using the Matrix to assess the relevance of 15 sub-competences involved in a proposed Skills Development Topic.

All answers received indicated near-similar relevance of all sub-components, even though the overall relevance of the topic was assessed quite differently by respondents.

We would probably advocate (in hindsight) a use of the Matrix to highlight specific, crucial, parts of the Topic, where it is important to pinpoint more accurately the opinions of respondents, e.g., where exactly a challenge is located, or where exactly opposition to change might emerge.

**FOCUS GROUP INTERVIEW observations:**

The obvious challenge in applying this method proved to be the requirement to assemble all partners at a fixed time, which is probably the reason why only one partner chose to include this channel in its feedback strategy. In general, the Focus Group is resource-intensive (during and after the session) as feedback is immediate, unstructured, and come from multiple sources at the same time. This creates a need for significant structuring afterwards, to distill a coherent output from the process. On the positive side, we noted that (only) the focus group allowed the host partner to immediately check respondents’ understanding of the topic presented and ensure that feedback was provided on a sufficiently correct understanding basis.

A partner consensus has emerged, encouraging the use of a focus group interview to *supplement* a previously received written survey response, which may include a matrix to highlight specific areas of the topic where an accurate understanding of partner positions is important to achieve.

## Stage 2: Comparing and Validating Topics

## Step 2.2: Acquiring Additional Topic Perspectives



**“Are there other topic options for joint development, that we somehow have not noticed in our internal partnership dialogue”**

We have included this Step (2.2.) into the guidelines to highlight what we believe is an important consideration along the way during a topic identification process, such as the one described in our D-LIGHT Network partnership:

*Have we spotted all the development possibilities in our internal dialogue, and in our talks with our Regional Clusters, or could there be opportunities that we have not been aware of – or that we have overlooked?*

Our specific project included an obvious opportunity to address this question. We were obliged to host 5 “Regional Multiplier Events” (1 per partner region) to present and disseminate this present Methodology – but we decided that it would provide more value to the process to move these events forward and integrate them into the development process itself.

We decided to stage 5 linked workshops at the same date and time, inviting external audiences, and providing all five regional audiences with the same facilitated workshop task: how and where can we strengthen the Positive Health focus in tomorrow’s senior citizen support?

All regional workshops would follow the same patterns and feed audience suggestion into the same, shared [Padlet](#), and the last hour of the events would be dedicated to exchanging ideas and perspectives between all five simultaneous

workshops.

Audiences invited, included:

- Public sector healthcare representatives
- Private sector service providers
- Researchers and academic staff
- Representatives from other VET sectors
- Municipal/regional development entities
- Professional healthcare staff
- Welfare and Assistive technology experts.

This process, including our example of how to address step 2.2, is just one way of approaching this issue.

What we would primarily like to share with you is the value of asking the same questions as the project has been working on internally to an *external* audience and observe closely how they perceive the nature of the challenge, the priorities of what to address, and the need to focus efforts where others are not already providing the solutions required.

We would recommend this consideration to be part of any development partnership, no matter how and with whom the partnership may decide to organize its external inspiration outreach.

In the following, we share our experience with hosting our five simultaneous, and linked inspiration workshops.



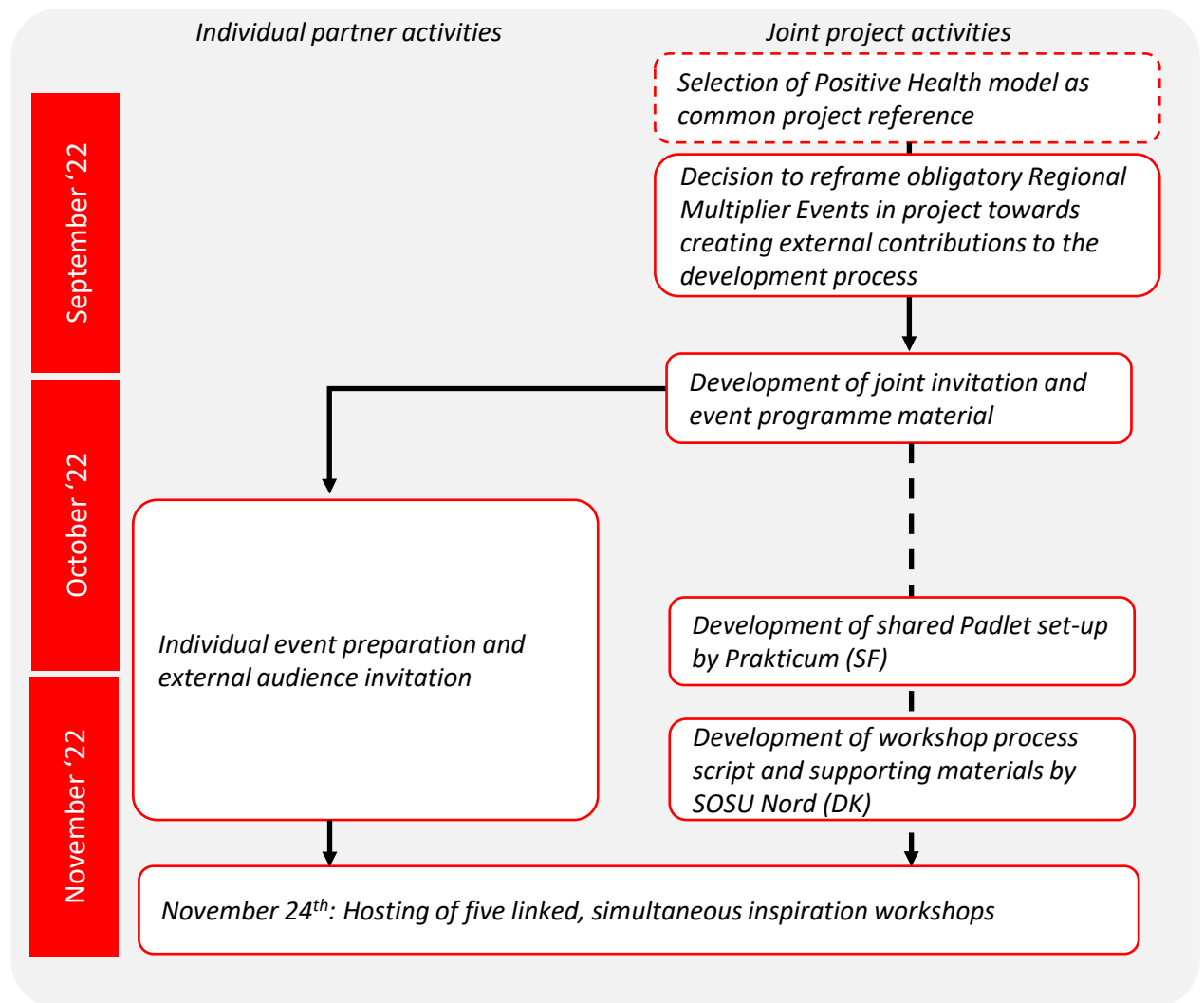
**“Wow – did we really do something this complicated? But yes, it was fun and the atmosphere was very positive”**

Our process included individual preparation of our five separate – but linked – workshops. This included preparing a uniform document and process description structure, and the decision to involve a shared Padlet as the common “canvas” on which to list ideas and solutions from all five workshops. And the organization of

event hosting and technical practicalities (e.g. streaming) during the shared parts of the workshops.

Each partner was responsible for promoting their own event and attracting a relevant external regional audience.

## Process Map





**“A set-up that will stress the “we” factor: We develop together, share the results and inspire each other”**

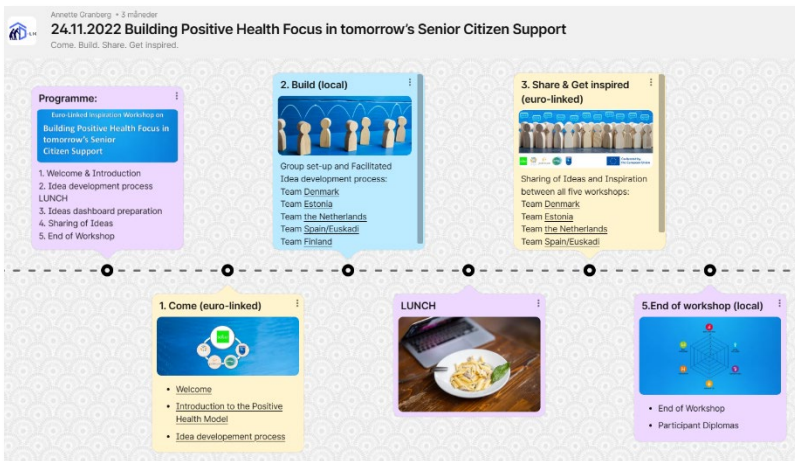
Our simultaneous workshops were centered around the use of the common Padlet tool, where all audiences could see and follow the work process used in all five regions, post their results from the idea generation processes, and see what others had developed in every

workshop. And at the end of the workshops, all participants were given links to the Padlet as the joint development result of the day as a signal that this outcome was “co-owned” by everybody involved.

**Padlet**

Our Padlet consisted of a main menu screen, which could be accessed from all participants’ computers or tablets. The main menu illustrated

the workshop process as planned in all five simultaneous sessions.



**Main Padlet Menu: Programme and Structure**

**Purple** = reference sections

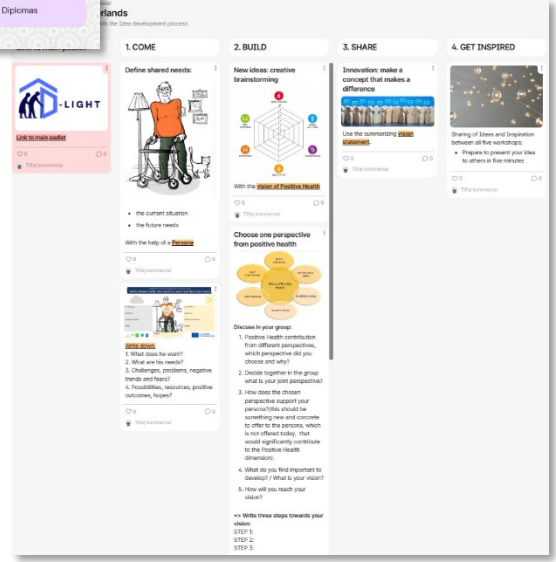
**Yellow** = linked workshop sessions for all

**Blue** = individual workshops

**Individual (Regional) Workshop menu:**

Work process for each audience, including Choosing a persona and a focus element of the Positive Health Model.

Using elements of Service Design Thinking, each audience group would then develop proposals for new services (incl. rationale)





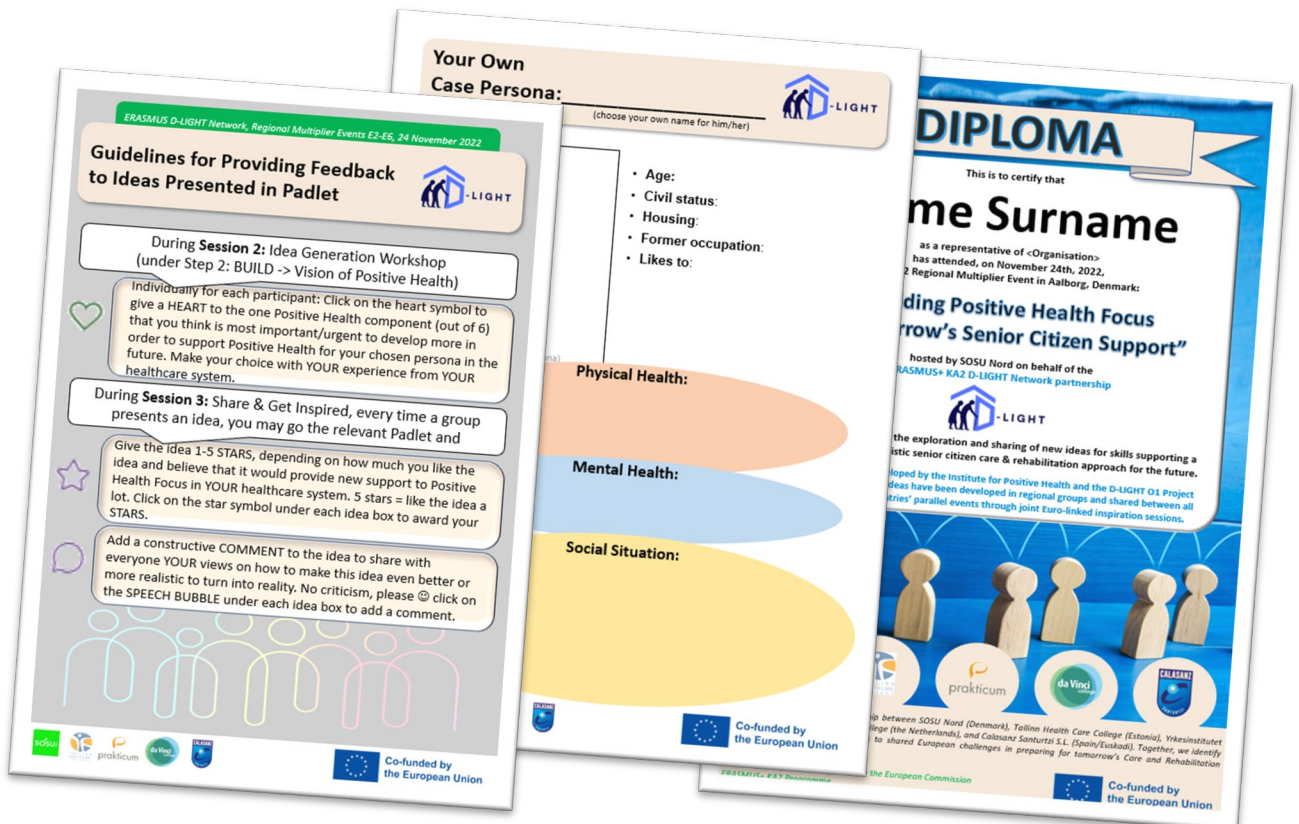
**Idea Sharing Menu:**

Each audience team presents its ideas by listing its “Service Design” features as a perspective, three steps to realising the idea, and an idea vision statement.

## Additional Materials (Handouts)

In addition to the Padlet, the workshops were supported by a package of handout documents for participants. The purpose of the documents were to provide fast reference to the project

framework and Positive Health Model, since the events were quite fast-paced and time-constrained. And all participants received workshop diplomas after participation.





Be inspired by how we used [Padlet as a tool](#) for the Regional Multiplier Events

Be inspired by the [handout material package](#) from the events



In retrospect, our decision to organize linked workshops to be implemented simultaneously across five countries was ambitious, and technical difficulties could potentially have ruined the experience. Apart from minor sound problems, we escaped trouble on the day, however, and the experience was very energizing, with active audiences throughout the sessions. In addition, knowing that the process was ongoing across Europe added a sense of occasion, and it was fun to greet and address each other between sessions during the linked parts of the programme.

Since the Regional Multiplier Events were obligatory in the project, we will certainly repeat this engagement model when we will need to engage external voices for our next project stage. But for those of you, who are planning a transnational partnerships, it might be worth considering whether a similar effect may be achieved by a smaller set-up, e.g., one online session for all?

We believe the main benefit of any session inviting external minds to offer *their* take on the challenges and solutions discussed in the partnership will be to get the audience engaged

in actual brainstorming and idea development collaboration – to secure the opportunity for the partnership to observe closely the points and rationales emerging along with ideas and solutions during this process. That is where we may find valuable points missed by the partnership itself.

In our sessions, an interesting outcome was the observation that all audience groups in three out of five countries immediately focused on the same aspect of positive health:

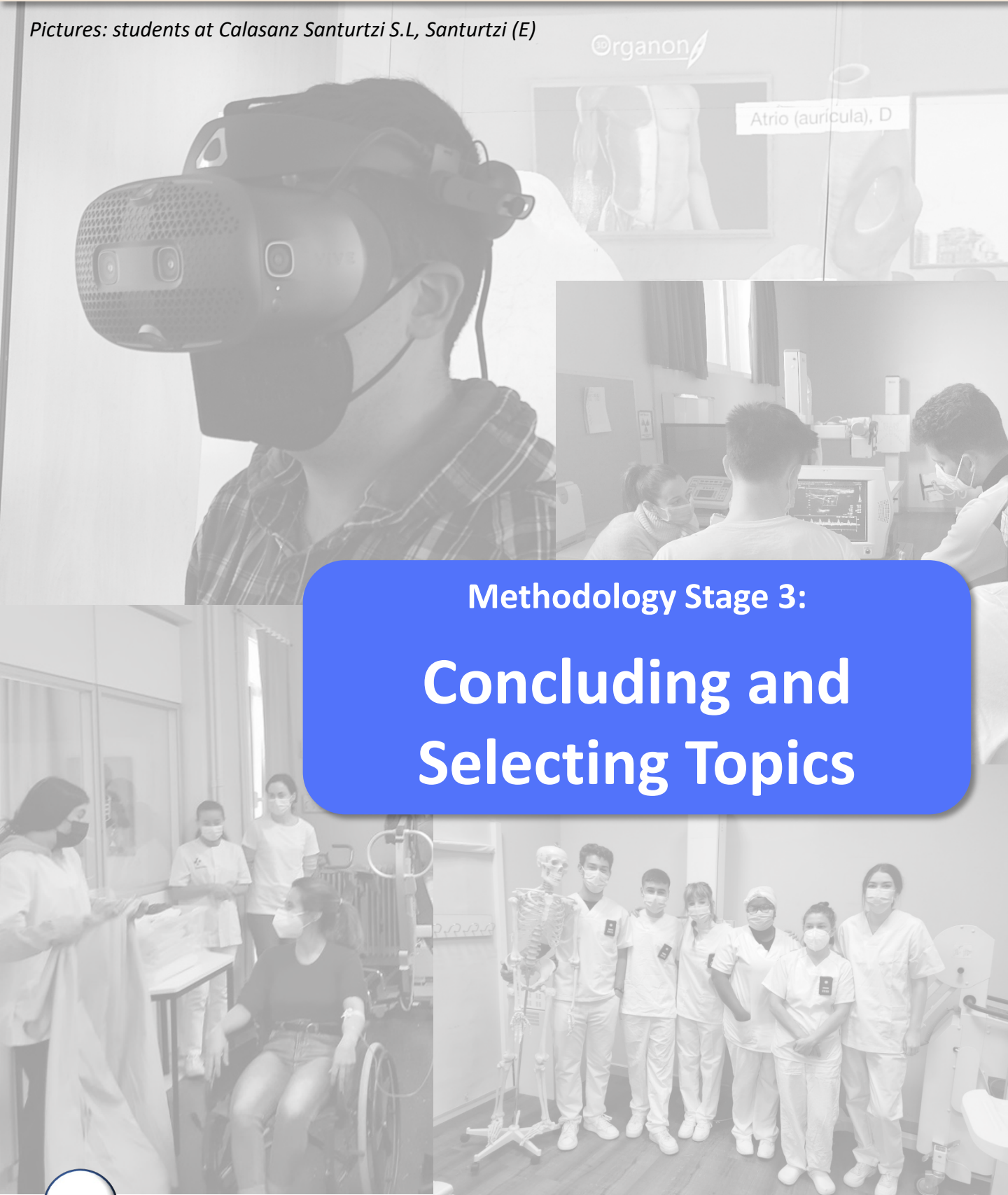
*Social activation (of senior citizens) to prevent loneliness.*

Ideas for digital solutions ranged from interest- and hobby-sharing platforms to dating apps. But the signal was clear: A large part of the external audience regards the social activation issue to be the main unaddressed obstacle to (more) positive health for senior citizens in several European countries.

For our partnership, the conclusions from the events have been added to the results from step 2.1. to provide the foundation for *selecting* Skills Development Topics for joint (digital) solutions development in stage 3 of our process.



*Pictures: students at Calasanz Santurtzi S.L, Santurtzi (E)*



Methodology Stage 3:  
**Concluding and  
Selecting Topics**

## Stage 3: Concluding and Selecting Topics

## Step 3.1: Revising and Optimizing Topic relevance, based on feedback



**“If we want to develop it together, it should be for everyone – and useful for all. Otherwise, it makes no sense to address it in a transnational partnership”**

Our approach to the third and final stage of our topics identification and selection process was a direct extension of the choices we made for the preceding stage 2.

As we had agreed that each partner would collect feedback to their Skills Development Topic proposals, it also became the natural extended responsibility of each partner to *conclude and summarize* on this feedback, and to *revise* their proposed Topics in the light of the feedback conclusions – to make each topic as universally relevant as possible to the partnership.

For this task, we would maintain our focus on the indicators of *novelty, applicability, and relevance* from Stage 2. And we wanted to make both the conclusion reflections and the choice of revisions to each Topic as open and transparent as possible. This to secure a joint understanding of the choices made by each partner in the process.

The challenge for everybody involved would be to move from an individual, regional focus (from which the topics had been developed so far) and into assuming responsibility for the whole partnership and respecting the interests and priorities of all partners in the work to revise topics to ensure their *novelty, applicability, and relevance* for all.

Although we would ideally like to end up with a

selection of five Skills Development Topics for subsequent digital learning solution development, which were all fully endorsed and relevant by every partner, we gradually started to discuss that maybe this would be an unrealistic target, and that we might have to aim for e.g., each selected topic endorsed by min. 4 partners and each partner endorsing min. 4 of the 5 selected topics.

The agreed key point in this discussion is to ensure a balanced consideration of all partner priorities in the final selection, and a transparent process towards that selection to ensure joint acceptance of the outcome in the partnership as a whole.

Since our task has been to identify 5 topics for joint development of digital learning solutions, the above key point is especially important, since each partner will need to engage in several development processes, including processes of their own design – but also processes for topics proposed by other partners.

In the case of your partnerships, we believe that the above key points re. a perceived fair selection apply, but the selection process may vary, depending on your objectives and ambition level re. the scope and number of developments to initiate together in the partnership.



**“When we act individually on behalf of everyone, it is the communication of our processes that builds trust between us”**

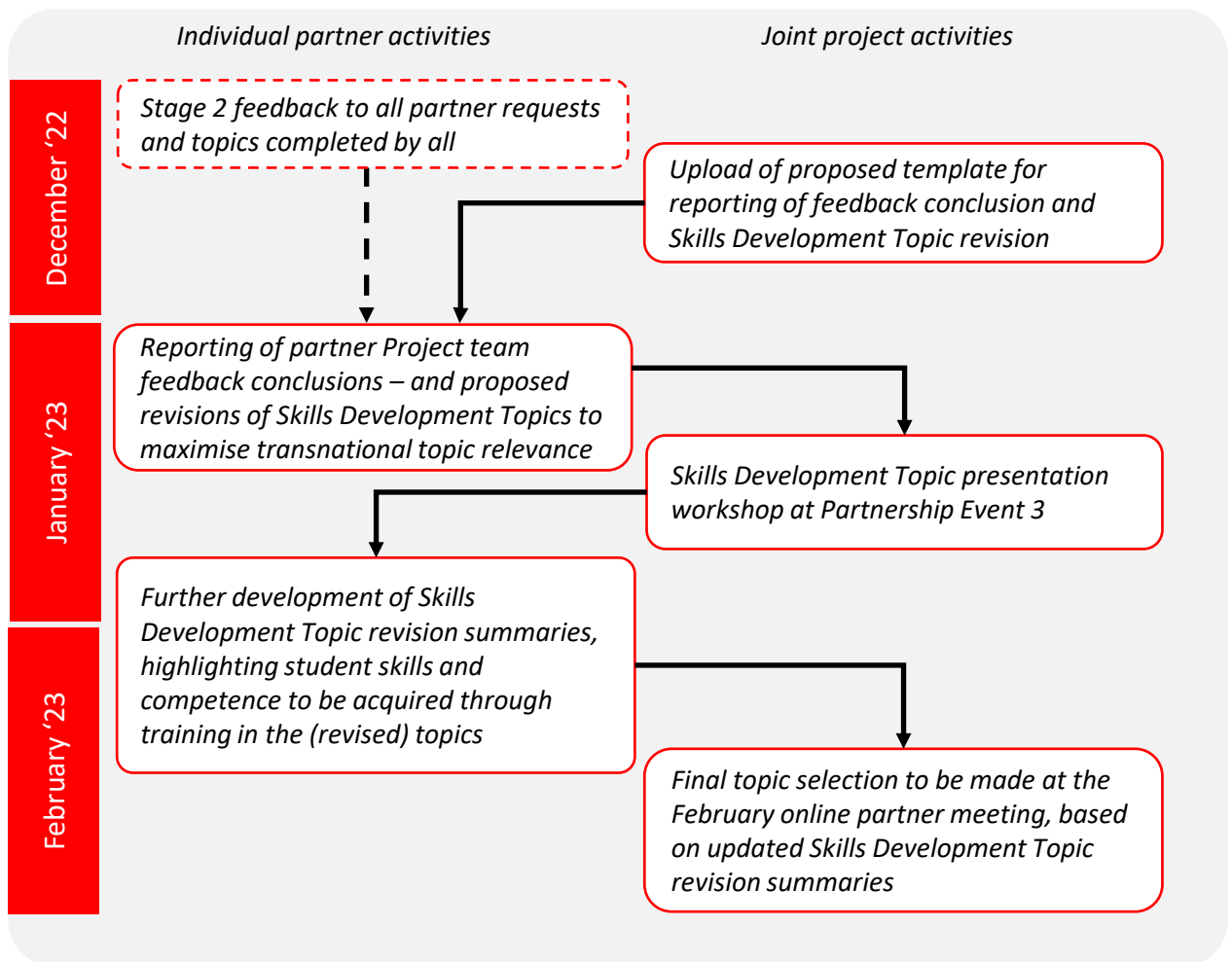
Since our process to complete stage 2 had taken more time than initially expected, we agreed to streamline stage 3 by

- 1) proposing a fixed template for reporting of feedback conclusions and topic revisions
- 2) using Partnership Event 3 (in Helsinki, January '23) to present conclusions from each partner, instead of allowing several

steps of consultations between partners before presenting final topic proposals

However, true to the explorative nature of our collaboration process, we would have to conclude at Partnership Event 3 that more time would be needed to clarify the exact skills and competence development targets of each topic before a final selection could be made.

## Process Map





## “What have we learned – and what do we propose to revise”

The only tool applied to support the uniform solution (i.e., quality and detail level) of Step 3.1. has been the upload to the D-LIGHT Network Teams group of a proposed project template for reporting of partners’ individual conclusions on feedback received to each of their Skills Development Topic proposal – and how the partner has transferred these conclusions to a revision of the topic to

maximize its value (novelty, applicability and relevance) to all partners in the network.

As in the previous stages, the template was not intended as a mandatory document to use, but an indicator to all partners about the required level of detail and transparency to showcase its work processes to the rest of the partnership.

### Template

3 pages:  
(1 per indicator)

One process:  
Facts from feedback  
↓  
Conclusions from feedback  
↓  
Revisions made to topic

The image shows three overlapping template pages, numbered 1, 2, and 3. Each page has a header section with the following text: "The COUNTRY project team of PARTNER has compared the feedback received from all partners of the ERASMUS D-LIGHT Network project to the XX Skills Development Topic <title of Skills Development Topic> and made the following reflections and conclusions on how to make this topic as relevant as possible to all partner countries of the partnership:". Below the header is a blue question box: "Is this topic NEW/INNOVATIVE to the partner countries?" (Page 1), "Is this topic realistically APPLICABLE to the healthcare systems of the partner countries?" (Page 2), and "Is this topic RELEVANT to the featured education programmes of the partners?" (Page 3). Each page contains a table with three rows: "1. Facts from the feedback", "2. Our conclusions from the feedback", and "3. Our ideas how to improve the Topic's value as...". The bottom right of the pages features the European Union logo and the text "Co-funded by the European Union".



Download our [template for reporting of feedback](#) conclusions and topic revisions.

Be inspired by our work method and download an [example of a filled-in reporting template](#) for a Specific Skills Development Topic proposal – containing both the original reporting and the additional skills & competence focus version (see below).



Probably the most important learning point we deduced from our process to conclude on the feedback through a short, structured, template-based process, was that we missed a couple of “loose ends” in the mutual understanding of the project focus. These became obvious when we reached the point of having to put all the feedback conclusion reports together and proceed to selection of topics.

It became clear that several topics were still thought of/presented by their developers (possibly due to the significant involvement of cluster partners) more in terms of a product to be developed - that would benefit senior citizens when facilitated by professional (vocational) healthcare staff. And less as an education tool to be applied at the featured education programmes of all partners, and then possibly *also* benefitting the end-user (senior citizen). We believe, in retrospect, that the product focus has simply been easier to attach to – and the natural focus point of most cluster partners representing employers in the healthcare sector.

And we can conclude that neither our dialogue nor the issued template has completely managed to direct focus towards a student skills & competence acquisition focus.

However, we see this as part of the explorative process and as-we-develop learning within the partnership. We addressed this challenge when encountered (at Partnership Event 3) by allowing one extra month for topic conclusion and revision reporting – with added focus on the (revised) proposal of exact skills and competences to be provided to VET students.

Another learning point may be that by selecting a reference model for the project, which expresses value creation for the end-user (i.e., Positive Health – for the senior citizen), there is a risk that proposals mapped with the use of such a model may be more easily seen as what they can do for the citizen – and not for the education programme.

However, by identifying this issue ourselves, we have learned valuable insights into the feedback and topic comparison process. Our guideline contribution to your partnerships would be to advocate for constantly (in dialogue and reporting) return to the main point: What will our students learn from this development topic?

## Stage 3: Concluding and Selecting Topics

## Step 3.2: Selecting a balanced portfolio of Topics for joint development



**“The selected topics must represent a balanced consideration of variety, partner interests, and distribution of development resources”**

The actual selection of Skills Development Topics for joint development of digital learning solutions in the D-LIGHT Network project will take place only *after* the publication of these Methodology Guidelines – during February 2023.

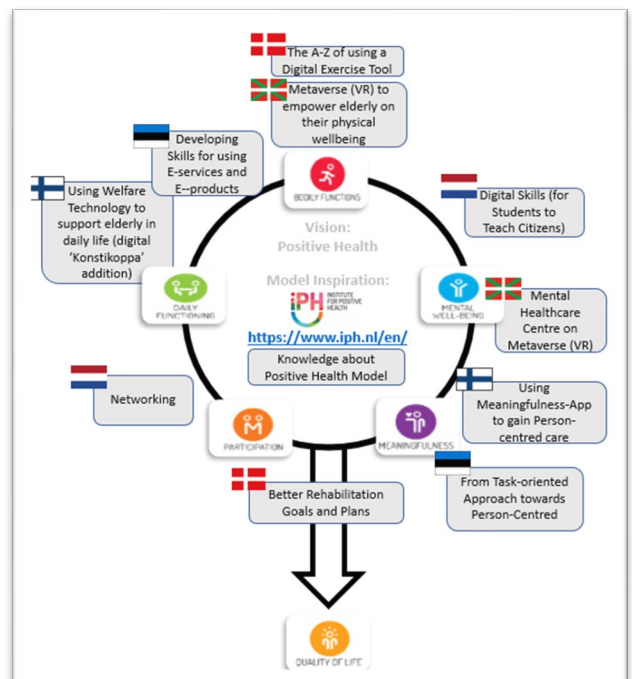
However, we have already established the “rules” of the selection procedure to ensure a final selection which

- is seen by all partners as fair and the result of a transparent selection process
- represents a balanced portfolio in terms of focus in the Positive Health Model and in expressed digital ambitions re. potential digital solutions (where this is already evident in the topic description)
- distributes development responsibility broadly within the partnership to avoid individual partner overload.

In our partnership and selection situation, we intend to achieve these aims by selecting 1 topic per Positive Health Element. Where two partner Topic proposal exists for the same element, the project will select either a merged variant of the two – where the involved partners have already agreed that such a merger is feasible – or conduct a vote between the two proposals.

To support a balanced selection, it has also been agreed that a partner may vote for its

own proposal in only one model element. Also, we have decided that each topic selected for development will be handled by a collaboration between two partners, where the topic proposing partner must lead the process. Each partner will participate in two development collaborations, with (optimally) the leading responsibility in one collaboration.



*D-LIGHT Network (10) Skills Development Topic proposals, after revision, February 2023 mapped in the Positive Health Model and ready for final selection*



The Methodology Guidelines contained in the previous sections of this document (Part 3-5) describe the process, which has taken the D-LIGHT Network partnership through the first stage of our project.

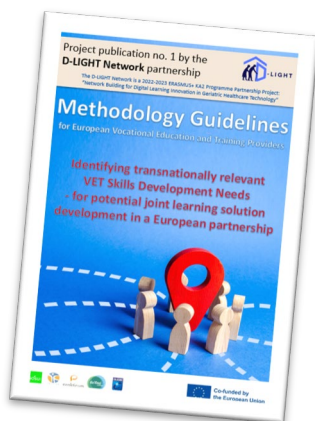
At the end of this stage (February 2023), we have an agreed selection (portfolio) of five Skills Development Topics, for which we will proceed to develop digital learning solutions. Parts of these solutions will be produced in practice as Digital Showcases within the project, while others may be produced

between the partners outside the scope of the ERASMUS+ D-LIGHT Network partnership.

You will be able to follow our process all the way. This is only the first publication from the D-LIGHT Network partnership.

We hope you have been inspired by following our journey so far, and that some of the tools and examples we have shared with you will help you in planning your processes for joint transnational developments within vocational education and training.

## Planned publications from the D-LIGHT Network partnership:



**Publication no.1 (O1):**  
*Methodology Guidelines for identification of Transnationally relevant VET Skills Development Topics*  
(February 2023)

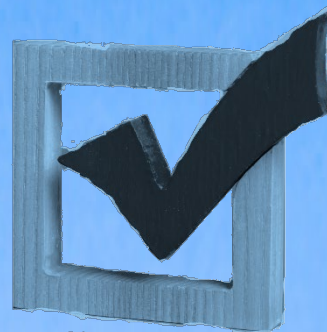
**Publication no.2 (O1):**  
*Methodology Guidelines for conversion of transnational VET Topics into digital learning solutions for joint development and use*  
(June 2023)

**Publication no.3 (O3):**  
*Best Practise Catalogue Of D-LIGHT Network partner experiences with O1 and O2 application in practise*  
(December 2023)

**Publication no.4 (O4):**  
*Teacher Training Programme for transnational VET development collaboration on the basis of O1 and O2*  
(December 2023)

**Publication no.5 (O5):**  
*(Min.) 5 Digital Showcases of learning solutions to Topics identified by O1 and converted to solutions by O2*  
(December 2023)

*This document is produced by the ERASMUS+ KA2 (2021) D-LIGHT Network Partnership Project. The document – and all materials linked to in the document is Public Domain, and may be used and distributed for all non-commercial purposes as stipulated by the European Commission regulations governing Intellectual Outputs from ERASMUS+ KA2 Partnership Programme projects.*



**Co-funded by  
the European Union**