

MHeL

Millennium Hospital / E-Learning

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Expanded transfer plan

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The MHeL Consortium

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2	Imaginary srl		Italy
3	Aristotelio Panepistimio Thessalonikis		Greece
4	Tracoin Quality BV		Netherlands
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Executive Summary

The purpose of this document is the strategic planning of the expanded transfer plan to be adopted by Operative Technical Committee of the consortium to promote to a target population potentially interested a greater knowledge of the project and of the module-based training compliant to the essential CME standard.

With this strategic planning, communication and disclosure plans should be addressed to the SEGI, AOGOI and SIGO, as well as to AGUI members with the perspective to identify individuals to be enrolled in the 2nd Pilot transfer and get ECM/CME credits.

Scope of the disclosure plan is to disseminate the results of the 1st Pilot transfer to potential beneficiaries who will take an active part in the experimentation, as well as to evaluate the potential extension of the project in different contexts to assess potential transferability, and to assess the statistical reliability already acquired during the 1st Pilot transfer.

Additional strategic tools, i.e. guidelines of previous WPs, are also designed and will be disseminated in a near future, with the perspective of dissemination to potential Italian and European stakeholders, along with the results of the 2nd Pilot transfer and related recommendations.

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1 Introduction

Before online publication and launch of the 1st Pilot transfer, and because of time constraints and lack of time to plan two pilot transfer activities completely separate one from each other, MHeL platform was first accurately tested by an internal work group and then carefully and regularly inspected in the pilot phase with the active participation of members and the accurate support given by the teachers/tutors to the participants. This fact has enabled the consortium to switch to a larger test group in a short amount of time as the fine tuning activities were regularly performed even during the pilot phase.

The Scientific Associations and Societies, project partners (SEGi – Partner 0, AOGOI – Partners 4 and SIGO – Partner 5), played a key role in the expanded transfer plan contributing to the disclosure of preliminary results, as well as to the maximum disclosure of the expanded trial launch to all their members.

2 General strategy

The schedule management for expanded transfer plan form the back bone of how the project schedule will be developed, monitored, and controlled. It defines **(1)** timing and objectives as they relate to each part of the project, as well as **(2)** a plan of activities.

Timing and Objectives

1. Timing

A timing schedule was firstly set up:

- 1st Pilot transfer was held from August 8th , 2015 to September 10th , 2015.
- 2nd Pilot transfer will be held from September 10th , 2015 to September 29th , 2015 with the scope to validate the module-based training among a larger test group. Please note that because of the abovementioned timing restriction, registered users got access to the registration section beginning from August 8, 2015, but are allowed to get to the interactive sections only as of September 14, 2015 when the final version of MHeL platform was released and the 1st Pilot transfer considered closed and fully fulfilled.

Objectives

The objectives of this expanded transfer plan essentially are two:

- **reach the largest number of beneficiaries** (taking into account the time available): they are invited to carry out the training program for the acquisition of CME credits and provide an opinion on the methodology used until September 29th, 2015;
- **promote a technology that can be used by the beneficiaries themselves not only as training users, but also as future trainers of educational activities** that can be implemented within their areas of expertise using the MHeL platform and related interactive methodology.

In this phase, all the scientific association involved are expected to play an important role as they include among their members many gynecological endoscopists, who are the elective target to give a practical, reliable opinion on the use of this educational method in minimally invasive gynecologic surgery in the specific framework of MHeL

As the active involvement of AGUI (the Association that brings together university gynecologists) was also obtained, the expansion to the population of target composed by obstetrics and gynecology resident physicians is also possible.

Resident physicians are as a matter of fact an elective target for this training method, because they are young and, therefore, familiar with advanced technologies and training programs in English.

The group of scientific representatives, coordinated by the Vice-President of SEGi, Prof. Massimo Candiani, along with all partners, define the communication and disclosure plan in occasion of the meeting which took place on September 14, 2015 (see attachment to diffusion activities).

This group were then able to spread immediately the communication through their own channels, as we will see below.

During the expanded transfer phase, particular attention is to be paid to the communication and disclosure strategies of MHeL project goals that aim at ensuring a significant impact on (a) increasing the quality and innovation of continuous medical education (CME) in Italy, (b) recognizing and certifying the skills of all healthcare personnel, and (c) aligning the Italian system to the European standards by fully meeting the EAACME-UEMS requirements already detailed in the "Evaluation and review process" section reported in the result no. 11.

Specifically, regarding the communication and disclosure activities, all the project principles already successfully tested in the 1st pilot phase should be carefully illustrated and disclosed. They are described below:

1. successful adaptation of the European best practices for innovative eHealth in a technology framework, in conjunction with shared quality standards for delivering e-learning content in the medical field;
2. good integration of training content with European resources standardized by skills and structure;
3. full adoption of European CME accreditation standards for the transferred educational paths, which could therefore provide both Italian and European CME credits (mandatory but still allocated according to learning input criteria) according to the essential criteria recognized by the EAACME-UEMS;
4. satisfactory transfer of the innovations described in formal CME educational paths, based on standardized learning outcomes and skills aligned with the Europe ones.

3 Plan of operative activities of the expanded transfer plan

As previously stated and as fully described in R11, the fine tuning activities were regularly performed even during the pilot phase, the result was a final shape of the e-learning material essentially similar to that used for the 1st Pilot Transfer : that was, possible because of the recognized quality, efficacy and utility revealed by results described in R9. Contents were located in a slightly revised MHeL gamified e-learning platform, which was upgraded according to the final suggestions of the teachers/tutors give during pre- and pilot phase. As a matter of fact, only a set of extensive FAQ , as described in issue n. 2.3.1 of R11, was implemented with the aim to better support individuals in navigation.

1. Operative activities regarding contents and framework

With respect to what said above, no other additional activities with respect to contents and framework has to be foreseen.

2. Communication plan (direct emailing) and disclosure plan

As communication is an ongoing activity for any project, the MHeL Operative Technical Committee is continuing asked to use and revise the communication plan, based on the experience acquired throughout the existence of the project. When the results of 1st Pilot Transfer were acquired, the consortium is called to plan ways to communicate the related results. This kind of communication can help get the word out about the project, and help attract new participants, renewing interest in a long-standing program.

In order to develop a valid plan for communication, the Committee was called to follow the following steps:

- Identify the purpose of the communication to address to the scientific societies and associations part of the project;
- Identify the audience to which address the communication to enroll a great number of beneficiaries to be involved in the 2nd Pilot Transfer;
- Plan and design the message and the results to disseminate;
- Identify the channel of communication
- Strategize how to collect others what can help to spread the message to a potential new target audience;
- Create an action plan and decide how to monitor it.

4 Guidelines as an additional part of communication and dissemination plan

The last tasks that brought the job to completion was the definition of a set of guidelines which summarize what happened in the previous workpackages to be disseminated in a short period of time, along with the results of the 1st Pilot Transfer.

The same guidelines are supposed to be further disseminated, along with results of the 2nd Pilot Transfer and related recommendations.

Communication and dissemination plan will be fully described in the final report regarding dissemination (see related attachments).