



## **Interactive Educational Material for Paediatric Bone Marrow Transplantation Nurses**

Progress Report

Public Part

## Project information

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## Executive Summary

This public section of the Progress Report aims at the EACEA's benefit and use for the interim assessment of the project. This report would also be a useful source of reference to the members of other consortiums and other interested parties in terms of understanding the project phases and observing the best practices.

Bone marrow transplantation (BMT) is associated with high morbidity and mortality rates and places a huge economic burden on patients, patient families and related countries. This treatment method is used in several pathological diseases varying from cancer and non-cancer blood diseases to metabolic, immunological, and neurodegenerative diseases in children. In the BMT field there is deficiency of knowledge in literature regarding supportive therapies and services particularly in paediatrics. Therefore our project aims at paediatric BMT nurse training which we believe would lead to an improvement in patient safety in the long-term. The short-term beneficiaries of the project would be the paediatric BMT nurses whereas BMT patients would also benefit from the project outcome in the long-term.

Most of the diseases that are treated with bone marrow transplantation require special nurse care services in terms of age, nutrition, neurological development and general condition of the patient during pre-transplantation, transplantation and post-transplantation periods. Nursing services have great importance in the success of transplantation. Bone marrow transplantation nurses are one of the most critical personnel group in sustainability of patients' health as well as success and economic efficiency of the transplantation unit. Thus, paediatric BMT nurses are in need of vocational information, guidance and new education materials. However, despite the training needs of BMT nurses, especially in paediatric areas, unfortunately there are very few and inadequate guiding materials available at present.

Based on the conditions mentioned above, we have developed a project to address the training problems of paediatric BMT nurses within the framework of European Commission's Lifelong Learning - Leonardo da Vinci Programme for Vocational Education and Training. BMTCare was accepted by the European Commission in 2009. The Project actually started in October 2010 and would be completed by end-September 2012.

The overall aim of the project is utilization of nursing care in the paediatric bone marrow transplantation field in the most efficient and supportive way in order to increase the success rate in bone marrow transplantation procedures and post-transplantation care services and consequently contribute to public health. Within the scope of our project, an innovative and up-to-date interactive training material equipped with practical knowledge will be developed for paediatric bone marrow transplantation nurses. The developed system will provide opportunity for paediatric BMT nurses to determine their own training needs with its self-assessment, evaluation and guiding tools. In addition, the proficiency level determination tests will provide immediate feedback to the users.

The e-training and self-evaluation and measurement tools to be developed within the scope of the project are planned to supplement the BMT nurses' theoretical and practical knowledge and contribute to the standardization process in daily practice. The e-library section of the portal will encompass courses and case studies on important topics relating to paediatric BMT. In the self-evaluation and measurement section, there will be quizzes involving three groups of questions: questions regarding each course, questions for general level assessment and questions for self-evaluation. The multi-language portal that will be in Turkish, English, German, Spanish and Czech languages in the short-term, would also contain forums where nurses, physicians and patients can share information and exchange views.

The project is being managed and implemented by a consortium comprising a team of professionals from four countries. The consortium accommodates under its roof project partners from different disciplines responding to all aspects required by the project theme. The project coordinator is a company from Turkey with vast experience in managing, coordinating and implementing R&D projects on national and international levels as well as in software development especially for the benefit of the health sector. Three consortium members are the BMT units of renowned hospitals and they constitute the scientific team which deals directly with issues relating to BMT treatment and procedures. The scientific team which is composed of medical personnel is responsible for the development of the e-training content material. Lastly, one consortium member has broad experience in e-learning, including development of interactive e-learning material, survey assessment and data collection/analysis.

So far, we already created the modules of the public section of the web portal ([www.bmtcare.com](http://www.bmtcare.com)) and we are currently uploading information to this section. We distributed questionnaires to paediatric BMT nurses in the consortium members' countries and made a thorough analysis of the feedback provided by the nurses. We determined various topics for the scientific content material and the efforts of our scientific team to complete the e-training content material (courses and self-evaluation tests) are well underway. We are planning to make the finalized portal (public section + e-training section) including all sections accessible by end-September.

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# 1. Project Objectives

The main objective of the project is to develop an interactive e-training tool for the paediatric BMT nurses in order to enhance their vocational capacity to deliver services in improving the treatment process and general wellness of the BMT patients. The specific aims and objectives of the proposed project are as follows:

- To increase the success rate of supportive care services connected to BMT units by providing broad multi-perspective e-training material for paediatric BMT nurses.
- To provide support for paediatric BMT nurses in terms of vocational knowledge and practice in order to fully address criticality of patient care before, during and after the transplantation process.
- To provide opportunity for paediatric BMT nurses to measure and evaluate their own vocational knowledge level through measurement and evaluation tools embedded in the e-training material and improve their skills accordingly.
- To enable the paediatric BMT nurses to work more effectively and contribute to the improvement in care services and patients' quality of life.
- To provide guidance for paediatric BMT nurses regarding proper behavioural patterns and supportive treatment models addressing different phases, processes, periods and risk levels in connection to different types of diseases.
- To help paediatric BMT nurses to improve competencies in offering patient-specific care services, effective rehabilitation, exercise and nutrition programs.
- To keep patients' families informed and raise their awareness on the possible supportive mechanisms in BMT process and specific problems that BMT patients are likely to experience.
- To lead to the establishment of a network of users from all across Europe in the long-term that would transform the outcome of the project (web portal) into a renowned reference platform used on global level.
- To contribute, in the long-term, to the well-being and life quality of patients who have received BMT treatment.

## 2. Project Approach

### **PORTAL DEVELOPMENT METHODOLOGY:**

The web portal comprises two sections: The Public Section which is accessible by all internet users and the e-Training Section which will be accessible only through membership (registration). The Public Section is already open but not all the sub-sections contain information yet. The e-Training Section is currently under development and will not only accommodate e-training material but also serves as a tool for project management and communication among partners. Both sections are under continuous updating by the consortium members in terms of technical and scientific aspects. The methodology followed in the development of the portal is as follows:

Object Oriented Analysis Design Method will be used in the design, construction and test of the web portal. The Portal Design and Development Document which will explain the interim portal outputs will be produced in adherence to the IEEE standard. UML will be the modelling language. Waterfall Model will be adopted as the development process model.

Development Process Standard:

IEEE/EIA 12207.0 Standard for Information Technology – Software Life Cycle Processes

Standards to be Employed in the Development Process:

IEEE Std 830: IEEE Recommended Practice for Software Requirements Specifications

IEEE Std 1016: IEEE Recommended Practice for Software Design Descriptions

IEEE Std 1058: IEEE Standard for Software Project Management Plans

IEEE Std 829: IEEE Standard for Software Test Documentation

IEEE Std 1220: IEEE Standard for Application and Management of the System Engineering Process

### **PEDAGOGICAL METHODOLOGY:**

Surveys were carried out to determine what is required for a decent content material. This task included development of questionnaires, translation to partners' respective languages and application of needs assessment questionnaires to the pilot groups within the main target group. The questionnaires could also be filled and submitted online through the project web portal in different languages. In any case, when the filled-in questionnaires are collected from the contributors, even those filled in paper (hardcopy) format were transferred into the online questionnaire. Therefore, at the end of the questionnaire application period, all 128 answers provided by the contributors (filled-in online and on paper) became available in electronic format. All data received within this framework underwent statistical evaluation. Upon evaluation of the survey results by the project Scientific Committee, we agreed on a set of themes, topics and sub-topics which are being used in constituting the online courses, case studies and self-measurement and evaluation tools to be displayed in the e-training section.

The methodology adopted for pedagogical assessment process is as follows:

During the course of the evaluation information was gathered from many different sources including:

Pre-Evaluation - the pre-evaluation will involve interviews with each of the phase 1 tutors prior to the classroom use of the materials – the evaluation will record expectations the tutors have for the materials – this will allow the classroom piloting evaluation to be put into context.

Observation Sessions - the observation studies will be carried out using two observers studying the learners in a class environment when using the re-purposed learning packages. During the learning sessions two observers will note down any significant problems or obvious actions that the learners make. These results will then be collated and summarised into the most important aspect of behaviour from the learners. These points will also be used as a basis for questioning the learners during focus group interviews.

Participant Questionnaire - the participant questionnaire will be used to gather information from a cross-section of the individuals in the group. Their computer experience and preferred method of learning will be recorded as well as their experience with VLE systems.

Focus Groups - the focus groups will involve a cross section of the learners use for the questionnaire being interviewed and questioned from a standard set of questions. These questions will be based on the findings from the questionnaire and the observation session. Use of a standard question set will serve as a common starting point for the sessions. The interviews will be recorded using minidisk then will be transcribed and analysed, with the results that will be summarised.

Tutor Interviews - tutor interviews after the classroom pilots will be held along the same lines as the focus group (and also will be recorded using minidisk), however in this case the results from the learners will also be used to feedback to the tutor and to drive the questioning process.

## **METHODOLOGY FOR THE EVALUATION OF NEEDS ASSESSMENT QUESTIONNAIRES**

The following shall demonstrate the careful and systematic collection of data and how the evaluation team will gather the information which will then be presented in the findings of the evaluation final report.

The main goal of evaluating the training needs of bone marrow transplantation nurses as a part of our project is to get a determined overview on the deficits and on the not so much considered content during the education as a BMT nurse.

On the other hand it is essential to get an overview on the training methods in which the nurses were educated. Since our project group is developing an eLearning platform, it is necessary to be aware of the experience and also the willingness working with electronic media when it comes to advanced vocational training.

### **Organisation**

The questionnaire with the title *Evaluation on the Training Needs of Bone Marrow Transplantation Nurses* was originally set up as an online questionnaire.

However, in case of access problems it is still possible to distribute the questionnaire in paper form via mail. We also do telephone calls to avoid any possible misunderstandings and to launch further information on an administrative basis. We do not lead any telephone interview; all relevant and later evaluated data is submitted handwritten by paper form or electronically via the online form.

The participating nurses were contacted by email, mail and phone. The key persons for getting in contact with the participating nurses are the administrative staff within the nursing- and BMT centres. We started to distribute the link for the online questionnaire as well as the paper form with the beginning of April 2011 and originally planned to terminate data collection until the end of May 2011. It turned out, that the written questionnaire is more requested than the online form, which maybe had to do with technical restrictions within the hospital network. Being a more time-consuming method collecting the data by paper and due to insufficient number of feedback because of that, the deadline for the collection of the data was shifted to 31th August 2011.

Depending on the nationalities of the partners in our project the questionnaire is published in five different languages: English (default language), Czech, German, Turkish, and Spanish. The nationality of any respondent will later be determined by the chosen language in which the questionnaire is filled. Every project partner is responsible to distribute and collect the questionnaire in their respective area and language for then sending the filled forms to P3 who is in charge of compiling and evaluating the data.

### **Intention and Design**

The questionnaire is anonymous, in no way it is possible to link the results to any specific respondent. Nevertheless it will be one of our main goals to evaluate the outcome of the topical sections depending on some personal data. As part of our personal questions we ask about the age and the gender to get a demographical output, mainly to evaluate any dependence between age and learning preferences for example.

Also the nursing experience on different working areas alongside with the nursing education are two main aspects to be considered when analysing different educational habits in different European regions.

So the first topical section of our questionnaire deals with given topics that were defined by the scientific members on the base of experience in the field of paediatric bone marrow transplantation. The outcome should be if (and to which extend) these topics were already part of the primal education schedule. We are asking for the **knowledge level** on a five-array-question which answering options ranging from “No Idea” to “Very good Knowledge”.

Since we also need to know about the **preferred method of learning** concerning to the same topics, we put on a dual scale question making it much easier to fill-out the form. In that second scale we are asking by a multiple choice question, giving the respondent five answering options: a) lecture/conference b) written material c) case discussions d) audio-visual material e) from a colleague/senior nurse.

In the second topical section of our questionnaire we are asking about the **working experience**. Again we are asking about a wide range of specific fields of different working areas. The given answers of the six-array-question range from “No Experience” to “Very good Experience”.

Since we are also distributing the questionnaire as a paper form, none of the questions in the questionnaire is supposed to be a mandatory question. It means that because on reasons of reliability there is still the option of *not answering* any question on any reason by either leave default answer checked (online form) or mark the “no answer”-option (paper form).

### **Transmitting the Data**

As already mentioned, respondents have two different options of answering the questions of our questionnaire. Choosing the electronic form which was developed with the data collection

tool means that all data is almost ready for final evaluation because of an integrated option of Lime Survey which allows to export the collected data into the different file formats of the spread sheet and statistical analysis programs, for this will be the main evaluating tools to bring out the findings.

In case of a filled out paper form, it is the evaluation team which transmits the data into the spread sheet and statistical analysis programs. To avoid any transmitting mistakes, this work is checked by two different members of the evaluating team.

## **DISSEMINATION METHODOLOGY**

Each partner participates in dissemination/valorisation activities. Within the context of valorisation studies, each partner country would organize pilot groups composed of paediatric BMT nurses in order to ease the treatment process and increase the patients' quality of life. Working groups will be organized according to the requirements of main topics, application areas and quality issues of the project. Each project partner is responsible for contacting the related parties and stakeholders in its respective country. Throughout the duration of the project, each partner puts forward efforts to introduce the project and deliver useful information about it through visits to colleagues and counterparts and presentations at national and international seminars, conferences, workshops.

In context of the dissemination activities, Dr. Petr Sedlaček (Project Manager of Charles University, Czech Rep.) attended the Third Mid-summer Meeting on Hematology and Oncology held in Liberec, Czech Republic on June 2011. At the meeting, nurses presented preliminary results of the needs assessment survey performed in paediatric transplant centres mainly in Czech Republic, Turkey, Germany and Spain within the framework of our project. In a similar manner, Hemosoft IT and Training Services and Hacettepe University have also been introducing the project to the parties concerned in Turkey. They encouraged the interested parties to contribute to the development of the portal content upon completion of the project and received positive replies from several BMT unit personnel. This is especially important as dissemination activities not only aim at introducing the project to concerned circles but also at seeking support for the sustainability of the project outcome after the project is complete. Therefore these activities were the first steps towards realizing the goal to set up a European network of paediatric BMT nurses. We believe dissemination activities will continue at a faster pace throughout the second half of the project.

Furthermore, a project brochure and a logo and banner have been designed and produced. Moreover, a domain name (bmtcare.com) has been purchased for the project web portal during the early stages of the project. The project web portal will be fully utilized for dissemination purposes as all dissemination activities as well as recent developments will be displayed in the public section of the portal and lots of information will be covered to raise the public awareness on the issue. All material will be in English + the respective languages of all project partners. A total of 3000 brochures have been printed in five different languages and distributed to interested parties. 1500 CDs about the project will be produced towards the end of the project. The number of dissemination meetings may vary.

Since the project brochure was designed and produced during the early stages of the project, the project partners had the opportunity to distribute the brochure to stakeholders and at national/international conferences/seminars. This includes the distribution of the brochure at the EBMT Annual Congresses.

Lastly, application of training needs assessment questionnaires to the target groups in all partner countries during the early stages of the project served as a first step in raising

awareness of the paediatric BMT nurses, therefore could be considered a pilot dissemination effort.

### 3. Project Outcomes & Results

The main project outcomes comprise E-training Web portal + online questionnaires + training material (courses, case studies, etc.) + online self-evaluation and measurement exams + project CD, brochure + portal user's manual. The status of each project outcome as of the submission date of this report is displayed in the table below:

Outcome	Status
Kick-off Meeting and Meeting Report	Completed. Kick-off Meeting convened in Istanbul, Turkey on December 14, 2010.
Updated Work Plan	Completed. Agreed upon by all project partners at the Kick-off Meeting.
Work and Flow Charts	Completed. Project Coordinator (P1) drew the work and flow charts which show the project process in form of a diagram.
Partnership Contracts and Financial Identification Forms	Completed. All contracts and financial identification forms have been received from project partners. A signed copy of the contract was sent back to each partner.
Partner Progress Reports	Completed and ongoing. Partners periodically provided the Project Coordinator (P1) with their progress reports and list of expenditures they made in context of the project. They will continue to do so until the project ends.
Progress (Interim) Report	Completed. The present report is the Public Section of the Progress Report.
Second Project Meeting (First Scientific Meeting) and Meeting Report	Completed. First Scientific Meeting convened in Prague, Czech Rep. on May 21, 2011.
Web Portal (Public Section)	Modules completed. Content to be uploaded. See. <a href="http://www.bmtcare.com">www.bmtcare.com</a>

	Additionally, the framework for the e-training section has been developed and tests and improvement efforts are underway.
Temporary Project Management Portal	Completed. However, it expired after the permanent project management platform was created within the portal's e-training section.
Content Determination Questionnaires	Completed. See <a href="http://survey.hemosoft.com/index.php?sid=31279&amp;lang=en">http://survey.hemosoft.com/index.php?sid=31279&amp;lang=en</a> for the online version.
Questionnaire Application and Evaluation of Results	The following reports were completed: <ul style="list-style-type: none"><li>- Report on Method of Statistical Analysis</li><li>- Interim Questionnaire Analysis Results</li><li>- Final Questionnaire Analysis Results</li></ul>
Content Analysis Document	Completed. Selected Topics-Questionnaire Results Match Report
E-training Content Material	Under progress. Educational material on 12 predetermined topics already completed. An additional 10 have been drafted.
Project brochures, Project Logo, Banner, Acronym and Domain Name and CDs	Completed except for the CDs. CDs to be completed after the scientific content material is finalized. However, the graphic design of the CD has been completed and a temporary CD version has been realised with the finalised content material.
Dissemination Meetings	Ongoing.

### **Link Between Results and Objectives:**

- Application of the Needs Assessment Questionnaires in different countries and the feedback received from 128 paediatric BMT nurses ensured the determination of training needs separately for different countries. This would contribute to the improvement of vocational competencies and efficiencies of paediatric BMT nurses in these countries. The feedback received from 128 nurses plus the experiences of the scientific project partners have been utilised for determining the topics for the scientific content material. In doing so, it is planned to provide practical and updated information benefiting the paediatric BMT nurses. In this way, the aim to “provide support for paediatric BMT nurses in terms of vocational knowledge and practice in order to fully address criticality of patient care before, during and after the transplantation process” would be satisfied. Moreover, the scientific material including the self-measurement and evaluation tests to be developed during the next phase of the project would meet our criterion to “provide opportunity for paediatric BMT nurses to measure and evaluate their own vocational knowledge and improve their skills accordingly”. Since the e-training material would address different types of diseases/disorders as well as different risk levels associated with these disorders, we would also satisfy other project objectives to “provide guidance for paediatric BMT nurses regarding proper behavioural patterns and supportive treatment models addressing different phases, processes, periods and risk levels in connection to different types of diseases” and “help paediatric BMT nurses to improve competencies in offering patient-specific care services, effective rehabilitation, exercise and nutrition programs”.
- Some of the outputs listed in the above table (progress report, project meetings, etc.) are related to technical, administrative and financial follow-up phase necessary for successful implementation of the project. Another portion (dissemination activities, brochures, web portal, etc.) would serve the purpose of reaching a wider community of interested parties and dissemination of project results. The public section of the web portal and the forums that will be embodied within the portal would benefit not only the paediatric BMT nurses but also the patients and their families by supplying useful and updated information and enabling the creation of common sharing platforms for them. This in turn would meet our objective to “keep patients’ families informed and raise their awareness on the possible supportive mechanisms in BMT process and specific problems that BMT patients are likely to experience”. The portal would also be the first step towards our long-term objective to “create a network of users from all across Europe”.
- An improvement in the vocational competencies and efficiencies of paediatric BMT nurses would eventually contribute, in the long-term, to the “improvement in care services and the well-being and quality of life of BMT patients”.

## 4. Partnerships

Despite the worldwide medical principle that each patient has its own conditions and should receive a treatment that suits best with these conditions, it's obvious that BMT patients have common need for support since their quality of life is negatively affected by difficult treatment procedures among which radiotherapy, chemotherapy and parenteral nutrition takes place. With respect to that fact, each institution in which BMT patients receive treatment should have adequately competent nurses. Since the procedures followed by paediatric BMT nurses in Europe are not bound to each other within a system, there may be differences in terms of procedures and practices of BMT patient care among BMT staffing terms of care services. The utilization of these life-quality increasing support treatments has critical importance to the success of BMT procedures. The development of e-training material addressing to the criticality of the appropriate and effective support from paediatric BMT nurses to BMT patients during whole BMT process, will contribute to the standardization of these support mechanism all over Europe, by providing required theoretical and practical knowledge to the related paediatric BMT nurses both in transnational and individual terms.

Another added value to Europe would be, in the long term, it is also intended to establish a network of users through registration to the portal of paediatric BMT nurses from all across Europe who will be able to contribute to the e-training material and share their best practices with each other in the forum area of the portal. It is worth mentioning that there are no existing training programs or e-education platforms today in Europe that provides training material and/or self-evaluation and measurement tools designed for the needs of paediatric BMT nurses.

The project consortium comprising partners from Turkey, Germany, Spain and the Czech Republic (covering a geographical area from West Europe to East Europe and Eurasia) would ensure the transnational realization of these intended outcomes across Europe. Collaboration of teams from different countries in Europe leads to the realistic elicitation of differences and similarities among different regions in Europe in terms of training needs. This would also provide us with an understanding of training preferences of target groups in different countries. Furthermore, sharing of the best practices of BMT experts who were educated and work in different countries ensure that their experiences and training needs are collected under a common roof, hence consequently yielding a common value which would contribute to the European value-added. Suggestions of BMT experts from different countries create a diversity of ideas which positively affect the progress of the project.

As far as the partnerships established with groups outside of the direct project/consortium is concerned, all introductory material (printed and electronic) will be presented to related international organizations such as the European Group for Blood and Marrow Transplantation (EBMT). We will seek the support of the BMT centres where the needs assessment survey was conducted for the post-project period in order to ensure the sustainability of the project outcome after the project completion date. Contacts have been made for this purpose with other groups such as NGOs, universities and research organisations and positive feedback was received from them in this respect.

## 5. Plans for the Future

- Completion of the educational material content and the standard formats for each headline to be open for improvement.
- Scientific Meetings to be hosted in Spain, Germany and Turkey for the evaluation of the content development phase and planning for finishing the work package activities.
- Finishing of the web portal in accordance with the determined requirements (enriching the public section, uploading new e-training material to the e-training section, creating algorithms and directives for self-evaluation tests)
- Translation of the e-training material content and other tools in other partners' native languages.
- Preparation of the evaluation report for the project activities.
- To intensify the activities in the context of valorisation both nationally and internationally.
- Valorisation meetings in Turkey and Brussels supported with national implementation seminars in each partner country.

Depending on the scientific members' common-decision, portal content may be enriched to include new fields, respond to the needs of the project beneficiary groups; and make the portal much more attractive to the beneficiaries and also the third parties such as local or national decision makers. This issue, if taken into agenda, shall be resolved through intellectual property agreements and also by the contribution of each partner in their respective country.

Specifically, the following tasks remain to be completed through joint efforts of the consortium members:

<b>Outcome</b>	<b>Status</b>
Sixth Project Meeting (Final Meeting) and Meeting Report	Undue
Final Report	Undue.
Portal Design, Development and Test Document	Undue.
E-training Content Material	Under progress. Content material on a total of 30 scientific topics will be completed.
Translation of the content material into all 5 languages	Under progress.
Working Visit to eScience Institute (P3)	Undue.
Third Project Meeting (Second Scientific Meeting) and Meeting Report	To be held in Valencia, Spain on 25 November 2011.
Fourth Project Meeting (Third Scientific Meeting) and Meeting Report	To be determined at the Second Scientific Meeting in Valencia.

Fifth Project Meeting (Fourth Scientific Meeting) and Meeting Report	To be determined at the Third Scientific Meeting.
Pedagogical Evaluation Report	Undue
Prototype Portal (Public + e-training sections)	Undue
Pilot Study Analysis Report	Undue
Final Version of the Portal	Undue
Technical Evaluation Report	Undue
Web Portal User's Manual	Undue
Project CDs	In progress. To be completed upon finalisation of scientific content material.
Dissemination Meetings (national / international valorisation meetings / activities; communication with national/international organisations, NGOs; advertisement activities)	Ongoing in all partner countries.

## 6. Contribution to EU policies

The theme of the project supports, if not directly falls under several priority areas of the Millennium Development Goals of the United Nations; namely reducing child mortality rate, combating HIV/AIDS, malaria, and **other diseases**, and developing a global partnership for development. As far as the European Union's priority areas are concerned, the project theme complies with EU policies such as "creating prosperity in a knowledge-intensive society" as well as the Communication adopted by the Commission on March 31<sup>st</sup>, 2010 on "EU Role in Global Health". It can also be asserted that the current project also adheres to the Treaty of Lisbon as it complies with the Treaty's provisions on **public health** which aim at boosting the Union's ability to respond to threats to the security of European citizens.

From the public health perspective, the contribution of the project to the above-mentioned policies mainly stems from the fact that BMT method can be employed in treatment of several pathological diseases varying from cancer and non-cancer blood diseases to metabolic, immunological, and neurodegenerative diseases and that such project themes have the potential to contribute to the well-being and life quality of patients who have received BMT treatment in the long-term.

From the knowledge-intensive society perspective, the contribution of the project is mainly due to the fact that this project falls under European Commission's Lifelong Learning, Leonardo da Vinci Programme, and aims at using of ICT and e-learning methods to benefit a certain group of professionals, which makes it a good example for a tool aiming at creating prosperity in a knowledge-intensive society.

## **7. Extra Heading/Section**

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