



**Supporting innovative learning approaches
through Mobile Integration in the WorkLacE-
Oncology Nursing (SMILEON)**

Progress Report

Public Part

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Executive Summary

The main objective of SMILEON is to develop a methodology for the seamless integration of learning into day-to-day practice in the workplace. The methodology will be developed and validated in the project in the context of oncology nursing, though it will be adaptable to other sectors. SMILEON aims at developing a methodology that integrates a 'virtual layer' (using mobile technology) into nursing practice in order to enhance the learning process and give it a social element.

The SMILEON project began on November 1st 2011 and will end on October 31st 2013. The partnership carrying out the project is composed of 7 partners, from 6 different countries, bringing together six institutions specialized in oncology nursing training and a technological partner. During the first twelve months of the project, the partners have carried out a range of activities. At the start of the work, through structured questionnaires and semi-structured interviews, an analysis of the needs of nurses, trainers and learning program leaders was undertaken. Employed nurses were the target group. On the basis of the results of the analysis, the partnership developed a methodology for the use of mobile technologies in the oncology nursing context, based on interaction and collaboration of trainer and learner through the use of the technology, creating a social learning network. This process took into account the reality of the daily practice of the professionals involved, the technological functionalities of the tablets and the learning objectives and with these elements in mind the mobile toolkit to support this methodology was developed. The toolkit designed for the tablets uses the Android operating system, and brings together a range of applications that are accessible through one simple interface. A manual describing the learning methodology has been produced as well as the training material for teachers.

The validation of the learning approach and the technology supporting it will now be piloted in two cycles, in each of the partner countries. The first pilot focuses principally on the validation of the learning approach, while the second will also pay attention to exploitation and sustainability issues, and the possible extension of the approach to other contexts. The design of the first pilot has already been completed and the first implementation trial is taking place in the 6 countries.

Plans for the future include the validation of the learning methodology and the toolkit, the evaluation of results and the dissemination and exploitation of the project outcomes.

The project will be broadly disseminated to the healthcare, and particularly the oncology, sector as primary target and beyond to the wider field of education and training.

A dissemination plan has been produced: the strategy involves a website (<http://www.smileon-project.eu>) and online dissemination through a range of channels and face to face workshops inside the stakeholder's institutions and with participation of the stakeholders in local, national and international meetings

The SMILEON project will provide appropriate training to equip nurses in the sector to adapt to emerging work opportunities in the nursing sector and will contribute to EU policies as it supports *the development of quality lifelong learning and promotes high performance, innovation and a European dimension in systems and practices in the field*, and it also supports *the development of innovative ICT-based content, services, pedagogies and practice for lifelong learning*.

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1. Project Objectives

The SMILEON project has the aim of developing a new approach to vocational training using mobile devices to extend learning activity into daily practice. The idea is to integrate theory learning with practical skills development. The project is located in the context of oncology nursing.

The mobile communication involved will function as a “virtual layer” that integrates with the nurses’ daily interaction with patients. Using tablets, they will be able to communicate in real time in the work place and access relevant content according to their needs. The idea is that the “space” created will facilitate exchange of experiences with tutors and with other participants.

The approach proposed will constitute an important improvement in the way these new skills are learned, and will increase the capacity of the nurses to perform in this new area of nursing. The project is therefore innovative not only because it involves a new social approach to mobile learning, but also because it constitutes an innovation in the area of nursing training. These issues make it vital to ensure that the process of development and adoption of the new approach in each context is appropriately monitored.

The project has developed a needs analysis report, followed by a development of an appropriate learning methodology and a mobile toolkit to support it. The approach is being piloted right now in one of the partner’s hospital. The first pilot is focusing principally on the validation of the learning approach, while the second will also pay attention to exploitation and sustainability issues, and the possible extension of the approach to other contexts.

The principal objectives of the project are:

1. To develop a methodology for integrated, “just-in-time” learning in the workplace using mobile devices.
2. To develop a software toolkit for the Android operating system that will facilitate the implementation of the methodology.
3. To pilot the methodology and software in a range of workplace contexts across Europe, in the sector of oncology nursing.
4. To disseminate the results of the work and ensure its adoption beyond the project life cycle.

In order to achieve these objectives, a key aspect is the involvement of the target population, ie the oncology nurses, in the design of the program from the beginning. To do this we have been worked we have worked with nearly 200 nurses, 30 in each country, to identify both training needs and the level of knowledge and use of mobile and web 2.0 technology.

The other main aim of the SMILEON project is the dissemination and extension of this methodology to others contexts and professionals sector that can beneficiate of this approach. For this, the project dissemination plan is aimed at health context and specifically to cancer, but also to other environments like the educational and technological sectors.

2. Project Approach

We live in a society in constant evolution. The increasing rate of scientific and technological development is leading to the emergence of new jobs, which involve new worker profiles and new collections of skills that are necessary to perform these jobs appropriately. People for these new jobs requires changes in education and training to take into account the new characteristics of the job, and this is not solely a question of the provision of new content, learning new skills requires practical experience with appropriate support.

The field of healthcare in particular has undergone rapid change in recent years, and this is especially true in the field of oncology care. Approaches to cancer treatment have given rise to new procedures and techniques, and this has led to the emergence of a new specialist field of nursing -- oncology nursing. The partners in this project are all active in the field of oncology nursing training, and have become increasingly aware in recent years of the need to improve the ways in which this training is provided to cater more fully to the needs of trainee nurses. A range of issues are involved but one that is of particular importance is the fact that in an emerging field such as this training cannot be considered as a single action, it needs to take into account continuous development in the field.

Traditional healthcare education has focused largely on the provision of content and theory. Though this is logical given the sheer bulk of knowledge involved, and it may be appropriate for doctors and specialists (but should be noted that increased use of learning approaches such as case study and problem solving in medical education involves a reorientation of the emphasis on content) it is less appropriate in the context of training for nurses. Like many jobs nursing requires intensive integration of the theoretical knowledge that underlies the practice with on-the-job activity. The partners were aware that their current approaches, which largely separate the learning space, the classroom or an online platform, from the workspace in hospitals. To give an example, a nurse may study a unit in which she or he learns the importance of the early diagnosis and treatment of extravasations when administering a chemotherapy treatment. However in order to apply this knowledge in practice and others may need support which is not currently provided except informally by other staff on the ward. This lack of integration between theory and practice is a challenge.

Furthermore the different problems that may emerge in practice especially in the application of new procedures and approaches in oncology nursing require a more dynamic approach that permits the discussion and exploration (supported by appropriate content) in the workplace context. The partners experience in online approaches to the training of nurses has provided some interesting insights into the way nurses tend to learn. In their online courses that degree of activity in the different interaction spaces provided tends to be higher in nursing courses. Nurses appear to benefit from the opportunity to discuss and explore what they are learning, their learning is social.

At the same time, the partners were aware of the emerging mobile technology both in their personal lives and as a training tool and had a perception of its potential for improving learning processes. They were aware of experiments in mobile learning, including in the health sector, such as for example the provision of language training (a kind of phrasebook) for foreign nurses in the UK using mobile phones in the Cloudbank project

<http://bit.ly/3Wc1nC/>. Furthermore the increasing use of PDAs in healthcare pointed towards the potential of mobile devices and learning. Conversations with the technological partner further amplified their awareness of the possibilities of PDAs and smart phones. However the ban is the section was that in many cases these uses were limited to the just-in-time provision of content, and less attention was given to the social and support potential that these devices could provide in workplace learning oncology nurses.

Reflecting on these different considerations; the need to integrate theory and practice more closely in oncology nursing training; the need to cater for the dynamic nature of a field in which new skills and procedures are emerging all the time; and the possible affordances of mobile technology to facilitate appropriate learning interactions between trainee nurses, and their tutors, and appropriate content as well; the partners have developed a vision of a new methodology for learning, supported by PDAs technology in which the nurses are continually accompanied and supported in their daily practice, thus enriching their learning. In the same way as mobile technology and the Internet increasingly are creating a "virtual layer" in our personal lives, the nurses will have this virtual layer in their professional and learning lives.

The aim of this project is to develop and pilot this methodology and the toolkit that supports it. Although the intention is to focus in this project on getting the approach right for the field of oncology nursing in Europe, we see considerable scope for the extension of the approach into other sectors of healthcare and beyond into wider society, where in many fields, such as for example domotics, business, telecommunications and others, the continuing emergence of new technologies and plays the emergence of new jobs that require new skills. There is a need for education to develop new approaches that can support the learning new skills and new jobs in an agile and appropriate manner. This project aims to contribute to that development.

The process leading from the initial idea through development and validation of the methodology to its subsequent exploitation in other sectors began with a needs analysis. It was necessary to ensure that the needs of the users, the nurses and tutors, were taken into account in the design. The report generated by this needs analysis was be the first milestone of the project, and the results fed into the next stage in which the methodology, on the one hand, and the toolkit, on the other, were developed.

The development of the methodology involved three stages: an overall approach was designed by the partners and then specific examples of activities were created. A series of materials for teacher training (including a manual) were then developed in order to ensure that teachers and trainers are able to use the methodology appropriately in the pilots and later.

Parallel to this in the technological development of the toolkit a brief was created by the partners using the results of the needs analysis and on this basis the technological partner then selected applications and designed the interface. The applications include communications applications, such as synchronous and asynchronous messaging (chat, instant messaging and forum functionalities), content-related applications (for viewing different media), creative applications that include capture of video sound and image, and profiling applications that facilitate social presence in the system. After this the prototype

toolkit was usability tested in each of the countries and the results were fed back into the design process and adjustments made.

The next stage involves the piloting. The two pilots (10 learners in each country in each pilot) run successively in an iterative cycle. The results of the first pilot, just beginning, will be used to make adjustments which will be tested in the second pilot.

The process of evaluation of the pilots runs in parallel to the two pilots. Evaluation of the first pilot will focus, in different ways, on aspects relating to the technology used and any practical problems arising, aspects relating to the methodology, and the learning that takes place and other aspects relating to the degree of satisfaction experienced by the nurses with the overall experience. In the second pilot a wider range of activities will be introduced in order to explore the flexibility and potential adaptability of the methodology to other contexts. For this reason the evaluation instruments used will have a different emphasis in the second pilot.

The final evaluation report will be used in the last stages of the project which focus on the dissemination and exploitation of results and the final milestones include final versions of the methodology manual and toolkit, which will be presented at a series of exploitation workshops in the different partner countries and at an international workshop in Turkey at the end of the project which constitutes the final milestone.

3. Project Outcomes & Results

The SMILEON project began on November 1st 2011 and will end on October 31st 2013. The partnership carrying out the project is composed of 7 partners, from 6 different countries, gathering six institutions specialised on oncology nursing training and a technological partner.

The following activities have been realized in the first project year of SMILEON, from November 1st 2011 to October 31st 2012:

- Set up of the SMILEON partnership and organization of project work.
- Graphic design: logos, website and other promotional has been developed.
- Conduction of national needs analysis with representatives of the target group in the six partner's institutions.
- Definition of the learning methodology to be applied in the toolkit.
- Production of the training toolkit for Androids Tablets to be used in the pilots.
- Production of dissemination products as project logo, website and fliers.
- Production of teacher training handbook.
- Definition of the evaluation tools to be used.
- Start of the first pilot in one of the countries, in the other countries the pilot will begin before the end of November.
- A complete dissemination and exploitation plan has been prepared.

Further information on the project and its products can be found on the project website: <http://www.smileon-project.eu/>

WP1: Needs analysis The SMILEON project involves the creation of a methodology that aims to improve learning in the field of oncology nursing. WP1 carried out a needs analysis in order to ascertain the learning situation and needs of the participants at each partner location. The aim of this process was to produce grounded results that would ensure that the methodology would be adapted to the realities of the partners. It was also aimed to ensure that the methodology developed would be sufficiently flexible to cater to the different contexts, and to be adapted to other contexts in the future thus guaranteeing the sustainability of the methodology.

WP2: Methodology WP2 developed the methodology that is the central focus of the project. It contains an overall definition of the pedagogical approach, based on the principle that learning is social and especially effective if it is grounded in and developed through practical experience and application of what is being learned. Kolb's experiential learning model was used as a starting point for the development of the approach. After this the partners worked on the creation of the details of the methodology. This involved in particular the development of a range of learning activities that can take place in the workplace, simultaneously with the nurse's professional practice, using the "virtual layer": the range of mobile applications in the toolkit developed in WP3.

WP3: Technological development WP3 has developed the toolkit that facilitates the "virtual layer" that integrates the nurses learning with their professional practice. This toolkit is a simple interface developed tablets using the Android operating system. While developing Toolkit Brief, in the technology section, regarding the type of application that should be used

in the device caused numerous debates. The crux of the debate was between using native applications (in Apple or Android or Windows) or HTML5 for the SMILEON application, we understood that both approaches have advantages and disadvantages in this regard and application development in either language would determine the final application developed. The joint decision was HTML5 programming language.

This Toolkit provides the nurses with an entry point through which they can access a range of different kinds of content (reference material and specific content), social spaces for interaction both with tutors and peers (this will include messaging and forum spaces, as well as profiles of the people in the system) and applications for the capturing and generation of content such as video, images and sound files, so that nurses can provide different kinds of reports on the activity that they can share with tutors or peers. The toolkit also facilitates integration with other spaces the nurses may use in their personal lives, in order to ensure their motivation and the adoption of the interface as part of the range of tools that they use in their lives.

WP4: Pilot 1 WP4 pilots the toolkit and methodology in real oncology nursing contexts in each of the partner countries. This first pilot work package focuses on the validation of the learning approach. The aim is to ensure that the toolkit and methodology proposed actually do facilitate and enrich the learning experience for the nurses. To ensure proper implementation of the first pilot we have developed a series of documents that describe the pilot programs, deal with pedagogical, organizational and technical aspects of it.

WP5: Pilot 2 WP5 will carry out Pilot 2 activities. This second pilot forms part of an iterative process aimed at the refinement of the methodology and toolkit, but the focus of Pilot 2 will shift to an evaluation of the potential for sustainability and exploitation of the methodology beyond this context. This will involve the use of a wider range of activities in order to demonstrate the flexibility of the approach.

WP6: Evaluation of the approach WP6 involves the evaluation of the approach across the two pilots. The separation of this activity aims to separate the practicalities of the implementation of the pilots from the design of the implementation of the pilots. It also facilitates a consistency of the evaluation of the approach across the two pilots, and thus guarantees the iteration through the pilots to a final version of the methodology and toolkit. The work package covers the evaluation of both pilots and the generation of reports referring to each pilot as well as a final report that integrates the results of each evaluation into one document.

WP7: Dissemination WP7 Dissemination is an on-going activity throughout the project lifecycle. It focuses on raising awareness of the project. To ensure appropriate strategies are adopted, an in-depth stakeholder needs analysis was carried out at the beginning of the project, and all the valorization strategies derive from the results of that activity. At the current stage though the partners have disseminated the existence of the project, it is premature to engage in more fully fledged dissemination activity, since this needs to be timed for strategic reasons at the time when pilot results are mature, and ready to be published.

This process when the time is ripe will focus on both the use of the partners habitual channels in the oncology sector, and a range of social media channels, as well appropriate

face to face meetings. The project website will be the nexus for the dissemination of the project results and for discussion and exchange around the methodology and its use during and beyond the project lifetime, the principal objective being to raise awareness among the target stakeholder communities of the potentials for improvements in learning through the use of this methodology and initiate their engagement with the project and its results, either as participants or interested observers.

WP8: Exploitation WP8 centers on the adoption and transfer into policy and practice of the results of the exploration that has taken place in the project. The aim in the second year as pilot results become available is to achieve direct engagement with key decision-makers, teacher groups and other stakeholders with the objective of promoting wider adoption of the methodology beyond the field of oncology nursing after the end of the project, and a strategy is currently being developed to promote the integration of the approach in the main educational networks in each country and at European level.

4. Partnerships

The project consortium consists of 7 partner organizations spread across 6 EU Member States – Check Republic, Italia, Lithuania, Slovenia, Spain and Turkey. Each partner has a specific role within the project reflecting their particular area of expertise and experience and provides added value to the project.

The consortium has to date met on two occasions together in Barcelona and in Milan. Face to face meetings deal with the overall strategic management of the project and discussion about the pedagogical approach of the toolkit.

The consortium has appropriate knowledge of the field of oncology nursing and experience in education and training in the healthcare sector and particularly in nursing. The partnership taken together has a complementary range of skills and expertise that cover the needs of the project:

- Scientific know-how and particularly in oncology nursing.
- Experience in developing and implementing training and education.
- e-learning know-how.
- Close contacts to the with other areas of health care and the educational administration in Europe and in their respective countries, as for example The Multinational Association of Supportive Care in Cancer (MASCC), the International Agency for Research On Cancer (IARC) and the Union for International Cancer Control (UICC).
- Evaluation expertise.
- Experience with working in European projects.
- Experience in the development of healthcare e-learning solutions.

Institut Català d'Oncologia - Coordinator

ICO is a public organization, integrated within the Department of Health of the autonomous government of Catalonia. Based on a comprehensive cancer centre model, ICO is a single-purpose institution which includes primary and secondary prevention programs in its care service, carries out translational research and implements specialist training programs. ICO is a multicentre organization structured into a network of 3 oncology centers, 3 university hospitals and 16 county hospitals.

Delta Media S.L.

DELTA MEDIA is a company focused on management consulting and e-learning. Its R&I Department has developed different types of technologies and supports platforms for e-learning courses. The team is capable of providing an interdisciplinary team-oriented knowledge during the different phases of any e-learning project.

European Institute of Oncology

The European Institute of Oncology is a non-profit comprehensive cancer centre. The Institute became a research hospital and treatment centre in January 1996. In keeping with

the standards of the most advanced international oncology centers, the Institute fully integrates different activities involved in three main pillars of cancer treatment: prevention and diagnosis, health education and training, research and treatment.

Institute of Oncology Ljubljana

Institute of Oncology Ljubljana is a public health institution providing health services on the secondary and tertiary level as well as performing educational and research activities in oncology in Slovenia. The Institute employs over 1000 health care professionals, technician and administrative staff. As a principal national institution, the Institute supervises the programs on comprehensive management of cancer diseases in prevention, early detection, diagnostics, treatment and rehabilitation, research and education.

Lithuanian University of Health Science

Kaunas University of Medicine is the largest institution of medical education and training in Lithuania. In addition to its teaching function, Kaunas University of Medicine is also the largest medical research institution in Lithuania. In 1990 the Faculty of Nursing was established. In Lithuania PhD studies in Nursing are performed only in the Faculty of Nursing (Kaunas University of Medicine).

Başkent University

Başkent University was the first private university to teach health sciences in Turkey, it was founded in 1993 with the cooperation of the Turkish Organ Transplant and Burns Treatment Foundation and the Haberal Education Foundation. The main objective was to build an academic institution that will ultimately be a fully-fledged and internationally prominent university. Currently, the university's enrollment includes 1,143 associate students, 7,160 undergraduate students and 408 graduate students. Başkent University has also been awarded a Quality System Certificate and respectively our education principles are designed in accordance with these quality standards.

National Centre of Nursing and Other Health Care Professions Brno

National Centre of Nursing and Other Health Care Professions Brebowas founded by the Ministry of Health of the Czech Republic. The Centre provides a conceptual, analytical and methodical approach for the accreditation of activities in the fields of nursing and other non-medical health care professions and is the professional institution for the implementation and development of lifelong learning of health workers.

The consortium is supported by several external players such as an external evaluator, or a graphic designer.

5. Plans for the Future

When planning this project the need for the work to be done in a context of European cooperation was clear to all the partners. Each in their own context had noticed the need to address the issues on which the project focuses. However to provide a merely local or regional solution would not guarantee the success of the approach in other contexts. It was therefore felt to be appropriate to develop an approach to oncology nursing training that would be piloted, and thus demonstrated to be applicable, in a wide range of contexts. The reason for developing the approach in seven different countries is that through incorporating all the perspectives from this wide range of contexts it would be possible to produce a solution that is applicable throughout Europe.

In the second year of the project (November 2012 – October 2013) activities will be focused on:

- Toolkit adjustment after the completion and evaluation of the 2 pilots
- Actions of dissemination of the results in the health sector and in education and technology.

The following tasks will be accomplished:

- Completing of the first pilot in all the partner countries. In Spain has already begun on November 15th.
- Evaluation of the first pilot results and implementation:
 - The piloting will be carefully analyzed and described through a comprehensive evaluation procedure including feedback from the trainers as well as from the training participants and an external observer.
- Conducting second pilot in all the partner countries:
 - In this pilot the focus shifts to an evaluation of the potential for sustainability and exploitation of the methodology beyond this context. This will involve the use of a wider range of activities in order to demonstrate the flexibility of the approach. For the design of this second pilot we will take into account the results and evaluation of the first pilot.
 - Based on the feedback from the pilots' participants, the trainers as well as from the external observer the Teacher training material as well as the training activities and students manual will be first reviewed and a final version will be edited.
- Adjustments and final version of the Toolkit.
 - The results will be used by the technological partner to make changes to the toolkit if necessary. These changes will be made particularly after each pilot but also in the process of technical support in which the technological partner will be involved. At the end of the project a final version incorporating the pilot results in all the partners language will be produced.
- Dissemination activities.
 - Such as project presentations at national and international conferences, seminars, meetings, newsletters distribution to relevant target groups, scientific paper to be published in the reference de journals and online

presence and participation in relevant communities, creation of groups on social platforms with an active participation of all the partners.

- A final Dissemination Report will be prepared including the full range of activities of dissemination carried out in the project. All relevant activities will be described.
 - An international meeting will be held in Turkey at the end of the project at the same time that the final plenary meeting of the project. In such manner all partners' representatives will attend it and also main stakeholders from Turkey and representatives from EONS. Dissemination materials will be prepared summarizing main project results for such event.
- A Final Evaluation Report will be written primarily based on the outcome of the piloting evaluation. It will contain:
 - A description of the six national pilots.
 - A description of pedagogical, organizational and technical aspects of the SMILEON project.
 - A description of the potential of the methodology.
 - Recommendations for trainers and other adult educators who want to implement the SMILEON methodology.
 - This document will be use as a main art of the overall dissemination and exploitation strategies of the project.
 - Exploitation:
 - A number of exploitation workshops (some of which will be organized online and others face to face) will take place in each partner country at the end of the project. They will present and discuss the project methodology and the accompanying toolkit and discuss potential uses in other areas of healthcare, particularly emerging fields and in other educational sector.
 - An Exploitation report will be prepared that will compile the full range of exploitation activities carried out in the project. The aim will be to show how the project has promoted the adoption of the methodology and its sustainability and extension to other areas of healthcare.

6. Contribution to EU policies

The project contributes to the following EU policy priorities:

LLP-Obj-a: To contribute to the development of quality lifelong learning and to promote high performance, innovation and a European dimension in systems and practices in the field

In the current healthcare context the capacity of nursing professionals to learn new skills and roles is increasingly important. There is a lack of trained personnel in many European countries and a need for appropriate training and specialization. As in other sectors, it is vital to integrate learning processes into the work place. This project contributes to the need for quality learning innovation in the sector, and also the need to establish common approaches across European contexts.

LLP-Obj-h: To support the development of innovative ICT-based content, services, pedagogies and practice for lifelong learning

The objective of the project is to develop a methodology supported by mobile technology for learning among nursing professionals that integrates learning into work place contexts and practices. This innovative pedagogical approach will be extendable to other groups with similar learning needs in the vocational training sector, particularly those undergoing rapid change, thus supporting lifelong approaches to learning.

LEO-SpObj-b: To support improvements in quality and innovation in vocational education and training systems, institutions and practices

The SMILEON project provides an innovative contribution to further education of nurses and other healthcare professional into the workplace, so this will contribute to improve the quality of the healthcare institutions and the patient care management.

LEO-SpObj-b: To improve the quality and to increase the volume of cooperation between institutions or organizations providing learning opportunities, enterprises, social partners and other relevant bodies throughout Europe

The partners between them represent a large number of different socio-cultural contexts, with countries such as Italy and Spain with a relatively high standard of living, through to the other extreme represented by Lithuania and Turkey particularly. The consortium also has different geographical diversity, with countries from the north south, east, west and centre of Europe represented, (and indeed the reach, due to the partners activity in different European networks, is wider still) If it works in this range of contexts, it is likely that it will be flexible enough to adapt to other European contexts. This adds considerable value with respect to the potential sustainability of the approach. A further aspect relating to European added value is the global nature of the field of oncology, and healthcare in general. The issues involved cross frontiers and therefore require a transnational response, and the sharing of experience involved in the needs analysis stage, and the pilot stages, as well as contributing

to the success of the methodology is also likely to provide other benefits derived from the sharing of experiences and approaches to training in this field across the different countries.

