DRAFT

Final Implementation & Evaluation Report

HEAL

Prepared by Maastricht University

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Contents

Introduction

The Erasmus+ funded HEAL project aimed to address the evolving needs of clinical education for nursing and medical students through the development and pilot testing of innovative teaching and learning strategies. The project emerged in response to persistent challenges in clinical training, including workload management, the need for more interprofessional education opportunities, and the limitations of traditional bedside teaching methods. By leveraging the combined expertise of six partner institutions across Europe, the HEAL project sought to introduce practical, contextually relevant solutions that could enhance the quality of clinical placements and better prepare students for their professional roles.

Each participating institution contributed to the project by designing, piloting, and refining a unique educational intervention tailored to their specific local context. These interventions ranged from high-fidelity simulations to community-based electives and structured reflection exercises. The collaborative nature of the project facilitated the exchange of best practices and insights, enriching the collective understanding of how clinical education could be reimagined to meet contemporary healthcare demands.

The primary objectives of the HEAL project included: to develop scalable and effective teaching methods that promote deep learning, to encourage interdisciplinary collaboration among students, and to ensure that the interventions align with the realities of current healthcare settings. To achieve these objectives, each institution conducted a systematic process of piloting, evaluating, and refining their respective interventions. The initial pilot phase allowed for the collection of feedback from students, staff, and coordinators, typically through a combination of surveys and focus group interviews. Most institutions conducted two testing phases, incorporating adjustments made after the initial pilot. This iterative approach ensured that the interventions were rigorously assessed for their effectiveness and feasibility within real-world clinical environments.

The evaluations were comprehensive and multifaceted, using standardized surveys to gather quantitative data on satisfaction, learning outcomes, and perceived value. In-depth qualitative feedback was obtained through interviews and group discussions with students and staff, allowing for richer insights into the experiences of participants. This report presents a comprehensive evaluation of the piloted interventions, integrating findings from local reports to provide a cohesive overview of the project's successes, challenges, and recommendations for future application.

The remainder of this report is structured as follows: Section 2 provides a detailed description of each institution's innovation, focusing on the rationale, implementation process, and adjustments made after the initial pilot phase. Section 3 presents an analysis of participant feedback, including both quantitative data and illustrative qualitative insights from students, staff, and coordinators. Section 4 explores the promoting factors and barriers to implementation, distinguishing between internal and external elements. Section 5 offers a comprehensive overview of the effective teaching and learning methods evaluated across the institutions. Section 6 summarizes staff perspectives on the overall value of the framework. Finally, Section 7 consolidates suggestions for further development and provides recommendations for the broader implementation of these methods in different clinical contexts. Section 8 finally includes all the local evaluation reports as annexes.

This report was compiled by Maastricht University on behalf of all the participating institutions.

Innovation pilot & testing process in each participating institution

This section provides an in-depth analysis of the interventions developed and tested at each participating institution. The interventions were designed to address unique challenges within each local context. Each subsection below details the *Innovation Focus and Rationale*, *Implementation Details*, and *Testing Phases and Adjustments* for each institution. These descriptions illustrate the diversity of approaches taken and provide insight into the testing and evaluation methods employed.

HELMo (Haute École Libre Mosane - Belgium)

Innovation focus and rationale

Haute École Libre Mosane (HELMo) aimed to modernize its supervision approach to clinical placements, which had become outdated given current educational needs and healthcare challenges. The focus was on enhancing students' clinical judgment through structured weekly supervision sessions, incorporating personal placement objectives and reflective writings. This approach aimed to help students better articulate their learning needs and integrate theoretical knowledge with clinical practice.

Implementation details

The innovation involved the supervision of 126 nursing students in their second and third years, distributed across 11 general care units in three major hospitals in the Liège region. The first phase took place from October to December 2023, with a second phase from February to May 2024. Seven educators led these sessions, ensuring consistency and support throughout the placement period.

Testing phases and adjustments

Evaluations were conducted using online satisfaction surveys via Qualtrics and focus groups with teaching staff. Initial feedback showed that students appreciated the structured guidance, while some staff members expressed a need for clearer roles in supervising students. Adjustments were made by simplifying assessment documentation and integrating one-off care activities to address gaps in practical exposure. Feedback from the second phase supported the value of structured supervision, though logistical challenges remained a consideration.

OUH (Odense University Hospital - Denmark)

Innovation focus and rationale

Odense University Hospital (OUH)’s intervention focused on enhancing personalized learning through the use of learning style assessments and structured reflections. The aim was to support nursing students in developing self-directed learning strategies and building confidence as they worked towards clinical competencies.

Implementation details

The innovation included 33 nursing students supervised by clinical teachers. Each student took a learning style test to tailor their clinical activities and goal-setting. Furthermore the students were asked to create a learning portfolio. The implementation included continuous reflection exercises and structured supervisory meetings. The pilot phase began in Spring 2023, followed by two four-week testing rounds in Fall 2023 and Spring 2024.

Testing phases and adjustments

Evaluation methods comprised student surveys and qualitative interviews with clinical teachers. The initial feedback highlighted the usefulness of the personalized approach, though students noted that some activities felt burdensome when integrated into their existing clinical duties. Adjustments included enhancing the materials provided and intensifying the introduction to each project period. The learning portfolio were excluded as the students found it time consuming, and not as useful as the other elements of the project.

SDU (University of Southern Denmark - Denmark)

Innovation focus and rationale

University of Southern Denmark (SDU) focused on interprofessional learning to build collaborative skills among students from different healthcare disciplines. The intervention aimed to strengthen teamwork and enhance understanding of roles through case-based reflection sessions that covered patient admission, ward rounds, and discharge.

Implementation details

The pilot involved medical, nursing, and assistant students in facilitated discussions led by clinical teachers at Svendborg Hospital. The implementation began in early 2024 and included structured case-based activities with interactive discussions. These sessions were integrated into regular placements, creating a seamless learning experience.

Testing phases and adjustments

Evaluation methods included feedback from students and clinical staff, with a focus on qualitative input through facilitated group reflections. Initial feedback pointed to the value of interprofessional learning, with students expressing increased confidence and insight into collaborative patient care. Adjustments were made to expand the inclusion of assistant students, enriching the interprofessional dynamic.

TCD (Trinity College Dublin - Ireland)

Innovation focus and rationale

Trinity College Dublin (TCD) focused on enhancing clinical skills through simulation-based learning, targeting gaps in practical training for high-acuity scenarios. The chosen intervention centered on patient care involving tracheostomy management and ICU patient transfers, addressing both knowledge gaps and the need for interprofessional education. The rationale was grounded in preparing students for complex patient care situations they may not frequently encounter during typical ward placements.

Implementation details

The simulations were conducted using high-fidelity simulators in a specialized training suite with live-streaming capabilities. The sessions were structured to include a 30-minute pre-briefing, a 60-minute hands-on simulation, and a 30-minute debriefing. The pilot began in March 2024 and continued with a second testing phase until June 2024. These sessions were supported by clinical and academic staff, with participation from both medical and nursing students.

Testing phases and adjustments

Evaluation of the simulation program included surveys distributed post-session and qualitative feedback collected through debrief discussions. Initial results showed strong support for the realism and practical value of the simulations, with students appreciating the safe learning environment and constructive feedback. Adjustments were made between phases, such as enhancing the pre-briefing content and revising the preparatory documentation to address initial gaps in participants' knowledge.

UM (Maastricht University - the Netherlands)

Innovation focus and rationale

Maastricht University (UM) aimed to tackle the high perceived workload among students during hospital-based clinical rotations and overcrowding on wards. A needs assessment highlighted that over 80% of students in surgical rotations felt their workload was excessive. In addition, students expressed a desire for more exposure to public health and community-based learning. To address these issues, the university developed two main interventions: the Health Prevention and Society (HPS) elective, a community-based placement focused on public health, and designated study days to reduce time spent in the hospital and manage workload more effectively.

Implementation details

The HPS elective was introduced as an eight-week program for Year 4 medical students, with teaching sessions conducted at the university and practical placements in non-hospital settings such as local government offices and NGOs. The study days were integrated into the core curriculum of clinical rotations, allowing students one day per week for independent study. The interventions took place from December 2023 to July 2024, involving over 300 students across various clinical departments and elective placements. Implementation was supported by university staff and partner organizations, ensuring a diverse and rich learning environment.

Testing phases and adjustments

Feedback was gathered through standardized surveys aligned with the HEAL project's evaluation template, resulting in a response rate that included input from over 250 students. Group interviews were conducted with 30 participants for more in-depth perspectives. Evaluations highlighted the positive impact on workload management and engagement, though suggestions were made for clearer guidelines on assignments. Adjustments included refining the structure of teaching sessions and better integration of preparatory information to align with the practical expectations of the elective placements.

IGTP (Germans Trias i Pujol Research Institute - Spain)

Innovation focus and rationale

Germans Trias i Pujol Research Institute (IGTP) introduced realistic, team-based simulation exercises to improve collaborative skills and prepare students for real-world challenges. The intervention featured retired actors to simulate patient interactions, enhancing the realism of the scenarios and allowing students to practice decision-making under pressure.

Implementation details

These simulations were run in controlled settings, involving both nursing and medical students.

Sessions included pre-briefing and debriefing to maximize learning. The project was executed in two phases, starting in Fall 2023, with subsequent adjustments and an expanded set of scenarios tested in Spring 2024.

Testing phases and adjustments

Surveys and debrief discussions formed the basis of the evaluation process. Student feedback was overwhelmingly positive, emphasizing the value of peer discussions and realistic practice. Adjustments included refining the role of actors and incorporating more diverse scenarios to address a wider range of clinical skills.

Key student & staff feedback

This section presents an analysis of the feedback provided by students and staff involved in the piloted interventions across the six institutions. Evaluations were conducted through a mix of standardized surveys and qualitative methods, including interviews and group discussions. The findings in this chapter focus on the common themes, successes, and challenges experienced by participants. This section emphasizes recurring feedback across multiple institutions, supported by a table of key quantitative and qualitative insights. For detailed evaluations within each institution, we refer to the annexes.

Student feedback

The student feedback across the HEAL project institutions was generally positive, with many highlighting the benefits of structured, hands-on learning experiences. Interventions that involved simulation-based learning, interdisciplinary sessions, and reflective practices were praised for fostering deep learning, improving practical skills, and building confidence. Common themes across the evaluations included:

- **Engagement and realism**
  Students across institutions such as TCD, IGTP, and OUH appreciated the immersive nature of simulation exercises and reflective practices. Many reported feeling better prepared for real-life clinical situations as these interventions provided a safe space to make mistakes and learn from them.
- **Interdisciplinary collaboration**
  At institutions like IGTP and SDU, students noted that working alongside peers from different healthcare backgrounds enhanced their understanding of teamwork and the roles of other disciplines. This aspect of interprofessional learning contributed to a more comprehensive view of patient care.
- **Reflective skill development**
  Interventions involving structured reflections, such as those at OUH and HELMo, supported students in setting and achieving learning goals. This process boosted their confidence and helped them become more self-directed learners.
- **Challenges with workload and integration**
  While the feedback was positive, students at UM and HELMo pointed out that integrating new learning tasks with their existing clinical responsibilities could feel burdensome at times. The need for better alignment between intervention activities and regular duties was a recurring point of feedback.
- **Constructive feedback**
  Students at TCD and IGTP expressed appreciation for the constructive feedback they received during simulation debriefs. These sessions provided opportunities to discuss what went well and areas for improvement without the pressure of real-life consequences. One TCD student noted, “The debrief helped me understand my thought process and where I could improve.”
- **Sense of community and peer learning**
  At IGTP and SDU, students emphasized the value of working in team-based settings, which fostered a sense of community and enabled peer-to-peer learning. A student from IGTP

mentioned, “Discussing our decisions as a team during the simulation made me realize the importance of collaboration in complex cases.”

- **Exposure to rare clinical scenarios**
  Simulation sessions at TCD and IGTP allowed students to practice handling rare clinical scenarios they might not encounter during regular ward rotations. This exposure provided students with a broader clinical understanding and increased their preparedness for unexpected challenges.
- **Adaptability and flexibility**
  Students at UM found value in the flexibility provided by study days, which allowed them to manage their academic and clinical workload more effectively. However, some suggested clearer guidelines to optimize these study periods for maximum learning benefit.

Feedback Highlights Table

Institution	Satisfaction	Key qualitative feedback
UM	75% rated workload balance as “just right”; 83% found HPS placements valuable	“Improved work-life balance”; “productive independent learning”
TCD	100% would recommend simulation training; 9.6/10 average instructiveness rating	“Safe learning environment”; “supportive supervision”
HELMo	71% recommended methodology; 79% felt teaching aligned with prior skills	“Guided reflections helpful”; “valuable insights into care objectives”
OUH	63% would recommend; 83% valued structured reflection	“More confident in goal-setting”; “clear learning objectives”
IGTP	100% satisfied; 9.5/10 learning climate rating	“Realistic simulation added depth”; “benefited from peer discussions”
SDU	Positive engagement reported in feedback; qualitative comments focused on interprofessional learning	“Insight into roles of other disciplines”; “built confidence in patient care”

Staff feedback

Staff feedback across the participating institutions highlighted significant benefits and some challenges related to the interventions. Common findings included:

- **Enhancement of teaching practices**
  At SDU and HELMo, staff noted that the structured approaches, such as reflective sessions and weekly supervision, enriched their teaching practices and encouraged more thoughtful interactions with students. A HELMo staff member shared, “This new approach allowed me to connect with students on a deeper level and guide them more effectively through their clinical experiences.”
- **Appreciation for interprofessional collaboration**
  Staff at IGTP and SDU valued the integration of interprofessional education sessions, noting

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that it not only benefited students but also enriched teaching by promoting cross-disciplinary perspectives.

- **Perceived improvement in student readiness**
  Clinical supervisors at TCD and IGTP observed that students participating in the simulation exercises demonstrated higher readiness and confidence in clinical tasks compared to their peers who had not undergone such training. This readiness translated into smoother transitions during clinical placements and reduced oversight needs.
- **Collaboration with clinical partners**
  Institutions like SDU emphasized that the success of their interprofessional sessions was due to strong partnerships with clinical settings. Staff highlighted that these collaborations facilitated the exchange of knowledge and resources, creating an enriched educational environment.
- **Feedback mechanisms and continuous improvement**: Staff from OUH and IGTP appreciated the use of feedback mechanisms such as focus groups and reflective discussions to refine the interventions. These processes allowed them to iterate and enhance the educational programs, ensuring that student needs were met more effectively.
- **Time and Resource Constraints**: A recurring challenge was the additional time and resources required to implement and maintain these interventions. Staff at UM and HELMo mentioned that balancing these activities with their existing workload was difficult, especially when supervising large numbers of students or coordinating across different clinical units.
- **Need for integration and adaptation**: Staff feedback from TCD emphasized the importance of integrating new educational methods seamlessly into existing clinical practices. This would ensure long-term sustainability and alignment with day-to-day clinical responsibilities.

Overall, the feedback from students and staff across the six participating institutions underscores the positive impact of the HEAL project's educational innovations. Students reported enhanced engagement, skill development, and confidence through hands-on learning and reflective practices, while staff recognized the value of structured approaches and interdisciplinary collaboration. Although challenges such as workload integration and resource constraints were noted, the shared experiences and evaluations have provided a comprehensive understanding of the interventions' strengths and areas for improvement. These insights lay the groundwork for refining these educational methods and scaling them to broader contexts, ensuring sustainable improvements in clinical education.

Promoting factors & barriers for future implementation

This section summarizes the factors that facilitated or hindered the implementation of the educational innovations across the participating institutions. These factors are categorized into internal (institutional and procedural) and external (socio-cultural and systemic) elements. Understanding these aspects helps for identifying the key enablers of success and the potential obstacles that may need to be addressed for sustainable implementation.

Promoting Factors

Internal Factors

- **Institutional support and collaboration**
  One of the strongest promoting factors across institutions such as SDU, UM and IGTP was robust support from academic leadership and collaborative partnerships with clinical settings. This support enabled seamless integration of new teaching methods and provided the necessary resources to sustain innovative practices.
- **Well-defined procedural strategies**
  Institutions like TCD and HELMo benefited from clear, structured frameworks that outlined the roles of educators, students, and clinical partners. These procedural strategies allowed for consistent implementation and better alignment with the curriculum.
- **Resource availability**
  The presence of specialized facilities and tools, such as simulation suites at TCD and the use of retired actors at IGTP, facilitated high-quality training environments that enhanced student learning experiences.
- **Engaged teaching staff**
  At OUH and UM, engaged and motivated teaching staff were pivotal in driving the success of new interventions. Their commitment to integrating innovative approaches contributed to positive outcomes and sustained improvements.

External Factors

- **Alignment with healthcare system priorities**
  The interventions at institutions such as UM and SDU aligned well with national and regional healthcare priorities, including a focus on interprofessional learning and public health education. This alignment supported smoother acceptance and implementation within clinical settings.
- **Positive student and staff attitudes**
  A culture of openness and willingness to engage in new educational practices, observed at all institutions, provided fertile ground for the successful adoption of innovations. The enthusiastic participation of students and staff fostered a supportive environment for testing and refining interventions.

Barriers

Internal Factors

- **Scheduling constraints and time management**
  A major internal challenge identified at institutions like HELMo and UM was the difficulty of scheduling new activities within existing clinical placement timelines. Balancing these

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activities with students' and staff members' regular duties often required significant adjustments.

- **Limited resources and infrastructure**
  While some institutions had robust facilities, others faced limitations in available resources, such as adequate teaching space and access to advanced simulation technology. This disparity impacted the consistency of implementation across institutions.
- **Adaptation challenges for staff**
  The shift from traditional teaching methods to new approaches posed adaptation challenges for some staff members, as noted at HELMo and OUH. Training and development programs were necessary but added to the workload and complexity of the transition.

External Factors

- **Variability in clinical culture**
  The differing clinical cultures and practices among partner hospitals posed a challenge for uniform implementation, as seen at SDU and IGTP. In some cases, the traditional expectations of clinical roles made it difficult for staff to fully engage with the new interventions.
- **Healthcare system limitations**
  Broader systemic limitations, such as staffing shortages and high patient loads, affected institutions like HELMo and TCD. These external pressures sometimes hindered the ability to provide dedicated supervision or maintain the intended frequency of educational activities.
- **Regulatory and policy constraints**
  At certain institutions, regulatory frameworks limited the scope of changes that could be made within clinical placements. This was highlighted at UM, where aligning new practices with established policies required careful navigation to avoid conflicts.

Identifying the promoting factors and barriers provides valuable insights for future implementation and scaling of these educational innovations. While institutional support, resource availability, and alignment with healthcare priorities were critical enablers, challenges related to scheduling, adaptation, and systemic limitations highlighted areas that require strategic solutions. These findings inform the development of recommendations and strategies to optimize future rollouts of similar interventions

Concrete learning & teaching methods that work

This section provides an overview of the teaching and learning methods that were evaluated as effective across the six participating institutions. These methods are grouped into the categories of *Simulation*, *Reflection*, *Interdisciplinary Learning*, and *Teaching & Learning Methods*. These are also the categories of method cards available on the HEAL Framework website.

Simulation

Simulation-based learning emerged as a highly effective method. High-fidelity simulations and realistic scenarios allowed students to practice complex clinical procedures, such as tracheostomy care and patient transfers in an ICU setting, in a controlled environment. Students reported **increased confidence** and preparedness after participating in simulation exercises. The structured pre-briefing and debriefing sessions helped solidify learning and provided opportunities for feedback. Across these institutions, simulations were valued for providing a **safe learning environment** where students could make mistakes and learn from them without patient risk. The immediate feedback and collaborative nature of these sessions were pivotal in reinforcing learning outcomes.

Reflection

Reflective learning practices were incorporated into many of the interventions, with positive evaluations highlighting their role in enhancing critical thinking and self-directed learning. Students participated in activities that encouraged them to assess their learning style and set personalized goals. This method supported a deeper understanding of their strengths and areas for improvement. Students noted that these reflective practices contributed to **clearer learning objectives and improved confidence**. The reflection assignments were praised for fostering a **sense of ownership** over their learning and promoting continuous self-assessment.

Interdisciplinary learning

Interprofessional education (IPE) played a significant role in the interventions. These activities aimed to prepare students for collaborative practice by engaging them in case-based discussions and team-based simulations. Students appreciated the opportunity to learn alongside peers from other healthcare disciplines. They reported that these sessions gave them insight into the roles of different professionals and improved their **ability to work collaboratively**. This learning approach was particularly relevant for complex patient care, where teamwork is essential. Interprofessional simulations fostered **peer discussions** and provided opportunities for students to learn from each other's perspectives. This method helped break down traditional barriers between disciplines, creating a more cohesive learning experience.

Teaching & learning methods

This category encompasses various teaching and learning methods that were developed and applied across the local interventions. Cards in the framework include community-based placements, flexible scheduling, and independent learning strategies. The evaluation of teaching and learning methods across the HEAL project institutions highlighted key strategies that were successful in enhancing student learning and engagement. Simulation-based training, structured reflection, interprofessional

education, and flexible learning approaches each played a vital role in meeting educational objectives and preparing students for clinical practice. The combination of these methods fostered a comprehensive learning experience, equipping students with both technical skills and the ability to think critically and collaborate effectively

Perspectives on the framework's long-term value

In this section, we focus on the perspectives of the project coordination teams and HEAL project leaders at each participating institution. Their feedback provides a comprehensive view of the framework's perceived value, highlighting strengths, challenges, and potential long-term impacts on clinical education.

The project coordination teams across the institutions expressed **strong support for the structured and innovative approaches** implemented during the HEAL project. Many noted that the project facilitated the adoption of new teaching methods that were previously challenging to integrate into the clinical curriculum. The leaders valued the emphasis on interprofessional learning, reflective practices, and simulation-based training, acknowledging that these methods enriched the educational experience for both students and educators.

One of the most frequently mentioned strengths was the framework's ability **to standardize certain elements of clinical education while allowing for customization based on local needs**. Staff highlighted how reflective practices and interprofessional activities provided a structured approach to achieving educational outcomes. This adaptability made the framework more appealing for long-term use and potential scaling. Leaders appreciated how the interventions encouraged faculty to adopt more **interactive and student-centered teaching methods**. The HEAL project leaders noted that the framework's value lay in its capacity to transform passive learning into an engaging and proactive experience.

Despite the positive outlook, the project leaders also pointed out several challenges encountered during the implementation phase. One common issue was the **increased time and resource commitment required to sustain the interventions**. Coordinators mentioned that while they were enthusiastic about the changes, maintaining these new practices alongside existing clinical and educational responsibilities was difficult. Additionally, project leaders at institutions noted the **complexity of coordinating interdisciplinary sessions** with different healthcare professionals' schedules. This challenge highlighted the need for improved logistical planning and institutional support to ensure the long-term viability of such initiatives.

Although specific data on the **long-term value of the framework** was not collected due to the evolving nature of the project, anecdotal feedback from project leaders suggested a promising outlook. Coordinators expressed optimism that the framework's structured approach would continue to benefit clinical education by fostering a more interactive and reflective learning environment. The project leaders agreed that sustaining the framework's impact would require continued investment in training and resources. They emphasized that while the initial phases of implementation were resource-intensive, the long-term benefits of better-prepared students and more cohesive teaching practices would outweigh these initial costs. The potential for continued use and adaptation of these methods beyond the project period was viewed positively, laying the groundwork for future developments in clinical education.

Suggestions for further development

This section consolidates the feedback and suggestions from students and staff regarding the refinement and broader application of the HEAL project's teaching and learning methods. It also outlines practical recommendations for implementing these interventions in diverse clinical contexts.

Concrete suggestions for refinement and improvement

- **Expanding simulation topics**
  At institutions like TCD and IGTP, students expressed a desire for a wider range of simulation topics to include more diverse and complex clinical scenarios. Staff noted that expanding the simulation library would ensure comprehensive exposure to different patient care situations.
- **Enhanced preparation and student guidance**
  Both students and staff at institutions such as HELMo and UM highlighted the need for better preparation materials and clearer guidelines. Providing preparatory materials well in advance would improve students' readiness for simulation and reflective sessions, fostering a more meaningful learning experience. Additionally, structured guidelines for independent learning activities, like study days, would help students maximize their time and reinforce key skills
- **Improved scheduling tools**
  Feedback from SDU and OUH indicated a need for better scheduling systems to coordinate interprofessional activities. Coordinators highlighted that streamlined digital tools could help manage logistical challenges, ensuring that sessions fit more seamlessly into clinical rotations.
- **Digital resources**
  Staff at IGTP and HELMo recommended greater integration of digital tools for tracking student reflections and assessments. This would facilitate continuous learning and make it easier for both students and supervisors to monitor progress.

Recommendations for Broader Implementation

Drawing on the successful elements and challenges encountered during the HEAL project, the following recommendations are proposed for adapting these methods in varied clinical and educational settings:

1. Foster strong institutional partnerships

Building and maintaining strong partnerships between academic institutions and clinical settings is crucial for implementing new educational methods effectively. Collaborative planning and open communication between teaching staff, clinical supervisors, and institutional leaders can help align goals and streamline processes.

2. Invest in training and resources

Sustaining high-quality interventions requires ongoing investment in training for staff and resources. Institutions should prioritize professional development to help educators adapt to innovative teaching roles and provide the necessary tools for simulation and reflective practice.

3. Implement flexible scheduling and support tools
Integrating digital scheduling tools and flexible learning plans can facilitate smoother coordination of new educational activities. Such systems can reduce the logistical burden on teaching staff and improve the overall organization of clinical rotations and interprofessional sessions.

4. Leverage feedback mechanisms
Continuous improvement should be embedded in the adoption of these methods. Regular collection of feedback from students and staff through surveys, focus groups, and reflective discussions can guide iterative refinements and ensure that the methods stay relevant and effective.

5. Adapt interventions to local contexts
While the HEAL project demonstrated the efficacy of standardized frameworks, successful implementation relies on tailoring interventions to meet local needs. Institutions should assess their unique clinical culture, available resources, and student demographics to adapt teaching methods that fit their specific context.

For institutions looking to adopt or adapt the HEAL project's methods, detailed guidance and resources are available on the project's framework webpage. This resource provides practical tools and insights to support the integration of teaching and learning innovations across various educational settings.

Annexes

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