Communication and Dissemination

Deliverable 2.1

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Co-funded by the European Union

DDS-MAP

Dynamic Digital Skills for Agility and Resilience

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Table 1Revision History

Funded by the European Union. Views and opinions expressed are however those of the authors(s) only and do not necessarily reflect those of the European Union or the Health and Digital Executive Agency (HaDEA). Neither the European Union nor the granting authority can be held responsible for them.

4. Executive Summary

The aim of this deliverable is to outline the strategy for communication, dissemination and sustainability activities carried out in DDS-MAP project. This document is structured into sections addressing the different approaches that a communication and dissemination may focus on. They are -Objectives, target group, strategy, communication channel and activities, monitoring and evaluation plan, and sustainability.

Effective dissemination and exploitation of the DDS-MAP project's outcomes and results is essential for the successful implementation of the project and for the recognition of work completed during the project lifecycle. This communication and dissemination plan will support project partners in carrying out appropriate and effective communication activities and ensuring that these activities are conducted in accordance with requirements detailed in the Grant Agreement.

This document will be stored on DDS-MAP MS Team (also accessible via SharePoint) and should be used as a handbook to be accessed frequently by partners to understand the external communication procedures for the project.

European Service Provider for Persons with Disabilities (EASPD) with the support of the project coordinator and all partners, will oversee, monitor and evaluate the implementation of the related activities, and will adapt this plan, when necessary and possible, to maximise the impact of external communications for DDS-MAP.

External communication activity will occur throughout the life cycle of the project (dissemination), and it will also continue through all partners for at least 12 months post project completion (exploitation). A first version of the sustainability plan called 'Business Model Canvas' has been developed which illustrates a concrete action plan for long-term sustainability for the project result. It will be updated during the remain period of the project lifetime. Upon finalisation a revised version will be adopted by all contributing partners of the consortium.

Key external communication tools are listed and described, including visual identity and branding, project and other websites, social media accounts and communication activity. Procedures for key external communication activities are outlined, including the multiplier event, press releases, public engagement events, liaison with other EU-funded projects and external networks and events, and conferences and publications. Activities, tools and channels for sustaining the project results after the lifetime of the project are also outlined.

Finally a set of key performance indicators and procedures for monitoring and evaluating dissemination & sustainability activities and plans are listed.

5. Objectives

'DDS-MAP' project aims to develop new training provision for healthcare and allied professionals in the EU, focused on the acquisition and mastery of new digital technologies in the delivery of care services. Healthcare professionals' awareness, knowledge, and self-reflection on their use of digital technologies will be explored in both learning and professional practice.

Specific objectives

- Map the provision of available digital skills (literacy, digital transformation, cybersecurity, online communication) of the health workforce at local and European level to increase digital competency of healthcare workers.
- Enable healthcare managers to better respond to current and emerging healthcare issues (cybersecurity, surge management, supply management).
- Enable healthcare workers to effectively plan, deliver, monitor, and evaluate digital health care approaches and their well-being and resilience through adaptation of digital skills.
- Engage with regulatory authorities and professional associations to promote micro learning and credentials accreditation for the acquisition and recognition of digital skills.

Over the next 30 months the project will produce -

- A first-of-its-kind survey of the digital competences across the European Union.
- European training modules developed through a co-creation process, addressing the needs of multiple disciplines for hospital doctors, nurses, and non-clinical staff.
- Micro credentials leveraging and adapting an established framework for DDS-MAP.
- Augmented and virtual reality (AR and VR) platform leveraging expertise within DDS-MAP.

The communication and dissemination plan plays a key role in supporting the project in achieving its objectives. The overall objective of dissemination is to inform main target groups about the objectives, the evolution and the outputs of the project, in order to make the results and deliverables available to the target groups and to the wide audience. Dissemination also increases visibility of the project and ensures sustainability beyond the project end.

The key dissemination objectives are:

Objective 1: Raise awareness about digital skills of medical and allied professionals in both national and EU level.

Objective 2: Facilitate engagement among stakeholders (service providers, HEIs, regulators and professional associations etc.) on making the most of the outputs created within the project.

Objective 3: Ensure long-term sustainability by making the project results available and accessible for all.

The plan will be updated and reviewed by partners throughout the project lifetime as work in progresses as new opportunities for dissemination emerge and are identified.

6. Target Groups

Five main target group have been identified,

1. **Healthcare workforce -** Specialized doctors, nurses, non-clinical staffs, healthcare managers, care workers (formal & informal).
2. **Policy and Regulatory authorities** - Policy maker, Quality, Qualification, accreditation agencies, professional associations.
3. **Scientific research and other communities -** Scientists, researchers, advocacy groups, worker unions, employers' union etc.
4. **Health tech Companies -** Digital care solution provider, software, cloud-tech companies
5. **General Public -** Citizens, migrants etc.

Good communication is about giving the right information to the right audience at the right time and in the right format. Specific communication activities and key messages will be tailored to each of the identified target audiences in order to maximize impact by ensuring that the information communicated has relevance and impact for the particular target group.

The table below will be filled out over the course of the project, with key messages for each target audience, with support from all project partners.

Table 2: Communication key message and channels for target audience

TARGET AUDIENCE	COMMUNICATION KEY MESSAGES	CHANNELS
Healthcare and allied workforce	▪ Awareness about digital literacy, skills and competence development in healthcare, risk and cyber security threat in digital environment. For example – safe use of multimedia and cloud-based tools, internet, data management, telecare,	Web, social media, newsletter, conference, multiplier events

	communication and collaboration apps. ▪ The use of DDS-MAP training Moodle to upskills the healthcare workforce on the current and emerging issues. ▪ Building wellbeing of workforce by raising awareness on personal and organisational wellbeing. For example, occupational stress management, digital wellbeing (stress and anxiety).	
Policy and Regulatory authorities	▪ Continuous skill develop of the workforce is key to strengthen the resilience of the EU healthcare system. ▪ Micro-credentials approach to accredited courses for universities. ▪ Enabling environment to achieve a national framework on micro-credentials in line with EU guidelines.	Workshops, Conference, Multiplier events
Scientific research and other communities	• Key barriers identified in the area of digital competence and wellbeing for healthcare workforce. • New emerging threats and challenges in the healthcare field needs to be tackled by upskilling and reskilling the workforce.	Conference, workshops, multiplier event
Health tech Companies	• New technology adaptation must be accelerated through skills development of the healthcare workforce. • Accessible and user-friendly information must be provided with the release of new technological innovations. User adaptation should be handy and further support should be available.	Web, social media, Newsletter

General Public	• Healthcare sector is transforming to tackle the urgent needs of the European citizens. • The use of digital technology and innovation is key to provide high quality healthcare service.	Web, social media, Newsletter

7. Strategy

In order to maximise impact on the project target group, all external communications activities should:

- Guarantee the highest **accessibility.**
- Be **timely** – planned communications activities should be linked to key project milestones or activities (European/ national)
- Contain **accurate** information.
- Be aimed at the appropriate **target audiences.**
- Contain **key messages** that are of interest to the target audience(s).
- Be appropriate in terms of **resources invested, timing, and expected impact.**
- **Collaborative** and **open spirit** of the partnership**.**

To promote communication in a gender-inclusive way, please fin the Guidelines for gender-inclusive language. These Guidelines include a number of strategies to help United Nations staff use gender-inclusive language. They may be applied to any type of communication, whether it is oral or written, formal or informal, or addressed to an internal or external audience:

The communication and dissemination activity is planned to allow maximum stakeholder input and the widest possible reaching across the EU and beyond. The "waterfall effect" will be possible only through the continuous interaction between project partners and the direct target and the potential beneficiaries. Communication activities will be monitored at six-month intervals, and the plan will be adapted as necessary on the basis of this monitoring activity, in order to maximise the efficacy and impact of external communications.

The dissemination & exploitation activities are based on the following two dimensions:

1) Horizontal dimension

The horizontal dimension contains all activities to strengthen the communication and dissemination between the participants. This includes all internal activities to provide

information and instruments for further individual dissemination of each partner. EASOD as lead partner carries the main responsibility for the horizontal dimension but also the project partners are requested to actively take part in these processes.

2) Vertical dimension

The vertical dimension concentrates on all activities designed to reach the target groups and final users of the project outputs. This includes all activities that will be carried out individually by each partner such as the involvement of their own partners, networks, and stakeholders. Being the project coordinator SETU is responsible for the vertical dimension in terms of providing concepts, encouraging, and controlling the activities, although the actual success is very much dependent upon the support and cooperation of the project partners.

Both the horizontal as well as the vertical dimension will be carried out by using different approaches, methods and instruments of dissemination, always dependent upon the most adequate means and possibilities of each project partner.

DDS-MAP will also explore potential synergies and cooperation with other relevant projects that have a similar or complementary scope, in order to add value and not to duplicate. Some of the relevant project and initiatives identifies are Access Europe and the EU Social Economy Gateway.

7.1. Communication and dissemination

In DDS-MAP project, we have identified the communication and dissemination in four vertical dimensions. All activities will be carried out in line with this area to generate maximum reach to our target audience.

1. Pan European survey instrument
2. Common module planform release
3. Micro-credentials
4. Augmented reality/Virtual reality assessment

7.1.1. Pan European Survey Instrument

Digitization has been changing the Healthcare environment globally. The use of digital tools and wide scale adoption of electronic health records (EHRs) require different levels of digital competencies ranging from data collection, analysis, and communication etc. On the other hand, emerging technologies such as big data, artificial intelligence technologies e.g. generative AI, large language models (LLM), mHealth will massively transform the delivery of healthcare. In DDS-MAP project, we plan to develop individual and organisational self-assessments for digital literacy, resilience, service delivery and sustainability. We will reach out to the target group through -

- Integrating the web application of the survey with project website.
- Featuring the survey in all partners website and newsletter.
- Targeted social media promotion.

7.1.2. Common Module Platform

Taking the rapid technological change into account, the DDS-MAP will develop and deliver modules that are co-created with health care professionals in relation to professional and capability needs that incorporate the principles of future proofing and sustainability. We will reach out to the target group through –

- Integrating the modules with project website.
- Organising targeted workshops, webinars, and multiplier events.
- Targeted social media promotion.

7.1.3. Micro-credentials

To get recognition and widespread update of the modules, DDS-MAP project is using an established framework for micro credentials in SETU to inform its development of its learning management system (i.e., the linking of skills to learners' capability development to completion analytics). We will promote this framework by engaging HEIs within the project and actively engage with national and regional accrediting and regulatory bodies to identify how such credentials can be professionally recognised for members of the health workforce (e.g., doctors, nurses, etc.). We will reach out to the target group through –

- Workshop with national and regional accreditation and regulatory bodies.
- Webinars for HEIs

7.1.4. Augmented Reality/Virtual Reality assessment

DDS-MAP will design and develop AR/VR training applications across three modules. A training metaverse consisting of AR (augmented reality) experiences outlining the key tasks within the medical environment appliable to all relevant stakeholders with role defined objectives in certain cases. While implementing the AR/VR assessment, we will conduct targeted dissemination activities through –

- Publishing blogs and articles in project website
- Video flash
- Targeted social media

8. Communication Channel and Activities

In DDS-MAP project, we have identified the following horizontal dimensions to run continuous activities and keep our target group informed.

8.1. Visual identity and branding

Partners have agreed draft logo prepared and presented at the kick-off meeting. Conceptually, the logo represents technology, digital skills, and healthcare sector. DDS-MAP logo (Figure 1) will be used across all internal and external communication activities to increase recognition and to ensure that the project has a consistent visual identity. The logo must be included on all project reports, documentation, and materials, on the Helpdesk website and social media accounts, and in all the communication and dissemination materials. This logo has been made available to all partners and will be stored in the project's MS teams.

- Logo

Figure 1: DDS-MAP Logo

Templates for communication materials have been developed to provide a consistent visual style across communication materials and to facilitate the accessibility of the materials. The templates are available to partners on the project's MS teams accessible using the link: Communication Templates.

The Communication Templates are:

- Template for minutes and reports.
- Template for PowerPoint presentations.
- Template for WP deliverables.
- Signature list template.

The to access all essential communication materials and files easily, a DDS-MAP communication check list has been created which is available for all project partners. document has the following content:

- Logo typeface
- Templates

- Communication checklist
- Funding visibility rule
- Hashtags and social media channels

8.2. EU visual identity

The EU emblem is the single most important visual brand used to acknowledge the origin and ensure the visibility of EU co-funding.

All beneficiaries of EU funding must use the EU emblem in their communication to acknowledge the support received under EU programmes. An important obligation in this context is the correct and prominent display of the EU emblem, in combination with a simple funding statement, mentioning the EU support. This must be done, if possible and unless the Commission requests otherwise, in all communication, dissemination and IPR activities as well as on all equipment, infrastructure and major results funded by the grant.

The EU emblem and reference to EU funding must be displayed in a way that is easily visible for the public and with sufficient prominence (taking also into account the nature of the activity or object). When displayed together with another logo, EU emblem must have appropriate prominence.

Figure 2: EU emblem

Figure 3: EU Emblem

Besides, for any communication or dissemination activity related to the action there should be the following disclaimer, (translated into local languages where appropriate):

"Funded by the European Union. Views and opinions expressed are however those of the authors(s) only and do not necessarily reflect those of the European Union or the Health and Digital Executive Agency (HaDEA). Neither the European Union nor the granting authority can be held responsible for them."

More information to be found in "THE USE OF THE EU EMBLEM IN THE CONTEXT OF EU PROGRAMMES 2021-2027"

Access to the Download centre for visual elements in the following link: Download centre for visual elements - Regional Policy - European Commission (europa.eu).

8.3. EU4Health Hashtag and tagging

All project partners are requested to use the EU4Health hashtags and mentions the social media tags. For hashtags, please use - #HealthUnion #EU4Health. For social media tagging, please use @EU_Health @EU_HaDEA

All project partners are also requested to mention each other's social media accounts to get better reach.

All partners social media tags can be found below-

Table 3: Social Media tags

Partner	Acronym	Social media tags
European Association of Service Providers for People with Disabilities	EASPD	Twitter: @EASPD_Brussels Facebook: EASPD Brussels LinkedIn: EASPD - European Association of Service providers for Persons with Disabilities
Southeast Technological University	SETU	@SETUIreland
IBK Management Solutions	IBK	Not social media presence

University College Dublin	UCD	UCD Research is @UCD_Research on Twitter and https://www.linkedin.com/company/ucd-research on Linkedin UCD is @uccddublin The school is @ucdsnmhs The college @UCD_CHAS
University of Maribor	UM UM FHS	Twitter: @UMariborFHS Facebook: @fzvum, @UniversityOfMaribor Instagram: @fzv.um, @univerza_v_mariboru Youtube: @umfzvumfhs3328, @UniverzavMariboru
Ostfalia University of Applied Sciences	N/A	https://www.ostfalia.de/cms/de/huk/kommunikation/socialmedia/ https://www.ostfalia.de/cms/de/huk/kommunikation/socialmedia/ https://www.linkedin.com/school/ostfalia---university-of-applied-sciences/mycompany/ https://www.facebook.com/Ostfalia.Hochschule.fuer.angewandte.Wissenschaften/?locale=de_DE
University of Udine	UNIUD	Instagram: universitadiudine; nursing_uniud Twitter: @uniud; @nursing_uniud Facebook: Università degli Studi di Udine LinkedIn: Università degli Studi di Udine
Klaipeda University	KU	Facebook: @Klaipeda University Instagram: @klaipedauniversity Youtube: @KlaipedaUniversity LinkedIn: @Klaipeda University
University of Osijek, Faculty of dental medicine and health Osijek	FDMZ	Facebook: @fdmzos

Medical University Lublin	MUL	Facebook: UMLub24 Facebook: wnozumlubpl Instagram: uniwersytetmedycznylublin/ Youtube: @UMLub24
Association of Knowledge and Technology Industries	GAIA	Twitter: @ClusterGaia LinkedIn: @ClusterGaia
Azienda Unita Sanitaria Locale Di Teramo	ASL Teramo	N/A
Biedriba Eurofortis	BEFO	Facebook: @EuroFortis LinkedIn: Biedrība Eurofortis
Mutualia Mutua Colaboradora Con La Seguridad Social	Mutualia	Twitter: @mutualiamutua LinkedIn: Mutualia https://www.linkedin.com/company/mutualia/ YouTube: @Mutualiamutua
Rigas Stradina Universitate	RSU RCMC	Twitter: @RSUinfo Facebook: Rigas Stradina Universitate RSU Sarkanā Krusta medicīnas koledža LinkedIn:Rīga Stradiņš University

8.4. DDS-MAP project webpage

DDS-MAP webpage is the main dissemination tool of the project and serves as the first point of contact with the project for all the stakeholders and the general public. The website will be a platform for target group(s) in order to be involved in all relevant dissemination activities.

Hosted under EASPD sub-domain and web server, the webpage's content will be regularly updated to include news, publications, output during the projects as well as

after its end, enhancing the project's sustainability. The website will be updated across the project's life cycle and will remain available in the future. It will guarantee Universal Accessibility, usability and user-centred design. The content developed will be coordinated with the rest of the WP lead partner. The webpage is available in major EU languages with integration of a translation feature. With support from the partners necessary correction was also made to provide clarity on the German translation.

Given the importance of the webpage, image and contact point of the Project, EASPD in coordination with SETU completed the validation with support from all the partners. A draft version of the webpage was released with temporary accessible option using the link: https://ddsmap.webbaysolutions.com/

After the validation of the content with partners, the final domain migration was completed. Therefore, the new link https://ddsmap.easpd.eu/ was made available for the webpage.

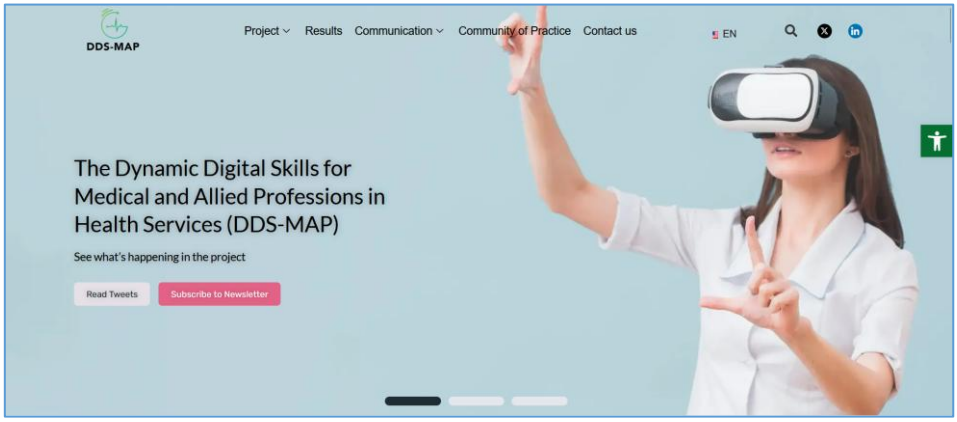


Figure 4: Project Webpage

8.5. Other relevant websites

The project will also be advertised on all partner websites and other relevant websites/portals. Therefore, partner organizations are required to include the link of the project's website on their own websites and give visibility to the DDS-MAP project. This strategy will increase the project's visibility and exposure.

Table 4: Other relevant websites

Partner Organization	Website	Other websites (e,g. affiliate organisation, partnerships, networks)

European Association of Service Providers for People with Disabilities	www.easpd.eu	www.entelis.net https://eureco.easpd.eu/
Southeast Technological University	https://www.setu.ie/	https://www.setu.ie/research
IBK Management Solutions	www.ibk.eu	N/A
University College Dublin	https://www.ucd.ie/	**https://www.ucd.ie/nmhs/** https://www.ucd.ie/research/ https://www.ucd.ie/medicine/
University of Maribor	https://www.fzv.um.si/ https://www.fzv.um.si/en	N/A
Ostfalia University of Applied Sciences	https://www.ostfalia.de/cms/de/g/ https://blogs.sonia.de/forschung-fakultaet-gesundheitswesen/	www.martina-hasseler.com
University of Udine	https://www.uniud.it	http://www.fnopi.it/ https://www.aniarti.it https://gimbe.it https://www.accademiascienzeinfermieristiche.it/

		https://asufc.sanita.fvg.it/it/
Klaipeda University	https://www.ku.lt/ https://www.ku.lt/en/	https://www.ku.lt/lt/universitetas/projektine-veikla-1/projektu-naujienos
University of Osijek, Faculty of dental medicine and health Osijek	https://www.fdmz.hr/	http://www.unios.hr/
Medical University Lublin	http://umlub.pl/	http://www.dds-map.umlub.pl/
Association of Knowledge and Technology Industries	http://www.gaia.es	https://enoll.org https://conetic.info https://greennovate-europe.eu
Azienda Unita Sanitaria Locale Di Teramo	https://www.aslteramo.it/	N/A
Biedriba Eurofortis	https://www.mobilitiesinlatvia.eu/ https://www.eurofortis.lv/	N/A
Mutualia Mutua Colaboradora Con La Seguridad Social	https://www.mutualia.eus/es/	https://corporativo.mutualia.eus/
Rigas Stradina Universitate	rsu.lv rcmc.lv	N/A

8.6. Workshops

DDS-MAP will engage in a wide range of processes involving organisations, students and staff in the development and quality management of all DDS-MAP results. Regional workshops organised by the HEI partners to plan and initiate the cooperation with the relevant accreditation agencies for getting the upcoming materials certified. DDS MAP will finalize the consultation process through a pan European multiplier event involving an international conference.

8.7. Multiplier events

DDS-MAP project partners will organise multiplier events to disseminate the information, outputs, and activities carried out. The following table illustrates the foreseen multiplier events taking place throughout the project life cycle. Since this communication and dissemination plan is a living document which will regularly updates and shared with all partners. A complete list of multiplier events will be finalised in second release.

Partners are encouraged to promote the project at relevant existing events (conference, workshop, seminar, meeting with relevant stakeholders). Partners will inform the Coordinator and EASPD about the relevant event and will share the content of their presentation/participation beforehand (partners are encouraged to share pictures, presentations, videos as needed for the dissemination.

Reporting: All partners are requested to update the event list based on their tentative months in the dissemination tracking excel. The format of the reporting is as follows:

- 1-2 page summary narrative should be sent to WP lead EASPD.
- The signature list picture should made available in Teams folder WP2.

Table 5: List of multiplier events

Partner organisation	Acronym	Type of event	Country	Target audience

European Association of Service Providers for People with Disabilities	EASPD	Workshop in 5-6June 2023 EASPD project dissemination corner 15/05/2025	Albania Athens, Greece Gandia, Spain	▪ Healthcare workforce (Disability and elderly care workers) ▪ Policy and Regulatory authorities Albanian policy makers and regulatory authority representatives.
Southeast Technological University	SETU	IEEE Cyber Research Conference 25/11/2025	Galway, Ireland	▪ Healthcare workforce ▪ Policy and Regulatory authorities ▪ Scientific research and other communities
University College Dublin	UCD	Workshop 23 march 2024	Ireland	Health Care Workforce Local Joint Working Group Policy and regulatory authorities
University of Maribor	UM FHS	International Scientific Conference "Research and Education in Nursing" 8-9 December 2023	Maribor	Healthcare workers including nursing and other healthcare students Nurse educators, researchers and nurse managers and leaders

Ostfalia University of Applied Sciences	Ost	Conference Health Summit 18 March 2025	Germany	Health Workforce (students included) Policy and regulator authorities
University of Udine	UNIUD	-Bachelor of nursing Degree, 8 June 2023 -International Meeting, 06 November 2023	-Italy (Udine) -Slovenia (Ljubljana)	-Meeting with all professors focused on literature searching and database
University of Osijeck	University of Osijek, Faculty of dental medicine and health Osijek	FDMZ info session - Presentation 28 June 2023	Croatia	Nurse educators, researchers and nurse managers and leaders
Medical University Lublin	MUL	Workshop: 13-14 September 2024	Poland	Lublin international conference for Nurses
Association of Knowledge and Technology Industries	GAIA	01 May 2024	Spain	TEIC industries, training companies and public bodies
Rigas Stradina Universitate	RCMC	Multiplier event 15-16 June 2024	Latvia	Healthcare workforce

8.8. Newsletter

DDS-MAP project will publish half-yearly newsletter to share updates, progress and key messages with the target audience. Partners are encouraged to translate the newsletter in their national language to maximize the reach. The tentative timeline of the newsletter is shown below,

Table 6: Newsletter

Newsletter	Tentative publication month	Status
1st Newsletter	September 2023	Published
2nd Newsletter	Delayed to Sept due to lack of engaging content, Agreed and approved during interim project meeting.	Published
3rd Newsletter	March 2025	Published
Final Newsletter	August 2025	Published

8.9. Press Release

Press releases are important to reach out to the press and state current progress as they can work as a multiplier for our efforts. For this, the press releases timing is important, and the newsworthy message needs to be identified. Being the dissemination lead EASPD with support from coordinator SETU, a number of press release will be shared. As discussed during the project kick-off, the issuing of press releases on project launch and relevant milestones.

8.10. Social Media channels

Social media represents an excellent channel trough which we can maximize the impact of the Helpdesk and increase the project's visibility, in order to reach out to a broader range of stakeholders and interested parties.

Taking advantage of their social media network, partner organizations' accounts/profiles will be used to disseminate and promote the outcomes of the project. The main Social Media pages use to disseminate the project will be LinkedIn and Twitter. Social Media

posts must include the visual identity tools of the EU and the project (logo…) and the specific Hashtag created for the project EU4Health program.

DDS-MAP project has started disseminating through social media channels. In the first 18 months, a number of posts were published and in the upcoming month, regular posts will be share according to the draft content plan and messages. Relevant reporting information will be updated in the continuous reporting portal.

Table 7: Social Media profile

Social media	Profile
Twitter	@DDS-MAP
LinkedIn	DDS-MAP EU4Health

The information of the ongoing social media dissemination

8.11. Target groups and communication channels

We plan utilise two social media channels (twitter and LinkedIn), website press release and newsletter for targeting specific audiences groups and focusing on different aims:

- Twitter is used mainly by the press, media, journalists, policy makers and scientific communities, yet also reaches a broad audience of digital literates who use Twitter as news channel, share/retweet information and comment on it.
- LinkedIn aims at our professional audience and institutions.
- Website aims at all target group.
- Press release aims at journalists, policy maker, public authorities etc.
- Newsletter of Healthcare workforce.

Target groups	Twitter	LinkedIn	Website	Press release	Newsletter
Healthcare workforce	x	x	x		
Policy and Regulatory authorities				x	

Scientific research and other communities		x	x		x
Health tech Companies		x	x	x	x
General Public	x	x	x		x

8.12. Final European conference

8.12.1. Introduction

The DDS-MAP Final European Conference took place on 26 June 2025 in Brussels, bringing together healthcare professionals, policymakers, academics, and civil society representatives to reflect on the project's achievements and explore the future of digital skills in healthcare. Set against the backdrop of a rapidly changing world marked by global health crises, climate change, and technological transformation, the conference highlighted the urgent need to strengthen the digital readiness of Europe's health workforce.

Building on two years of project activities, the event showcased self-assessment tools for digital literacy and resilience, presented resources designed for healthcare and allied professionals, and demonstrated the use of Virtual and Augmented Reality technologies in training. It also provided a platform to debate skill recognition pathways, such as micro-credentials, and to discuss how Europe can better equip medical and allied staff for the challenges ahead. With contributions from the European Commission, leading universities, and professional associations, the conference served both as a culmination of DDS-MAP's work and as a forward-looking dialogue on shaping a digitally skilled and resilient health sector across Europe.

The conference was organised in a hybrid format, combining both in-person and online participation. This approach was chosen to maximise accessibility and engagement of the project's diverse target groups, including healthcare professionals, policymakers, educators, and researchers from across Europe. By offering a virtual option alongside the physical event in Brussels, the conference ensured broader participation, reduced travel barriers, and allowed stakeholders from different countries and contexts to actively contribute to the discussions and knowledge sharing.

8.12.2. Initial Planning

8.12.2.1. Conference venue

Located in the central of Brussels, Guimard Square is an eco-friendly meeting venue and ideal starting point for both business and conferences. Most of the EU institutions are within easy walking distance and the historical city centre is just a stone's throw away. The conference was hosted on the ground floor of the venue ensuring the accessibility for person with disability such as wheelchair accessibility, accessible toilet, reserved parking for disabled person etc.

8.12.2.2. Agenda

Time	Session	Speakers / Moderators
08:45	Registrations	–
09:30–09:45	Welcoming Remarks	Prof. John Wells (SETU), Thomas Bignal (EASPD)
09:45–10:15	Policy Keynote	Dr. Petronille Bogaert (European Commission, DG SANTE)
10:15–11:30	Panel Discussion: *Future of Digital Skills in European Healthcare*	Moderator: Prof. John Wells (SETU); Speakers: Federica Margheri (EHMA), C.- Andreas Dalluege (IBK), Prof. Dominika Vrbnjak (Univ. of Maribor)
11:30–12:00	Open Q&A	Audience
12:00–13:30	VR Demonstration & Buffet Lunch	Ground Floor Foyer
14:00–15:00	Workshop: *Pan-European Micro-Credentials Framework*	Moderator: Prof. Beata Dobrowolska (Univ. of Lublin); Speakers: Dr. Helen Murphy (SETU), Dr. Adriano Friganovic (ENSO), Prof. Fiona Timmins (UCD), Prof. Dr. Martina Smolic (Univ. of Osijek)
15:00–15:30	Lessons Learned & What's Next! (Open Mic)	Moderator: Prof. John Wells (SETU)
16:00	End of Conference	–
18:00–19:30	Guided Walking Tour (DDS-MAP Partners only)	Brussels City

19:30–21:00	Networking Dinner (DDS-MAP Partners only)	Bouillon Bruxelles

8.12.2.3. Accessibility measures

To ensure the DDS-MAP Final Conference was inclusive and accessible for persons with disabilities, several measures were implemented. The venue in Brussels was fully wheelchair accessible, with step-free entry and accessible restrooms available on site. Live streaming of the conference was provided during keynote speeches and panel sessions to support participants who joined online, while presentation materials were shared in advance in accessible digital formats. Efforts were also made to ensure clear visual design in slides and handouts, and facilitators were briefed on inclusive communication practices. These measures reflected the project's commitment to equal participation and accessibility for all attendees.

8.12.2.4. Pre-registration and participant's profile

The DDS-MAP Final Conference brought together a total of **1500 participants** representing diverse professional backgrounds and organisations. Among them, 40 participants joined in person in Brussels, while a much larger group of **111 participants took part online**, reflecting the inclusive and hybrid format of the event. In terms of gender balance, the majority of attendees identified as female (112), with 24 male participants and a small number preferring not to specify. Overall, the conference succeeded in attracting a wide range of stakeholders from across Europe, ensuring strong engagement and broad representation in the discussions.

8.12.2.5. Pre-conference promotion campaign

In the lead-up to the DDS-MAP Final Conference, a targeted pre-conference campaign was carried out to maximise outreach and engagement. **Email marketing** was used to send bulk invitations and updates to professional networks, associations, and students, ensuring wide visibility across stakeholder groups. Regular **social media campaigns** supported the promotion with scheduled posts highlighting the agenda, speaker announcements, and key themes of the event. In addition, a short **article was published in partner newsletters**, providing another channel to reach healthcare professionals, policymakers, and academic audiences. These combined efforts played an important role in generating strong interest and participation in the conference.

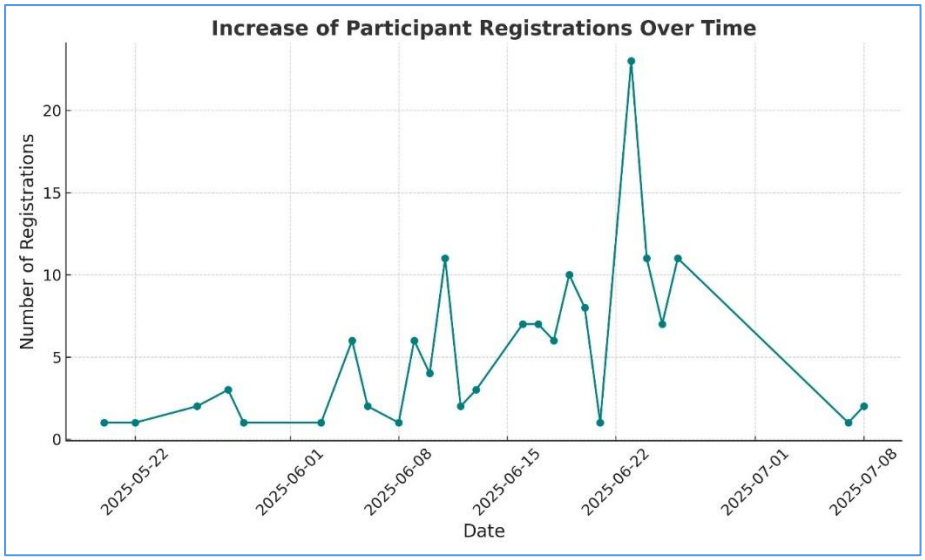
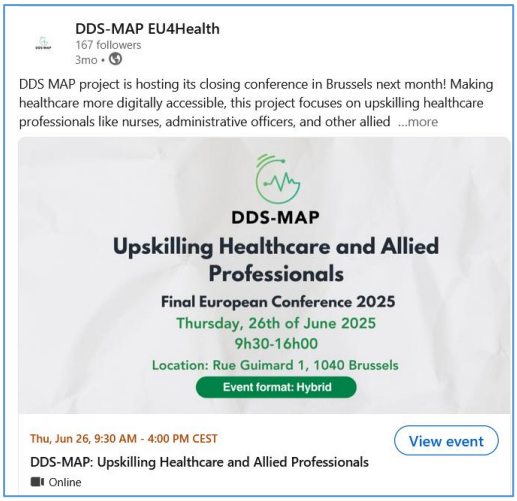
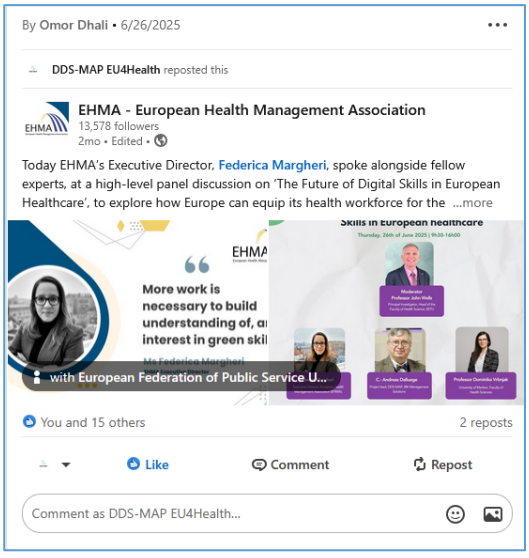


Figure 5: Participants registration timeline volume





8.12.3. Key Conclusion of the Event

Key Takeaways from the Opening Remarks

Timely and Relevant Mission: DDS-MAP was conceived during a time of crisis (e.g. Ukraine war, post-COVID), and its focus on digital skills has become more relevant as health systems face increasing pressure globally.

Inclusion Across the Care Spectrum: The project deliberately extended digital training not just to clinical professionals, but also to allied professionals such as social care workers, nurses, and administrative staff—promoting inclusive capacity building.

Commitment to Lifelong Digital Learning: The importance of continuous professional development was underscored, with Ivana calling for stronger investment in long-term digital skill-building initiatives that extend beyond the life of the DDS-MAP project.

8.12.4. Key Takeaways from the policy keynote:

1. Health Workforce Challenges Are Growing — and Central to EU Policy

The European Commission recognizes the health workforce as a foundational pillar for achieving a resilient, competitive, and equitable health system. Alarming statistics were shared:

A shortage of 1.2 million doctors, nurses, and midwives across the EU (2022).

Over one-third of doctors are over 55, signaling an upcoming wave of retirements.

High levels of burnout and job strain, especially in nursing and long-term care, are driving talent away from the sector.

Policy implication: The EU is pushing Member States to strengthen workforce planning, improve working conditions, and invest in retention strategies, especially for nurses and rural regions.

2. Digital Transformation Is Not Optional — It's Urgent and Inclusive

The digitalization of health and care services is seen as a necessity, not a luxury. The DDS-MAP project was praised for its inclusive approach, offering digital training not only for doctors but also for nurses, admin staff, and social care workers.

Dr. Bogard emphasized that:

Technology should augment healthcare, not replace human workers.

Digital and data literacy, cybersecurity, and telemedicine skills are increasingly critical across all roles.

Digital training should align with privacy standards and ethical data use to maintain patient trust.

Policy implication: The EU is embedding digital upskilling in strategic initiatives like the European Health Data Space, Pact for Skills, and BeWell Blueprint.

3. Lifelong Learning & Flexible Training Are Core to the EU Skills Agenda

The keynote underscored the importance of continuous professional development (CPD) in a rapidly changing health landscape. Through funding programs like EU4Health, the Commission is supporting modular, flexible training that includes:

Micro-credentials for digital health skills

CPD tailored to nurses, social care, and non-clinical staff

Online learning platforms that encourage cross-sector knowledge sharing

Policy implication: The EU is moving toward a "Union of Skills", with new initiatives promoting mobility, recognition of qualifications, and targeted training to address skill gaps in both digital and green transitions.

8.12.5. Key Takeaways: Panel on the Future of Digital Skills in European Healthcare

1. **Cybersecurity and Data Protection Are Top Priorities**
   The panel stressed the urgent need to strengthen digital literacy in areas like cybersecurity, especially due to the increasing threat of phishing and data breaches. Protecting patient data must be at the core of all digital skills training across healthcare systems

2. **Digital Skills Must Be Integrated into Continuous Professional Development (CPD)**
   The panel emphasized embedding digital competencies, such as the use of clinical digital tools and data management, within existing professional development frameworks. This includes issuing micro-credentials and aligning them with national and EU qualification standards

3. **Pan-European Standards and Joint Regulation Needed**
   To avoid fragmentation across Member States, the panel called for the creation of a Pan-European framework for digital healthcare training, harmonized across national systems. This includes standardizing curricula, enhancing collaboration, and aligning with initiatives like **BeWell**, **EU4Health**, and the **Union of Skills.**

4. **Digital Skills Gap Worsens with ageing**
   A concerning trend noted was that younger healthcare professionals (e.g. undergraduates) tend to have stronger digital competencies, which diminish as staff

progress in their careers. Lifelong learning and tailored training for senior professionals were identified as critical needs.

5. **Flexible Learning and Micro-Credentials Are the Way Forward**: The discussion highlighted the importance of short, ECTS-based courses and modular learning paths to support working professionals. These allow healthcare staff to upskill while managing demanding workloads.

6. **AI and Leadership Will Transform Healthcare Roles:** Panelists acknowledged that automation and AI will take over many operational tasks in healthcare management. As a result, future leadership will depend more on strategic vision and interpersonal communication—soft skills must be part of the digital education agenda.

8.12.6. Key Takeaways from the Workshop: Pan-European Micro-Credentials Framework

1. **Standardization and Policy Alignment Are Essential:** Micro-credentials must be integrated into national and European qualification frameworks, with strong alignment to the European Credit Transfer System (ECTS). Stakeholders emphasized the need for recognition by regulatory bodies, such as nursing councils, which often only accept qualifications at Level 8 or above
2. **Micro-Credentials Must Be Verifiable, Portable, and Stackable**
   Micro-credentials should be **digitally certified**, allowing professionals to add them to CVs and CPD portfolios. These short, modular learning units can be "stacked" to build larger qualifications, enabling **flexible upskilling and lifelong learning** for health professionals across the EU
3. **Urgent Need for Cross-Border Collaboration and Quality Assurance:** There are major disparities among EU countries in micro-credential recognition and implementation. The workshop highlighted the lack of consistency across regulatory systems and called for a Pan-European framework with clear quality standards, digital competencies focus (e.g., cybersecurity), and shared accreditation practices

Lessons Learned – Reflections from DDS-MAP Final Conference

1. **Need for Better Inclusion of Non-Clinical Staff**: A key insight was that many support staff—such as porters, technicians, and secretaries—are still underrepresented in digital skills initiatives, despite their daily interaction with healthcare systems. There is a need to engage and encourage these professionals in digital upskilling.

2. **Disconnect Among Regulators Across Europe**: One surprising takeaway was the limited communication and coordination between regulatory bodies within and across EU countries. This fragmentation presents a major barrier to standardising digital health training and recognition.

3. **Co-Design and One-Size-Fits-All Limitations**: Partners stressed that "one size does not fit all." Successful digital training must be co-designed with targeted stakeholder

groups, tailored to their specific roles and learning contexts. Early and inclusive collaboration could have avoided duplications and confusion during the project's early stages.

8.12.7. Post project dissemination

To extend the impact of the DDS-MAP Final Conference beyond the event itself, a series of dissemination activities were undertaken:

- **Social Media:** Highlights, photos, and key messages from the conference were shared across project and partner social media platforms, ensuring wide visibility and continued engagement with stakeholders.
- **Electronic and Print Media:** A comprehensive press release was issued and circulated through electronic and print media channels, reaching a broader audience and reinforcing the relevance of the project outcomes.
- **Newsletter:** A dedicated feature article was included in partner newsletters, providing a concise summary of the event's achievements and insights for distribution within professional networks.
- **Website Content:** The conference proceedings, including the livestream recording, presentations, and supporting materials, were published on the DDS-MAP website, creating an accessible resource hub for professionals and organisations interested in digital skills development in healthcare.

These post-conference actions ensured that the project's messages, outcomes, and resources continued to reach diverse audiences, contributing to sustained awareness and impact.

DDS-MAP EU4Health
167 followers
2mo •

It's a wrap!

On June 26th, the DDS-MAP Final European Conference in Brussels successfully gathered healthcare professionals, policymakers, and digital learning experts from across Europe to celebrate two years of impactful work in upskilling the health and allied workforce.

Key discussions highlighted the urgent need for digital literacy, cybersecurity, lifelong learning, and a harmonized EU framework for micro-credentials. The event underscored the importance of including all healthcare roles—clinical and non-clinical—in a continuous digital skills development program.

With participants from over 10 countries, the conference closed with a strong call to integrate DDS-MAP's tools into national systems to ensure sustainable, cross-border upskilling in the healthcare ecosystem.

The conference was hosted by EASPD - European Association of Service providers for Persons with Disabilities. DDS-MAP (Dynamic Digital Skills for Medical and Allied Professions) is a 2.5-year-long initiative co-funded under the EU4Health Programme of the European Union. It aims to develop new training provision for healthcare and allied professionals in the EU, focused on the acquisition and mastery of new digital technologies in the delivery of care services.

#DDSMAP #EU4Health #HealthUnion

DDS-MAP

Press Release

08 July 2025

Building a digitally ready health workforce: DDS-MAP Conference wraps up in Brussels

On 26 June, the DDS-MAP Final European Conference was held in Brussels, bringing together healthcare professionals, policy makers, researchers, and digital learning experts from across Europe to celebrate the achievements and impact of the two-year of the project. The event featured engaging keynotes, interactive sessions, and a strong reaffirmation of the EU's commitment to upskilling health and allied workforces.

Opening the conference, Professor John Wells mentioned the project's growing relevance in today's geopolitical and healthcare contexts, noting its origins during the outbreak of the war in Ukraine and the continued strain on health systems globally. Ivana Davidovska, Head of Projects at EASPD, highlighted the importance of empowering care professionals with digital literacy and lifelong learning opportunities. She emphasized that the DDS-MAP initiative effectively bridges gaps between healthcare and social care sectors, particularly by including underrepresented professionals such as administrative staff and social care workers.

Dr. Patronille Bogaert of the European Commission delivered the keynote address, outlining the EU's broader strategic initiatives to strengthen health systems through digital innovation, workforce planning, and skills development. She praised DDS-MAP's training modules as a model for engaging, accessible, and effective digital learning. Her speech underlined critical challenges facing Europe's health workforce—ranging from aging staff to unequal geographical distribution—and emphasized the urgency of upskilling to meet current and future healthcare demands.

The panel speakers called for urgent institutional actions on the following areas to enhance our healthcare space:

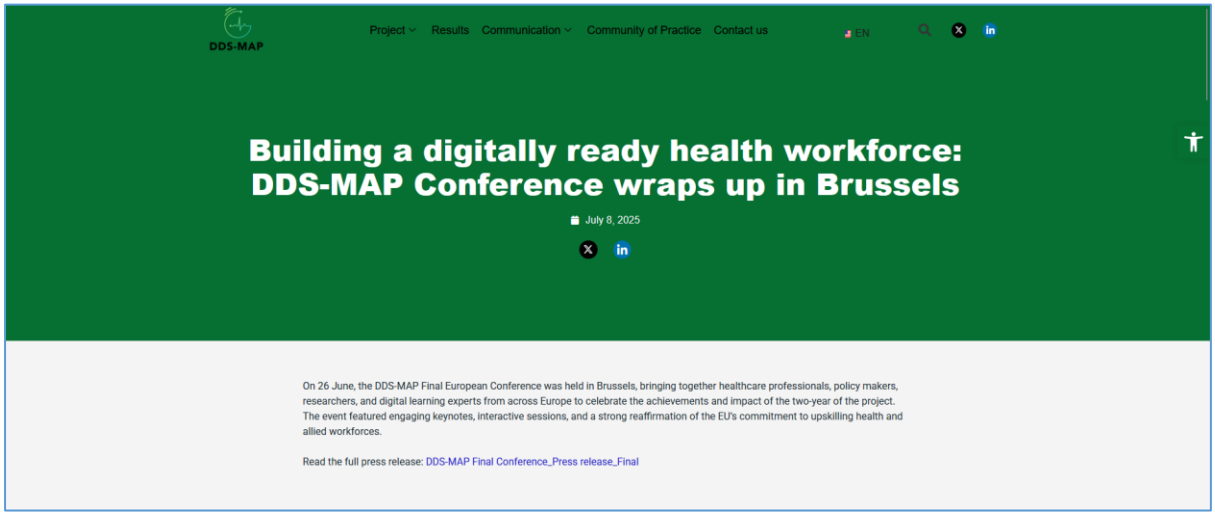
- Cybersecurity: As digital threats grow, protecting patient data through stronger digital literacy is critical across all roles in the healthcare ecosystem.
- Lifelong Learning: Digital skills must be part of continuous professional development, especially for senior staff.
- EU-Wide Standards: A harmonised European framework and flexible micro-credentials are key to closing the digital skills gap.

At the event, we also discussed a Pan-European Micro-Credentials Framework, emphasising the need for standardised, verifiable, and stackable training pathways for medical and allied professionals. Speakers highlighted the importance of aligning micro-credentials with national qualification systems and ensuring their recognition by professional bodies. The session called for stronger cross-border collaboration to promote quality assurance and the portability of digital skills across the EU health workforce.

A big takeaway from the event was the continued need for upskilling non-medical staff. The session also highlighted challenges due to limited coordination among European regulators and emphasised the importance of co-designing training content tailored to specific professional contexts, rather than applying a one-size-fits-all approach.

With participants joining from over 10 countries, the event concluded with a call to sustain the momentum beyond the project, integrating its tools and learnings into national systems and institutional practices and make lifelong learning more mainstreamed to upskill healthcare professionals.

Co-funded by the European Union



9. Monitoring and Evaluation

Monitoring and evaluation processes provide reliable data to support the implementation of an adaptive communications programme in order to maximise impact. EASPD, supported by the project coordinator SETU and the other project partners, will be primarily responsible for monitoring the effectiveness of external communication activities and tools.

Monitoring will take place at six-month intervals, and the communication strategy will be adapted and updated as required. A continuous tracking has already been placed. All partners are requested to keep the dissemination tracking excel and communication tracking excel updated. Key performance indicators are detailed in in the following table:

Tool/Activity	KPI
DDS-MAP website	Number of visitors
Other relevant websites (e.g., member organizations of the partners)	Upload Links
Social media profiles	Number of impressions
Digital Project leaflet	Number of copies distributed
	Number of events/meetings where it was distributed
Press releases	Number of press releases published
Multiplier events	Number of events
	Number of participants
Other dissemination events	Number of events
	Number of participants

10. Reporting

Final version of the report will be submitted in M30 which will compile overall outcome of the dissemination report. In addition, regular updates will be shared during monthly management meetings. The report will cover the following elements –

- KPIs
- Workshop key conclusions
- Multiplier event summary
- Final conference summary

11. Sustainability: Business Model Canvas

11.1. What is a business model canvas?

Business model canvas is tool/framework used to create new business cases/models by documenting the existing process. It is a visual chart that illustrates the existing elements of a business which are the building blocks of the business model. By describing the elements, a business outlines its products or service's value proposition, infrastructure, customers, and finances, assisting businesses to align their activities by illustrating potential trade-offs.

Initially proposed by Alexander Osterwalder in 2005, the business model canvas has nine building blocks. They are –

1. Customer segments
2. Value propositions
3. Interventions
4. Customer relationships
5. Revenue streams
6. Key resources
7. Key activities
8. Key partnerships, and
9. Cost structure.

Based on the desk research and multi-lateral consultation meeting with project partners, the following revisions were proposed and approved in the project interim meeting.

- Two separate canvases will be developed to address the need of the services providers and universities.
- The first draft has been developed based on the direct input by partner during a brainstorming session in the interim meeting.

- Partner will make regular updates by adding inputs in the different building blocks in line with project outcomes as they are developed and published.
- The final version will be released and adopted on month M30.

11.2. DDS-MAP Business Model Canvas development plan

Based on the framework mentioned above, DDS-MAP project partners will prepare its own business model canvas. All partners will provide input describing the building blocks to make a long-term business case of the project outputs. A short manual will be shared with all partners describing the theoretical background, brainstorming guidelines, and milestones. The following timeline will be adapted, and the final version will be shared in MS teams.

Table 8: Business Model Canvas

Timeline	Description	Status
End of October	Manual published	Completed
Interim project meeting	Team brainstorming completed	Completed
End of February	First version of Business Model Canvas published internally for the consortium partners	Completed
August 2025	Final version of Business Model Canvas published and adapted	Completed

11.3. Final version of the Business Model Canvas (Universities)

The final version of business model canvas has been developed as per a brainstorming session and multilateral consultation within the consortium partners. Below is the version for partners who are higher Education Institute (mainly universities).

Business Model Canvas	*Designed for:*	*Designed by:*	*Date:*	*Version:*
	DDS-MAP	Consortium partner	11/08/2025	V3

Key Partners	Key Activities	Value Propositions	Interventions	Customer Segments
University, Hospitals HEI (for new content) Nursing students, oversight bodies (nursing/md/mid-wife, GP), Education planners in medical universities, Nurses (nurses as future RNs, policy makers) and Physicians Chambers - local and national (Regulators); Professional Associations	Maintain good user experience of the digital tools Meetings; workshops, conferences - explanation of the main values of the project Possible integration into curricula, workshops, trainings Events to involve students and get their feedback and evidence of learning **Key Resources**	Preparation for digitalisation of health care service Upskilling and reskilling of healthcare workforce with micro-credentials Adaptive response to current and emerging trends training Enhance perceived digital technology, self-efficacy Adjusting healthcare to digital environment	Localised events, national events, online promotion Blended learning approach Regular meetings and/or updates Online events **Channels**	Hospitals/Hospital Groups staff Managers (hospital) Nonclinical staff doctors/ pharmacists more healthcare professionals engaged (rehabilitation, dentistry, pharmacy etc.) Healthcare workers, healthcare students, non-healthcare workers involved in healthcare

IT staffs of universities Digital health association	Module content Income from students/funded students Open-source materials	Behaviour change (responding appropriately to acute scenarios) Improve level of digital competence (problem solving, data literacy, safety, content creation, communication. Improving digital competences among healthcare workers. Critical thinking and approach in digital world. Better online safety, data safety, digital competencies, personal data safety, patient safety. Reduce digital skills inequalities.	Professional organisations' newsletters; social media channels Advertising professional organisations; social media; university websites. Newsletter; mailing (regular); professional journals	Healthcare managers Master's students

Cost Structure	Income
Fees for facilitators IT infrastructure and maintenance cost	Fees from student certification (micro-credentials)

11.4. Final version of the Business Model Canvas (Service Provider)

The final version of business model canvas has been developed as per a brainstorming session and multilateral consultation within the consortium partners. Below is the version for partners who are for profit and non-profit organisations (mainly service providers).

Business Model Canvas

Designed for:	*Designed by:*	*Date:*	*Version:*
DDS-MAP	Consortium partner	11/08/2025	V3

Key Partners

Network of care providers involved in allied sector such as disability and elderly.

Insurance companies at national level

Public health sector bodies

Professional's association

Key Activities

Awareness raising events and workshops tied with professional association's annual conference

Leveraging DDS-MAP with existing courses

Consultancies

Featured article in the newsletter

Value Propositions

Supporting with bespoke assessments

Training to accelerate the use of new technology

Resilience for healthcare work professionals

Help them to feel comfortable with the use of technology

Emerging issues

Interventions

Coaching teams and managers

Events

Course

Channels

Non-profit organisations

Service providers

Customer Segments

Allied care organisations

Disability and care service providers

Informal care givers

Social care staff

Cost Structure	Income
Staff cost	Donations
Cost for train the trainers	Fees from course sales
Remuneration	
Conference participation	

12. Annex

Multiplier event reporting template:

All templates:

- DDS-MAP Deliverable Word Template
- DDS-MAP Power Point Template
- DDS-MAP Meeting Agenda and Minutes
- DDS-MAP Signature list

Files are available → Google Drive | Microsoft SharePoint

Our Team

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mutualia

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IBK

Università degli Studi di Udine
hic sunt futura

University of Maribor

DDS-MAP
Dynamic Digital Skills for Agility and Resilience