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METHODOLOGY FRAMEWORK FOR THE BEHEALTH INTELLIGENT MENTORING TOOL (IMT) EXPLORATION

MAMAK, Turkiye and partners

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1 EXECUTIVE SUMMARY

The BEHEALTH project aims to support Vocational Education and Training (VET) providers and Work-Based Learning (WBL) organisations in nursing education to evaluate and improve their quality assurance (QA) practices through the development and application of innovative digital tools and methodologies.

The **BEHEALTH Intelligent Mentoring Tool (IMT)** represents the central innovation of the project, integrating:

- IQAS frameworks developed in WP2
- 360-degree self-assessment control tools
- Methodologies of Comparison or Benchmarking (under specific conditions)
- Targeted improvement recommendations

This methodology framework provides the operational guidance for the **pilot exploitation of the IMT in partner countries**, ensuring that participating organisations can effectively evaluate their QA systems and implement evidence-based improvements.

The framework establishes:

- procedures for recruiting pilot organisations
- training mentors responsible for facilitating the process
- implementing IMT-based IQAS assessments
- developing improvement action plans
- monitoring institutional progress

The methodology ultimately contributes to **enhancing quality assurance in nursing VET and WBL institutions across Europe**.

2 INTRODUCTION

Quality assurance in nursing education is essential to ensure that training programmes respond effectively to the evolving needs of healthcare systems, labour markets, and society.

The BEHEALTH project addresses this need by providing **integrated digital tools and mentoring methodologies** to support organisations in evaluating and improving their internal quality assurance systems.

The **BEHEALTH Intelligent Mentoring Tool (IMT)** is a web-based platform enabling stakeholders to assess institutional quality assurance processes through structured questionnaires and receive automated improvement recommendations based on performance levels.

Through the pilot implementation described in this framework, participating organisations will gain practical experience in applying European QA principles in nursing education.

3 Purpose of the methodology framework

The **Methodology Framework on Exploiting the BEHEALTH Intelligent Mentoring Tool (IMT)** provides a structured approach for implementing the pilot activities aimed at improving Internal Quality Assurance (IQAS) practices in Nursing Vocational Education and Training (NVET) and Nursing Work-Based Learning (NWBL).

The framework ensures that pilot participants can:

- evaluate their Internal Quality Assurance System (IQAS)
- benchmark their practices against European quality standards
- develop evidence-based action plans
- improve IQAS processes through **guided mentoring**

Specific objectives include:

- providing structured guidance for implementing the pilot activities
- supporting mentors in facilitating IQAS improvement processes
- enabling NVET and NWBL organisations to evaluate their IQAS
- promoting evidence-based decision making for institutional improvement
- supporting the awarding of the BEHEALTH Digital Quality Badge

The framework operationalises the results developed in **WP2 (QA frameworks and 360-degree control tools)** and **WP3 (Intelligent Mentoring Tool)** and applies them to real NVET and NWBL organisations across the partner countries.

The BEHEALTH Intelligent Mentoring Tool integrates the project outputs and allows organisations to **self-assess their QA maturity levels using structured surveys and benchmarking logic**, generating improvement recommendations based on stakeholder responses.

4 Conceptual approach of the framework

The BEHEALTH approach to quality assurance is based on the integration of:

- internal quality assurance systems (IQAS)
- external quality assurance mechanisms (EQAS)
- stakeholder-based evaluation methods
- continuous improvement processes

The IMT operationalises these principles by allowing institutions to assess their performance across multiple quality criteria and stakeholder perspectives.

These criteria include:

- policy for quality assurance
- programme design and approval
- learner-centred teaching and assessment
- teaching staff competence
- learning resources and student support
- information management
- public information transparency
- programme monitoring and review
- Process of ongoing monitoring and periodic review of programmes
- Process of cyclical external quality assurance

Level	Description
Level 1	Minimal Achievement
Level 2	Developing
Level 3	Moderate
Level 4	High
Level 5	Full Achievement

The level-based classification allows organisations to identify gaps in IQAS and implement targeted improvements.

Mentoring-Based Capacity Building

The exploitation methodology combines digital self-assessment with **mentorship support**, where trained mentors guide organisations to:

- interpret IMT results

- develop improvement plans
- implement quality assurance actions

Mentoring ensures that pilot participants do not only complete assessments but also **translate results into organisational improvements**.

5 Overview of the behealth intelligent mentoring tool

The BEHEALTH Intelligent Mentoring Tool is a **digital platform designed to support organisations in conducting internal quality assurance assessments.**

The tool enables:

- multi-stakeholder surveys
- data analysis and comparison or benchmarking
- visual performance dashboards
- automated improvement recommendations

Stakeholders participating in the evaluation include:

- managers / programme guarantors
- teachers / mentors
- students / learners
- employers

The IMT uses a **Likert-scale evaluation model**, enabling the calculation of performance scores for different quality criteria.

Results are then converted into performance levels ranging from:

1. Minimal Achievement (0% - 20%)
2. Developing Level (21% - 40%)
3. Moderate Level (41% - 60%)
4. High Level (61% - 80%)
5. Full Achievement (81% - 100%)

These levels provide organisations with clear insights into their IQAS maturity and areas requiring improvement.

6 Scope of the framework

The methodology applies to two categories of organisations:

NVET providers

Examples include:

- nursing vocational schools
- vocational training centres
- adult NVET providers offering nursing programmes

NWBL providers

Examples include:

- hospitals
- clinics
- healthcare training facilities
- nursing practice centres

Each partner country will recruit at least:

- 1 NVET provider
- 1 NWBL provider

resulting in a **minimum 12 pilot organisations across the partnership.**

7 Stakeholder engagement and roles

Successful implementation of the methodology framework requires active involvement from multiple stakeholder groups.

Partners support pilot implementation by:

- recruiting participating organisations
- facilitating mentoring activities
- supporting data analysis
- contributing to evaluation and feedback collection

Mentors are trained experts responsible for:

- guiding organisations during the pilot
- interpreting IMT results
- assisting with improvement planning
- monitoring implementation progress

Pilot organisations are responsible for:

- completing the IMT assessment
- engaging stakeholders in the evaluation process
- implementing improvement actions

8 Methodology for the pilot implementation

Stage 1 – Preparation and Recruitment

Timeline: April'26 – June'26
Lead: MAMAK
Partners involved: All partners except EHFF

Activities:

1. Preparation of recruitment strategy
2. Identification of potential pilot organisations
3. Dissemination of the pilot opportunity
4. Selection of participating organisations

Recruitment criteria include:

- provision of nursing education or training
- involvement in work-based learning
- commitment to participate in the mentoring process

Expected output:

- minimum **12 organisations recruited**

Stage 2 – Training of Mentors

Timeline: May '26
Lead: IIEK Delta

Participants:

- 2 staff members from each partner organisation
- total **12 trained mentors**

Training topics include:

- IMT functionality and workflow
- interpretation of evaluation results
- mentoring techniques for IQAS improvement
- use of the validation framework for awarding digital badges

This activity will take place alongside the **3rd Transnational Project Meeting in Greece**.

Stage 3 – Implementation of the IMT Assessment

Timeline: May'26-July'26

Lead: MAMAK

Each participating organisation will:

1. register in the IMT platform
2. select the NVET or NWBL survey module
3. complete the stakeholder questionnaires

Stakeholder groups involved:

- managers / programme guarantors
- mentors / teachers
- learners / students
- employers

Participants will complete the survey which allows data analysis at organisational and country levels.

Stage 4 – Analysis and Interpretation of Results

Once survey responses are collected, the IMT will automatically:

- calculate average criterion scores
- normalise results
- produce graphical outputs (spider diagrams)
- generate improvement recommendations

The system provides:

- summary assessment reports
- performance comparisons
- targeted improvement guidance

This allows organisations to clearly understand their **current IQAS maturity level**.

Stage 5 – Development of Organisational Improvement (Action) Plans

After receiving their results, pilot organisations will work with mentors to:

- analyse evaluation outcomes

- identify weaknesses in IQAS processes
- define improvement measures
- develop action plans

Typical improvement actions may include:

- revising IQAS policies
- improving feedback mechanisms
- strengthening mentor training
- enhancing collaboration between NVET and healthcare providers

9 Implementation timeline

Task	Timeline	Lead
T4.1 Methodology Framework	April'26 – May'26	MAMAK
T4.2 Validation Framework	May'26 – June'26	IEK Delta
T4.3 Translation	May'26 – June'26	MAMAK
T4.4 Mentor Training	May'26	IEK Delta
T4.5 Recruitment	April'26 – May'26	MAMAK
T4.6 Pilot Implementation	May'26 – June'26	All partners
T4.6.1 Action Plans	June'26 – July'26	1 NVET 1 NWBL
T4.7 Videos Development	May'26 – June'26	DEKAPLUS
T4.8 Badge Evaluation	June'26	Q-IMPULZ
T4.9 IMT Improvements	July'26-Aug'26	TREBAG

10 Risk management

Risk	Mitigation
Low participation in pilots	early stakeholder engagement
Technical issues with IMT	continuous support from TREBAG
Incomplete survey responses	mentor guidance

11 Ethical considerations

All pilot activities will comply with:

- GDPR regulations
- ethical research standards
- voluntary participation principles

Participants will be informed about:

- data processing
- confidentiality
- purpose of the evaluation

12 Expected impact

The implementation of this methodology will lead to:

Institutional Impact:

- improved IQAS practices in nursing education
- increased alignment with EU QA standards

Capacity Building:

- enhanced IQAS competencies of mentors and staff

Systemic Impact:

- benchmarking of QA practices across partner countries
increased awareness of quality assurance in VET nursing education

13 Sustainability

The methodology framework will remain available after the project through:

- the BEHEALTH digital platform
- dissemination events
- training activities

Organisations will be able to continue using the IMT as a **long-term quality assurance support tool**.

14 Annex 1 – Pilot Implementation Protocol

The Pilot Implementation Protocol defines the structured process through which the **BEHEALTH Intelligent Mentoring Tool (IMT)** will be tested and exploited by participating Vocational Education and Training (VET) and Work-Based Learning (WBL) providers in nursing across the partner countries.

The protocol ensures that the pilot implementation is conducted consistently across all countries and produces comparable results for evaluating the quality assurance (QA) practices of participating organisations.

Scope of the Pilot

The pilot phase will involve:

- **12 organisations** providing nursing education or training
- At least **one NVET provider and one NWBL provider per partner country**

Participating organisations may include nursing vocational schools, training centres providing nursing programmes, hospitals and healthcare institutions offering clinical training, etc.

Pilot Implementation Steps

Step 1 – Recruitment of Pilot Organisations

Partners will identify and recruit organisations through:

- dissemination activities
- direct stakeholder engagement
- national networking events

Selected organisations must demonstrate willingness to participate in the evaluation and improvement process.

Step 2 – Registration in the IMT Platform

Participating organisations will register on the BEHEALTH Intelligent Mentoring Tool platform and select the relevant survey module:

- NVET (Nursing Vocational Education and Training)
- NWBL (Nursing Work-Based Learning)

Step 3 – Stakeholder Participation

The assessment will involve responses from four stakeholder groups:

- managers / programme guarantors
- teachers / mentors
- learners / students
- employers / healthcare partners

This multi-stakeholder evaluation provides a **360-degree perspective on institutional quality assurance processes**.

Step 4 – Completion of the IMT Assessment

Participants will complete structured questionnaires using a **Likert-scale evaluation system** assessing key quality criteria such as:

- IQAS policy
- programme design
- learner-centred teaching
- teaching staff competence
- learning resources
- programme monitoring and review

Step 5 – Analysis of Results

The IMT system automatically processes the data and generates:

- performance scores
- spider diagram visualisations
- tailored improvement recommendations

Step 6 – Mentoring and Improvement Planning

Mentors assigned by project partners will support organisations in:

- interpreting the evaluation results
- identifying areas for improvement
- developing IQAS improvement action plans

Step 7 – Monitoring and Evaluation

Mentors will monitor the implementation of improvement actions and provide feedback during the pilot phase.

The results of the pilot will contribute to the **final evaluation and awarding of the BEHEALTH Digital Quality Badge**.

15 Annex 2 – Mentor Reporting Template

The Mentor Reporting Template is used by trained mentors to document the progress of pilot organisations participating in the BEHEALTH Intelligent Mentoring Tool (IMT) implementation.

The report supports monitoring of pilot activities and contributes to the evaluation process for awarding the **BEHEALTH Digital Quality Badge**.

Mentor Information

Field	Information
Mentor Name	
Partner Organisation	
Country	
Date of Report	

Pilot Organisation Information

Field	Information
Organisation Name	
Organisation Type	NVET Provider / NWBL Provider
Country	
Contact Person	
IMT Registration Date	

IMT Assessment Results

Indicator	Result
Number of respondents	
Stakeholder groups participating	
Overall IQAS maturity level	
Key strengths identified	
Key weaknesses identified	

Improvement Areas

Mentors should summarise the main areas requiring improvement identified through the IMT assessment.

Examples may include:

- lack of structured IQAS policies
- limited stakeholder feedback mechanisms
- insufficient monitoring of training programmes

Improvement Actions Agreed

IQAS Criterion	Improvement Action	Responsible Person	Timeline

Mentor Observations

Mentors should provide qualitative observations regarding:

- organisational commitment to quality assurance
- stakeholder engagement during the pilot
- potential challenges encountered

Activity	Planned Date
Follow-up meeting	
Progress review	
Final evaluation	

16 Annex 3 – IQAS Improvement Action Plan Template

Organisation:	
Date:	
Identified Gap:	
IMT Recommendation:	
Action Step:	
Owner (MA/TE/ST/EM):	
Deadline:	

1. Gap Identification (Based on IMT Analysis)

Identify the specific area where the score was below 71%.

2. Strategic Objectives

What is the desired state after implementing the measures?

3. Target Goal: Reach Level _____ in the next assessment cycle.

4. Measures & Implementation Table

Convert IMT recommendations into specific tasks.

Measure/Task	IMT Recommendation Reference	Ownership (MA/TE/ST/EM)	Deadline	Success Indicator (KPI)
1.				
2.				

5. Communication Plan (Closing the Loop)

How will you present this plan to the stakeholders to ensure buy-in?

6. Presentation Method (e.g., Staff Meeting, Digital Report, Newsletter)

7. Key Message

8. ASSESSOR'S TOOLBOX

The "Quality Bridge" Visual Concept

- Left Pillar: ESG 2015 (The HEI)
- Right Pillar: ISO 9001 or other documented IQAS (The Hospital)
- The Bridge: BEHEALTH Integration (The Common Goal)

IQAS Improvement Checklist

- ☐ Standards Mapped (ESG & ISO)
- ☐ Mental Health Module implemented in curriculum
- ☐ 360-degree feedback collected (Q-IMPULZ)
- ☐ IMT Gap Analysis completed
- ☐ Action Plan approved and communicated
- ☐ Level 5 Score (4.0) achieved for Digital Badge

17 Annex 5 - Recruitment Strategy for Pilot Organisations

1. Purpose of the Recruitment Strategy

The recruitment strategy aims to ensure the **successful identification and engagement of suitable Vocational Education and Training (VET) providers and Work-Based Learning (WBL) organisations** participating in the pilot implementation of the BEHEALTH Intelligent Mentoring Tool (IMT).

The strategy ensures that the selected organisations:

- represent relevant nursing education and training environments
- demonstrate commitment to improving their quality assurance (QA) practices
- actively participate in the evaluation and mentoring process

The recruitment process will ensure that **at least 12 organisations** across the partner countries participate in the pilot implementation.

2. Target Organisations

The recruitment will focus on organisations involved in **nursing education and clinical training**, including:

NVET Providers

Examples include:

- nursing vocational schools
- vocational training centres
- adult education providers offering nursing programmes

NWBL Providers

Examples include:

- hospitals and healthcare institutions
- clinics and medical centres
- nursing care facilities
- clinical training units

Each participating country will recruit:

- **1 NVET provider, Quality Manager, or Quality Mentor**
- **1 NWBL provider, Quality Manager, or Quality Mentor**

3. Recruitment Methods

he recruitment strategy will apply a **multi-channel outreach approach**, combining dissemination, stakeholder engagement, and networking activities.

3.1 Dissemination Activities

Partners will promote participation in the pilot through dissemination channels such as:

- project websites
- newsletters
- social media platforms
- professional networks
- institutional mailing lists

Dissemination messages will highlight:

- the benefits of participating in the pilot
- the opportunity to evaluate and improve IQAS processes
- the possibility of receiving the **BEHEALTH Digital Quality Badge**

3.2 Direct Stakeholder Engagement

Partners will directly approach relevant organisations through:

- existing professional contacts
- partnerships with healthcare institutions
- collaborations with NVET providers
- national education and healthcare networks

Direct engagement will include:

- personalised invitations
- informational meetings
- presentation of the pilot objectives and expected outcomes

3.3 National Networking Events

Partners will promote the pilot through:

- workshops
- conferences
- stakeholder meetings

- national dissemination events

These events will provide opportunities to:

- introduce the Intelligent Mentoring Tool
- explain the pilot implementation process
- encourage organisations to participate.

4. Selection Criteria for Pilot Organisations

Organisations selected for participation must meet the following criteria:

Criterion	Description
Relevance	Organisation provides nursing education or clinical training
Commitment	Willingness to participate in the pilot process
Stakeholder engagement	Ability to involve managers, mentors, students and employers
Capacity	Availability of staff responsible for quality assurance
Improvement motivation	Interest in evaluating and improving QA practices

5. Recruitment Process

The recruitment process will follow these steps:

1. Identification of potential organisations by project partners
2. Dissemination of information about the pilot opportunity
3. Expression of interest from organisations
4. Selection of participating organisations
5. Confirmation of participation and onboarding

Selected organisations will then proceed to **registration in the IMT platform and participation in the pilot activities**.

6. Expected Recruitment Outcomes

The recruitment strategy aims to achieve:

- **12 pilot organisations participating in the project**
- representation of both NVET and NWBL sectors
- strong stakeholder engagement in the pilot evaluation process

These organisations will play a key role in validating the **BEHEALTH Intelligent Mentoring Tool and the QA improvement methodology**.

18 Annex 6 – Pilot Monitoring Indicators Table (KPIs)

The following indicators will be used to monitor the implementation and impact of the pilot phase within WP4

Indicator	Description	Target Value	Monitoring Method
Number of recruited organisations	Total organisations participating in pilots	12 organisations	Recruitment records
Number of NVET providers participating	Nursing NVET providers involved in pilots	6 organisations	Pilot participant list
Number of NWBL providers participating	Clinical training organisations participating	6 organisations	Pilot participant list
Number of trained mentors	Mentors trained during T4.4	12 mentors	Training attendance list
IMT platform registrations	Organisations registered in the IMT system	≥12	IMT platform statistics
Number of completed assessments	Organisations completing IMT surveys	≥12	IMT reports
Stakeholder participation	Number of stakeholders responding to surveys	≥80 respondents	Survey results
IQAS improvement action plans	Action plans developed by pilot organisations	≥12 plans	Mentor reports
Testimonial videos produced	Videos promoting pilot experiences	12 videos	Dissemination materials
Digital Quality Badges awarded	Organisations receiving BEHEALTH QA badge	≥8 organisations	Evaluation results
Pilot satisfaction rate	Satisfaction of participating organisations	≥80% positive feedback	Evaluation questionnaire

These indicators will support **monitoring of pilot implementation progress and impact assessment**.

19 Annex 7 – Risk Management Table for the Pilot Phase

The pilot phase may encounter operational or organisational risks that could affect the implementation of WP4 activities.

The following risk management table identifies potential risks and mitigation strategies.

Risk	Description	Likelihood	Impact	Mitigation Measures
Low participation of organisations	Difficulty recruiting pilot organisations	Medium	Medium	Early dissemination and use of partner networks
Limited stakeholder responses	Low survey participation by stakeholders	Medium	Medium	Mentor guidance and reminder communications
Technical issues with IMT platform	Users experience difficulties accessing or using the platform	Low	High	Technical support provided by TREBAG
Technical issues with IMT platform	Accessibility of the IMT portal during the pilot Phase	Low	High	Technical support provided by TREBAG and IEK DELTA
Incomplete assessment data	Organisations fail to complete full evaluation	Medium	Medium	Mentors monitor progress and provide assistance
Lack of organisational commitment	Participating organisations fail to implement improvement actions	Low	Medium	Clear communication of expectations and benefits
Scheduling conflicts	Difficulty organising meetings with pilot participants	Medium	Low	Flexible scheduling and online meetings
Data privacy concerns	Organisations reluctant to share evaluation data	Low	Medium	GDPR-compliant data management procedures
Delays in pilot implementation	Activities delayed due to external factors	Low	Medium	Adjusted timelines and coordination meetings

IQAS Criterion	Indicators	Score Weight	Evidence Required
QA Policy	existence of IQAS policy and procedures	15%	QA policy documents
Programme Design	alignment with learning outcomes	10%	programme documentation
Learner-centred Learning	learner involvement in evaluation	10%	surveys / feedback
Teaching Staff Competence	mentor qualifications	10%	CVs / training records
Learning Resources	training facilities & equipment	10%	infrastructure evidence
Stakeholder Engagement	collaboration with healthcare institutions	10%	partnership agreements
Information Management	use of monitoring and data systems	10%	evaluation reports

IQAS Criterion	Indicators	Score Weight	Evidence Required
Public Information	transparency of programme information	5%	website/publications
Programme Monitoring	regular programme review	10%	internal evaluation reports
External QA Participation	participation in accreditation processes	10%	certificates/accreditation

Thresholds:

Score	Level	Result
0–20%	Minimal	Not eligible
21–40%	Developing	Improvement required
41–60%	Moderate	Conditional eligibility
61–80%	High	Eligible for Badge
81–100%	Full Achievement	Excellent – Badge with distinction

20 BEHEALTH Quality Badge Award Methodology

The BEHEALTH Digital Quality Badge Certificate is awarded to Nursing Vocational Education and Training (NVET) providers, Nursing Work-Based Learning (NWBL) organisations that have successfully utilised the BEHEALTH IMT evaluation and satisfy the Quality Criteria with at least 71% score. The tables below present the IQAS Criteria and parameters measured by the BEHEALTH IMT:

IQAS Criterion	Indicators	Score Weight	Evidence Required
IQAS Policy	existence of IQAS policy and procedures	15%	IQAS policy documents
Programme Design	alignment with learning outcomes	10%	programme documentation
Learner-centred Learning	learner involvement in evaluation	10%	surveys / feedback
Teaching Staff Competence	mentor qualifications	10%	CVs / training records
Learning Resources	training facilities & equipment	10%	infrastructure evidence
Stakeholder Engagement	collaboration with healthcare institutions	10%	partnership agreements
Information Management	use of monitoring and data systems	10%	evaluation reports
Public Information	transparency of programme information	5%	website / publications
Programme Monitoring	regular programme review	10%	internal evaluation reports
External QA Participation	participation in accreditation processes	10%	certificates / accreditation

Table 1: Quality Indicators/Criteria:

Skóre	Uroveň	Výsledok
0–20%	Minimálna	Nespĺňa podmienky
21–40%	Rozvojová	Vyžaduje sa zlepšenie
41–60%	stredná	Podmienená spôsobilosť
71–100%	Vysoká	Oprávnenie na získanie oprávnenia

The award of the BEHEALTH Quality Badge confirms that an organisation has demonstrated active engagement in evaluating and strengthening its internal quality assurance systems, implementing improvement actions, and promoting high standards in vocational nursing education and work-based learning environments. This recognition reflects the organisation's commitment to quality assurance, continuous improvement, and excellence in nursing education and clinical training.

If an organisation scores at least 71%, the IMT will provide the option for generating the downloadable BEHEALTH Quality Badge:

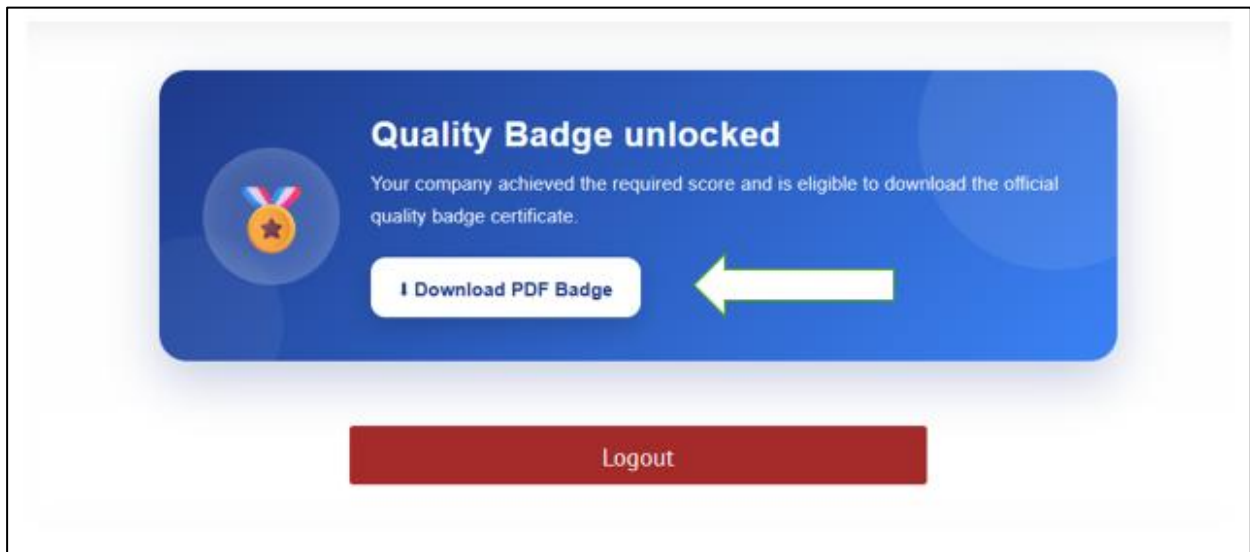


Figure 1 – Quality Badge unlocked

The BEHEALTH Digital Quality Badge also recognises the organisation's contribution to innovation, transparency, stakeholder collaboration, and sustainable quality development within the healthcare education sector across Europe.

To demonstrate the above, the IMT generates a BADGE with the company name, results, and date included.

If an organisation does not meet the Quality Assurance Criteria to be eligible for a Badge, the IMT will provide useful feedback for the development of individual, customised Action Plans for improvement. The BEHEALTH IMT uses a transparent, evidence-based, and structured framework for enabling all NVET and NWBL organisations to internally evaluate their IQAS Policies and identify areas of improvement. Furthermore, the BEHEALTH IMT may be used as a complementary internal audit tool to support the development and implementation of ISO and TUV Policies, before certification (during audits) and after certification as a continuous, accessible tool.

The awarding of the BEHEALTH Digital Quality Badge will help NVET and NWBL organisations validate compliance with high-quality standards and European quality assurance principles and also promote a culture of continuous improvement, stakeholder engagement, innovation, and accountability.

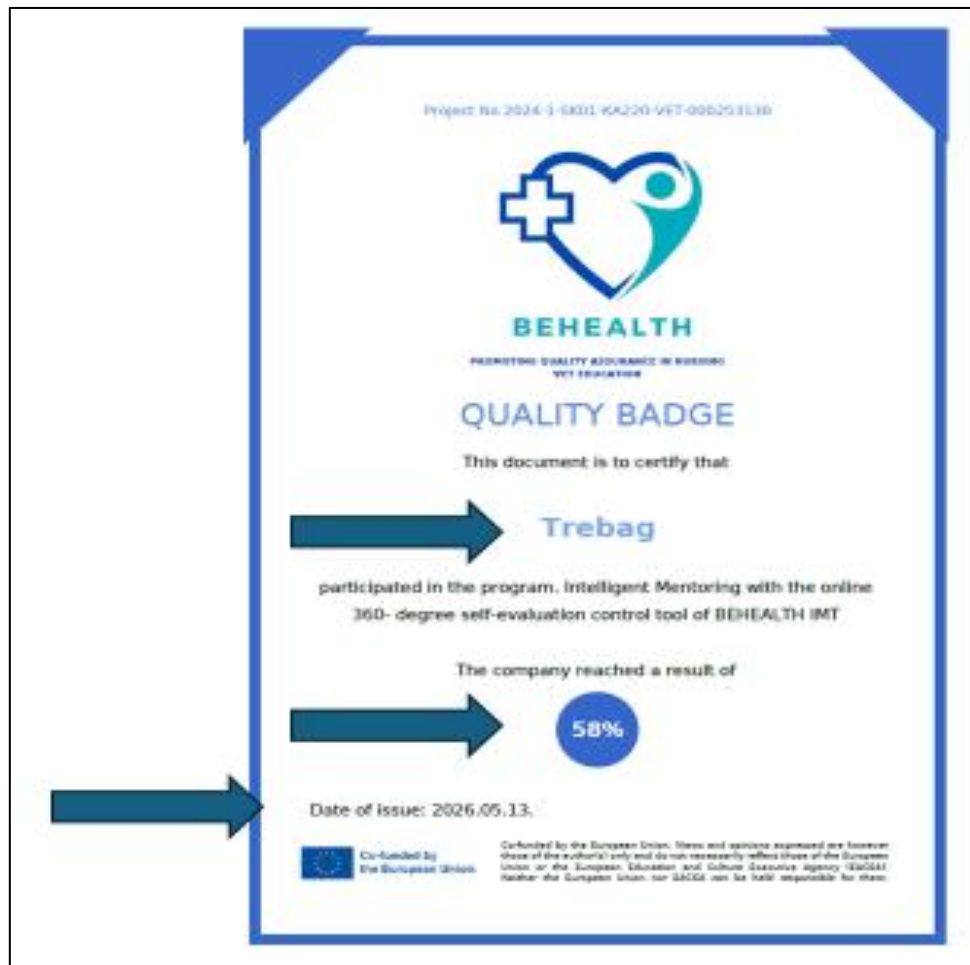


Figure 2 – Quality Badge

21 BEHEALTH IMT Pilot Testimonial Video Collection Methodology

This Methodology aims to support BEHEALTH partners in collecting short testimonial videos and footage during the BEHEALTH Intelligent Mentoring Tool (IMT) pilot sessions in their respective countries. The videos will be used for dissemination, promotion, and showcasing the impact of the BEHEALTH project.

During the IMT Piloting sessions, mentors representing each partner organisation will collect short testimonials from:

- NVET providers and their representatives
- NWBL organisations representatives
- NVET/NWBL Mentors
- Students/learners

1. Suggested Questions

In order to maximise the collection of views and perceptions of piloting participants, piloting facilitators/mentors are encouraged to ask the following questions:

1. What are the benefits of using BEHEALTH outputs?
2. Why is IQAS assurance in NVET and NWBL important for the education of nursing students?
3. What are your thoughts on the BEHEALTH IMT?

Participants' Answer Requirements: Time/Duration: there is no minimum or maximum time and duration for an answer from a piloting participant, but it is recommended to encourage participants to share as much as possible. Piloting facilitators should aim for about 30 - 45 seconds for each answer to the three questions, if possible.

2. Video Duration and Format Requirements

Piloting facilitators should use the following recording settings:

Requirement	Recommendation
Video Orientation	Vertical (to support social media posting)
Resolution	Full HD (1080p preferred)
File Format	MP4 or MOV
Device	Smartphone, tablet, or camera
Stability	Use tripod or stable surface if possible

3. Sound Quality Tips

Piloting Facilitators should ensure:

- To record in a quiet environment
- There is no background music or loud conversations
- That the participants speak clearly and naturally
- That the microphone is close to the speakers

4. Image Quality Tips

Piloting Facilitators should ensure:

- To record in a well-lit environment
- Light comes from in front of the speaker
- There is no strong backlighting from windows
- That the camera is kept at eye level
- That the speaker is framed from chest-up
- That the background is clean and professional

Recommended backgrounds:

- Classroom
- Training facilities
- Healthcare environment
- Office or meeting room

5. Additional Footage

In order to maximise footage variety and provide materials that will result in more interesting and engaging videos, piloting facilitators should also collect:

- As many still photos as possible (horizontal or vertical, preferably both)
- Additional video footage (if possible, and if appropriate)

6. Consent and GDPR

Before recording testimonials, partner organisation representatives and/or piloting facilitators should inform piloting participants about the objectives of the pilot sessions and:

- Ensure participants agree to appear in the video
- Inform them that the footage may be used for project dissemination purposes



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