R4.5 Pilot Courses Evaluation Report

WP4_U-CARE Learning Modules and Academic Implementation

Partners: UCY, Chalmers, UNIFI, BHL, TU Berlin, RESET

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U-Care

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U-Care

1. Introduction

This report presents the evaluation of the U-CARE pilot courses developed and implemented under WP4. It assesses the extent to which the pilot courses achieved their intended educational and project-specific objectives. The pilot courses were a central component of the U-CARE project, establishing new learning modules across participating Higher Education Institutions (HEIs). The modules were designed to integrate the UrbanCare 3-stage methodology (urban health research, neighbourhood diagnostics, decision-making processes) into academic teaching and to address identified gaps in existing curricula, as outlined in the R4.1 Curricula Survey Report.

The pilot courses' evaluation employs a mixed methods approach, combining quantitative indicators (participation, completion rates, grades) with qualitative insights (student satisfaction, learning outcomes, tutor observations). The aim is to capture not only measurable outputs but also broader aspects of learning quality, student engagement, and the pilot courses' contributions to both the project's objectives and the HEIs' programmes.

Three pilot courses have been implemented:

1. Pilot 1 at the University of Florence (UNIFI), focusing on data management practices and environmental health impact assessment.
2. Pilot 2 at the University of Cyprus (UCY), focusing on urban health policy and planning, and health-centred urban planning and design.
3. Pilot 3 at Chalmers University of Technology (CHALMERS), focusing on urban health and development management.

The Chalmers pilot evaluated was Pilot 3b, since it had been decided prior to the courses' implementation that it would be beneficial to test how the UrbanCare themes, case studies, and platform could be integrated into the pilot courses before their actual deployment. For these purposes, the 'testing ground' course (Pilot 3a) was established at Chalmers University of Technology in the fall of 2024. This initial iteration served as the interface between knowledge transfer and the pilot courses, tailoring the lectures on shared concepts for Pilots 1 and 2, and refining Pilot 3 for a second iteration, Pilot 3b, at the same institution, which emphasised financial aspects and the development of management skills.

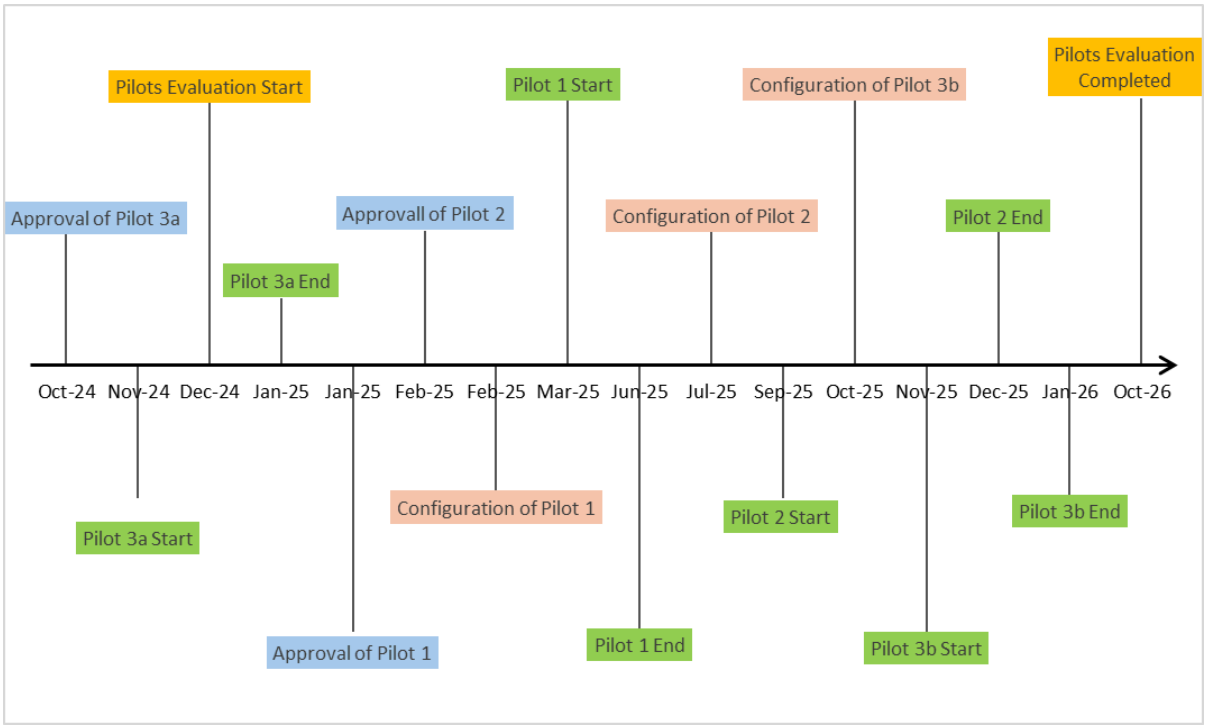


Figure 1. Implementation timeline of U-CARE pilot courses.

While the courses all shared the Urban Care themes of urban heat, walkability, stormwater runoff, and biotope loss, they differed so as to reflect the participating HEIs' diverse but complementary expertise, offering students the opportunity to experience different aspects of the urban health field.

2. Evaluation Framework and Methodology

2.1 Evaluation Approach

The evaluation of the pilot courses is based on a set of quantitative and qualitative metrics capturing participation, engagement, learning performance, and skills acquisition across partner HEIs. A target of 60 students was set for registration and completion of the selected modules. Their profiles will be examined in order to track the course's engagement across disciplines. Engagement with learning content is measured by the number of accesses and downloads of learning materials, completion rates of individual learning modules, and submissions of course-related tasks and assignments across institutions. Learning outcomes are assessed through the formal validation of course assessments, using grades awarded by the partner institutions, complemented by analytics on usage of the U-CARE web platform. In

parallel, the acquisition or enhancement of skills is evaluated through student self-reporting and academic validation of learning outcomes, with target benchmarks defined as: at least 70% of students rating skills acquisition as “substantially achieved” or “fully achieved” on a five-point scale, 90% of enrolled students successfully completing the chosen modules, and a minimum of 70% achieving grades within the top 35% of the grading scales used by the piloting institutions. The evaluation framework follows the structure defined in ANX 4.5, which organizes assessment across three complementary dimensions, listed below with their relevant indicators:

Process Evaluation, focusing on participation, engagement, and completion of learning activities

- QN1 Number and profile of students registered for and completing the courses
- QN3 Number of completions of different learning modules and tasks by participants
- QN4 Formal validation of course assessments (grades)
- QN6b Demonstration of acquired skills measured through self-reporting: (ii) 90% of enrolled students successfully completing the modules, (iii) at least 70% achieving grades within the top 35% of piloting institutions' grading scales

Content and Learning Evaluation, focusing on skills acquisition, academic performance, and learning outcomes

- QN6a Demonstration of acquired skills measured through self-reporting: (i) 70% of students scoring different skills' acquisition as 'substantially achieved' or 'fully achieved' on a scale of 1-5
- QL1 Participants' level of satisfaction and perception of course effectiveness and impact on learning and skills development (surveys - interviews)
- QL2 Participants' satisfaction with usability of U-CARE Web Platform and learning materials (surveys - interviews)
- QL3 Observed increased confidence of learners in applying acquired skills (report by tutors)

Reach and Qualitative Evaluation, focusing on student satisfaction, perceived effectiveness, and confidence in applying acquired skills

- QN2 Number of access/downloads of learning materials
- QN5 Analytics of U-CARE Web Platform usage
- QN7 Scientific Article #4 on the U-CARE Manual and overall project findings (BHL)

The intention is to not only evaluate the delivery of the educational content but the project’s effectiveness in developing relevant competencies for urban health and sustainable development within the HEI curricula.

2.2 Data collection

Data collection was conducted through multiple channels in order to address the qualitative and quantitative indicators listed above. These included:

- Student questionnaires circulated after the courses' completion, assessing satisfaction, learning outcomes, and perceived skills acquisition
- Course-level data provided by Course Leads, including participation numbers, task completion, and grades
- Qualitative tutor reports documenting observations on student engagement, progress, and confidence
- Platform-related metrics

The multi-layered approach allows for a mix of self-reported data from the students, institutional assessment in terms of grades and participation, and observations from the pilot courses' tutors. This allows for a relatively robust evaluation. However, we must acknowledge the limitations of these methods. There was a relatively small number of participants in some courses, which means that the reliance on self-reported measures can be skewed by individual biases. Furthermore, the partial completion of the U-CARE platform during the courses' implementation and reliance on a temporary system mean that platform analytics and metrics at the time of reporting are, at best, only partially available.

3. Objectives & pedagogical framework

3.1 Pilot course rationale & educational gap in curricula

The design of the pilot courses was grounded in the findings of the Curricula Survey, which identified a series of gaps in the architectural and planning education across the participating institutions. A key issue identified was the fragmented treatment of urban health, which, although occasionally implicitly present in topics such as environmental design, ecology, and sustainability, was rarely addressed directly and in depth. As highlighted in the survey, students often lacked the ability to connect the impact of urban and architectural design on environmental conditions, including air pollution, urban heat, or biodiversity loss, and how this affects measurable health outcomes.

The survey identified a lack of data-driven and analytical approaches in design education, alongside an admittedly limited exposure to fieldwork and empirical methods. Digital tools for environmental modelling were few and far between, and

the connections between academic learning and real-world planning and policy contexts were also strained. The pilot courses aimed to bridge these gaps by introducing students to interdisciplinary frameworks that link spatial design, environmental processes, and public health.

3.2 Expected learning outcomes

The expected learning outcomes, as defined in the Curricula Survey, combined both field-specific and transferable competencies. These included an understanding of relationships between urban environments and health outcomes, developing competencies to analyze and interpret environmental and health data, applying systems thinking to complex urban issues, translating analytical insight into design proposals, and engaging with stakeholders and decision-making processes.

The expected learning outcomes are outlined below according to each participating HEI.

University of Florence:

- Acquire knowledge of innovative design strategies and solutions that enhance urban walkability for diverse users while mitigating the negative impacts of climate change, such as heat islands, lack of permeable surfaces, and loss of biodiversity, along with their subsequent effects on human health.
- Learn new methodologies for collecting and analyzing data to support resilient urban design.
- Enhance understanding of cutting-edge technologies, including LiDAR, high-resolution cameras, and thermal sensors, for evaluating the environmental performance of the built environment.
- Explore the effectiveness of integrating low-impact, reversible, and accessible technological solutions to improve outdoor comfort in urban areas adjacent to existing school buildings undergoing significant renovation.

University of Cyprus: Expected outcomes will likely include a mix of transferable and field-specific skills, varying by topic based on the depth of knowledge required and the number of lectures dedicated to each subject. A range of cognitive levels will be applied, such as:

- Describe and understand the potential impacts of heritage on health (basic level, briefly covered).
- Relate air pollution to health outcomes (mid-level).
- Explain how green spaces affect mental health (mid-level).
- Hypothesize how characteristics of a case study may influence local health outcomes (advanced).
- Apply systems thinking to develop policy solutions that address the case study issues (advanced).

Chalmers University: An extended repertoire of the student's capability to deal with urban planning challenges against a backdrop of a changing climate as described below:

- Understand the importance of climate effects on urban areas, utilising microclimate aspects and effects of these
- Describe and understand relationships between different drivers for the integration of climate and sustainability aspects with business drivers in real-estate.
- Learn to address drivers and develop them in projects and ecosystems
- Apply systems thinking to develop conceptual design for urban areas/districts

3.3 Integration of U-CARE Themes and Methodology

All pilot courses were structured around a shared thematic framework that addressed key challenges aligned with the U-CARE themes of walkability, urban heat, stormwater runoff, and biotope loss. These themes were not treated uniformly across participating HEIs, but rather adapted to each institution's expertise. The courses incorporated elements of the UrbanCare methodology, such as local case studies and analytical tools. The approaches to the different themes are summarised in the table below.

Table 1. Approach to U-CARE themes in each pilot course.

	PILOT 1: Data Management and Environmental Health Impact Assessment [UNIFI]	PILOT 2: Healthy Urban Design and Planning [UCY]	Pilot 3A: Urban Health and Facility Management [CHALMERS]	PILOT 3B: Urban Health and Development Management [CHALMERS] To be reviewed following Pilot 3a
Walkability	How walkable environments contribute to reducing carbon emissions.	The role of walkability in reducing accidents, contagious and non-contagious diseases, and promoting active lifestyles.	Enhance integrated active travel: how walkable environments influence health.	Enhance integrated active travel: how walkable environments influence health.
Urban Heat	Addressing urban heat as part of climate resilience strategies.	Mitigating heat-related health issues.	Provide shade to save energy: understanding the urban heat island effect and its impacts on the health of vulnerable groups.	Provide shade to save energy: understanding the urban heat island effect and its impacts on the health of vulnerable groups.
Stormwater Runoff	Addressing stormwater runoff as part of climate resilience strategies.	Reducing waterborne diseases and safeguarding drinking water supplies.	Unseal to implement water-sensitive plans: the health risks associated with unmanaged stormwater, impacts on flooding and drown on public health.	Unseal to implement water-sensitive plans: the health risks associated with unmanaged stormwater, impacts on flooding and drown on public health.
Biotope Loss	Balancing climate mitigation strategies with biodiversity conservation.	The connection between biodiversity, mental health, and ecosystem services.	Greenify for rich biodiversity: how the loss of natural habitats affects health.	Greenify for rich biodiversity: how the loss of natural habitats affects health.

4. Evaluation according to indicators

4.1 Quantitative course indicators

4.1.1 Participation and completion (QN1, QN6b)

Number and profile of students registered for each course and course completion rates:

- The University of Cyprus course had 8 students in total: 7 master's students in Architecture from the ~~Department of Architecture~~ and 1 postgraduate student from the Department of Architecture. A 100% completion rate was achieved.
- The UNIFI course involved a total of 36 students: 12 in the testing course held in June–July 2024 and 24 in the pilot course held in March–June 2025. Most participants were master 's-level students from the Department of Architecture. More specifically, 24 students were enrolled in the Master's Degree in Architecture (Corso di Laurea Magistrale in Architettura, ciclo unico LM-4CU), 6 in the International Curriculum in Architectural Design (iCAD), 5 in Urban and Regional Planning and Design for Sustainability, and 1 in Design for Sustainable Innovation. A 100% completion rate was achieved.
- Chalmers students come from civil engineering and architecture and are final year masters' students. In 20204/2025 the course had 9 students and in 20205/2026 the course had 25 students indicating increased popularity of the project.

Total: 78 students; 100% completion rate

4.1.2 Learning module task completion (QN3)

- For the University of Cyprus course, students completed a range of learning tasks, including individual analytical assignments, group projects addressing case studies, and presentations based on literature and research. Each student completed 1 presentation on an assigned reading, 1 group project and 1 individual report. A total of 24 learning module tasks were completed.
- For the UNIFI course, students completed a range of learning tasks, including individual analytical and design assignments, group project work, participation in the co-design workshop, and presentations addressing the Florence case study. Each student completed individual work and contributed to a group project concluding in total 96 learning module tasks (4 tasks per student).
- Chalmers' students were required to frame the U-Care approach in the context of real-estate development applying a multi method approach ranging from structured study visits to literature studies and application of studied models. The course included project work, presentations, reports, literature seminars, and a written exam. In total 125 learning module tasks (5 per student) were completed.

Total: 245 learning module tasks completed

4.1.3 Academic performance (QN4, QN6b)

Assessment results across pilot courses demonstrate a high level of academic performance.

- The University of Cyprus' course average grade came to 9.44/10. The grade range was between 9-10/10 (100% within the top 35% of UCY's grading scale, fully achieving the indicator QN6b(iii)).
- The UNIFI's course average grade was 30/30 with all students successfully completing the course with high grades (100% within the top 35% of UNIFI's grading scale).
- Students at Chalmers performed well with an average grade of 3,88 on a 3-5 based scale.

It is difficult to create an overall average across institutions due to different marking schemes, however it was clear that course averages were consistently high.

4.1.4 Skills acquisition (QN6a, QN6b)

Skills acquisition was evaluated through both self-reporting and academic validation.

- In the University of Cyprus' evaluation questionnaire, all students agreed or strongly agreed that the course provided skills that would be useful in their future. All students agreed that the course had improved their understanding of urban health.

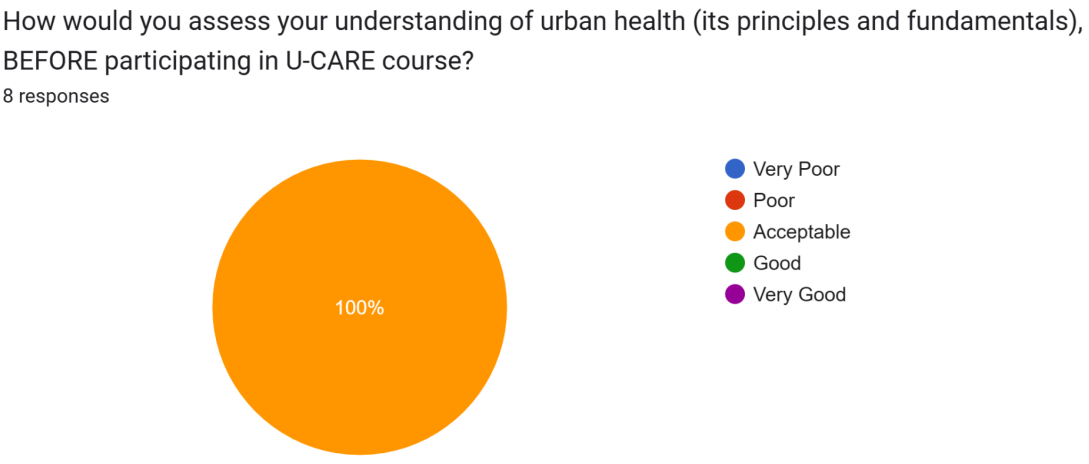


Figure 1. UCY students' initial assessment of their own understanding of urban health.

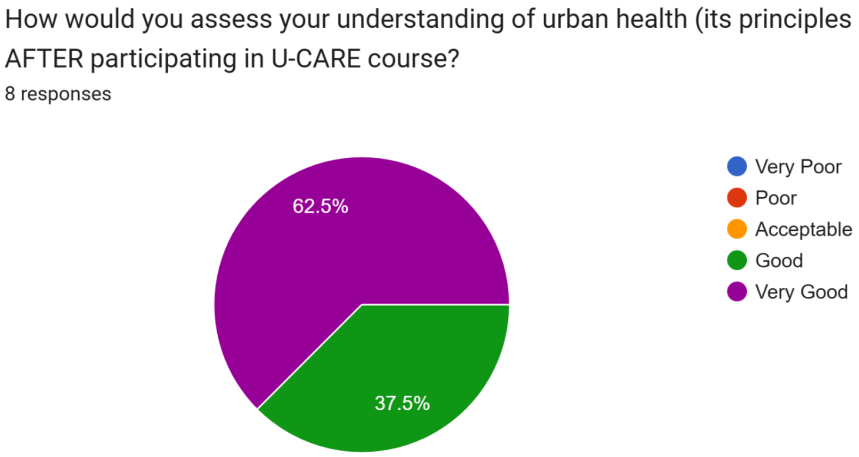


Figure 2. UCY students' assessment of their own understanding of urban health after the U-CARE course.

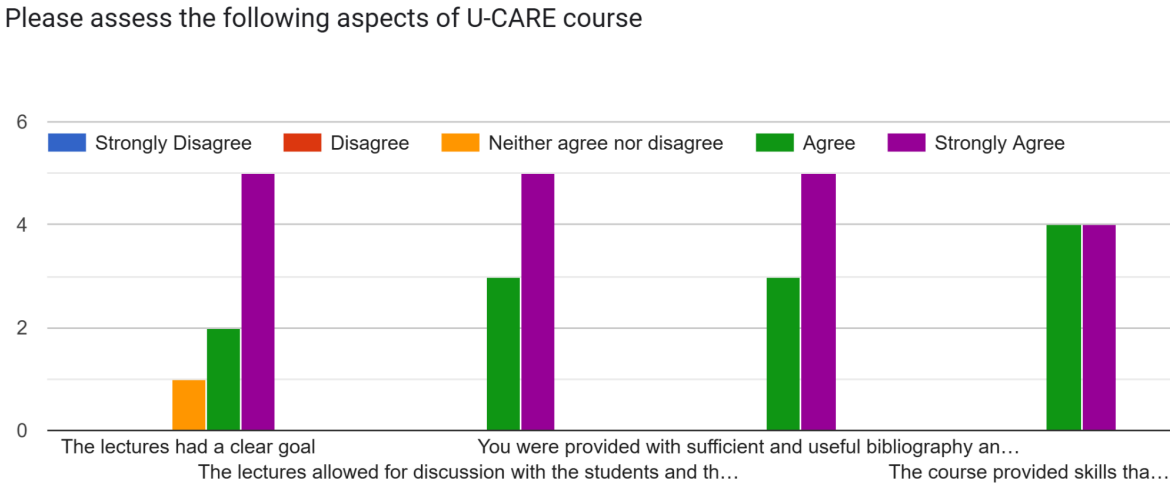


Figure 3. UCY students' assessment of various aspects of the U-CARE course

- In the UNIFI's evaluation questionnaire, 73.9% of students rated their understanding of urban health good or very good following the pilot courses compared to a baseline of 0% prior to starting the courses. Additionally, 61% of students agreed that the lectures had clear goals, 74% that the lectures enabled discussion, 65% that bibliographies and educational resources were sufficient, and 61% that the courses provided skills needed in the job market.

How would you assess your understanding of urban health (its principles and fundamentals), BEFORE participating in U-CARE course?

23 risposte

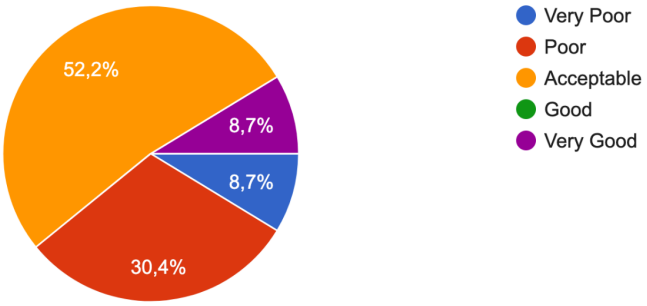


Figure 4. UNIFI students' initial assessment of their own understanding of urban health.

How would you assess your understanding of urban health (its principles and fundamentals), AFTER participating in U-CARE course?

23 risposte

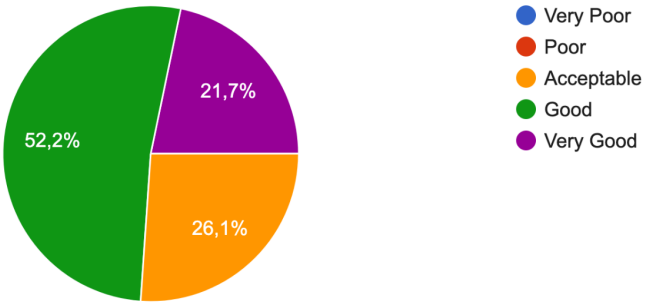


Figure 5. UNIFI students' assessment of their own understanding of urban health after the U-CARE course.

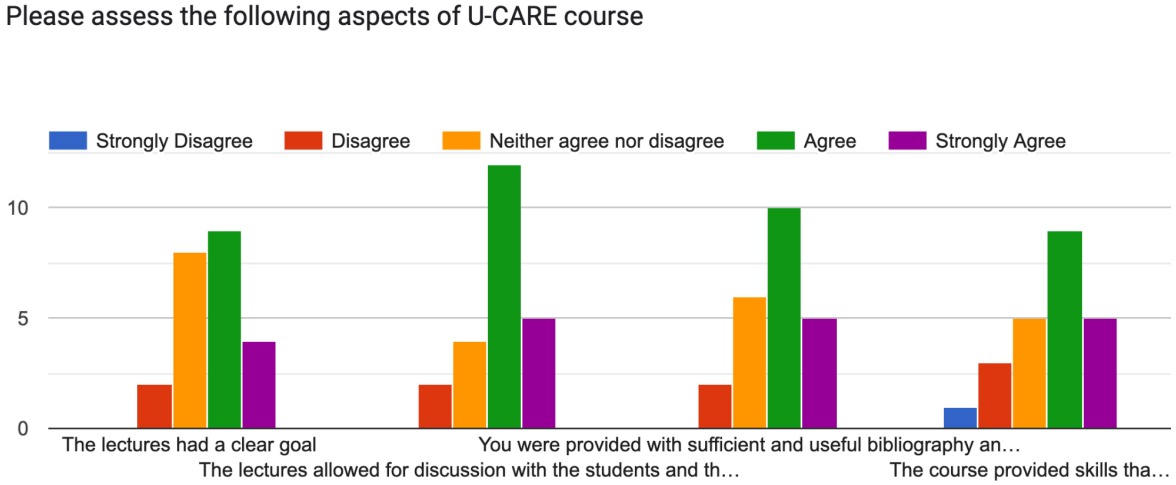


Figure 6. UNIFI students' assessment of various aspects of the U-CARE course

- Chalmers

  In 2024/2025 the course evaluation was done orally as there were few students, the meeting notes indicated that the students appreciated the connection between U-Care and real estate development. The response In 20205/2026 follows very much the pattern of the other pilot courses, i.e. that the U-Care approach contributes to new perspectives in a satisfactory way and that they would accept an increase of the U-Care approach in the course.

4.2 Qualitative course indicators

4.2.1 Student satisfaction and perceived learning impact (QL1)

Student feedback indicates a high level of satisfaction with the pilot courses, particularly regarding their relevance, structure, and learning outcomes.

- University of Cyprus students demonstrate a high degree of satisfaction with the course, with all students ranking their satisfaction 4 or 5 out of 5 for all metrics (satisfaction with educational materials, course structure and balance, and overall satisfaction)

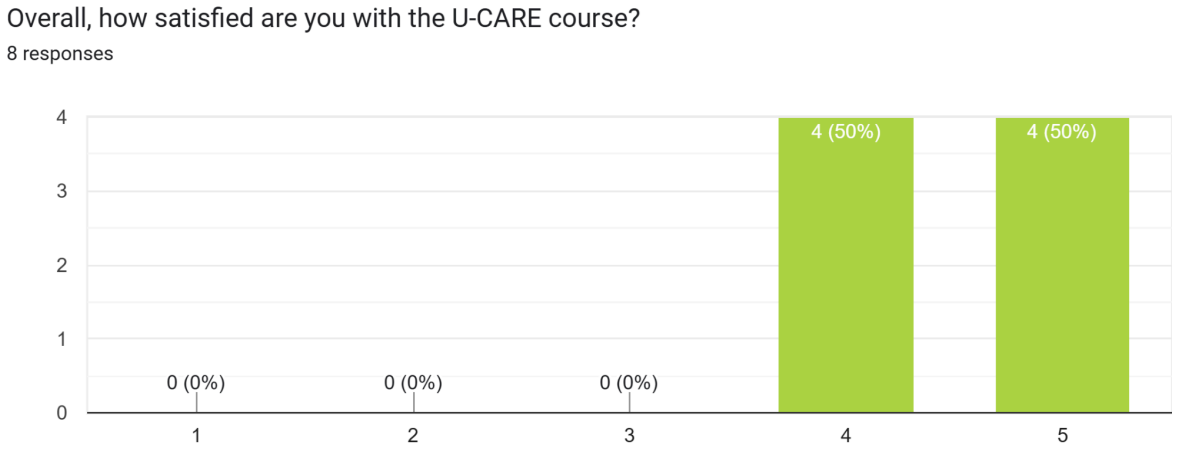


Figure 7. UCY students' overall satisfaction with the U-CARE course.

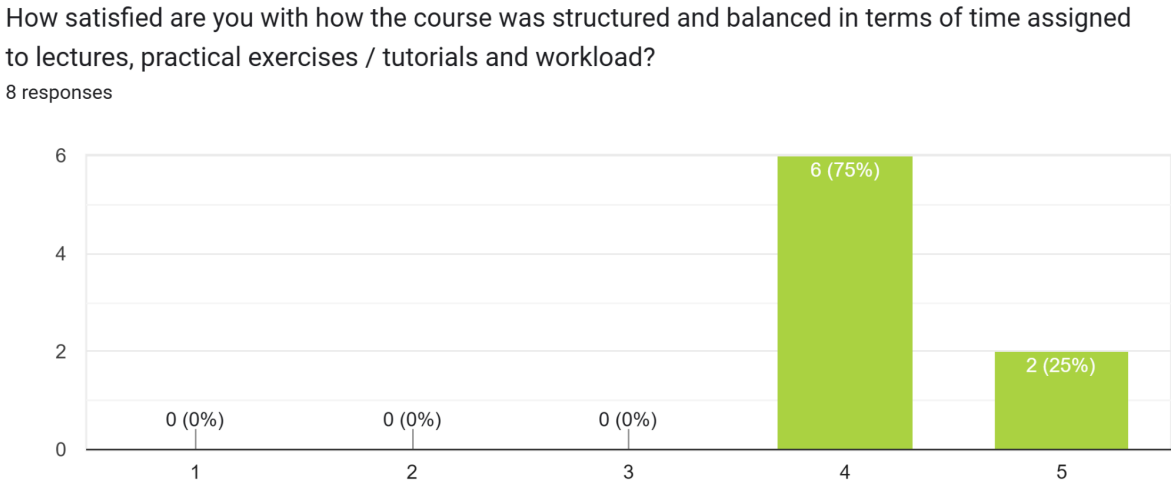


Figure 8. UCY students' satisfaction with course structure and balance.

- 56,5 % of UNIFI students demonstrate a high degree of satisfaction with the course, with all students ranking their satisfaction 4 or 5 out of 5 for all metrics

(satisfaction with educational materials, course structure and balance, and overall satisfaction), while 30,4% of students ranked their satisfaction as intermediate with a 3 out of 5 score.

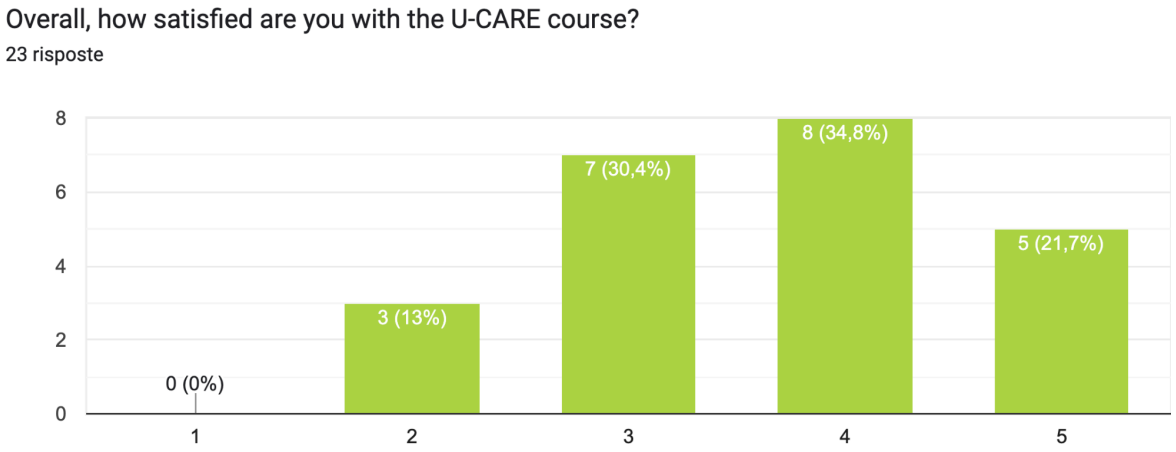


Figure 9. UNIFI students' overall satisfaction with the U-CARE course.

- Chalmers students indicate that the course is "fun", the inclusion of U-Care as a tool for value creation in the real estate sector is for the students novel and aligned with their view on future challenges. As one of the students commented: "Thank you for the course, very interesting and challenging but in a fun way!"

4.2.2 Learning materials and platform (QL2)

Students generally provided positive feedback on the quality and clarity of learning materials, the accessibility of course content, and the integration of different teaching formats (lectures, assignments, projects). However, the evaluation of the U-CARE platform remains incomplete, as its full deployment and integration are still ongoing. As such, conclusions regarding usability and engagement with the platform remain preliminary.

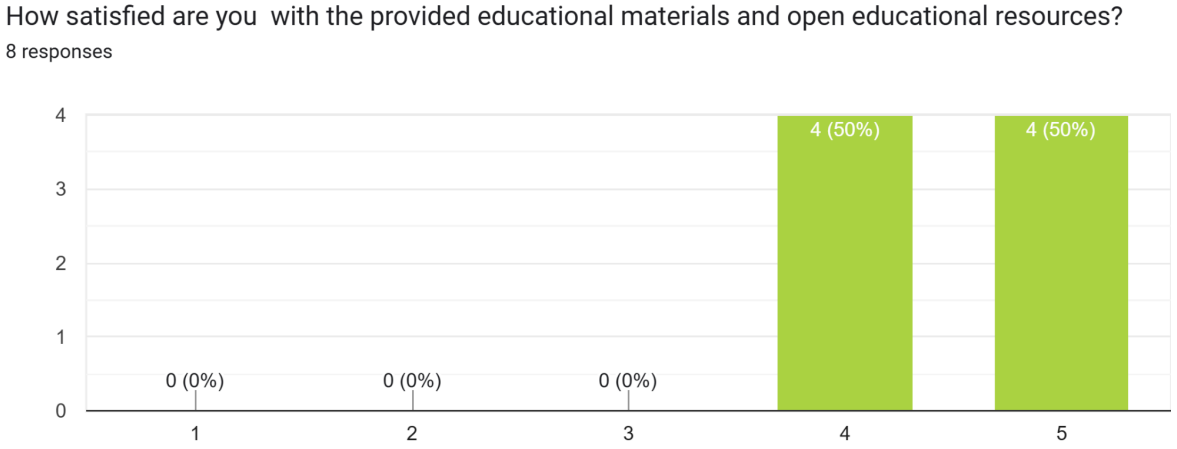


Figure 10. UCY students' satisfaction with the U-CARE course educational materials and resources.

- University of Cyprus students demonstrated a high level of satisfaction with the learning materials, with half of the cohort rating their satisfaction 4 and the other half 5 out of 5.
- UNIFI students demonstrated a high level of satisfaction with the learning materials, with 56,5% of the cohort rating their satisfaction 4 or 5 out of 5 while 34,8% rated their satisfaction with 3 out of 5.
- Chalmers students had the challenge of integrating theories and models related to real estate value creation with the broad sustainability approach incorporated in the U-Care approach. The U-Care platform therefore was a useful tool in which the students could engage, this was considered a valuable support in the value creation by the students.

4.3 Tutor evaluation reports

Course tutors were asked to write short evaluation reports on the pilot courses to discuss the observed increase in learners' confidence in applying acquired skills (QL3) and to provide an overall evaluation of the courses from their perspective.

4.3.1 University of Florence

As tutors of the U-CARE pilot course "Combating the impacts of climate change on Urban Ecosystems and Health" implemented at the Department of Architecture at the University of Florence, we consider the course a valuable and successful educational experience that introduced students to the interconnections between urban design, climate, and health through an applied and interdisciplinary approach. The course successfully translated the three-step UrbanCare methodology into a structured learning module focused on real urban challenges, combining theoretical

understanding, fieldwork, analysis of findings, participatory practices, and design development.

The courses' focus on key U-CARE themes such as spatial inequity, urban heat, stormwater runoff, and biotope loss has provided students with a lens for understanding the multiple factors that shape everyday health and well-being in urban environments. Rather than approaching these topics as isolated issues, students gradually learned to recognise their interconnections and spatial implications.
Across the two editions, the course evolved progressively: while the first pilot edition introduced 12 students to environmental assessment methods, including ENVI-met microclimate simulations, the second edition with 24 students was recalibrated and strengthened through a deeper integration of qualitative and quantitative indicators. In both cases, the courses offered university students rich and diverse experiences, and we were delighted by the very high level of student engagement and participation throughout, as well as their active interaction in discussions of the course topics and activities.

Student engagement and participation were overall very positive, especially during the most experiential and interactive moments of the course. In the first edition, two site visits proved particularly impactful in the Isolotto district, the area chosen by the Florence Municipality as a case study. The first, organised as a Jane's Walk, encouraged students to observe and discuss the urban environment through direct experience. The second structured the fieldwork through the U-CARE themes, helping students connect abstract concepts to concrete spatial conditions. In the second edition, the international seminar and participatory co-design workshop were especially meaningful. Through direct collaboration with citizens, students gained first-hand insight into local needs, perceptions, and expectations. This made the learning process more grounded and gave students a clearer understanding of their role: to translate community needs and environmental evidence into design responses. The students' final design outcomes were presented in a dedicated event organised with the district municipality for the citizens, adding further value and closing the loop between listening, interpreting, and designing.

The course employed a variety of teaching methods, including lectures, group discussions, site visits, group and individual analytical assignments, design development, and final presentations. This mix of teaching formats helped students develop both conceptual understanding and practical skills. From a tutor's perspective, one of the most important outcomes was the visible growth in students' capacity to observe urban space critically, use structured indicators, and develop more informed and socially responsive design proposals. Their understanding of the links between health, environment, and design clearly deepened during the course.

Overall, the pilot course can be considered a strong and meaningful educational experience. It addressed themes that are still not sufficiently embedded in architectural education and equipped students with methods and perspectives they

often lacked beforehand. The course demonstrated strong potential for replication and confirms the value of integrating health-oriented and climate-responsive urban design more firmly into the curriculum.

4.3.2 University of Cyprus

As tutors of the U-CARE Pilot Course "Healthy urban design and planning for Mediterranean Cities" implemented as part of the APH540 course at the University of Cyprus, we believe it has been a substantial step forward in integrating considerations on the relationship between urban design and health into the Department of Architecture's curriculum. The course successfully translated the three-part Urban Care methodology (urban health research, databases and spatial testing models, decision-making workshops) into a structured learning module that combined theoretical understanding, fieldwork, analysis of findings, and simulated participatory design outputs.

We were delighted by the very high level of student engagement and participation throughout the semester. Attendance was consistently strong, and the participation in discussions around the course's activities was active and thoughtful. Two moments stood out as particularly impactful in the students' experience. The first was the group site visit to the Makarios Hospital area and the retracing of the three pedestrian loops. Students demonstrated a clear shift from previous abstract discussions of walkability, urban heat, stormwater runoff, and biotope protection to a more concrete understanding of how real-world design and practical choices in the urban environment affect both lived experience and community health. The second was the decision-making workshop, where students were assigned different stakeholder roles and worked through the prepared material and structure to suggest both design ideas and implementation methods. Their immersion in the workshop and effort to maintain the assigned character allowed them to effectively simulate, as much as possible, the difficulties faced in participatory design approaches and to think of innovative solutions.

The course employed a variety of educational methods, including lectures delivered by U-CARE partners, key readings presented by students, group discussions, a decision-making workshop, a site visit, a group design-oriented assignment, and an individual report. It was encouraging to see the students ground their proposals in the data they gathered (or, in some cases, in data provided to them through the U-CARE project's prior work, as seen in the immersive web viewer). The hybrid format did create some issues, mostly technical; however, it was also clear that students found it easier to follow and participate in activities held entirely in person.

The course performed well on the evaluation metrics, with all students successfully completing the module and achieving very high overall grades. The students' self-evaluation also reflects a high level of satisfaction with the course. As tutors, we observed a notable increase in students' ability to articulate critiques and proposals relevant to the overlaps between health and design, and to critically question the

literature on the topic, as demonstrated in their presentations of research papers (assigned readings) and in Q&A at the end of lectures. At the beginning of the course, discussions often centred on various misconceptions about design and urban health; however, as demonstrated by the students' reports, by the end of the module, they were able to understand the topic at a much greater depth.

From our perspective, the pilot demonstrated that healthy urban design can and should be effectively embedded within the curriculum at the University of Cyprus' Department of Architecture. The course's structure and case study focus allowed us to address identified gaps in the curriculum while fostering the development of skills and knowledge aligned with the U-CARE project framework.

4.3.3 Chalmers University of Technology

Developing an adaptation of the U-CARE Pilot Course approach, we have integrated the U-CARE module into the course IBY105 Service Management for Construction and Facilities at Chalmers University of Technology. This allows for integration of climate mitigation challenges in the service logic of the real estate sector. This is a substantial step toward complementing real estate perspectives by also addressing climate change when dealing with real estate issues.

This has also allowed us to include this perspective in other courses and opened up for internal collaboration in courses based on U-CARE. In particular, the IB015 course reaches both architecture and engineering students. We hereby integrate urban planning with real estate finance and service themes.

The three-part Urban Care methodology (urban health research, databases and spatial testing models, decision-making workshops) has also enabled a more elaborate approach to project assignments, allowing students to think and work outside the box. The participative approach has not been dominant in the Swedish context, as it is embedded in the consensus-based culture in which the students are situated. However, it has allowed engagement with stakeholders outside the core of the projects when applied to urban squares that are struggling with real estate value, attractiveness, and social sustainability.

As a precursor to the course, a practice-based workshop was executed with staff and university researchers in the Sahlgrenska hospital area. This provided valuable experience in the U-CARE approach and engaging people in it. There is a tendency for energy and climate to be debated widely, albeit seldom addressed concretely across multiple fields, such as the U-CARE model.

We were pleasantly surprised that the students embraced the U-CARE approach and that it stimulated discussion, which was reflected in their approach to the urban

renewal assignment. The students did actually reflect and engage locally in the urban environments they had, as a task to renew and adapt, which was a positive experience.

Several approaches were applied in the course; however, the most efficient activity was the study visits, the actual being in and interviewing and observing the places, the urban squares, covered by the course project assignment.

The course was well received, and many students commented that it was fun and relevant and provided a new, broader perspective on real estate development, which was the course's original main objective.

From our perspective, the course teachers showed that an approach to healthy urban design can and should be effectively integrated with subjects such as Construction Management, Service Management, and Facilities Management, thereby expanding the courses with the U-CARE approach.