

A Report from the Task Force on Distance Learning

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The current ILAE VIREPA distance education program originally started as an initiative of Peter Wolf and EUREPA, the educational branch of the Commission of European Affairs. In 2004, the first course, "Genetics of Epilepsy" was run as a pilot project, coordinated by Verena Hézszer-v.



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Wehrs, at that time head of the EUREPA Office in Bielefeld, Germany, who also was instrumental in the design of the interactive format of the courses and their implementation through the open source ILIAS system. This pilot project was prospectively evaluated (*Epilepsia*: 48, (2007): 872-879) and proven successful. Accordingly, the project continued and expanded. In 2006, a second course, "EEG in the diagnosis and management of Epilepsy" was launched. That was followed in 2007 by two additional courses, "Clinical Pharmacology and Pharmacotherapy" and "Neuroimaging."

Initially these courses attracted predominantly students from Middle and Eastern Europe. This changed when, in 2009, the distance education program was formally taken over by ILAE under the current name VIREPA and was incorporated in the overall educational activities of the ILAE. In the four years that followed, the Sub-commission on Distance Education, part of the ILAE Commission on Education, was transformed into a Task Force. The office was moved to the ILAE office in West Hartford, CT, USA where Priscilla Shisler took on the job of head of the VIREPA office and joined Verena as second course coordinator. The course program continues to expand. It is now aimed at a worldwide audience.

Contrary to most distance education courses that are predominantly run "one way," the VIREPA courses focus on intensive interaction both between students and tutors and between the students themselves. Courses are divided into five to twelve learning units, each lasting two or three weeks. The students are provided with a brief textbook, written by the unit tutors as well as some required reading papers and some additional literature suggestions. Tasks are provided by the tutors (clinical samples, EEGs, images, clinical problems) but often are requested from the students themselves (i.e. clinical EEGs from their own files). Students (up to, but not more than 30-32 per course) are encouraged to work in small groups (6-8 students) and to discuss these samples or problems first in their group forum and only then on the collaborative work forum before sending in their eventual answers for that unit's task. The group forums are closed to the tutors to facilitate open discussions between the students; on the collaborative task forum, however the tutors are present throughout the unit period in order to answer questions and give additional comments, before giving a final assessment of the postings by individual students. Students are expected to spend eight to ten hours per learning unit. However, for the unit tutors, who have to actively interact with all individual students, the time investment usually is more.

For all courses, the students have to fill in assessment forms before starting the course (regarding training level, learning goals and expectations) and after each unit and the course as a whole (regarding quality of the course, the learning materials, the level of improvement in skills and knowledge obtained, the quality of the tutors, etc.). This allows for continuous updating and improvement of the courses. These assessments as well as personal communications with the students have emphasized consistently that specifically this highly personal, interactive and small-scale format has made these courses so popular and successful, notably the EEG course, which every year is

"overbooked" and is scheduled to start as a parallel course in the 2013-2014 academic year.

The student feedback also has resulted in some adaptations, notably for the longer courses, which now all have been split in two shorter parts, one basic and one more advanced with the option for the students to do only the basic part initially and the advanced part later. Since 2009, three new courses have been developed, "Pediatric EEG & Epilepsy," "Psychiatric Aspects of Epilepsy" and "SCORE." A fourth one on "Epilepsy and Sleep" will begin this year. Other courses are under consideration and already this year a third coordinator has been added to the team to keep up with the increasing work load of the ongoing courses.

Since 2004, 661 students from 45 countries have participated in a total of 28 courses. Although most courses will see one or two drop-outs and not all students manage to achieve the full 100 percent of possible credit points, most end up with 70-80 percent scores, some even with higher scores, the best ones per course being rewarded with an extra honors certificate. Accreditation at this time is still limited to ILAE credits but we are looking for a possibility for more formal recognized accreditation.

Looking back to the pilot project in 2004, the ILAE VIREPA distance education program has quickly come a long way, clearly filling a need. This reflects the great efforts of the coordinating staff, course directors and tutors and those of the students whose active participation and appreciation have contributed in a major way to make this program a success.

Still, a lot remains to be done. There is an ever larger world out there and there are more distances to be covered by various forms of education. Adapting the current course format to more regional-oriented courses, including some aimed at paramedical or even non-medical workers involved with persons with epilepsy will be one of the challenges for the next decade.

(For a listing of 2013-2014 ILAE-VIREPA Distance Education Programs, go to page 18).



2012 VIREPA Alumni Meeting of tutors and former students at the 10th European Congress in London, October 2012.



Alumni of the first editions of the EEG course gather during the Helsinki Congress to discuss additional cases