

# Does the SEIN Course on Clinical Epileptology measure up?

A report on its effectiveness and contribution to enhancing the international reputation of Stichting Epilepsie Instellingen Nederland (SEIN)



Caroline Morton-Gallagher

Student number: 10015671

Thesis Supervisor: D. Darmon

Bachelor of Communications

The Hague University of Applied Sciences

26-11-2013

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For requests for the above, or for further information concerning Stichting Epilepsie Instellingen Nederland (SEIN) and/or the SEIN Course on Clinical Epileptology, please contact:

Caroline Morton-Gallagher  
International Relations Officer  
Stichting Epilepsie Instellingen Nederland (SEIN)  
P.O. Box 540, 2130 AM Hoofddorp  
The Netherlands  
Email: [cmorton@sein.nl](mailto:cmorton@sein.nl)

Printing: Paswerk Bedrijven, Cruquius, the Netherlands

November 2013

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## Executive Summary

This report looks at the SEIN Course on Clinical Epileptology, an annual two-week course, which has been running since 2010. It offers young doctors with an interest in epilepsy, from low- and middle-income countries, the opportunity to follow a short, but practical and compact training in clinical epileptology, which is not available in their own countries. During the past three years, 52 students from 15 countries have participated, and it has consistently received high ratings. The evaluations were collected at the end of each course, but no other form of follow-up has been undertaken. It was not clear if the high ratings were indicative of the quality of the course, if the course was effective and whether the investment was worthwhile.

Literature reviews were carried out with regards to corporate communication, corporate identity and reputation, cultural dimensions, intercultural communication, consumer behaviour and measuring effects. Furthermore, surveys were distributed to past-students, their employers and course sponsors to determine whether the aim of the course – applying their newly acquired knowledge and expertise in their own clinical setting – was being achieved.

It can be concluded that the course is indeed successful, both in terms of impact and of reputation for SEIN as an expertise centre. With regards to the high ratings, these are in part due to the quality of the course programmes, but are also influenced somewhat by the cultural dimensions of the students, in which they are not quick to criticise the host or question authority. The research shows that the course is organised in an effective way in order to maximise student participation, putting them at ease and passing on knowledge. Students, employers as well as course sponsors are positive about the course. The students have been able to put this new knowledge into practice and can contribute towards improving the care of people with epilepsy in their own countries.

Sufficient funds to cover the costs, however, remain a vital condition for its continuation. The course relies heavily on sponsorship and currently any deficit is covered by SEIN. Although it can be said that the course is 'measuring up' and contributing to SEIN's international reputation, the financial pressure puts a heavy burden on the organisation thereof.

The positive results of the course must be communicated to all stakeholders, using the various tools as indicated in the communication plan. This way, SEIN will not only ensure a continued relationship with the stakeholders involved, which is positive for maintaining its reputation as an expertise centre, it is also hoped this will encourage the current sponsors to continue with their support, as well as provide opportunities for sourcing more sponsorship opportunities.

## Management Samenvatting

Dit rapport gaat over de SEIN cursus klinische epileptologie. Deze 2-weken durende cursus wordt sinds 2010 jaarlijks georganiseerd en biedt jonge artsen met een interesse in epilepsie, uit landen met zich ontwikkelende economieën, een korte, maar praktische en uitgebreide training in klinische epilepsie, die in eigen land niet beschikbaar is. In de afgelopen drie jaar hebben 52 studenten uit 15 landen hieraan deelgenomen, en zij hebben de cursus steeds een hoge waardering toegekend. Aan het eind van iedere cursus werd deze geëvalueerd, maar tot nu toe vond geen andere manier van follow-up plaats. Het was ook niet duidelijk of de hoge waarderingen een bewijs waren van de kwaliteit van de cursus, of de cursus effectief was en of deze de investering waard was.

Literatuuronderzoek vond plaats met betrekking tot corporate communicatie, corporatie identiteit en reputatie, culturele dimensies, interculturele communicatie, consumentengedrag en het meten van effecten. Daarnaast zijn enquêtes verstuurd aan de studenten, hun werkgevers en sponsors om te onderzoeken of het doel van de cursus – het kunnen toepassen van de nieuwe kennis in hun eigen klinische setting – wordt bereikt.

Geconcludeerd kan worden dat de cursus succesvol is, zowel wat betreft effectiviteit als wat betreft de reputatie van SEIN als expertisecentrum. Met betrekking tot de hoge waarderingen, deze zijn zeker deels het gevolg van de kwaliteit van de cursusprogramma's, maar zij worden ook beïnvloed door de culturele achtergronden van de deelnemers. Zij zijn minder snel geneigd om kritiek te uiten naar de gastheer of diens autoriteit in twijfel te trekken. Het onderzoek laat zien dat de cursus op een effectieve manier wordt georganiseerd, waardoor maximale participatie van de studenten wordt gerealiseerd. Zowel studenten, werkgevers als sponsors waarderen de cursus positief. De studenten kunnen hun pas verworven kennis toepassen en uitdragen. De cursus levert dus een bijdrage aan het verbeteren van de epilepsiezorg in hun eigen land.

Voldoende fondsen om de kosten te dekken blijft echter een essentiële voorwaarde om de cursus te kunnen organiseren. De cursus is sterk afhankelijk van fondsenwerving, op dit moment worden tekorten door SEIN gedekt. Dus, hoewel gesteld kan worden dat de cursus effectief is en bijdraagt aan het versterken van SEIN's internationale reputatie als een expertisecentrum, moet de financiële druk om de cursus te organiseren niet onderschat worden. Het succes van de cursus moet gecommuniceerd worden naar alle stakeholders, met gebruikmaking van de verschillende middelen zoals aangegeven in het communicatieplan. Dit draagt niet alleen bij aan een positieve relatie tussen SEIN en haar stakeholders, maar het ligt ook in de lijn der verwachtingen dat dit de huidige sponsors zal aanmoedigen om de cursus te blijven steunen, bovendien biedt het kansen voor het vinden van meer sponsoring.

## Introduction

Epilepsy is one of the most common serious brain disorders and a global problem affecting 60 million people of all ages, races, social classes and countries. Epilepsy can show itself in many forms, such as seizures, secondary psychiatric and cognitive impairments and brain damage (de Boer & Moshe, April 2013; Volume 26, Issue 2). Up to 70% of people with epilepsy could lead normal lives if properly diagnosed and treated. Nevertheless, a great number of people with epilepsy in many developing regions do not receive treatment (Meyer, Dua, Ma, Saxena, & Birbeck, 2010; 88). This is the 'treatment gap', which is a result of shortages in health care resources and provision, limited knowledge about epilepsy amongst health care and other professionals and cultural factors in the general population. Professional training in epileptology is required on numerous levels to reach all people involved in epilepsy management. However, such training opportunities are not available in many countries and should therefore be stimulated (World Health Organization, 2005).

It is within this context that Stichting Epilepsie Instellingen Nederland (SEIN), in line with its mission to 'improve the quality of life of all people with epilepsy worldwide' (Stichting Epilepsie Instellingen Nederland, 2013), developed a course on clinical epileptology. This course aims at young doctors with a general interest in neurology, and more specifically in epilepsy, from low and middle income countries. Since its conception the course has been included on the course list for the Netherlands Fellowship programme of NUFFIC (Netherlands organisation for international cooperation in higher education), which gives students the opportunity to apply for a scholarship. The Netherlands Fellowship programme was initiated by the Dutch government in 2002 to 'help alleviate quantitative and qualitative shortages of skilled manpower at mid-career level, in the context of capacity building ...' (House of Representatives, 2000-2001, 22452, No. 16). The evaluation of this programme, by the Dutch Ministry of Foreign Affairs, was published in a report in June 2012 (Netherlands Ministry of Foreign Affairs, 2012). Two questions were prominent in this report: effectiveness and impact. The on-going economic crisis, which has stressed the need to evaluate how limited financial resources are spent, is not only an issue for the Dutch government, but also for an organisation such as SEIN, which not only provides care for Dutch people affected with epilepsy, but also aims to share this knowledge and expertise with countries in which epilepsy care is not developed. Resources are limited and the investment of these resources must be worthwhile, both to the recipient and to the provider. This is the basis for this report, to evaluate whether the sharing of knowledge and expertise by SEIN, in the form of training of young doctors from resource-poor countries, is effective and has an impact. If this is the case, then SEIN can use the results to enhance its international reputation as an expertise centre.

## Situational analysis

*“Social obligation is much bigger than supporting worthy causes. It includes anything that impacts people and their quality of lives” (Ford jr, 2013).*

SEIN is a tertiary epilepsy centre which was founded in 1882 and provides specialised multi-disciplinary care to people with complex forms of epilepsy. SEIN provides its services in two clinical facilities in Heemstede and Zwolle and twelve outpatient clinics providing care to about 11,000 patients a year. SEIN also provides long stay sheltered residential accommodation for approximately 400 people with epilepsy and complex needs at the Cruquiushoeve (Stichting Epilepsie Instellingen Nederland, 2013).

SEIN’s mission is to improve the quality of life of people with epilepsy worldwide. Since 2004, the World Health Organization (WHO) has designated SEIN as a WHO Collaborating Centre for Research, Training and Treatment in Epilepsy for its commitment to improving epilepsy care and treatment worldwide (World Health Organization, 2004). On a global level, SEIN is the only centre dedicated to epilepsy with the status of a WHO Collaborating Centre, although there are other Collaborating Centres dedicated to neurology, including epilepsy.

As part of this WHO Collaborating Centre status, SEIN has been organising, amongst other international activities, annual 2-week courses in Clinical Epileptology in the Netherlands since 2010. Participation in the course is at no cost to the students. The target group consists of young doctors from resource-poor countries as they would not have the necessary funds to pay for such a course. Funding is sought via sponsorship and through scholarships via the Netherlands Fellowship Programme (NFP), organised by NUFFIC.

Since 2010, a total of 52 students have participated in the course, originating from 15 countries. No group of students is the same, as each year there is a great diversity in nationalities and cultures. The students are asked to evaluate the course so that SEIN can continue to make improvements. The course has been given very high ratings each year.

The SEIN Course on Clinical Epileptology has various stakeholders:

- Students (participants in the course)
- Employers (employers who have nominated their employees to participate)
- Speakers (both national and international)
- Sponsors (UCB Pharma, affiliates and local sponsors)
- SEIN management (Board of Directors)



- WHO (Headquarters)
- Governments (indirectly involved via the employers)
- Media (news distribution on the course)
- People with epilepsy (consumer – improvements in epilepsy care directly affect them).

These stakeholders all have differing interests in the course, which have not previously been addressed.

A SWOT-analysis of the course (below) shows the course's strengths, weaknesses, opportunities and threats that might affect communication:

Internal	Strengths	Weaknesses
	<ul style="list-style-type: none"> <li>• Is an acclaimed course, receives European accreditation</li> <li>• Expertise of speakers</li> <li>• Contributes to the mission of SEIN</li> <li>• Fills a need worldwide to train professionals on clinical epileptology</li> </ul>	<ul style="list-style-type: none"> <li>• Limited financial reserves to contribute to costs</li> <li>• Limited communication about the course</li> </ul>
External	Opportunities	Threats
	<ul style="list-style-type: none"> <li>• Further developing of the course</li> <li>• Enhancing international reputation of SEIN as an expertise centre</li> <li>• Following-up past-participants</li> </ul>	<ul style="list-style-type: none"> <li>• Dependent on external sponsorship</li> </ul>

## Problem analysis

During the past three years the number of students applying for the course has steadily increased. Therefore the question was raised by SEIN and course sponsors whether the course is achieving its goal: contributing to the reduction of the treatment gap in resource-poor countries. The course evaluation to date was solely based on the ratings given by the students, while they were still in the Netherlands. At the end of the course, the students are also assessed on their knowledge and receive a certificate with their assessment score. Currently, once the students go home, there is no follow-up from SEIN. The organisation of the course involves a large time investment and costs. It is not clear, however, whether the impact of the course is worth this investment. If the results are positive then this would be of benefit to enhancing SEIN's corporate communication and reputation, both on a national and international level. However, if this is not the case, SEIN will have to consider either reviewing the current course format or terminating this activity. The results are therefore vital in determining the future of the course and how SEIN communicates with course stakeholders.

## Research Aims

The aims of this research project are three-fold:

- Identify whether the course is effective in improving epilepsy care in the students' own clinical settings.
- Identify what the actual financial and in-kind investment has been from 2010-2012 to provide a clear overview of the entire investment and whether it warrants continuation of the course in its current format.
- Depending on the results of the above aims, appropriate communication tools can be deployed.

## Research questions

The main research question is:

*“Does the SEIN Course on Clinical Epileptology contribute to an improvement in the epilepsy care in the students' own countries within at least one year of participating, and does SEIN consider this improvement to be worth the investment?”*

Only once this question has been answered can the following questions be considered:

*“Can the results of the outcome measures be of benefit to enhancing SEIN's corporate communication and international profiling, and how will SEIN communicate this?”*

Secondary research questions:

- Do the high ratings the students give to the course reflect the quality of the course programme, or are there other factors affecting this?
- Have the students been able to put the knowledge they have gained from the course into practice in their own countries?
- Do the course sponsors consider their investment worthwhile?

## Research methodologies

### Secondary research

In the first instance the interest of the various stakeholders in the course were identified by using the stakeholder salience model by Mitchell & Wood. This model shows the level of attention each stakeholder requires and also points out the most important stakeholders. This helped with the selection of appropriate communication tools for each of them.

In order to answer the first sub-question: “do the high ratings the students give to the course reflect the quality of the course programme, or are there other factors affecting this?”, both aspects of consumer behaviour and cultural communication were looked at. As previously mentioned, 52 students from 15 countries have participated in the course. The theory of consumer behaviour was reviewed to show what could motivate the students to attend the course, why employers wish to send their employees and why sponsors provide financial support. Furthermore, reviewing Hofstede’s cultural dimensions shows that cultural differences affect how people act and this affects the way ratings are given, whilst a review of Solomon’s Experiential Hierarchy of Effects and Howard & Gengler’s premise of ‘emotional contagion’ shows that small issues can also contribute to the evaluation of a product or service.

During the two weeks that the students are in the Netherlands they are given extensive support by SEIN, as for many this is the first time they have travelled outside their own countries. This support is provided in various forms: being available to answer questions and providing social activities to enhance group cohesion. This can be seen as a form of ‘hands-on’ corporate communication, by creating a friendly environment in which the students are stimulated to communicate with, and learn from, each other, as well as benefit from the course in every way possible. In order to see if this method of support is worthwhile, and to answer the main research question, literature was reviewed with regards to research carried out by Guo-Ming Chen and the four dimensions of intercultural communication (what aspects should you take into consideration when communicating with other cultures?) and in order to see how the projected course identity and reputation was valued by the stakeholders, literature by Cees van Riel, Ron van der Jagt and Westcott Alessandri on this subject was reviewed.

Literature review and comparison of other international development agencies was also carried out in order to determine how best to measure effects of training programmes. The Netherlands Ministry of Foreign Affairs has produced a report evaluating the NFP programme for the period 2002-2010 (Netherlands Ministry of Foreign Affairs, 2012) and this was also used as a guide.

## Primary research

Following the literature reviews a number of questions still remained unanswered: whether the students had been able to put the knowledge into practice and whether the course sponsors and SEIN consider their investment worthwhile. In order to answer these questions primary research was carried out using surveys. As the course is an international course, with students, employers and sponsors spread worldwide, the most efficient way to contact them was through written surveys. This method was the least time-consuming and provided a low-cost approach to obtain the necessary data.

The course participants (52 in total) were sent a survey, with the aim to determine whether they have been able to put the knowledge they have gained from the course into practice. The students' employers (24 in total) were sent a separate survey, with the aim to determine if they felt that their employee's participation in the course has been of benefit to the hospital/clinic, and whether an actual improvement in epilepsy care has been achieved. Finally, the course sponsors were also sent a survey (5 affiliates of UCB Pharma) to determine why they are keen on sponsoring the young doctors to participate in the course. Surveys are usually sent anonymously, which the literature stresses is an important aspect to ensure optimal response and honest replies from the respondents (Baarda, de Goede, & Kalmijn, 2010). The drawback of this approach, however, is that a high response rate cannot be guaranteed and there is no opportunity to follow-up non-responders. The downside is also that respondents might have provided socially desirable answers (Baarda, de Goede, & Kalmijn, 2010). Given the small amount of surveys distributed for this study it was necessary that the response rate was as high as possible to provide a better overview. The surveys were therefore not sent anonymously for the purpose of this report. This method ensured that non-respondents could be followed up (by email, and if necessary by telephone) in order to achieve as near a 100% response rate as possible. Experience has taught us that, especially in the epilepsy world, people have a higher than average response rate to these types of surveys and are quite willing to respond to questionnaires if an active follow up system is in place. For example, for the WHO project 'Atlas: Epilepsy Care in the World', an active follow-up ensured a high response rate: 160 out of 192 WHO member states, covering 97.5% of the world population (World Health Organization, 2005).

To calculate the actual monetary investment in the course, an overview of the costs was drawn up, both direct and indirect. Budgets of the previous courses were available, as were actual income and expenditure overviews. A calculation of the indirect costs (time spent by course organisers and speakers, facilities & copying and venue costs) is based on actual time invested and figures supplied by the finance department. The time calculation is based on own experience per task during the last three years and is an average time indication.

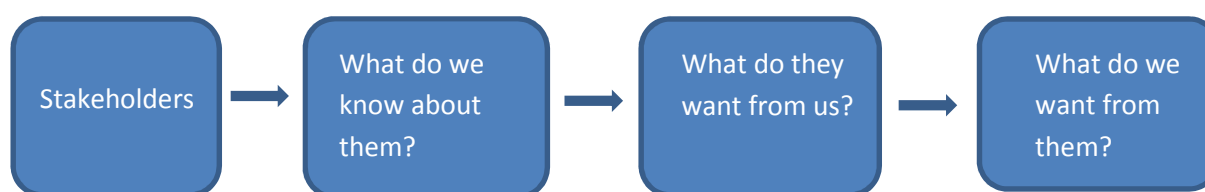
## Research Results

### Results secondary research

#### Corporate Communication

*“The single biggest problem in communication is the illusion that it has taken place” (Shaw, 2013)*

Corporate communication refers to the communication activities of the entire organisation and involves a dialogue, a two-way conversation between the organisation and its stakeholders (Herlé & Rustema, 2012). All organisations have their own role to play in society and as such have varying relationships with their environment. To be successful in corporate communication the various stakeholders must be identified and analysed (Herlé & Rustema, 2012):



Model by Herlé & Rustema (Herlé & Rustema, 2012)

**Stakeholders:** As mentioned in the situational analysis, the SEIN Course on Clinical Epileptology has the following stakeholders: students, employers, speakers, sponsors, SEIN management, WHO, governments, media and people with epilepsy.

**What do we know about them?:** A number of course stakeholders are well-known to SEIN (speakers, WHO, sponsors, SEIN management), so this question can easily be answered. With regards to the students, this question has been answered under the sections on consumer behaviour and cultural dimensions. Governments, media and people with epilepsy in the countries involved are not well-known. For the purposes of this report the focus will not be on these groups.

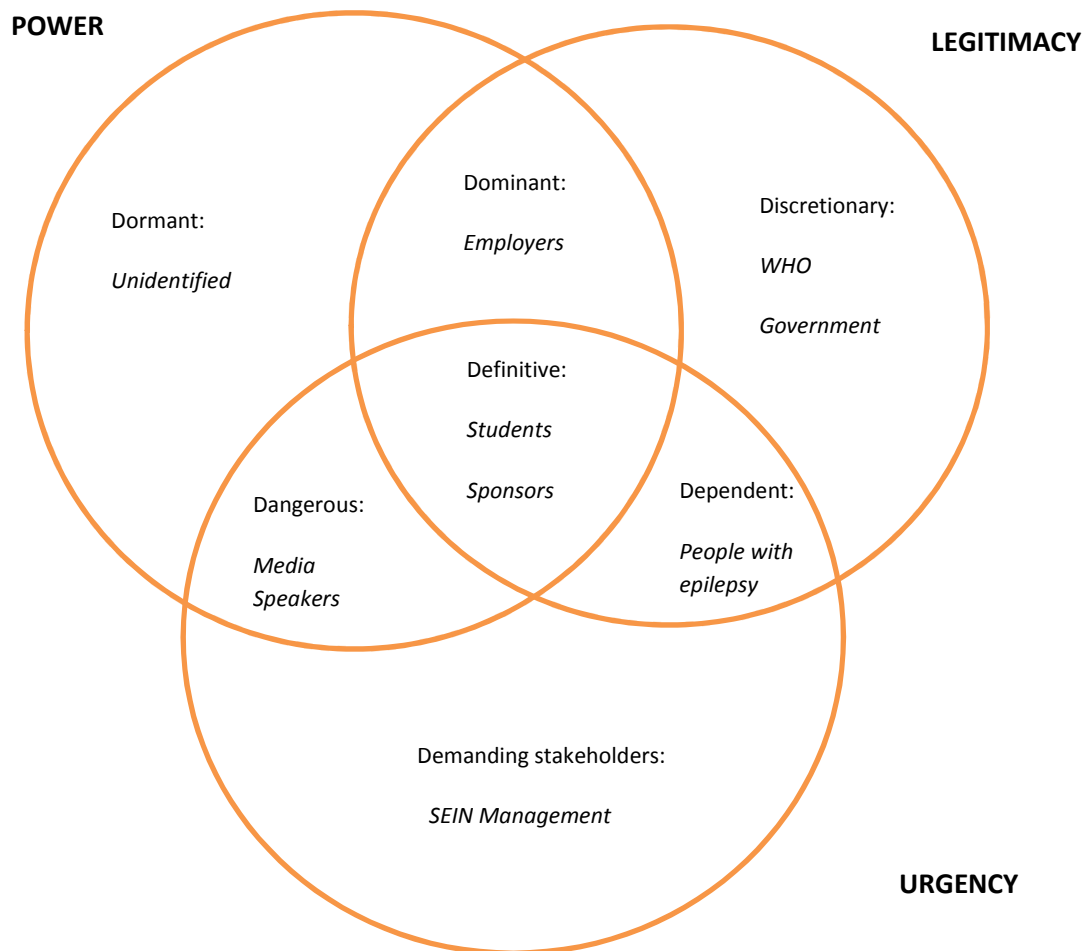
**What do they want from us?:** This question has not yet been fully answered and this aspect will come to light under the Primary Research section: survey results where the students are asked if they would like any follow-up from SEIN, and if so, in which form.

**What do we want from them?:** SEIN wants the students to put the knowledge into practice and for the other course stakeholders to endorse SEIN's reputation as an expertise centre.

Mitchell et al argues that these stakeholders fall into different categories (Mitchell, R., & Wood, 1997), based on:

- Power: the power that the stakeholder has over an organisation
- Legitimacy: the validity of the claim the stakeholder places on the organisation
- Urgency: the necessity for urgent action from the stakeholders.

Depending on which category the stakeholders fall into, this will affect the way in which SEIN should communicate with them. This can best be visualised with the following Stakeholder Salience Model (Mitchell, R., & Wood, 1997):



#### Dominant (stakeholders with power and legitimacy)

Employers must feel that their employees have gained new knowledge and will be able to put this into practice, for the benefit of the organisation to improve services, and ensure a skilled workforce.

#### Dangerous (stakeholders with power and urgency)

SEIN is a health care institution which is always under scrutiny from regulatory bodies and the press. Any bad press has a negative effect on SEIN's reputation. Transparency is a key consideration for many organisations, including SEIN. SEIN produces a newsletter/report following each course and this is currently sent to all students, employers and sponsors, and is also placed on the SEIN website. A short report is also included in SEIN's company newsletter. This ensures that consistent and positive messages are distributed in the media.

The course speakers are also important stakeholders. Without their voluntary contribution the course programme would not be possible. Mostly the same speakers present at each year's course and they have been happy to continue to contribute their time and expertise, for no financial remuneration or other perks (they do receive a small "thank you" gift).

#### Dependent (stakeholders with legitimacy and urgency)

SEIN's aim is to improve the quality of life of people with epilepsy worldwide and therefore people with epilepsy are important stakeholders.

#### Demanding (stakeholders with urgency)

SEIN management invests funds in the course and facilitates its organisation. They have a stake in its success.

#### Discretionary (stakeholders with legitimacy)

The World Health Organization (WHO) has designated SEIN as a WHO Collaborating Centre. One of the activities in this context is the organisation of the SEIN Course on Clinical Epileptology.

Governments in the end are also stakeholders. If epilepsy care in their countries improves, this will ensure people with epilepsy receive better treatment. Furthermore, this will increase their quality of life and their ability to earn their own income, thus being able to pay for antiepileptic drugs themselves and being less of a financial burden on the health care system and the country's economy as a whole.

At the centre of the stakeholder map are the most important stakeholders for the course:

#### Definitive (stakeholders with power, legitimacy and urgency)

The students who participate in the course are the definitive stakeholders. The knowledge and expertise is passed on to them, and it is then their duty to share this knowledge with their colleagues and to apply their newly acquired knowledge in their clinical settings. At present, the communication with the students ends after the course is completed.

Sponsorship is a vital part of the course, without sponsorship the course could not be organised. The communication with the sponsors ends each year with a newsletter/report, which gives an impression of how the students had experienced that year's course. No further follow-up is undertaken.

## Corporate Identity & Reputation

*"The way to gain a good reputation is that you endeavour to be what you desire to appear."*  
(Socrates, 2013)

It is not clear how the various stakeholders view the course, i.e. whether the desired course identity is experienced in the same way. Westcott Alessandri (Westcott Alessandri, 2001) shows that there is a difference in how an organisation presents itself to the outside world (identity) and how the public perceives the organisation (reputation).

A good reputation is an intangible asset, but a vital one nonetheless, in order to succeed in a market economy. An organisation's reputation is based on how the public perceives the organisation, and is based on past performance and expectations for the future. A positive reputation is therefore attractive to others. However, while it can take years to build a good reputation, it can take one single action to destroy it. A reputation is an asset that should be carefully guarded and stands or falls with credibility (Van der Jagt, 2004). An organization must ensure that the reputation it has built up is reflected in consistent actions and communication. Van Riel states that a positive reputation influences the way people view and trust the organisation. This reputation is one based on how all (or the majority of) stakeholders view the organisation and is achieved when an organisation consistently meets, or even exceeds, their expectations (Van Riel, 2010).

The mission of SEIN is 'to improve the quality of life of people with epilepsy worldwide' (Stichting Epilepsie Instellingen Nederland, 2013). This is the image it projects to the outside world. The course is one vehicle to enable SEIN to carry out this mission. The course's projected identity - a practical and intensive course which will give the participants newly acquired knowledge they can share with their colleagues and apply in their own clinical settings - is not necessarily experienced the same way by the stakeholders. In order to identify if this is the case, the feedback that has been received from the students during the past 3 years has been reviewed. This feedback has been printed in the reports produced following each course. A selection of comments during the past three years gives an indication of their thoughts and feelings about their participation in the course (Stichting Epilepsie Instellingen Nederland, 2010-2012):

*"Excellent course, touching on virtually every epilepsy-related topic" (2010)*



*"Please continue with this course!" (2010)*

*"This was an incredible and unique experience: communication between colleagues, exchanging views, new information and good friendships are emotions that I took back home with me" (2011)*

*"Many congratulation on a most successful course. The setting was good and the scientific content even better, but the friendships I have made are forever"(2011)*

*"The course is excellent. We met many friends from other country. We learned a lot on epilepsy. We had a very happy time in SEIN" (2012)*

*"I will highly recommend it to my fellow neurology residents and I hope they will be given this great opportunity as well" (2012).*

Although these comments are positive, further analysis of the course identity, to assess whether it does contribute to SEIN's mission, is necessary. The above feedback only reflects comments from the students given during the evaluation while they were still in the Netherlands. Speakers have always been keen to continue to provide their expertise to the programme and sometimes have been disappointed that, due to programme changes, they could not participate. This is also indicative that the projected identity of the course is experienced positively by this group of stakeholders. The final analysis will be based on the overall research results and will also include feedback from the employers and sponsors.

## Cultural dimensions

*"Culture is the collective programming of the human mind that distinguishes the members of one human group from those of another. Culture in this sense is a system of collectively held values."*

(Hofstede, National cultural dimensions, 2013).

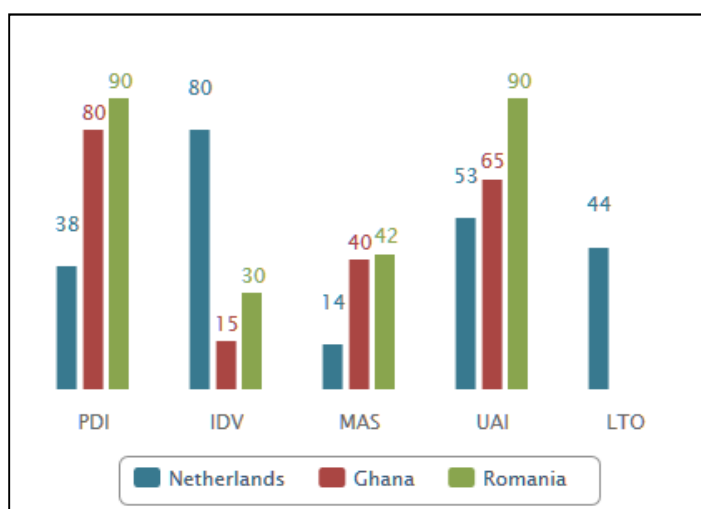
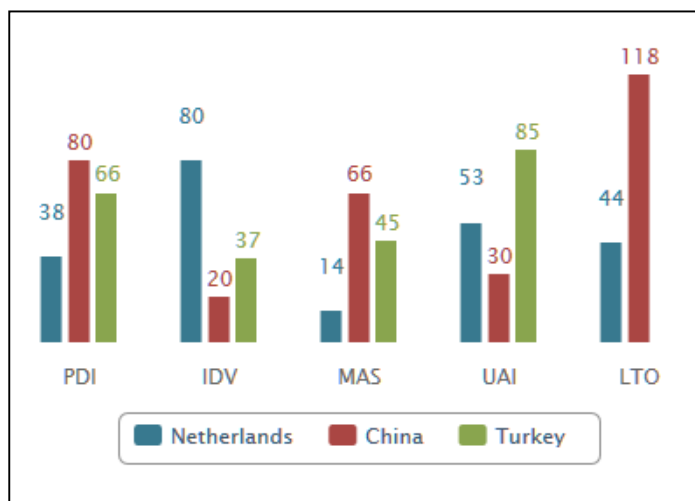
The course participants represent a variety of national cultures and values, which in turn affect the students' expectations and evaluations of the course. It affects the way in which a person handles new and uncertain situations, it affects the way in which a person accepts authority and it affects the way a person is critical or provides feedback. Cultural bias can be a factor in the students' course evaluation. Hofstede states that cultures can be distinguished from each other with five different dimensions (Hofstede, National cultural dimensions, 2013):

- **Individualism/Collectivism (IDV):** the degree in which people are more loyal to group needs than to their own needs (the more collectivistic, the more group needs precede individual needs).

- **Masculinity/Femininity (MAS):** the degree in which people compete for achievement and success (the more masculine, the more competition).
- **Power Distance (PDI):** the degree in which people question or accept authority.
- **Uncertainty Avoidance (UAI):** the degree in which people avoid new/uncertain situations.
- **Long-term/Short-term Orientation (LTO):** the degree in which people aim for quick or longer-lasting results.

Of the 15 countries represented in the course, Hofstede only has data available for 10 of them. This data shows that, of these 10 countries, all have a collectivistic culture (where group needs have preference over individual needs), and all have a high level of power distance (where authority is more readily accepted without question).

To show the differences with the host country, the Netherlands (PDI = Low; Individualistic; Feminine, UAI = Medium; LTO = Short-term), comparisons of cultural dimensions with the Netherlands are shown below with China, Turkey, Ghana and Romania:



(Hofstede, Countries, 2013)

Does the SEIN Course on Clinical Epileptology measure up? A report on its effectiveness and contribution to enhancing the international reputation of Stichting Epilepsie Instellingen Nederland (SEIN).

Only the dimensions of power distance, individualism/collectivism and uncertainty avoidance are of relevance to this report, as these aspects could directly affect the student's evaluation.

**Power distance:**

The high power distance means that the students accept the authority of SEIN and the speakers regarding their expertise on the diagnosis and treatment of epilepsy. All speakers are chosen to give presentations and interactive sessions in the areas of their expertise, which is reflected in their confidence and knowledge on the subjects they discuss with the students.

**Individualism/Collectivism:**

Each group of new students forms a new group. This group, this collective "we", has the collective aim of absorbing knowledge on the diagnosis and treatment of epilepsy, to successfully complete the assessments and to take this new knowledge back to the student's individual countries, where the students can then in turn pass this knowledge on to their colleagues.

**Uncertainty Avoidance:**

The majority (7) of countries have a surprisingly high level of uncertainty avoidance. Characteristics of people with high uncertainty avoidance are that they expect implicit instructions and direction for tasks, in order to avoid any ambiguity; they resist change and prefer structured situations; they feel threatened by uncertain situations and have an increased level of anxiety. Many of the students from countries with a high level of uncertainty avoidance have not travelled abroad before, and one would expect an increased level of anxiety as they are faced with an uncertain situation. However, the detailed information given to students beforehand, from homework requirements to logistics and the course structure helps to alleviate anxiety and make it clear what is expected of the students.

These cultural aspects need to be taken into account when communicating with the students.

Another factor that should be taken into account is that of cultural bias, bearing in mind there is a high representation of participants with high power distance and high uncertainty avoidance. These students would not be inclined to be negative to the host culture and in order to save 'face' they will avoid confrontation and avoid pointing out things that were perhaps less satisfactory. This might therefore provide a small nuance on the high rankings given by the students.

## Intercultural Communication

*“Communication is the key to a successful relationship, attentiveness, and consistency. Without it, there is no relationship”. (Bleau, 2013)*

According to Fred Jandt (Jandt, 2010) intercultural communication is “face-to-face interaction among people of diverse cultures”. These diverse cultures also have different ways of communicating, either in a low-context or a high-context. Low-context cultures transmit most of the meaning in a message through verbal communication and little is left to ambiguity (for example: the United States, Scandinavian countries and the Netherlands). In low-context cultures verbal messages are detailed and specific. High-context cultures on the other hand transmit the meaning more through the actual environment, or context, in which they are situated and rely less on the verbal message and more on emotion (for example, China and Eastern Mediterranean countries).

Jandt states that cultures which are more collectivistic are more likely to be high-context (Jandt, 2010). All the students who have participated in the course thus far have been from collectivistic, and thus, high-context cultures. It can therefore be said that the environment, the context in which the course takes place, is an essential part of their whole experience and the evaluation of the course. Jandt also remarks that anxiety is one of the barriers to intercultural communication (Jandt, 2010). If people are anxious they tend to focus on this negative feeling, i.e. the students will be nervous of being in a new situation and nervous about speaking English. These aspects further come to light when considering intercultural communication in more detail. In order for intercultural communication to be effective and appropriate, Guo-Ming Chen (Chen, Relationships of the dimensions of intercultural communication competence, 1989) states that a person must be respectful of cultural differences, self-aware of one’s own culture and have the social skills for interaction. The students are one of the definitive group of course stakeholders, and being conscious of their cultural background is therefore vital for successful communication during the course.

## Consumer behaviour

*“People’s behaviour makes sense if you think about it in terms of their goals, needs, and motives”.  
(Mann, 2013)*

The average rating given to the course over the past three years is 9.3 out of a maximum score of 10 (Stichting Epilepsie Instellingen Nederland, 2010-2012). This rating is based on student’s evaluations of 6 aspects: course topics (content); speaker skills; course facilities; information material; hotel

accommodation and organised leisure activities. Consumer behaviour could play a role in the high ratings. In order to look at consumer behaviour we must consider the course as a product and/or service. SEIN offers a product: a two-week course on clinical epileptology. This course can also be considered a service in that it offers the students an opportunity to expand their knowledge. According to Michael Solomon, the study of consumer behaviour is “...the study of the processes involved when individuals or groups select, purchase, use, or dispose of products, services, ideas, or experiences to satisfy needs and desires” (Solomon, 2004). Consumer behaviour is therefore a continuous process and encompasses aspects which influence the consumer prior to, during and following a purchase. People purchase a product or service not solely for what it delivers, but also for the feeling that accompanies it and how it meets unmet needs (Solomon, 2004). For the course the purchaser may be considered to be the employer, who nominates employees and ‘purchases’ the service; the student, who consumes the service and sponsors, who pay for students’ participation, i.e. purchase the product/service. The actual evaluation of the course is only done by the students, which is why the application of the theory of consumer behaviour will focus on the students. The first point to consider is the motivation of students to attend the course and how this meets their unmet needs. Students are selected via a lengthy selection process. Each year NUFFIC indicates which countries are eligible for the NFP scholarship programme. Depending on which countries are eligible on the NFP country list, SEIN contacts the relevant member organisations of the International League Against Epilepsy (the international umbrella organisation for medical professionals) and the International Bureau for Epilepsy (the international umbrella organisation for people with epilepsy and non-medical professionals) to ask them to propose suitable candidates for the course. The candidates then submit their CV’s and motivation to SEIN to determine suitability. If considered suitable, the candidates are advised to apply for a scholarship via the NFP. Students can also be sponsored by other means. The question why the students are motivated to follow this intensive two-week course may be answered by the Expectancy Theory (Solomon, 2004), which states that people will choose one product over another because it is expected that this choice will be beneficial for them. In this instance, the course will be of benefit to their personal growth and/or their career (the other choice being not to participate in the course). Another reason why students might be motivated to choose the course is the aspect of scarcity. As already indicated, a similar training is not available in their countries. Solomon states that the scarcity of an item increases its attractiveness (Solomon, 2004). Furthermore, motivation to follow the course can also be down to the fact that the course is held in the Netherlands. It has been shown that products/ services from industrialised countries receive a higher evaluation than those from developing countries (Maheshwaran, 1994). All these aspects will affect the student’s expectations of the course beforehand, i.e. that the course will be of good quality. These are all pre-consumption expectations.

A study by McGill and Iacobucci (McGill & Iacobucci, 1992) concludes that despite these expectations, when consumers make use of an unfamiliar service the actual evaluation is based on post-consumption experience, and not on pre-consumption expectations. Thus it can be said that the course, being an unfamiliar service to the students, is evaluated on the basis of post-consumption and, according to McGill and Iacobucci, on small details rather than broad expectations (McGill & Iacobucci, 1992). However, following on from this premise, the Experiential Hierarchy of Effects (Solomon, 2004) shows that consumer attitudes are in fact swayed by immaterial features, such as the environment in which the consumer experiences the product or service. This includes such issues as the friendliness of the communicator, i.e. the person or organization selling the product. Emotion has a great impact on how a consumer evaluates the product: Affect = Behaviour = Belief. Thus how people feel about something has an impact on their behaviour and what they believe about the product/service. Furthermore, Howard and Gengler's study (Howard & Gengler, 2001) on Emotional Contagion state that "a smile is infectious" and continues that messages transferred by "happy people" or in positive settings may positively influence a person's attitude towards a product.

### Measuring Effects

<p><i>"Strive not to be of success, but rather to be of value" (Einstein, 2013)</i></p>
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The long-term effects of the Course on Clinical Epileptology are of importance to SEIN. Course satisfaction (from the participants) itself is not a sufficient indicator, SEIN also wishes to know whether the participants have been able to put their newly acquired knowledge to use in daily practice and what effect the course has had on the delivery of health care for people with epilepsy once they return to their own countries. This way an evaluation can be made as to whether the desired outcome, i.e. improving the care of people with epilepsy, has materialised. If the outcome is positive, then this data can be used in a beneficial way to enhance SEIN's (international and national) corporate communication. If the outcome is less favourable, then the course should be reviewed. The measurement of effects therefore has impacts on the way SEIN communicates about the course. In order to measure effects, the difference between output and outcomes should first be clarified, as these terms are often used intertwined. According to the Oxford Dictionaries, *output* can be defined as "the amount of something produced by a person, machine, or industry" (Oxford Dictionaries, 2013), whereas *outcome* is defined as "the way a thing turns out; a consequence" (Oxford Dictionaries, 2013). This is also the same definition given by Smith in the book "Measuring Outcome in the Public Sector" (Smith, 1996) in which he states that *output* refers to quantity, whereas *outcome* refers to the impact an activity has on society (Smith, 1996).

In order to measure effectiveness of the course it is necessary to measure desired outcomes. Another reason Smith gives for the desire to measure outcomes is the increasing need for organisations to review ‘the past performance.....and about future resource allocation.’ (Smith, 1996). This desire to evaluate the return on investment also holds true for SEIN.

The report: “Evaluation of the Netherlands Fellowship Programme (NFP) 2002-2010. Final report” can provide useful guidance for evaluating this short course. The ‘intervention logic’ described in this report covers three important issues which are relevant to the Course on Clinical Epileptology (Netherlands Ministry of Foreign Affairs, 2012):

- *Capacity building at individual level:* To develop more and better knowledge, skills and attitudes
- *Capacity building at organisational level:* The student is able to apply the learned knowledge and skills within their organisation.
- *Efficiency:* budget versus spending, in relation to achieved results.

These three goals will be used to determine the following outcome measurements for this course. The outcomes measures arising from these goals are roughly based on those mentioned in the report, but have been adapted specifically for the course:

Outcome Measures: Course on Clinical Epileptology	
Individual Level	<ul style="list-style-type: none"> <li>• The student is more knowledgeable about epilepsy</li> <li>• The student has been able to share this knowledge with colleagues</li> <li>• The student has been able to apply this knowledge at work</li> <li>• The student is involved in professional epilepsy networks</li> </ul>
Organisational Level	<ul style="list-style-type: none"> <li>• The organisation feel that the student has improved his/her knowledge &amp; skill</li> <li>• There is an improvement in the quality of services</li> </ul>
Efficiency	<ul style="list-style-type: none"> <li>• The course stays within budget</li> <li>• There is a clear overview of income and expenditure</li> <li>• The results at individual &amp; organisational level are worth the investment</li> </ul>

The NFP report adds that the outcomes of the course are also important as a means for creating an increased international status for the organisation organising the course (Netherlands Ministry of Foreign Affairs, 2012). This fits in with SEIN’s wish to raise its international profile and indicates that the Course on Clinical Epileptology is potentially one way of achieving this.

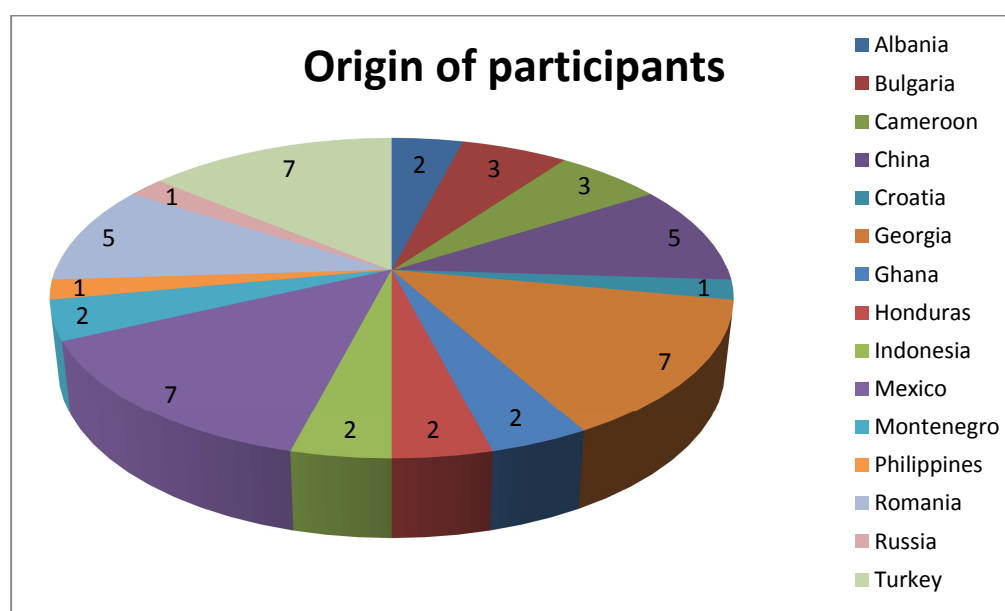




## Results primary research

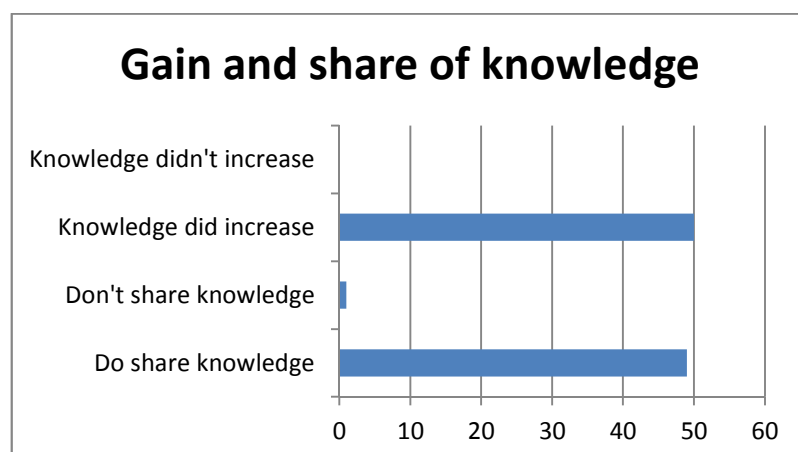
### Surveys to Students

A 20-question survey was sent to the 52 students who had attended the course between 2010 and 2012. The survey was sent to each student individually, per email. A response rate of 96% was achieved (50 students). This high response rate was a result of sending out numerous reminders until as many completed surveys as possible were returned.



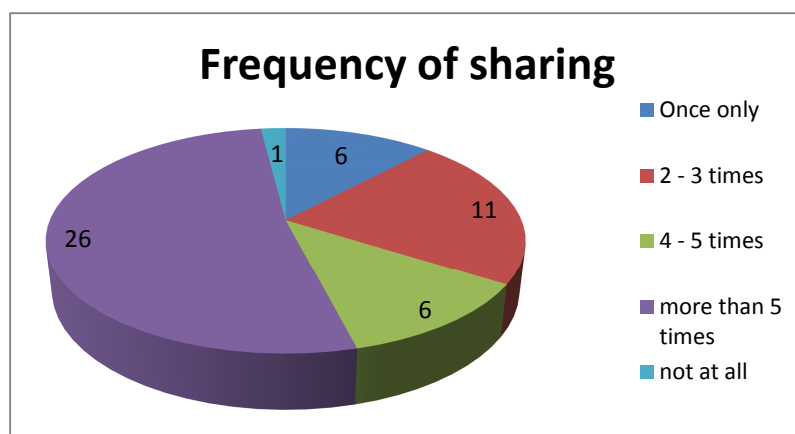
All 15 countries that had participated in the course during the period 2010-2012 were represented by the respondents, as can be seen in the figure above. The numbers indicate how many respondents there were from each country.

The students were asked if they felt the course had increased their knowledge in diagnosing and treating epilepsy, and if they were able to share this with their colleagues. The results are shown:



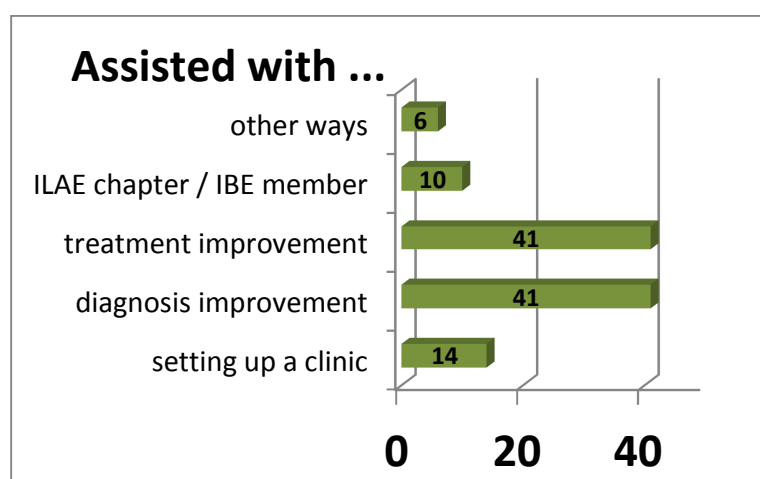
This question was to measure their perception which reflects their satisfaction of the course. Of the 50 respondents, all indicated that their knowledge had increased. Only one respondent did not share this knowledge with colleagues, but this was due to the fact that this participant is no longer working in the field of epilepsy.

Following on from this, the students indicated how often they shared this knowledge:



It is interesting to note that just over half of the participants (26) have shared their knowledge more than 5 times.

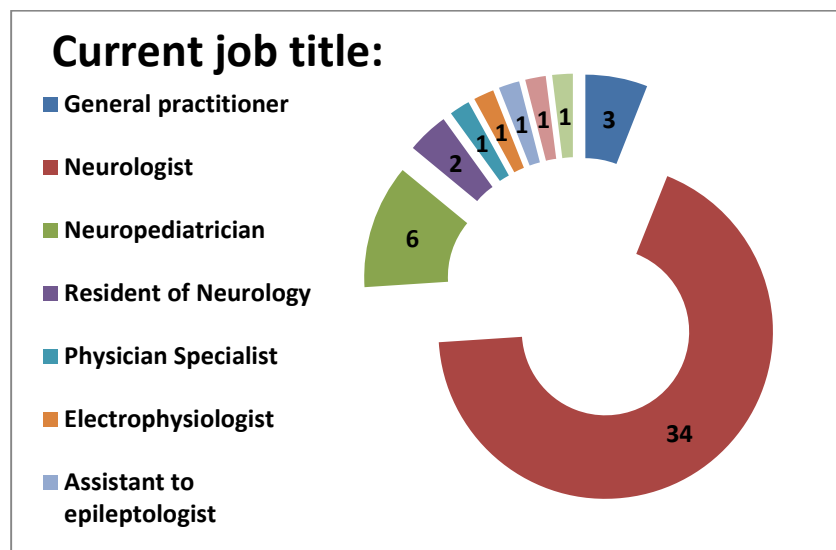
The students were asked if they had been able to improve the care of people with epilepsy. Out of the 50 respondents, 49 responded positively. One respondent is no longer working in the field of epilepsy. Following on from this question, the students were asked what activities they had been involved in to improve the care of people with epilepsy. More than one answer was possible. Their replies can be seen as follows:



As can be seen in the table above, a significant number of students (41) have assisted with improving the diagnosis and treatment of people with epilepsy. Six respondents have assisted in other ways,

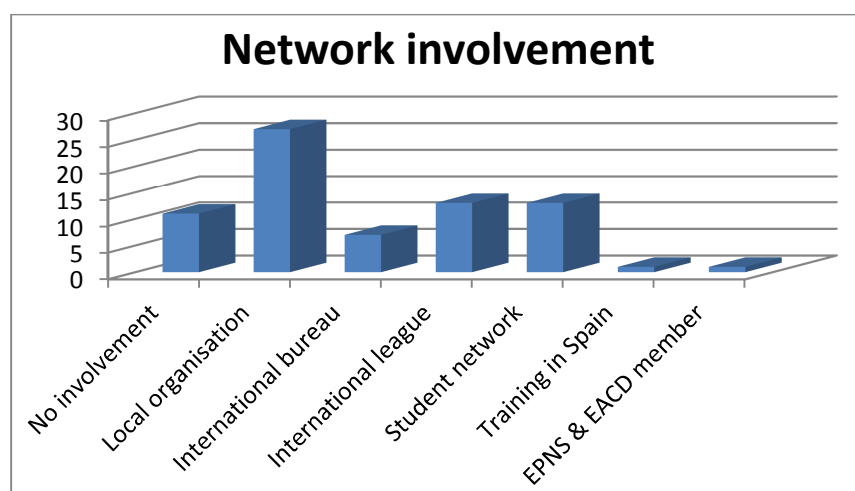
such as establishing a patient organisation, organising a public symposium or preparing leaflets, being part of a special epilepsy team and training others.

Of the 50 respondents, 34 are currently neurologists. Other job titles can be seen in the figure below:



The students were asked if they had been promoted as a result of their participation in the course, and only 4 participants had indicated that this was the case. This shows that participation in the course does not in general result in improved work opportunities for those participating. However, many of the countries represented in the course have limited promotion opportunities for young doctors; this is mostly reserved for older doctors.

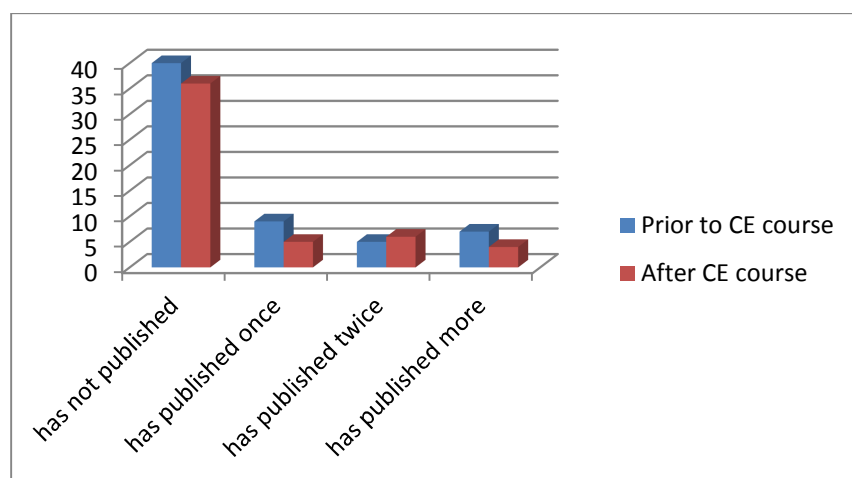
Students were then asked if they were involved in any professional network in the field of epilepsy, and if so, in which type of network(s). The results are seen here:



Eleven respondents indicated they were not involved in any kind of professional network in the field of epilepsy. Of the 39 respondents remaining, most of the students indicated they are involved with

their local epilepsy organisation. Two respondents gave a response of ‘other’: one had followed a two-month training in epilepsy at a hospital in Spain and one is a member of the EPNS (European Paediatric Neurology Society) & EACD (European Academy for Child Disability).

Over the past three years the course programme has included a Workshop ‘How to Present Scientific Data’, in which students are given a short training in writing scientific papers in English. In order to see if this workshop has a positive effect on the number of papers published by the students they were asked to indicate a) if they had published any scientific papers prior to and/or following the course, and b) if so, how many papers they had published. The results are shown below:



The results seem to indicate that the workshop does not have any influence on the number of papers published by the students.

The students were then asked if they would like any follow-up from SEIN following their participation in the course. Forty-four respondents indicated they would like some kind of follow-up. The type of suggestions for follow-up varied greatly, and for reporting purposes only those which 4 or more students indicated are listed below:

- Share new articles to keep students updated (4 respondents)
- Training on reading/interpreting EEG's (4 respondents)
- Regular check on students' activities (6 respondents)
- Update on activities/developments at SEIN (8 respondents)
- Update on new methods for diagnosing and treating epilepsy (7 respondents)
- Information on any other (advanced) epilepsy courses organised by SEIN (12 respondents)

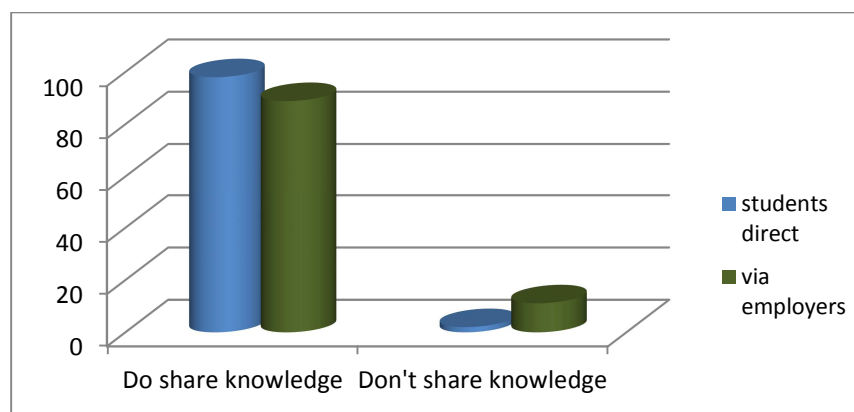
Finally, the students were asked if they would like to make any other comments about the course, to which 38 respondents added comments. Of these, 34 respondents indicated that the course was

'amazing' and comprehensive and 10 respondents thought it was a great opportunity to share knowledge with colleagues. Three students enjoyed the course so much they have indicated that they would like to repeat it.

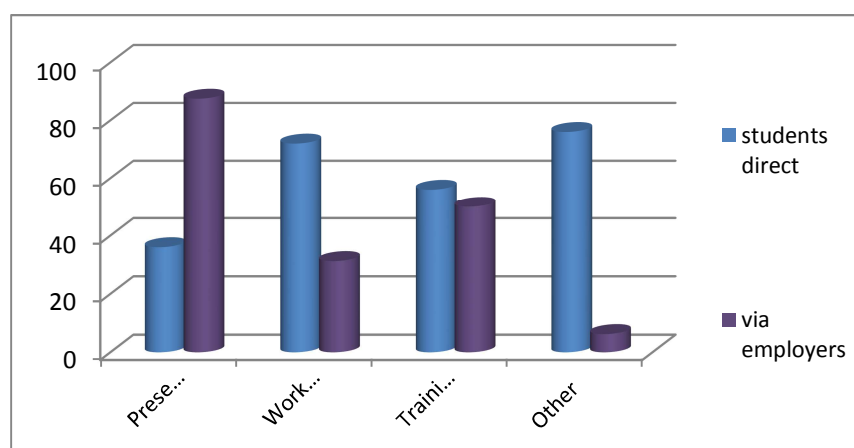
### Surveys to Employers

In order to distribute this survey, the students were asked to name their employer and provide their email address, as this information was not previously documented. Unfortunately not all students responded to this request. In the end the survey was sent to 24 employers. Responses were received from 18 employers (75%), which covered 34 of the 52 participants. The employers were sent a short survey with only 8 questions. The main purpose for this was serving as a double check of the students' responses.

The employers were asked if the students had shared the knowledge they acquired with their colleagues, the replies from the students and the employers are compared below:



These figures show that 11 employers indicate that their employees have not shared their knowledge compared to only two students who indicated they did not do so. Following on from this the employers were asked to indicate how the students had shared this knowledge, and this was compared to the students' responses, as shown below:

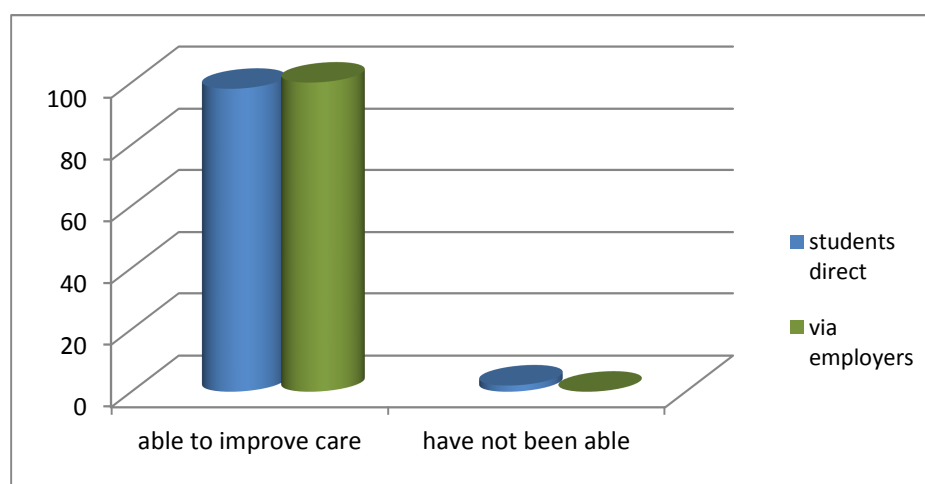


This table shows whether students gave presentations, organised workshops, held training sessions or other activities. These figures show the most discrepancy between the responses from the students and the employers. A total of 87% of employers stated that their employees had made presentations, compared to only 36% of students, whereas 72% of students indicated they had organised workshops compared to 31% of employers.

A possible explanation for this is that the difference between a 'presentation' and a 'workshop' was not clarified. It might be that employers have interpreted presentations as workshops, which resulted in these discrepancies.

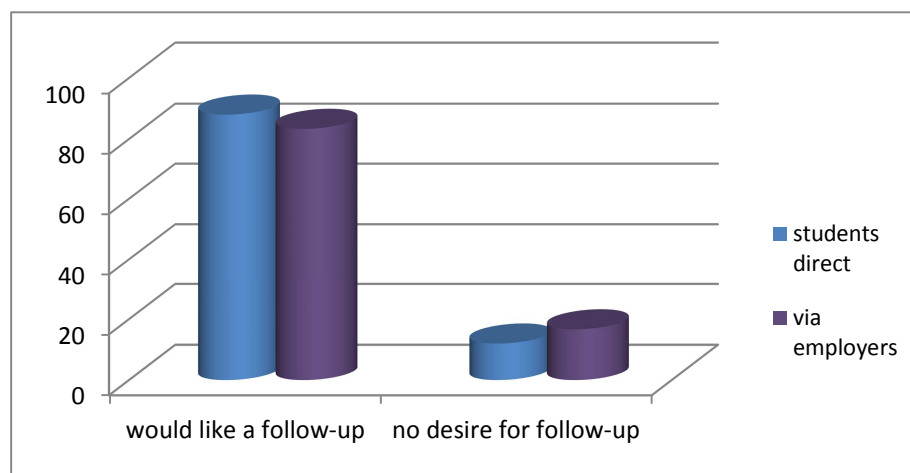
A high percentage of students (76%) also indicated other ways of sharing their knowledge, such as through guiding junior colleagues on ward rounds, giving lectures on epilepsy to medical students, sharing knowledge with colleagues during regular work discussions, sharing course documents and helping to develop guidelines for the diagnosis/treatment of epilepsy. However, only 6% of employers selected this option, in which they indicated their employees shared information during a training workshop, or through the development of guidelines for the diagnosis/treatment of epilepsy or through case discussions.

Employers were then asked if the students had been able to improve the care of people with epilepsy. The replies from the students and the employers are compared below:



The above figures show that all 18 employers feel that their employees have improved the care of people with epilepsy, a minimal variation from the students' responses.

The responses from the employers and the students to the question on follow-up by SEIN were comparable, as can be seen in the table below:



The employers were asked what kind of follow-up they would prefer. Again, there was a large variance in responses, so for reporting purposes only those types of follow-up indicated by 3 or more respondents are reported here:

- Follow-up on student's activities (3 respondents)
- Feedback on students' participation (3 respondents)
- Training on interpreting EEG's (4 respondents)
- Provide information on follow-on courses/other training (4 respondents)

Finally, the employers were asked if they had any other comments about the course. Eight employers indicated that it was 'a great course' and SEIN should continue to organise this.

Other comments regarding the course:

- improves knowledge
- it motivates participants
- is a good opportunity for networking
- it is interactive
- it allows students to present themselves
- course materials useful to share with colleagues back home

## Surveys to Sponsors

During the past three years, UCB Pharma has sponsored a total of 21 candidates. UCB Pharma is a pharmaceutical company that is dedicated to improving the lives of people living with severe diseases, including epilepsy and is keen to sponsor educational activities.

Of the 5 surveys sent, only two completed surveys were returned. Two of the UCB affiliates in (Mexico and Romania) indicated that they were aware of the course, but they had a new team in place and were therefore unable to comment on the motivation of sponsoring previous candidates for this course.

The two respondents, UCB China and UCB Turkey, provided the following reasons for sponsoring students to attend the course:

- The strength of the scientific programme
- To update the student's knowledge on epilepsy
- To share experiences with doctors from other countries
- To be able to take their knowledge back home and share this with their colleagues

Both UCB China and UCB Turkey have received feedback from the students and both indicated that the students' participation in the course, and their newly acquired knowledge, has helped improving epilepsy care in their hospitals/clinics.

Both affiliates also indicated that they would like follow-up from SEIN and the following suggestions were made:

- Feedback from SEIN on students who participated
- Long-term report about the changes/impact of the course in the students' own practises.



## Course costs & Time investment

### Actual income/costs

	Actual income/expenditure(Euro)			Forecast
	2010	2011	2012	2013
Income	Amount	Amount	Amount	Amount
Pharmaceutical industries	25.037,50	20.000,00	20.000,00	23.863,20
NFP Fellowships	0,00	0,00	10.395,00	5.777,60
WHO HQ/WHO AFRO	0,00	0,00	0,00	8.377,91
<b>TOTAL</b>	<b>25.037,50</b>	<b>20.000,00</b>	<b>30.395,00</b>	<b>38.018,71</b>
	2010	2011	2012	2013
Expenses	Amount	Amount	Amount	Amount
Accommodation	18.611,00	17.288,00	11.572,90	11.574,00
Travel	10.975,02	12.429,21	8.214,55	6.000,00
Catering	3.711,61	3.368,15	2.694,16	4.350,00
Printing	0,00	257,66	223,11	300,00
Postage	0,00	222,75	257,74	0,00
Accreditation	350,00	350,00	350,00	350,00
Workshop Taalcentrum VU	1.680,00	1.352,88	1.470,00	1.470,00
Miscellaneous	16,50	258,45	854,03	1.000,00
<b>TOTAL</b>	<b>35.344,13</b>	<b>35.527,10</b>	<b>25.636,49</b>	<b>25.044,00</b>
<b>BALANCE</b>	<b>-10.306,63</b>	<b>-15.527,10</b>	<b>4.758,51</b>	<b>12.974,71</b>
	2010	2011	2012	2013

The table shows that, in the first two years, the actual expenditure exceeded the actual income. Since 2012 there has been a noted upward trend and the course ended that year with a positive balance of € 4.758,51. However, at the end of the 2012 the course has not yet broke even and stands at a cumulative negative balance of € 21.075,22 (2010-2012).

The forecast for 2013 also indicates that this upward trend looks to continue, at least for the coming year. However, it should be noted that past performance gives no guarantees for the future. It would therefore be prudent to build up reserves from any surplus derived from the course.

Not included in these costs are student's travel costs which have been directly covered by external sponsors.

## Time investment

The actual time investment has been calculated based on own experience and (with regards to speaker time) on advice from speakers. The time investment per year is shown below:

Time investment: SEIN Course on Clinical Epileptology (average per year)		
Activity	Time (hours)	Remarks
Contact Chapters ILAE/IBE for potential course participants & follow-up	3	
Forward resumes potential students & review for approval Course Director, and reply to students	2	
Contact & guide students re: NFP application	2	
Correspondence with contact person at VUmc (contact person for NUFFIC)	2	
Contact sponsors for sponsorship	20	
Programme: draft/revise/abstract & resume request speakers/prepare programme book	50	
Invite speakers (confirm/book travel/ accomm.)	4	
Book hotel accommodation for students (incl. room allocation and contact with hotel)	4	
Arrange groep excursion	8	
Arrange transport	8	
Send information to students re: logistics/homework/transport	8	
Arrange logistics (venues, catering, personnel)	16	
Apply for accreditation	4	
Prepare certificates (accreditation & assessment)	8	
Mark essays & assessments	16	
Prepare newsletter	16	
Prepare CD for students/copy hand-outs	18	
Evaluation form (preparation and working out results)	8	
Speaker time	61	61 hours presentations + - average of one hour preparation per regular speaker (66 presentations in 2010) = <u>66 hours</u> + - average of 4 hours preparation time for new speakers (13 new speakers for 2011 & 2012 course) = <u>52 hours</u> (preparation done in principle in speaker's own time)
Course organisers availability during course and social activities (excursion, receptions and group dinner)	150	Based on two staff members x 8 days @ 7,5 hours per day (2 days are off-site) & 10 hours for excursion, incl. dinner; receptions (welcoming and closing: preparation and actual reception = 4 hours; group dinner (preparation and actual dinner) = 6 hours.
<b>TOTAL NUMBER OF HOURS</b>	<b>408</b>	

## In-kind contributions

In-kind contributions are contributions without financial transactions between SEIN and a third party. The in-kind contributions are vital aspects of the Course, as without these the actual costs would be much higher.

Does the SEIN Course on Clinical Epileptology measure up? A report on its effectiveness and contribution to enhancing the international reputation of Stichting Epilepsie Instellingen Nederland (SEIN).

The in-kind contribution from SEIN can be split into 4 categories: speaker's time, time of two staff members; facilities & copying and venue costs. Expressed in monetary terms these categories can be quantified as follows:

Category	Calculation	Amount
Speaker's time	61 hours per year x € 70 (gross hourly wage neurologist)	€ 4.270
Two staff members	347 hours per year x € 23 (gross hourly cumulative wage)	€ 7.981
Facilities & copying	Estimated costs	€ 1.000
Venue	€ 17 per m2, based on 52 weeks. Two-week course = € 0,65. Venue is 50 m2 x € 0,65	€ 33
<b>Total in-kind contribution per year</b>		<b>€ 13.284</b>

The availability of both the Course Director and the Scientific Director during the course has not been included in the above calculation.

### Total investment

If we add the in-kind contribution expressed in monetary terms to the negative balance at the end of 2012, then we can calculate that SEIN has invested at least € 60.927 in the Course since 2010. This is visualised in the following table:

In-kind contribution	2010 (€)	2011 (€)	2012 (€)	Total (€)
Speakers time	4.270	4.270	4.270	12.810
Two staff members	7.981	7.981	7.981	23.943
Facilities & copying	1.000	1.000	1.000	3.000
Venue costs	33	33	33	99
<b>TOTAL IN-KIND</b>	<b>€ 13.284</b>	<b>€ 13.284</b>	<b>€ 13.284</b>	<b>€ 39.852</b>
<b>BALANCE COSTS/INCOME</b>	<b>€ -10.306,63</b>	<b>€ -15.527,10</b>	<b>€ 4.758,51</b>	<b>€ 21.075</b>
<b>TOTAL INVESTMENT</b>				<b>€ 60.927</b>



## Conclusions

Based on the literature reviews it can be concluded that the high ratings reflect the quality of the actual course, and that the evaluation is based on the actual experience of participating in the course. However, other aspects, such as emotion and friendliness sway a person's evaluation of a product or service. Together with the cultural dimensions, which also influence the student's evaluations, these aspects should be taken into account when weighing up the ratings. The method of evaluating the course should be reviewed. The written evaluation form does not leave much room for explanations and clarifications, especially in the case of evaluating the speakers' performance. Informal discussions during the course provided a more nuanced feedback than the written version currently allows for.

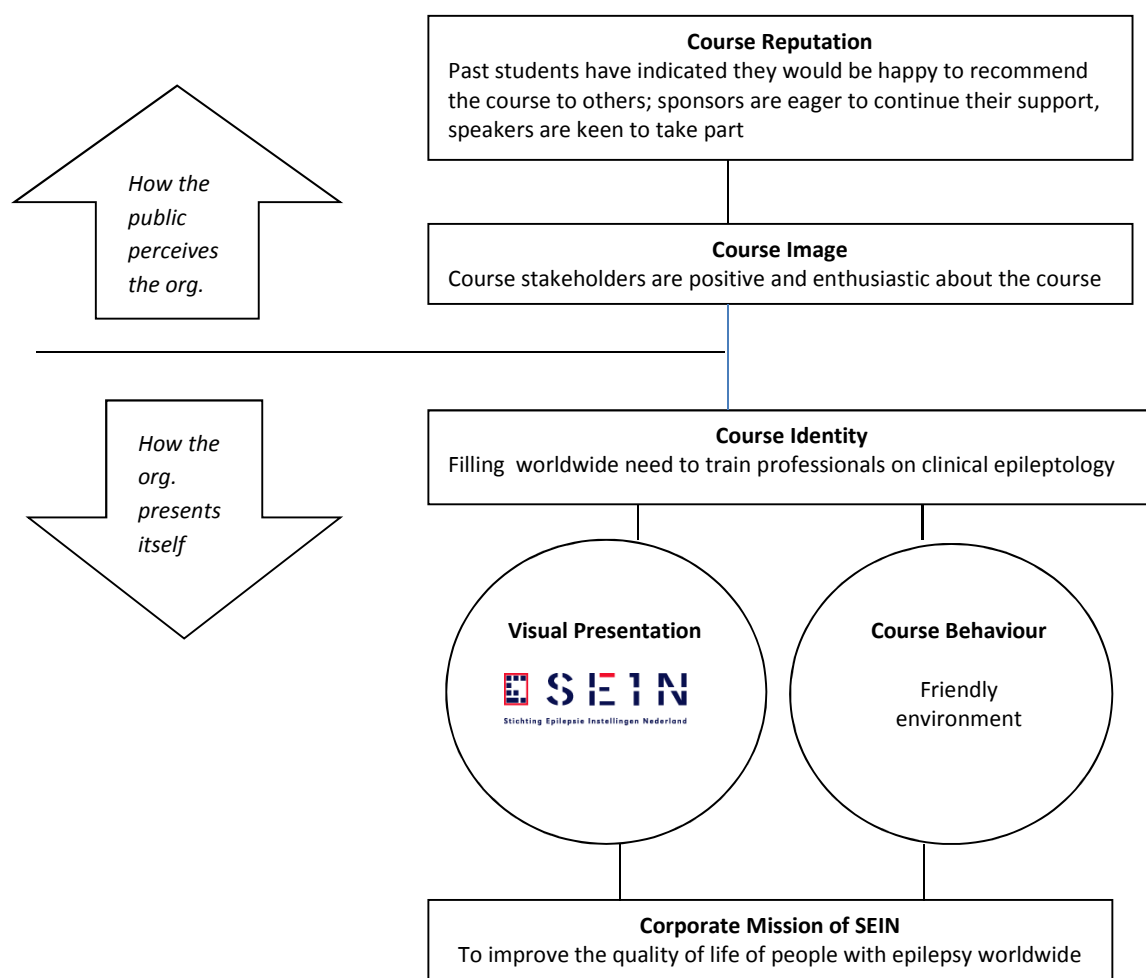
The survey results show that the students have been able to contribute to the improvement of the diagnosis and treatment of people with epilepsy in their own countries, as indicated by themselves and verified by their employers. The application of their knowledge in these areas in turn leads to an improvement in epilepsy care in general.

Nonetheless, the costs involved in organising the course warrant careful consideration. Since 2010 SEIN has made a financial investment (standing as guarantor for any deficit) of ca. € 21.050, as well as an estimated total in-kind contribution of € 39.852. Besides this, there is also a substantial time investment involved, particularly for staff organising the course. Both these aspects need to be looked at.

The completed surveys by sponsors indicate that they consider their investment worthwhile. Furthermore, affiliates have indicated their wish to continue to sponsor students. An upward trend can be seen in the sponsorship amounts received, which is positive. If this continues then more income can be generated, making the build-up of a reserve possible. However, sponsorship is an uncertain entity and without sufficient funding the course will run at a loss, or might even have to be cancelled.

With regards to enhancing SEIN's international reputation, this report shows that the course is successful, both in terms of impact and of the enhanced reputation of SEIN as an expertise centre. Analysis of the course's identity shows that feedback from stakeholders has been very positive and even encouraging.

Indeed, it can be said that the course identity and desired reputation are aligned:



Based on the Model of Corporate Identity by S. Westcott Alessandri (Westcott Alessandri, 2001)

Looking at the outcome measurements, the success of the course can be measured as follows:

- Individual Level: both students and employers concur that all measures are being achieved
- Organisational Level: both students and employers, as well as sponsors, concur that all measures are being achieved.
- Efficiency: there is a clear overview of income and expenditure. In general, it is hoped the course breaks even within a 3-year period. It is only just starting to stay within budget, which is dependent on receiving sufficient sponsorship as well as efficient allocation of funds.

The course is a tool enabling SEIN to carry out its mission and serves as a positive example of SEIN's international activities that further enhances SEIN's authority as an expertise centre. The course is successful and the added benefit in the long term for SEIN must be considered, in terms of strengthening collaboration at national and international level and maintaining a positive reputation as a centre of expertise in the field of epilepsy.

Does the SEIN Course on Clinical Epileptology measure up? A report on its effectiveness and contribution to enhancing the international reputation of Stichting Epilepsie Instellingen Nederland (SEIN).

## Recommendations

The above report shows clearly that the course is a success from every aspect. However, the course relies heavily on sponsoring, without which the course cannot be organised. This leaves two scenarios: the course continues to be organised or SEIN chooses other methods to achieve its mission.

### Scenario 1: Continuation course

#### Programme

In the course evaluation form the students have commented on programme changes they would like to see effected. The comments which were made most often, throughout the three year period, were with regards to:

- More interactive sessions
- Workshops on reading and interpreting EEG's

It is recommended to review the current course programme to incorporate the students' feedback.

#### Course evaluation

The method used for student evaluation requires a fresh approach. A revised written evaluation form, combined with informal, although structured, discussions may improve the evaluation.

#### Follow-up

- Students:

The most cost-efficient way to achieve the student's wishes would be to establish an online community via Facebook to which all past course participants can subscribe. This would allow them to continue to share experiences, allow SEIN to keep them informed about activities and developments at SEIN, share articles and other relevant news and be available to answer questions. Establishing a Facebook group comes at no actual expense, only time investment. At the start, the set-up and page maintenance would have to be done by SEIN. In time, and if possible, group members could be charged with this task. This online community would also be a way of enhancing SEIN's reputation by continuing to share its expertise online.

- Employers/sponsors:

Not all suggestions for follow-up are viable in the short-term, due to both logistic and financial restrictions. However, both employers and sponsors indicated a desire to receive

feedback on the student's participation. Students receive an assessment certificate at the end of the course and they can share this information, and their experience of the course, with their employers. It would not be ethical for SEIN to share this information directly with third parties, without prior consent from the students.

#### Communication/reporting

The positive results should be distributed to as many course stakeholders as possible. This can be done in the form of a summary of this report, highlighting the main results. This way SEIN will be actively working towards promoting and maintaining its reputation as an expertise centre. The summary can be produced and distributed electronically via email; it can be posted on the SEIN website, as well as on the dedicated Facebook page for the SEIN Course.

One group not mentioned as yet in this report, is that of SEIN employees. The positive results of this report should also be promoted internally. In the 2013-2017 strategy SEIN employees are asked to act as Ambassadors for SEIN, to promote SEIN's reputation as an expertise centre, therefore their support is just as important.

#### Finances:

- Actively source more sponsorship opportunities, using the positive results of the course for communication with (potential) sponsors.
- Whenever possible, students could be encouraged to source funding opportunities, either through their own employers, universities or government agencies.
- At the same time, costs should be reduced where possible. These cuts should be limited to areas that will not affect the quality of the course, such as:
  - The Workshop How to Present Scientific Data: the survey results show that this has not been cost-effective
  - Group outing: although enjoyed by students and having a positive effect on enhancing group cohesion
  - Students who were not sponsored elsewhere, have had their travel costs reimbursed in full by SEIN on a number of occasions, a significant expense
  - Consider organising the course biennially. This would cut both on costs and time investment.



## **Scenario 2: other activities**

### **EEG training**

In the question on follow-up both students and employers have indicated a wish to receive more training in reading and interpreting EEG's. While the course programme does include a number of presentations and workshops on this, and the current programme could be revised to add more on this topic, there is no space during the two weeks to allow for an extensive training in this area. The training could be given by a small group of SEIN experts, either on location in resource-poor countries or on site at SEIN. Cost-effectiveness would need to be looked at as well as logistical issues. Such an EEG training programme is another opportunity for SEIN to expand its international activities and enhance its international reputation as an expertise centre.

It is possible that this EEG training is organised in conjunction with scenario 1, one does not necessarily exclude the other, and the EEG training could then either be organised directly following each course or in alternate years (if the course is organised biennially).

### **Online course**

A possibility, which has not been investigated in this report, is to offer an online course programme. On a global level there is growing popularity in Massive Open Online Courses (MOOC's). These are courses that are available online and open to anyone who is interested in the subject and enrolment is free-of-charge. Speakers' presentations are filmed (or there are slides with voice-overs) and a forum can allow for discussion between participants, and with course organisers. The courses are usually concluded with an online exam and certificates of participation. Needless to say, an online course would not allow for the interactive experience that the current SEIN Course on Clinical Epileptology offers, but the benefit would be that it has a much wider reach whereby more people could participate and the costs would be greatly reduced. This could be considered either as an alternative or addition to the current course, fitting in with the desire for Education Permanente. However, full research into this option would need to be carried out in order to make a well-informed decision.



## Communication Plan

Based on the research results the following communication plan has been drawn up. This plan shows the various stakeholders, what the core message is for each stakeholder and which tools are most suitable to communicate with them:

Stakeholder	Key message	Tools
Students	The course is successful and the students are contributing to improving epilepsy care in their own countries	<ul style="list-style-type: none"> <li>• Course newsletter</li> <li>• Summary research results</li> <li>• Facebook group</li> </ul>
Sponsors	The course is successful and their investment is worthwhile	<ul style="list-style-type: none"> <li>• Course newsletter</li> <li>• Summary research results</li> <li>• Presentations to sponsors</li> </ul>
Employers	The course contributes to improvements in epilepsy care in their countries	<ul style="list-style-type: none"> <li>• Course newsletter</li> <li>• Summary research results</li> </ul>
Speakers	The course is successful and enhances SEIN's reputation	<ul style="list-style-type: none"> <li>• Course newsletter</li> <li>• Summary research results</li> </ul>
SEIN	The course is successful and contributes to SEIN's mission	<ul style="list-style-type: none"> <li>• Course newsletter sent to managers</li> <li>• Presentation summary research results</li> <li>• Article on research results in company newsletter</li> </ul>
WHO	The course is successful and contributes to decreasing the treatment gap	<ul style="list-style-type: none"> <li>• Course newsletter</li> <li>• Presentation at WHO HQ</li> </ul>
Governments	The course is filling a worldwide need for professional training in clinical epileptology	(inform via NUFFIC/WHO): <ul style="list-style-type: none"> <li>• Course newsletter</li> <li>• Summary research results</li> </ul>
Media	SEIN is an expertise centre for people with epilepsy	<ul style="list-style-type: none"> <li>• Press release: summary research results</li> <li>• SEIN Facebook page</li> <li>• Company newsletter</li> <li>• SEIN website</li> <li>• Article in peer reviewed journal</li> <li>• Presentation research results at international epilepsy congresses</li> </ul>
People with epilepsy	SEIN is contributing to improving the care of people with epilepsy worldwide	<ul style="list-style-type: none"> <li>• Distribute summary research results and course newsletters to the editors of the International Bureau for Epilepsy and the International League Against Epilepsy newsletters</li> </ul>

### Costs

As funds are limited the proposed communication plan makes use of current communication tools that have already been developed. Furthermore, the Facebook group for past-participants involves no financial investment and visits to UCB and WHO offices will be combined with other meetings, so this will not incur extra costs for SEIN.

### Evaluation

It is important to evaluate the effects of the communication tools to see whether these are effective in bringing across the key messages and if they are successful in contributing to enhancing SEIN's international reputation:

- Sponsors: the research results will be presented after finalisation of this report and they will be asked for their feedback on the course.
- Students: 6 months after implementation of the Facebook group students will be asked for their feedback as to whether this is meeting their information needs.
- Employers: they will be contacted no later than 6 months following the course to ask for their feedback as to whether the students are able to put the knowledge into practice.

Furthermore, all recipients of the course newsletter will be asked to provide their feedback on the contents of the newsletter/impression.

In conclusion, the general recommendation is that SEIN can only achieve its mission and its wish, to be recognised as a centre of expertise in epilepsy, if it consistently listens to its stakeholders and aims to meet their needs and expectations. The following quote, by the civil rights activist Cesar Chavez, sums this up best:

*"We cannot seek achievement for ourselves and forget about progress and prosperity for our community... Our ambitions must be broad enough to include the aspirations and needs of others, for their sakes and for our own." (Chavez, 2013)*

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## Appendix 1: definition of key terms

**Clinical epileptology:** The practice of diagnosing and treating epilepsy (*source: informal interview with H. de Boer, 16 April 2013*).

**Improvement in epilepsy care:** Providing care that is effective, i.e. services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (*source: IOM (Institute of Medicine). Crossing the quality chasm: A new health system for the 21<sup>st</sup> century. Washington, DC: National Academy Press; 2001*).

**Treatment gap:** The difference between the number of people with active epilepsy (one seizure within the last five years) and the number whose seizures are being appropriately treated in a given population at a given point in time, expressed as a percentage (*source: ILAE Commission on the Developing World. The Treatment Gap in Epilepsy: the current situation and the ways forward. H. Meinardi, R.A. Scott, R. Reis, J.W. Sander. Epilepsia, Jan 42:(1): 136-49, 2001*). One of the factors for the treatment gap is the lack of knowledge about the causes and treatment. The reduction in treatment gap may, in part, be due to increased knowledge of epilepsy (*source: Epilepsy Management at Primary Health Level in rural China: WHO/ILAE/IBE Global Campaign Against Epilepsy Demonstration Project, World Health Organization, 2009*).

**Return on investment:** professionals put the newfound knowledge into practice and the course has a positive effect on SEIN's international reputation (*source: informal interview with H. de Boer, 11 April 2013*).

**WHO Collaborating Centre:** WHO Collaborating Centres are institutions such as research institutes, parts of universities or academies, which are designated by the WHO Director-General to carry out activities in support of WHO's programmes (*source: <http://www.who.int/collaboratingcentres/en/>, retrieved on 12 April 2013*).

## Appendix 2: Survey to students

### Survey: Participants SEIN Course on Clinical Epileptology

The aim of this survey is to measure the impact of the SEIN Course on Clinical Epileptology. Your feedback will help us to assess the effectiveness of the course as well as improve the quality thereof. This evaluation will inform us whether this training is beneficial, not only for you as a participant, but also for people with epilepsy in your country. We would greatly appreciate it if you could take about 10 minutes to complete this survey.

#### How to fill in the survey

- You should only cross one box per question (unless the question indicates that you may cross more than one). Please do so as follows: ☒.
- Where the boxes say '*please explain your answer*' we kindly ask you to do so in a few sentences.
- Please answer all questions (except where the survey tells you to proceed to another question – you may then skip the questions that are not relevant).

If you need more space to fill in your answers then do feel free to enlarge the text boxes accordingly.

We would appreciate it if you could complete the survey and return this to us as soon as possible, **but preferably no later than 15 July 2013.**

We assure you that your replies will be treated in the strictest of confidence.

We very much look forward to hearing from you.

Thank you.

Caroline Morton-Gallagher

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#### **1. In which year did you participate in the Course?**

☐ 2010

☐ 2011

☐ 2012

#### **2. Which country are you from?**



3. Has your knowledge concerning the diagnosis and treatment of epilepsy increased as a result of your participation in the course?

☐ Yes

☐ No (*Please explain your answer in the text box below, and then proceed to Question 8*)

**Please explain your answer (if you have answered 'No'):**

4. Do you share this knowledge with your colleagues?

☐ Yes

☐ No (*Please proceed to Question 7*)

5. How do you share this knowledge with your colleagues?

(*You may tick more than one box*)

☐ Presentations

☐ Workshops

☐ Training your colleagues

☐ Other :

6. How many times have you shared this knowledge with your colleagues?

(*Please tick only one box*)

☐ Once only

☐ 2–3 times

☐ 4–5 times

☐ More than 5 times

7. If you did not share this information, what is the reason that you did not do so?

Please explain your answer:

8. Have you been able to help improve the care of people with epilepsy at your hospital/clinic?

☐ Yes

☐ No (*Please explain your answer and proceed to Question 10*)

Please explain your answer (if you have answered 'No'):

9. Please indicate what activities you have been involved with to improve the care of people with epilepsy:

*(You may tick more than one box)*

☐ Assisted with setting up a clinic for people with epilepsy

☐ Assisted with the improvement of the diagnosis of people with epilepsy

☐ Assisted with the improvement of the treatment for people with epilepsy

☐ Assisted the national ILAE chapter/IBE member with their activities

☐ Other:

**10. What is your current job title?**

☐ General practitioner

☐ Neurologist

☐ Other:

**11. Have you been promoted at work as a result of your participation in the Course on Clinical Epileptology?**

☐ Yes

☐ No

**12. Are you involved with any (professional) network in the field of epilepsy?**

☐ Yes

☐ No (*Please proceed to Question 14*)

**13. Please indicate which kind of network:**

*(You may tick more than one box)*

☐ Local epilepsy organisation

☐ National member of the International Bureau for Epilepsy

☐ National member of the International League Against Epilepsy

☐ Other students who attended the SEIN Course on Clinical Epileptology with you

☐ Other:

**14. Have you published any article(s) on epilepsy –either as the main author or a co-author – prior to your participation in the Course on Clinical Epileptology?**

☐ Yes

☐ No (*Please proceed to Question 16*)

**15. How many articles have you published prior to your participation in the Course?**

*(Please tick only one box)*

☐ One

☐ Two

☐ More:

Please fill in the  
number of articles:

**Please let us have the references for these articles (authors, name of article, journal, publication date).**

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**16. Have you published any article(s) on epilepsy –either as the main author or a co-author – following your participation in the Course on Clinical Epileptology?**

☐ Yes

☐ No *(Please proceed to Question 18)*

**17. How many articles have you published?**

*(Please tick only one box)*

☐ One

☐ Two

☐ More:

Please fill in the  
number of articles:

**Please let us have the references for these articles (authors, name of article, journal, publication date).**

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**18. Would you like any follow-up from SEIN following your participation in the Course?**

☐ Yes

☐ No (*Please proceed to Question 20*)

**19. What should this follow-up from SEIN consist of?**

**20. Do you have any other comments about the Course on Clinical Epileptology?**

**Thank you for completing this survey.**

**Please return to Caroline Morton at: [cmorton@sein.nl](mailto:cmorton@sein.nl), no later than 15 July 2013.**

## Appendix 3: Survey to employers

### Survey:

#### **Employers of participants in the SEIN Course on Clinical Epileptology**

The aim of this survey is to measure the impact of the SEIN Course on Clinical Epileptology, which has been running since 2010. Your feedback will help us to assess the effectiveness of the course as well as improve the quality thereof. This evaluation will inform us whether this training is beneficial, not only for you as an employer of someone who has participated in the Course, but also for people with epilepsy in your country. We would greatly appreciate it if you could take a few minutes to complete this survey.

#### How to fill in the survey

- You should only cross one box per question (unless the question indicates that you may cross more than one). Please do so as follows: ☒.
- Where the boxes say '*please explain your answer*' we kindly ask you to do so in a few sentences.
- Please answer all questions (except where the survey tells you to proceed to another question – you may then skip the questions that are not relevant).

If you need more space to fill in your answers then do feel free to enlarge the text boxes accordingly.

We would appreciate it if you could complete the survey and return this to us as soon as possible, **but preferably no later than 15 July 2013.**

We assure you that your replies will be treated in the strictest of confidence.

We very much look forward to hearing from you.

Thank you.

Caroline Morton-Gallagher

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#### **1. Which country are you from?**

#### **2. How many of your employees have participated in the Course on Clinical Epileptology?**

☐ One

☐ Two

☐ Other:

Please fill in the  
number here:

Does the SEIN Course on Clinical Epileptology measure up? A report on its effectiveness and contribution to enhancing the international reputation of Stichting Epilepsie Instellingen Nederland (SEIN).

3. Did the student(s) share the knowledge gained from the Course with colleagues?

☐ Yes

☐ No (*Please proceed to Question 5*)

4. How did the student(s) share this knowledge with colleagues?

(*You may tick more than one box*)

☐ Presentations

☐ Workshops

☐ Training colleagues

☐ Other :

5. Has the student/Have the students been able to help improve the care of people with epilepsy at your hospital or clinic?

☐ Yes

☐ No

Please explain your answer :

6. Would you like any follow-up from SEIN following your employees' participation in the Course?

☐ Yes

☐ No (*Please proceed to Question 8*)

7. What should this follow-up from SEIN consist of?

8. Do you have any other comments about the Course on Clinical Epileptology?

**Thank you for completing this survey.**

**Please return to Caroline Morton at: [cmorton@sein.nl](mailto:cmorton@sein.nl), no later than 15 July 2013.**



## Appendix 4: Survey to sponsors

### Survey:

#### **Sponsors of participants in the SEIN Course on Clinical Epileptology**

The aim of this survey is to measure the impact of the SEIN Course on Clinical Epileptology, which has been running since 2010. Your feedback will help us to assess the effectiveness of the course as well as improve the quality thereof. This evaluation will inform us whether this training is beneficial, not only for you as a sponsor of someone who has participated in the Course, but also for people with epilepsy in your country. We would greatly appreciate it if you could take a few minutes to complete this survey.

#### How to fill in the survey

- You should only cross one box per question (unless the question indicates that you may cross more than one). Please do so as follows: ☒.
- Where the boxes say '*please explain your answer*' we kindly ask you to do so in a few sentences.
- Please answer all questions (except where the survey tells you to proceed to another question – you may then skip the questions that are not relevant).

If you need more space to fill in your answers then do feel free to enlarge the text boxes accordingly.

We would appreciate it if you could complete the survey and return this to us as soon as possible, **but preferably no later than 15 July 2013.**

We assure you that your replies will be treated in the strictest of confidence.

We very much look forward to hearing from you.

Thank you.

Caroline Morton-Gallagher

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#### **9. How many students have you sponsored to participate in the Course on Clinical Epileptology?**

☐ One

☐ Two

☐ Other:

Please fill in the  
number here:

#### **10. Which country is/are the student(s) from?**

**11. What is the reason that you sponsored the student(s)?**

**12. Have you received feedback from the student(s) following the Course?**

☐ Yes

☐ No

**13. Do you know if the Course had an impact on epilepsy care in your country?**

☐ Yes

☐ No

☐ Do not know

**14. Would you like any follow-up from SEIN following the Course?**

☐ Yes

☐ No (*Please proceed to Question 8*)

**15. What should this follow-up from SEIN consist of?**

**16. Do you have any other comments/questions?**

**Thank you for completing this survey.**

**Please return to Caroline Morton at: [cmorton@sein.nl](mailto:cmorton@sein.nl), no later than 15 July 2013.**



