Preface

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Abstract

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Part I Introduction & Literature

Brain-Computer Interfaces

1.1 Rationale

1.2 Overview & state-of-the-art

different recording technologies and level of invasiveness + infographic active/reactive/passive + infographic

1.3 Visual Event-Related Potential based BCIs

chapters don't nicely follow imrad structure. Is this problem?

concern: is a bit in between formula 1 and formula 2

Check provisionary and final doctoral plan for motivation

Linear ERP decoding

2.1 LCMV-beamforming

proof equivalent to LDA

- 2.2 Toeplitz-LDA
- 2.3 Other methods

Gaze-independent BCIs

- 3.1 Oculomotor deficits in Locked-in Syndrome
- 3.2 Gaze-independent visual BCIs
- 3.3 Benefits & drawbacks of covert attention in BCI operation
- 3.4 Electrophysiological correlates of covert attention
- 3.5 Compensating for covert attention

Problem statement & rationale

Goal: Enable communication for eye-motor impaired patients

Method: Design a comfortable interface that allows them to maximally exploit their residual gaze capabilities, by leveraging a non-invasive high-ITR visuospatial ERP-based BCI and improving ERP decoding performance (in general and specifically in gaze-independent settings).

Novelty:

Part II Algorithms & Decoders

Kronecker-structured discriminant analysis

- 5.1 The spatiotemporal EEG covariance
- 5.2 The single-KP covariance model
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Tensor discriminant analysis

- 6.1 The tensor structure of EEG data
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Woody Classifier-based Latency Estimation

- 7.1 The role of jitter in gaze-independent ERP decoding
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check earlier draft alignment paper

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Part III Experiments & Applications

Interface design & experimental setup

- 8.1 The Hex-o-Spell interface
- 8.2 Visuospatial attention conditions

Compensating jitter for gaze-independent decoding

- 9.1 Data collection & preprocessing
- 9.2 Results
- 9.3 Discussion

check chapters paper

Patient cases

- 10.1 Patient presentation
- 10.2 Data collection & preprocessing

10.3 Outcomes

10.4 Discussion

Define structure patient results/discussion

Integrating gaze-tracking data

Conclusions & recommendations

- 12.1 General discussion
- 12.2 Limitations
- 12.3 Future directions
- 12.4 Working with patients
- 12.5 Conclusion

Curriculum vitae

Publications

Funding & acknowledgments

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Personal contribution

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Conflict of interest

The authors declare no conflict of interest.