

Neurosurgical Clinic of the University of Munich

- Pituitary incidentaloma: a Pituitary Society international consensus guideline statement
- Neurophysiology Signal Codecs for the DICOM[®] Standard: Preliminary Results
- Recanalization and reperfusion in clinically-relevant porcine model of stroke
- EGFRvIII-positive glioblastoma contributes to immune escape and malignant progression via the c-Fos-MDK-LRP1 axis
- BRAF/MEK inhibition induces cell state transitions boosting immune checkpoint sensitivity in BRAF^{V600E}-mutant glioma
- Blood biomarkers for predicting disability worsening in progressive multiple sclerosis: a multinational, individual participant-level analysis
- Multinational Attitudes Toward AI in Health Care and Diagnostics Among Hospital Patients
- Comorbidities Are Associated With Unfavorable Outcome in Aquaporin-4 Antibody Positive Neuromyelitis Optica Spectrum Disorders and Myelin Oligodendrocyte Glycoprotein Antibody-Associated Disease: Exploratory Study From the CROCTINO Cohort

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The operative [neurosurgical training](#) programme was restructured from 1991-93 with the concept of having a frame for the categories and the volume of operations for training year 1 to 6 and to continuously escalate the complexity of the interventions.

In a report of 1998, the experiences gained so far as well as the deficiencies are described. Between 1991 and 1995 the number of major neurosurgical operations was in the range of 2100 per year, and about 41-48% of these operations were done-under supervision-by residents. By slowly reducing the number of residents from 13 to 9, the trainees started to gain surgical experience earlier, and the average number of operations performed per year increased markedly (from 82 to 122), approximating more to there preplanned figures, also in the various categories. An important aspect is therefore to adapt the number of trainees relative to the available operative case material.

According to there preliminary data, about 250-300 operations per year are needed to train adequately one resident. The evaluation also showed deficiencies in some categories, e.g., in pain treatment and peripheral nerve surgery, where care must be taken to better fulfil the official requirements. The object of a 6-year education is to offer a well balanced training programme with systematic escalation of surgical responsibility until full competency is reached. However, this goal needs to be defined more precisely. The plan presented recently by the Committee for Graduate and Postgraduate Education of the German Society of Neurosurgery may serve as a proposal. A personal surgical log-book would allow a much better record and evaluation the progress of the individual trainee as well as the engagement of the teachers ¹⁾.

Publications

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