
Typical citations are indicated for each category.

1. Academic recognition for assignments in medical education is much too low compared to clinical work and biomedical research.

General disregard for teaching compared to clinical activities and science

In the evaluation of one's own achievement, research is evaluated much more highly than commitment to teaching

Low status of teaching at one's own institution, therefore deflagration of innovation and commitment

Teaching bad for career in contrast to research

Lack of consideration of teaching qualification when filling the Chair holder post

Misguiding of universities through imbalanced success criteria of work units

Low regard for teaching

Few career possibilities as a medical educator

Lack of recognition of teaching as an 'academic' activity

Lack of recognition of teaching as a decisive part of a medical faculty

Rather damaging for one's personal career

No equivalence to clinical research

Lack of recognition

Lacking, but at least unclear, recognition

Area of tension between patient care, teaching and research

2. Institutional support for medical education is too low and organisational structures are insufficient.

Lack of structures for quality assurance in teaching

Educators too tied to administrative tasks

Insufficient organisational support from Dean of Studies

Lack of space available for small-group teaching

Too little coordination in the curriculum, Chair holders are still 'little kings' who are able to block a curriculum reform

Imbalance in administrative resources (number of students-teachers-infrastructure)

No separate accounting for research and teaching

Lack of resources (rooms, equipment)

Lack of professional educational administration

Too few seminar rooms

Organisational independent staff management lies in health care provision

Student groups too large

Equipment

Too many students

Administrative hurdles

General conditions are in need of improvement

Increasing organisational overheads in education, lack of coordination between subjects

Lack of technological infrastructure (e.g. to conduct online assessments)

Lack of development and support of a team for curriculum development

Professional structure in Dean of Studies

3. Financial support (funding) for medical education is insufficient

Too little equipment of education with resources, still in third place behind research and health care provision

No resources (rooms, personnel, funds)

Federal state does not possess financial capacities to fund the universities in the area "Projects on education"

Lack of readiness to invest, lack of resources

Too few financial incentives for good didacticians

Lack of financing opportunities

Funding cuts

Lack of designation of own resources for teaching

Much too low funding

Shortage of funds

Financing of the development and implementation of new concepts

4. Curricula in need of reform, e.g. due to insufficient interlinkage

Lack of real interdisciplinary approach

Lack of readiness to network contents

More integration between pre-clinical subjects (curriculum-based) necessary

Rigid curricula

5. Insufficient time given to medical education

No 'release' for teaching (e.g. buzzer is still on and causes distraction)

Lack of 'main time period' (teaching always takes place in a hurry between clinical activity, e.g. no direct preparation time is bestowed in the organisational framework)

Insufficient amount of time for teaching

No time for teaching due to clinical overkill

Lack of time scope for teaching

Lack of time

Clinical overload

6. Educators have insufficient competence in teaching methodology (incl. use of new media) and too little interest in teaching activity

Medical lecturers have no didactic training

Lecturers are largely untrained

Lack of didactic, methodological competence of the educators

Lack of self-critical attitude of the educators

Too little interest of the professors and lecturers in teaching

Lack of interest of many educators

Lack of professionalism of the educators

Lack of knowledge in using the latest media and aids

Lack of computer literacy

Low level of awareness of E-learning

Lack of interest in teaching methodology in experienced clinicians

Sticking to old methods

Own didactic shortcomings

Insufficient knowledge regarding E-learning

'Attitudes' towards teaching, learning and assessing

PC-assisted learning techniques

Insufficient qualification of the educators

Colleagues not interested enough in medical education

7. There is a need for more faculty development

Faculty development through personnel development and training

Lack of training for the new generation

Lack of didactic training for the educators in the clinic

Too little practice-oriented further education training on site

Too few train-the-trainer courses

8. There is a need for networking within the institution

Lack of communication and 'networking' within the faculty

No network among the educators

*Insufficient readiness for cooperation of other subject areas
Communication and information within the clinic about teaching and processes still patchy.*

Too little communication/too few arrangements with colleagues

Lack of communication between subjects

Networking among educators

Exchange with colleagues barely possible

9. There is a shortage of educators

Personnel positions for good teaching are lacking

Too few personnel for teaching

Too few tutors

Shortage of personnel particularly in permanent positions

10. Students have different preconditions

Students very heterogeneous regarding basic knowledge

Inhomogeneous interest of the students and contact with students too limited

Ambiguity about the students' prior knowledge

Unclear preconditions of the students

Unmotivated students

11. Research in the area of medical education is insufficiently recognised, under-financed and is insufficiently imparted

Undervaluation of educational research

Insufficient funding for research in medical education

Lack of courses on research methodology in teaching

Insufficient recognition of educational research as a research area

Insufficient time for medical educational research

Insufficient supervision/mentoring in educational research

Too little recognition in the faculty for medical educational research

12. Conducting assessments is laborious

Exam load

Marking written assessments

Complaints regarding assessments

13. There is a lack of role models in medical education

Lack of successful role models from the area of medical education/educational research

Disinterest of the superiors/the medical director in medical education

No interest of persons in positions of responsibility
