

Residency Training in Munich: Modern Dermatology True to Tradition

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Technischen Universität München founded in 1868 is one of the universities in Europe with the highest scientific impact (according to the European Commission). Alexander Salava had the opportunity to attend his residency training at the Department of Dermatology and Allergology at this university, a possibility that gave him a lot of useful and wonderful memories for life.

The German school of dermatology is regarded as one of the cradles of our speciality and, in this respect, Munich, in particular, has an impressive history. With this premise I attended my residency training in May 2007 at the Klinik und Poliklinik für Dermatologie und Allergologie am Biederstein of the Technischen Universität München, where I had the opportunity to learn more about German dermatology, Bavarian culture and the art of living, the Bayerische Lebensart.

On a German scale the department for Dermatology and Allergology of the Technische Universität München, founded in 1967, is a young clinic. The head of the department, Professor Johannes Ring, is an internationally renowned dermatologist and well-known expert in the field of atopic eczema and allergy, but he is also a physician with a brilliant

clinical eye and sense for clinical medicine. He epitomizes Bavarian savoir vivre in a very warm and friendly way; for example, each year all his residents are invited to his table at the famous Oktoberfest.

The atmosphere at the clinic was very collegial and cosy, designated by many as the Biedersteiner Geist or spirit. The clinic's location in the heart of the city neighbouring Munich's central park, the Englischer Garten, is remarkable. In summertime this strategic location, with its proximity to many outdoor beer restaurants, or Biergarten, seems to have a positive influence on the working morale and coherence of its employees. While, in general, the medical system and university hospitals in Germany are often viewed as quite hierarchical and school-like, my experiences did not confirm this view. A great deal of



Fig. 1. An overview over Munich taken from the tower of the St. Peter Church in proximity Marienplatz. In front is the Neues Rathaus which harbours the world famous carillon, which has existed since 1908. To the left is the Frauen Kirche (Cathedral of Munich) with its onion-like towers.



Fig. 2. Oktoberfest in Munich.

responsibility was given to me immediately and I was encouraged to do self-contained patient work.

I enjoyed the frequent patient demonstrations, and daily meetings in the magnificent, chapel-like auditorium of the clinic, and appreciated these events as opportunities to learn not only from e-books or guidelines on the internet, but from the experience and wise words of senior colleagues. The proper description and morphology of skin diseases are the nuts and bolts of German dermatology, and these prime the discussion of possible differential diagnoses on clinical grounds.

In Germany inpatient treatment is common in hospitals that treat skin patients, which may be unfamiliar to those of us who are used to the Scandinavian way of treating dermatological diseases in large outpatient wards and day-clinics. The department has four large inpatient wards, an outpatient ward for allergy, an outpatient ward for phototherapy, and an outpatient ward for general dermatology. The numbers of dermatological wards, patients and level of patient circulation approach those of all dermatological clinics in Finland combined. A second characteristic feature of German hospitals is the presence of

private patients, who have their own outpatient and inpatient wards separate from the rest of the clinics, but are treated mainly by the same doctors.

German dermatology has been able to retain an enviable broad clinical spectrum within the specialty. Because of the high level of expertise, and partly for historical reasons, clinical subspecialties, such as andrology, proctology, phlebology and venereology, are strongly positioned in the field of dermatology. In the clinic regular consultation-hours were held in all of these subspecialties. Paediatric skin diseases, oncological dermatology, treatment of metastatic skin tumours and challenging surgical procedures, partly in general anaesthesia, are firmly in the hands of dermatologists.

In my experience many of the patients in these subspecialties are treated better and more comprehensively by dermatologists than by oncologists, paediatricians, etc. Skin problems account for only minor parts of other clinical specialties, whilst in dermatology these problems are considered the genuine core of the discipline. These aspects have not been forgotten in Germany, and usually the heads of departments tend to defend this traditional position and ensure that patients continue to be treated by dermatologists.

In conclusion, my residency training in Munich opened my eyes to many new perspectives, and I benefited from working in a modern dermatological clinic that remains true to tradition. I gained many new friends, who gave me an insight into Bavarian culture and converted me into a passionate gourmet for Weißwurst, Bratwurst and Leberkäse. I enjoyed living in Munich, a grandiose city in the heart of Europe, to which I would be delighted to return at any time, if only to savour the delicious taste of Augustiner beer once more.

Viele Grüße an alle meine Freunde und Kollegen am Biederstein.