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Analyse der Publikationsleistung der deutschen universitären Herz- und Thoraxchirurgie

Dissertation

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1. Einleitung

1.1. Vorgeschichte

Der Beginn der Herzchirurgie lässt sich auf den 09. September 1896 zurückführen. An diesem Tag führte Ludwig Rehn seinen Widersachern zum Trotz die erste Operation am Herzen durch. Er operierte eine Stichverletzung am Herzen und der Patient überlebte. Bis dahin galt die Operation am Herzen in der Chirurgie als unüberwindbare Hürde. Hauptgegner waren Theodor Billroth und Stephen Pagets, die für die damalige Zeit und die Zukunft eine Operation am Herzen für unmöglich und moralisch verwerflich hielten. (Breitenbach et al. 2017)[7]

Angestoßen durch die erfolgreiche Operation Rehns entwickelte sich die Herzchirurgie immer weiter. Ein weiterer Meilenstein war 1960 der erste Aortenklappenersatz als kontrollierte Operation am stillstehenden Herzen, durchgeführt von A. Starr. Dies wurde zum einen durch die Oberflächenthermie (entwickelt 1950 von G. Bigelow) und zum anderen durch die Herz-Lungen-Maschine, die von J.H. Gibbon im Jahr 1953 entwickelt wurde, möglich (Universitätsmedizin Rostock)[10a].

Die Erfindung der Herz-Lungen-Maschine ist eine der wichtigsten in der Entwicklung der Herzchirurgie. Ohne dieses Gerät wären viele Operationen überhaupt nicht möglich geworden und die Herzchirurgie hätte nicht so große Fortschritte machen können. Operationen wie Herztransplantationen oder Bypass-Operationen hätten nie ermöglicht werden können. Allerdings ist der Gebrauch der Herz-Lungen-Maschine in der heutigen Zeit wieder rückläufig, da man durch minimalinvasive Verfahren und optimierte OP-Verfahren immer häufiger auf dieses Gerät verzichten kann und Operationen am schlagenden Herzen durchgeführt werden können.

Am 03. Dezember 1967 wurde in einer fünfstündigen Operation unter der Leitung des Hauptoperators C. Barnard die erste Herztransplantation durchgeführt. Vorbereitet wurde diese durch ein aus 31 Personen bestehendem Team und wäre ohne die Entwicklung der direkten Revaskularisation im Jahr 1967 durch R. Favaloro nicht möglich gewesen. Leider verstarb der Patient 18 Tage nach der Operation an den Folgen einer Lungenentzündung, die dieser durch die medikamentöse Suppression seines Immunsystems bekommen hatte (Bartens 2017)[10b].

Heute ist die Herzchirurgie ein überaus komplexes Fachgebiet in der Chirurgie. Eine Operation am Herzen wird durch ein großes Team lange geplant und durch modernste Bildgebung, wie zum Beispiel hochauflösende Computer-Tomografie unterstützt. Dadurch wird das operative Vorgehen für jeden Patienten individualisiert, was auch bei immer älteren Patienten und deren Komorbidität nötig ist.

Im Jahr 2002 wurde zum ersten Mal eine „transcatheter aortic valve implantation“, kurz TAVI bezeichnet, von Alain Cribier und seinen Kollegen in der Uniklinik in Rouen durchgeführt (Müller-Lissner A. 2016)[10c]. Dabei wurde eine künstliche Aortenklappe über einen Katheter von der Leistenbeuge zum Herzen befördert. Diese Operationstechnik ist besonders für multimorbide und ältere Patienten sehr sinnvoll, bei denen eine offene Operation nicht mehr möglich ist. So wurden laut dem „German Heart Surgery Report 2016“ von insgesamt 11.768 Operationen an Herzklappen über einen Transkatheter nur 161 mit extrakorporaler Zirkulation (EKZ) durchgeführt. Zu den Operationen gehören: Aortenklappenoperationen, Mitralklappenoperationen, Trikuspidalklappenoperationen, Aorten- plus Mitralklappenoperationen, Aortenklappen plus CABG (Koronararterien Bypass) Operationen, Mitralklappen- plus CABG Operationen und Aorten- plus Mitralklappen- plus CABG Operationen (Beckmann et al. 2017)[6].

1.2. Deutsche Gesellschaft für Thorax-, Herz- und Gefäßchirurgie

Am 1. Januar 1971 wurde die Deutsche Gesellschaft für Thorax-, Herz- und Gefäßchirurgie (DGTHG) in Frankfurt am Main gegründet. Heute hat diese ihren Hauptsitz in Berlin. Die DGTHG ist eine gemeinnützige, wissenschaftliche medizinische Fachgesellschaft, deren Ziel es ist, die Wissenschaft und Weiterentwicklung von Therapien auf den Gebieten der Thorax-, Herz- und Gefäßchirurgie zu fördern.

Die Gesellschaft vertritt bundesweit die Interessen von 1.000 Thorax-, Herz- und Kardiovaskularchirurgen, der Präsident im Jahr 2018 ist Priv.-Doz. Dr. Wolfgang Harringer aus dem städtischen Klinikum Braunschweig (Deutsche Gesellschaft für Thorax-, Herz- und Gefäßchirurgie)[10d].

1.3. Facharztentwicklung

Seit 1993 sind Herzchirurgie und Thoraxchirurgie getrennte Fachgebiete. Begonnen wird die Facharztausbildung zum Herzchirurgen mit einer zweijährigen Basisschulung. Hat man diese absolviert, folgen vier bis sechs Jahre Spezialisierung auf die Herzchirurgie. Diese wird teilweise auf der Intensivstation und teilweise in der Ambulanz absolviert.

Im Jahr 2017 meldete die Bundesärztekammer 1013 berufstätige Ärzte im Bereich Herzchirurgie und 299 berufstätige Ärzte in der Thoraxchirurgie (Bundesärztekammer 2017)[10e]. Hingegen waren es 2007 erst 684 Herzchirurgen und 19 Thoraxchirurgen, was einen Anstieg von 48,1% in der Herzchirurgie und fast das 16-Fache in der Thoraxchirurgie bedeutet (Bundesärztekammer 2007)[10f].

Dies zeigt einerseits, dass das Interesse bei den nachkommenden Ärzten steigt und andererseits auch die Nachfrage der Kliniken nach Spezialisten ein Wachstum erlebt hat. Es gibt ständig neue Erkenntnisse und mehr Möglichkeiten in der Herz- und Thoraxchirurgie, wodurch immer mehr Fachärzte gebraucht werden.

1.4. Entwicklung der Eingriffszahlen und der Gründung herzchirurgischer Abteilungen

Die Entstehung der herzchirurgischen Abteilungen lässt sich in drei Phasen einteilen. In der Nachkriegszeit wurden die wissenschaftlichen Erkenntnisse wieder für alle Interessierten zugänglich und konnten in der Praxis angewandt werden. Viele Ärzte der Allgemeinchirurgie widmeten sich nun einem Spezialgebiet der Chirurgie. So auch Albert Lezius, der zunächst im Lübecker Stadtkrankenhaus als Leiter der Chirurgie ein bis dahin fehlendes Zentrum für Thoraxchirurgie einrichtete und später dann am Universitätsklinikum Hamburg Eppendorf als Direktor der chirurgischen Klinik im Jahr 1950 das erste Mal eine geschlossene Herzoperation, die Kommissurotomie der Mitralklappe, durchführte (Wikipedia)[10h].

Die zweite Phase der Trennung der herzchirurgischen Fachrichtung von der Allgemeinchirurgie wurde 1955 durch die Entwicklung der Hypothermie und die Entwicklung der Herz-Lungen-Maschine 1958 eingeläutet. Durch den Erfolg dieser Erfindungen wurde der Wunsch nach einer Separation der Herzchirurgie noch größer.

Allerdings wurde dies, vor allem an den Universitätskliniken, durch über die Jahre festgewachsene Strukturen erschwert.

Letztendlich vollzog sich die endgültige Trennung zwischen den 1960er und 1970er Jahren. In dieser dritten Phase der Trennung wurde die Klappen- und Koronarchirurgie entwickelt. Viele Patienten fielen in diesen Bereich, konnten aufgrund langer Wartelisten jedoch nicht operiert werden. Der Anspruch der Allgemeinchirurgen, herz- und bauchchirurgische Patienten gleichzeitig optimal versorgen zu können, konnte nicht mehr gewährleistet werden (Leitz K. H. 2009)[10g].

Im Jahr 1958 entstand die erste selbstständige Klinik für Herz-, Thorax- und Gefäßchirurgie in Göttingen. Der damalige geschäftsführende Oberarzt Josef Koncz hatte aus dem städtischen Krankenhaus Hildesheim ein Angebot als Leiter der chirurgischen Abteilung bekommen. Da die Universitätsklinik Göttingen diesen überaus begabten Operateur jedoch nicht gehen lassen wollte, wurde für Koncz ein außerordentlicher Lehrstuhl für Thorax-, Herz- und Gefäßchirurgie ins Leben gerufen (Schmitto et al. 2007)[8]. Auch weitere Kliniken zogen nach, unter anderem Leipzig im Jahr 1961, Hamburg 1965 und Erlangen 1977. Letztere hatten bereits 1956 eine Abteilung für Herzchirurgie eingerichtet, die Eigenständigkeit dieser Abteilung kam allerdings erst 14 Jahre später. Da viele allgemeinchirurgische Leiter die Herzchirurgie eher klein hielten, kam es zur Gründung außeruniversitärer Einrichtungen wie zum Beispiel dem Deutschen Herzzentrum München im Jahr 1974 (Leitz K. H. 2009) [10g].

Heute gibt es in Deutschland 78 Fachabteilungen für Herzchirurgie. Der DGTHG-Präsident Wolfgang Harringer betont dazu gegenüber dem Ärzteblatt in der Ausgabe vom 25.09.2017: „Angesichts der nachgewiesenen durchgängigen und flächendeckenden Patientenversorgung und der aktuellen Behandlungszahlen ist keinerlei Notwendigkeit für die Einrichtung weiterer Fachabteilungen für Herzchirurgie erkennbar!“ (Ärzteblatt 2017) [10i].

2016 wurden insgesamt 184.789 Herzoperationen in Deutschland durchgeführt. Seit vielen Jahren liegt die perioperative Überlebensrate stabil bei 97 Prozent. Die Deutsche Gesellschaft für Thorax-, Herz- und Gefäßchirurgie veröffentlicht jedes Jahr die herzchirurgischen Leistungszahlen und kategorisiert diese nach Eingriffen und Überlebensrate. Aus dem Bericht von 2016 geht hervor, dass sich die Bypass-

Operationen von 51.941 (2015) auf 50.114 (2016) reduziert haben (Beckman et al. 2017)[6]. Dies ist vermutlich auf die steigende Versorgung mit Stents bei koronaren Herzerkrankungen zurückzuführen. Die Zahl der Herzklappeneingriffe ist hingegen um 3,4 Prozent gestiegen. Dieser Anstieg ist auch durch die kathetergestützten Therapieverfahren zu erklären. So waren es 2015 noch 32.346 Herzklappen-Operationen und 2016 schon 33.451.

Stagnation gibt es bei den Herztransplantationen. 2016 wurden hier 291 Herztransplantationen gezählt, im Vorjahr waren es 283. Dies ist keine nennenswerte Veränderung, vor allem im Vergleich zum Rekordjahr 1998, in dem der Höchststand von 526 Herztransplantationen gemessen wurde. Diese hohe Zahl im Jahr 1998 kam vermutlich auch dadurch zustande, dass bis zu den 80iger Jahren große Zurückhaltung bei den Herzchirurgen herrschte, da es eine hohe Zahl an Frühletalität aufgrund von Abstoßungsreaktionen gab. Als dann in den 80iger Jahren Cyclosporin mehr und mehr verfügbar war und dadurch die Letalitätsrate verringert werden konnte, sank auch die Zurückhaltung und die Herztransplantationen stiegen stark an. Heute liegt die Überlebensrate bei Herztransplantationen bei 70 Prozent nach 5 Jahren(Ärzteblatt 2017)[10i].

Ein weiterer Grund für den Rückgang der Herztransplantationen sind die Fortschritte in der Kardiologie mit einer Vielfalt an Möglichkeiten, die Funktionsfähigkeit eines angeschlagenen Herzens zu verlängern. Außerdem ist zu beachten, dass Spenderherzen nicht im Überfluss zur Verfügung stehen und durch Organspende-Skandale die Zahl der Spender sank. Momentan ist der Stand der Organspenden im Jahr 2017 laut der Deutschen Stiftung für Organtransplantationen (DSO) auf dem niedrigsten Stand seit 20 Jahren (Richter-Kuhlmann E. 2018) [10j].

2. Problemstellung

Schubert et al veröffentlichten im Jahr 2015 eine Arbeit über die Publikationsleistungen der Universitätskliniken für plastische Chirurgie aus Deutschland aus den Jahren 2009-2013.

In dieser Arbeit wurde herausgestellt, welche aktuelle Führungsmannschaft, definiert als Chef- und Oberärzte, wie viele Publikationen veröffentlichten und was für einen Impactfaktor (IF) diese erreichen konnten.

Es war klar zu erkennen, dass es bei den Publikationsleistungen der Kliniken große Unterschiede gab, zumindest in der Plastischen Chirurgie. Solch eine Analyse folgt nun in dieser Arbeit, angelehnt an Schubert et al. (2015) [5] für die Herzchirurgie. Dabei beleuchtet diese Arbeit lediglich die Herz-/Thoraxchirurgie und stellt damit einen Teil einer größeren Analyse dar, in der am Ende die Publikationsleistungen der Herz-/Thoraxchirurgie, der Viszeralchirurgie und der Gefäßchirurgie miteinander verglichen werden.

3. Material und Methodik

Für diese Analyse wurde eine Webseiten-Analyse, eine Literaturrecherche und eine Journal-Analyse durchgeführt. Dieses Vorgehen wird im Folgenden genauer erklärt.

3.1. Webseiten-Analyse

In Deutschland gibt es 35 Kliniken mit einer herzchirurgischen Abteilung. Teilweise ist dieser auch noch eine Thoraxchirurgie untergeordnet. Den Kliniken der Städte Greifswald und Mannheim konnte keine herzchirurgische Abteilung zugeordnet werden. Die private Universität Witten Herdecke wurde aus der Analyse ausgeschlossen, da diese keine staatliche Klinik ist. Die Website der Charité Berlin befand sich zur Datenerhebung über einen längeren Zeitraum in Wartungsarbeiten, wodurch die Führungsmannschaft zu der unten genannten Webseiten-Analyse nicht ermittelt werden konnte. In Magdeburg konnten der aktuellen Führungsmannschaft keine Publikationen zu den unten genannten Kriterien zugeordnet werden. Da bei den von uns gewählten Kriterien die Publikationszahl der aktuellen Führungsmannschaft dieser Klinik auf null gekommen wäre, und keine Aussagekraft gehabt hätte, haben wir Magdeburg aus der Analyse

herausgenommen und es ergeben sich 33 Universitätskliniken, die in dieser Arbeit analysiert werden.

Deren Webseiten wurden auf das Vorhandensein einer Abteilung für Herzchirurgie oder Herz-/Thoraxchirurgie untersucht. Für die Abteilungen wurden Klinikdirektion, Oberärzte und deren akademischer Grad eruiert. Als Stichtag der Personalbesetzung wurde der **01. Juli 2017** festgelegt.

Die Funktionsoberärzte und Assistenzärzte wurden nicht berücksichtigt, weil diese häufig wechseln und auch um Doppelnennungen der Publikationen möglichst gering zu halten, da Assistenzärzte häufig die Erstautoren einer Publikation sind und die Klinikdirektion oder leitenden Oberärzte der Letztautor. Außerdem entsprach dies der Methodik von Schubert et al. (2015).

3.2. Literaturrecherche

Die Literaturrecherche wurde mit Hilfe der textbasierten Onlineplattform PubMed durchgeführt. PubMed ist eine Meta-Datenbank, also eine Datenbank, die Inhalte bündelt und Verlinkungen zu diesen Inhalten herstellt, jedoch keine eigenen Inhalte aufweist. Entwickelt und kostenfrei zur Verfügung gestellt wird PubMed durch das „National Center for Biotechnology Information“ (kurz: NCBI).

PubMed wurde nach Publikationen der herzchirurgischen Führungsmannschaften der Universitätskliniken durchsucht und die Erst- sowie Letztautoren in einer Excel Tabelle gelistet. Es wurden nur Übersichten, Originalarbeiten und Fallbeschreibungen berücksichtigt, Editorials und Kommentare wurden nicht mit aufgeführt. Dabei wurden die letzten 10 Jahre berücksichtigt. Als genauer Zeitraum wurde der **01. Januar 2007 - 01. Juli 2017** gewählt.

Es wurden zu jeder Publikation der Autor, ob Erst- oder Letztautor, das Jahr und das Journal notiert. Publikationen, die nicht in PubMed gelistet werden, konnten nicht berücksichtigt werden. Außerdem wurden Publikationen ohne Abstract nicht gelistet.

Wechselte ein Autor während des Betrachtungszeitraums die Universitätsklinik, wurden seine Publikationen der Klinik zugeordnet, an der er zum Stichtag 01. Juli 2017 beschäftigt war. Voraussetzung dafür war aber, dass er auch an dieser Universitätsklinik

veröffentlicht hat. War dies nicht der Fall, wurden seine Publikationen der Klinik zugeordnet, an der der Autor das letzte Mal publiziert hatte. Dies traf bei Magdeburg für die gesamte Führungsmannschaft zu, wodurch diese Klinik aus der Analyse herausgenommen wurde.

3.3. Journal-Analyse

Die bei PubMed gelisteten Publikationen wurden anschließend im „Web of Science“ aufgesucht. Das „Web of Science“ ist eine Plattform, auf der die Publikationen mit Angaben der Autoren und des Journals gelistet sind. Außerdem wird der Impactfaktor zu den Journals im „Journal Citation Reports“ angezeigt. Anhand der Höhe des Impactfaktors lässt sich die Gewichtung des einzelnen Journales und somit auch indirekt der Publikationen messen.

Dabei wird für jedes Journal jedes Jahr ein neuer Impactfaktor errechnet. Um eine Vergleichbarkeit der Journale und Publikationen zu gewährleisten, wurde für jedes Journal der **5-Jahres Impactfaktor 2016** verwendet.

Den Publikationen und Journals wurde der Impactfaktor in der Excel Tabelle zugeteilt und aufsummiert. Zu jeder Person der Führungsmannschaft wurde die Summe der Erstautorenschaften (First Author, FA) und Letztautorenschaften (Last Author, LA) errechnet und anschließend die Gesamtwerte der ganzen Führungsmannschaft. Dem entgegenzusetzen war die Größe der Klinik, da eine größere Mannschaft wesentlich mehr veröffentlichen kann als eine kleinere Mannschaft. Nicht zu berücksichtigen waren die Journale, die in der Datenbank von „Journal Citation Reports“ nicht gelistet sind oder bei denen kein 5-Jahres-Impactfaktor 2016 ermittelt werden konnte.

Bei der Analyse der Journale wurden die Publikationen der Führungsmannschaft gefiltert und doppelt genannte Publikationen extrahiert. Die Doppelnennungen kamen durch Überschneidungen der Erst- und Letztautorenschaften in manchen Fällen zustande, nämlich dann, wenn ein Mitglied der Führungsmannschaft Erstautor und ein anderes Mitglied der Führungsmannschaft Letztautor derselben Publikation waren. Es war von Interesse, welches Journal wie oft verwendet wird und ob es insgesamt in dem Fachbereich oder auch in einzelnen Kliniken Favoriten gibt. Dabei wurden die fünf häufigsten Journale der einzelnen Kliniken herausgestellt.

Die Publikationen wurden auf Schlüsselwörter untersucht und übergeordneten Themen zugeteilt. Dies ließ erkennen, welche Schwerpunktthemen die einzelnen Kliniken aufweisen.

Die herausgestellten Themen sind:

- Herzklappenchirurgie
- Chirurgie am Herzen
- Herzchirurgie allgemein/Übergeordnete Themen
- Aortenbogenchirurgie/Thorakale Aorta
- Transkatheter-Aortenklappen-Implantation (TAVI)
- Transplantation
- Koronarchirurgie
- Herzunterstützungssysteme (VAD)
- Experimentelle Herzchirurgie
- Extrakorporale Zirkulation (ECC)/Extrakorporale Membranoxygenierung (ECMO)/ extrakorporale Lebenserhaltung (ECLS)/ Kardiopulmonaler Bypass (CPB)
- Chirurgie an der Lunge allgemein
- Minimalinvasive Mitralklappenchirurgie
- Kinderherzchirurgie
- Off-pump surgery
- Gefäßchirurgie

4. Ergebnisse der Literaturrecherche

4.1. Anzahl der Publikationen nach Erst- und Letztautorenschaften

Betrachtet man die Summe aller Erst- und Letztautorenschaften in den Publikationen der Führungsmannschaften der Universitätskliniken für Herzchirurgie kommt man auf 2954 Veröffentlichungen in dem 10-Jahres-Betrachtungszeitraum (2007-2017) (Abbildung 1). Hierunter befinden sich auch die oben genannten Doppelnennungen. Filtert man diese heraus, ergeben sich 2535 Publikationen. Das bedeutet, dass 14,18% der Publikationen in der Analyse doppelt vorkommen. Diese wurden bei dem Großteil der Auswertung entfernt (wird jeweils angegeben), jedoch sind sie in der isolierten Betrachtung der Erst- und Letztautorenschaften zwangsläufig enthalten.

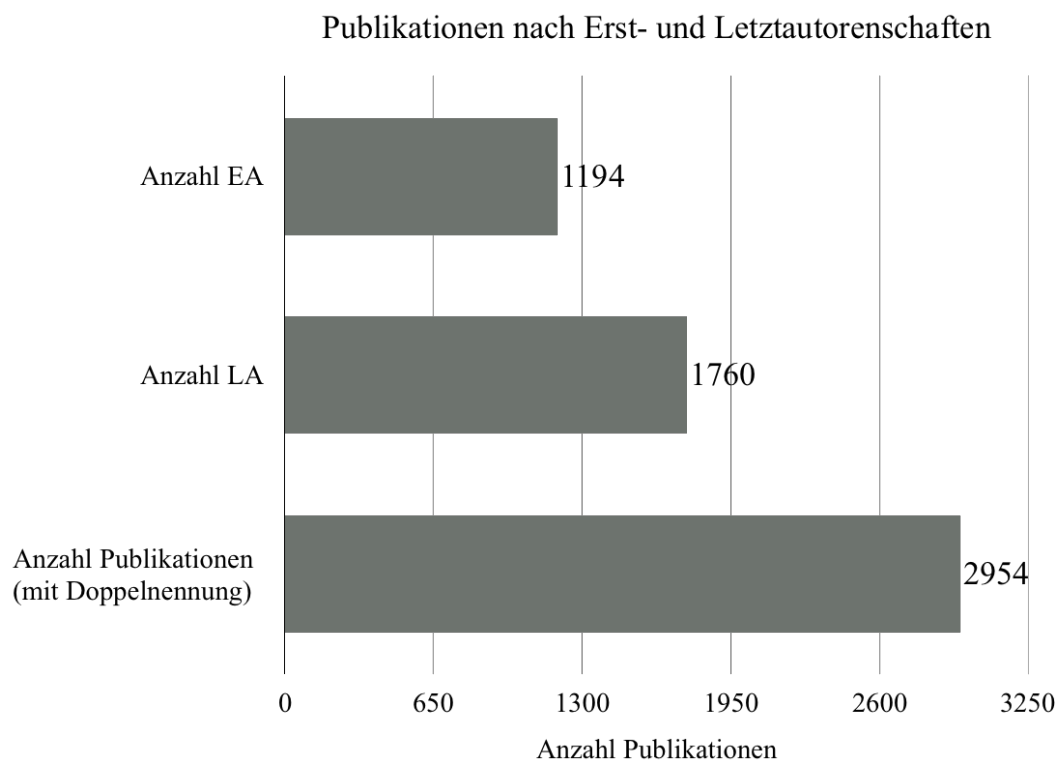


Abbildung 1 Anzahl Publikationen nach EA und LA. Anzahl EA = Anzahl Erstautorenschaften; Anzahl LA = Anzahl Letztautorenschaften. Doppelnennungen kommen vor, wenn an einer Klinik an derselben Publikation ein Autor sich als Erstautor und ein zweites Mitglied der Führungsmannschaft sich als Letztautor beteiligt haben.

Es stellt sich heraus, dass 1194 Publikationen (40,42% der Gesamtzahl) Erstautorenschaften ausmachen und insgesamt 1760 Publikationen (59,58%) durch eine Letztautorenschaft in Erscheinung treten. Die kumulierte Summe aller Impactfaktoren

der Publikationen (mit Doppelnennung) beläuft sich auf 8715,284. Die Erstautorenschaften machen davon 43,84% (IFn=3821,391), die Letztautorenschaften 56,16% (IFn=4893,893) aus. Das Verhältnis von Impactfaktor zu Publikationen, aufgeteilt nach Erst- und Letztautorenschaften, zeigt, dass die Erstautorenschaften im Durchschnitt mit einem höheren Impactfaktor bewertet wurden, da die kumulierte Summe der Impactfaktoren der Erstautorenschaften prozentual die der Publikationen übersteigt.

4.2. Anzahl der Ärzte aller Kliniken

Insgesamt wurden 341 Ärzte der Führungsmannschaften erfasst. Davon haben lediglich 235 Ärzte Publikationen als Erst- und/oder Letztautor in dem 10-Jahres-Zeitraum veröffentlicht, wie in der Tabelle 1 zu sehen ist. Von den 106 Ärzten (31,09%), die mit keiner Publikation erscheinen, haben einige gar nichts veröffentlicht. Andere haben nur in dem Betrachtungszeitraum nichts veröffentlicht, im Ausland publiziert oder treten weder als Erst- oder Letztautor in Erscheinung. Es wurden also die Publikationsleistungen von 235 Ärzten erfasst. „Publikationspassiv“ bedeutet also in der vorliegenden Analyse nur, dass die Ärzte weder als Erst- noch als Letztautor in Erscheinung traten. Als Koautoren konnten sie hingegen durchaus aktiv gewesen sein.

Stadt	Publikations-Aktive Ärzte (Prozent der Führungsmannschaft)	Publikations- Passive Ärzte	Gesamtzahl Ärzte Führungsmannschaft
Aachen	9 (64,3%)	5	14
Berlin DHZ	15 (68,2%)	7	22
Bochum	4 (50%)	4	8
Bonn	6 (75%)	2	8

Dresden	6 (60%)	4	10
Düsseldorf	9 (75%)	3	12
Erlangen	6 (75%)	2	8
Essen	9 (60%)	6	15
Frankfurt	5 (62,5%)	3	8
Freiburg	7 (46,67%)	8	15
Gießen	4 (66,67%)	2	6
Göttingen	7 (63,64%)	4	11
Halle	4 (57,14%)	3	7
Hamburg	10 (66,67%)	5	15
Hannover	16 (88,89%)	2	18
Heidelberg	10 (66,67%)	5	15
Homburg	2 (50%)	2	4
Jena	3 (42,86%)	4	7
Kiel	9 (81,82%)	2	11
Köln	13 (81,25%)	3	16
Leipzig	15 (88,24%)	2	17
Lübeck	4 (57,14%)	3	7

Mainz	2 (20%)	8	10
Marburg	4 (66,67%)	2	6
München LMU	11 (84,62%)	2	13
München DHZ	7 (63,64%)	4	11
Münster	6 (66,67%)	3	9
Oldenburg	4 (50%)	4	8
Regensburg	10 (90,91%)	1	11
Rostock	3 (37,5%)	5	8
Tübingen	4 (57,14%)	3	7
Ulm	3 (50%)	3	6
Würzburg	8 (72,73%)	3	11
Gesamt	235 (66,38%)	119	354

Tabelle 1 Ärzteanzahl der Führungsmannschaft aller Kliniken. Aktive Ärzte = Ärzte, die in dem 10-Jahres-Zeitraum an der Klinik als Erst- und/oder Letztautor aufgetreten sind. Passive Ärzte = Ärzte, auf die diese Kriterien nicht zutreffen.

Wie man an Tabelle 1 erkennen kann, variiert das Verhältnis zwischen den Kliniken in dem Beobachtungszeitraum stark. In Mainz haben lediglich 20% der Führungsmannschaft aktiv publiziert, in Rostock 37,5 und Jena immerhin 42,86%. Im Mittelfeld des Rankings reihen sich Lübeck (57,14%), Essen (60%), Aachen (64,3%), Münster (66,67%), Marburg (66,67%), Hamburg (66,67%), Gießen (66,67%) und Berlin DHZ (68,2%) ein. Den höchsten Anteil an aktiven Autoren der Führungsmannschaft in dem Betrachtungszeitraum haben Hannover (88,89) Leipzig (88,24%) und Regensburg (90,91%).

4.3. Benchmarking der Kliniken hinsichtlich des Publikationsumfangs

Bei der Betrachtung des Publikationsumfangs aller Kliniken wurden die Doppelnennungen der Publikationen herausgefiltert. So kommt man auf insgesamt 2535 Veröffentlichungen. Diese Verteilung auf die Führungsmannschaften wird in Abbildung 2 dargestellt.

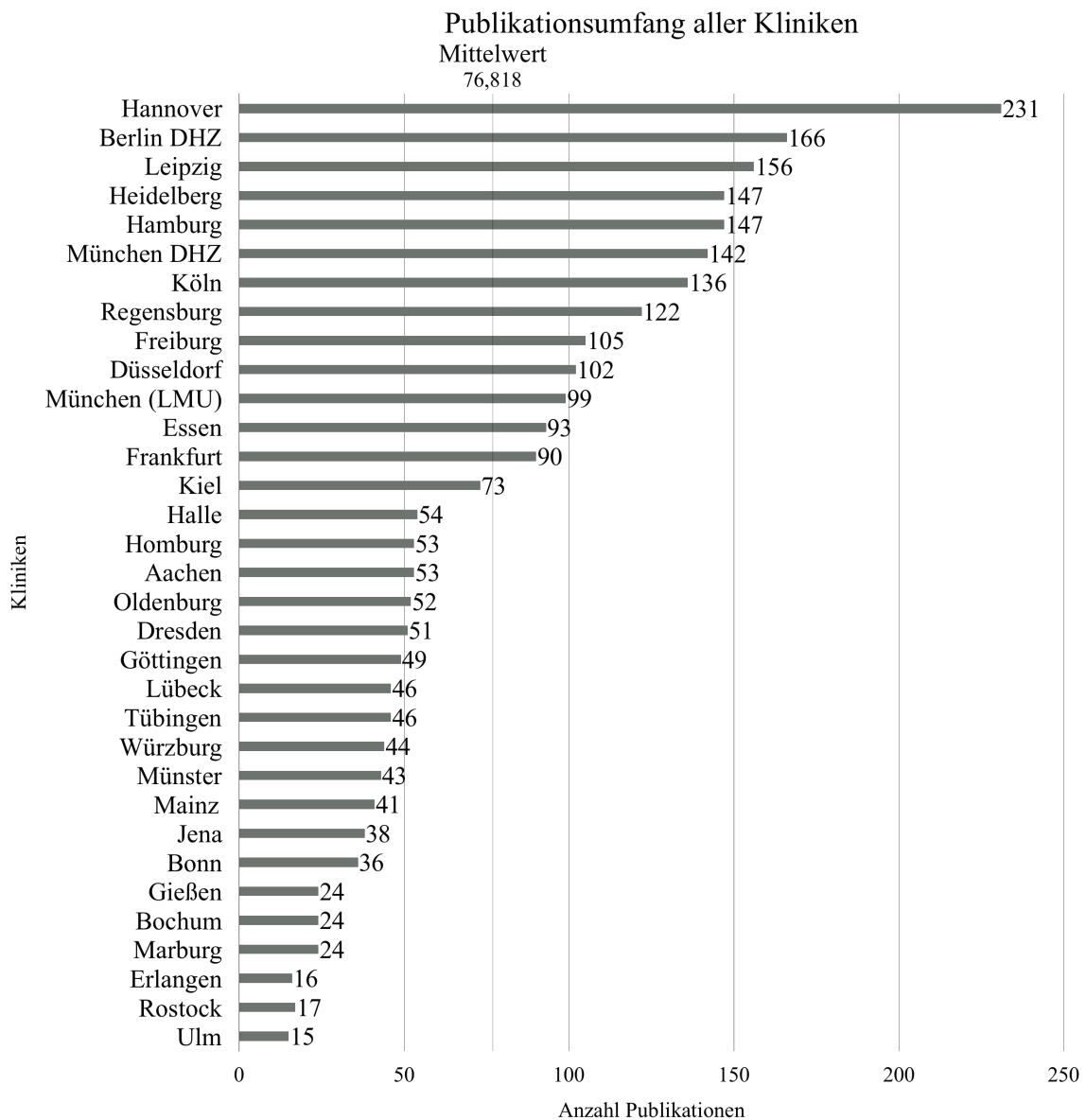


Abbildung 2 Publikationsumfang der einzelnen Führungsmannschaften

Die ersten sieben der 33 betrachteten Kliniken machten mit 1125 (44,37%) Publikationen schon fast die Hälfte aller Publikationen aus. Die 20 nachfolgenden Kliniken erzielten 1290 (50,89%) Publikationen, während die letzten sechs nur 120 (4,73%) Publikationen erreichten (und damit zusammen weniger als der Spitzenreiter Hannover). Der klare

Vorreiter ist Hannover mit 231 Veröffentlichungen (9,82% aller Publikationen). Über 100 Publikationen kamen lediglich Düsseldorf (n=102 $\hat{=}$ 4,02%), Freiburg (n=105 $\hat{=}$ 4,14%), Regensburg (n=122 $\hat{=}$ 4,81%), Köln (n=136 $\hat{=}$ 5,36%), München (DHZ) (n=142 $\hat{=}$ 5,6%), Hamburg (n=147 $\hat{=}$ 5,8%), Heidelberg (n=147 $\hat{=}$ 5,8%) Leipzig (n= 156 $\hat{=}$ 6,15%), Berlin DHZ (n=166 $\hat{=}$ 6,55%) und wie oben genannt an der Spitze Hannover.

4.4. Aufteilung der Gesamtpublikationszahl in Klinikquintile

Die Publikationsanzahl (2535) wurde in Quintile unterteilt und die Kliniken nach Publikationshäufigkeit den Quintilen zugeteilt. Dieses wurde in Tabelle 2 aufgezeigt.

Klinik	Publikationen (Publikation pro Mitglied der Führungsmannschaft)	Quintil
Hannover	231 (12,83)	Klinik 1-3 (n=553) (σ =184,34)
Berlin DHZ	166 (7,55)	
Leipzig	156 (9,18)	
Hamburg	147 (9,8)	Klinik 4-6 (n=436 Publikationen) (σ =145,34)
Heidelberg	147 (9,80)	
München DHZ	142 (12,91)	
Köln	136 (8,5)	Klinik 7-11 (n=562 Publikationen)
Regensburg	122 (11,09)	

Freiburg	105 (7,00)	(σ =112,4) Quartil 3
Düsseldorf	101 (8,5)	
München LMU	98 (7,62)	
Essen	93 (6,20)	Klinik 12-18 (n=467) (σ =66,71) Quartil 4
Frankfurt	90 (11,25)	
Kiel	73 (6,64)	
Halle	54 (7,71)	
Homburg	53 (13,25)	
Aachen	53 (3,79)	
Oldenburg	52 (6,5)	
Dresden	51 (5,1)	
Göttingen	49 (4,45)	
Lübeck	46 (6,57)	
Tübingen	46 (6,57)	Klinik 19-33 (n=519) (σ =34,6) Quartil 5
Würzburg	44 (4)	
Münster	43 (4,78)	
Mainz	41 (4,10)	
Jena	38 (5,43)	

Bonn	36 (4,5)	
Bochum	24 (3)	
Gießen	24 (4)	
Marburg	24 (4)	
Rostock	17 (2,13)	
Erlangen	16 (2)	
Ulm	15 (2,5)	

Tabelle 2 Aufteilung der Gesamtpublikationszahl in Quintile mit den Durchschnittswerten pro Mitglied der Führungsmannschaft

Das erste Quintil setzt sich aus den drei Kliniken mit den meisten Publikationen zusammen. Sie kommen insgesamt auf 553 ($\bar{x}=184,34$) Veröffentlichungen. Das zweite Quintil besteht aus ebenfalls 3 Kliniken, welche kumuliert 436 ($\bar{x}=145,34$) Publikationen aufweisen. Im dritten Quintil finden sich 5 Kliniken wieder mit 563 ($\bar{x}=112,4$) Publikationen, gefolgt vom vierten Quintil mit 7 Kliniken ($n=467$; $\bar{x}=66,71$). Das 5. Quintil setzt sich aus den übrig gebliebenen 15 Universitätskliniken zusammen. Diese erreichen 519 ($\bar{x}=34,6$) Publikationen zusammen.

4.5. Aufteilung der Kliniken in Quintile

Man kann die Quintile auch anders einteilen, indem man die 33 Kliniken in 5 ungefähr gleich große Gruppen aufteilt. Dabei sind die Kliniken nach der Publikationshäufigkeit gelistet. Die Kliniken 1-6 mit den meisten Publikationen und die Kliniken 25-33 mit den wenigsten erfassten Publikationen. (Abbildung 3)

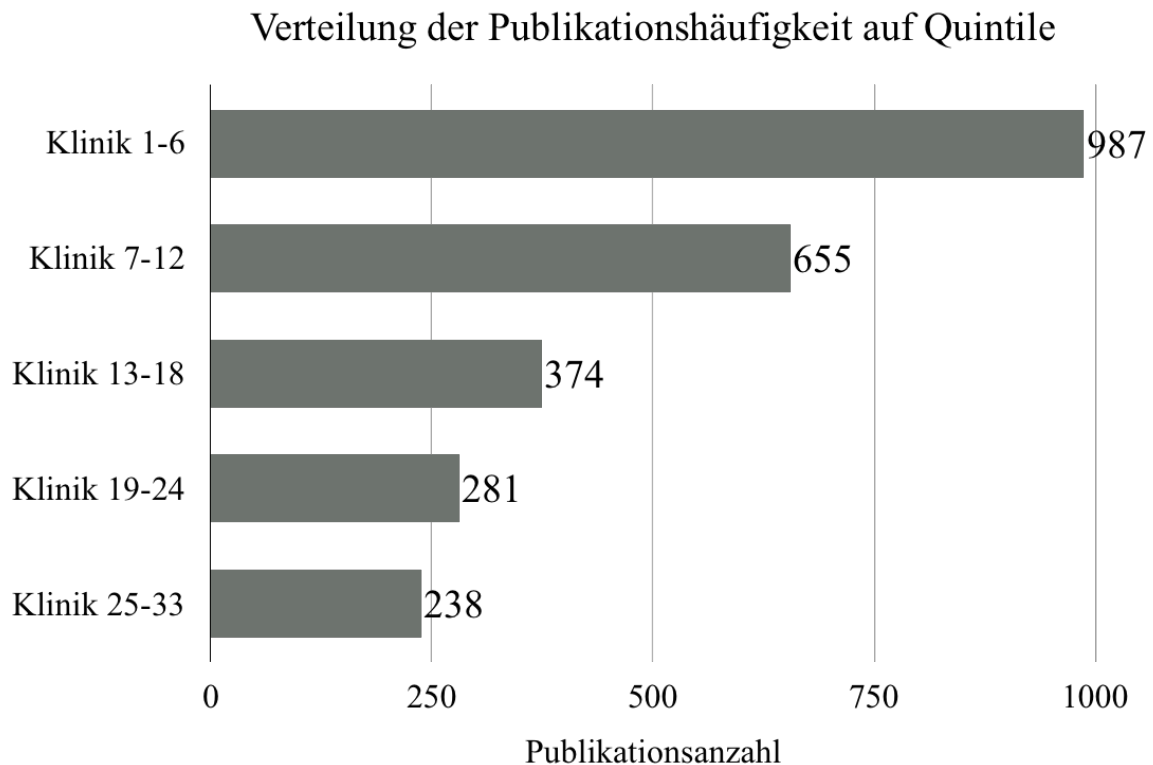


Abbildung 3 Aufteilung der Kliniken in Quintile und deren Publikationszahl

Mit 987 Publikationen heben sich die Kliniken 1-6 deutlich von den anderen Einrichtungen ab. Sie kommen damit auf 38,93 % der Gesamtpublikationen ($n=2535$; $\bar{x}=164,5$). Die Kliniken 7-12 erreichen nur noch 25,84% ($n=655$; $\bar{x}=109,17$). Noch 14,75% ($n=374$; $\bar{x}=62,32$) könnten die Kliniken 13-18 erzielen, gefolgt von den Kliniken 19-24 mit 11,08% ($n=281$; $\bar{x}=46,83$). Schlusslicht bilden die Kliniken 25-33. Diese machen 9,39% ($n=238$; $\bar{x}=26,44$) vom Gesamten aus. Die ersten 4 Quintile beinhalten immer 6 Kliniken. Das letzte Quintil hat mit 9 Kliniken die meisten, kommt jedoch trotzdem nicht an die anderen Quintile heran. Dieses Gefälle zwischen den Kliniken lässt Tabelle 2 schon erahnen und wird durch die Abbildung 3 noch veranschaulicht.

4.6. Benchmarking der Kliniken hinsichtlich der Impactfaktoren

Beim Benchmarking der Kliniken hinsichtlich der Impactfaktoren wurden der 5-Jahres-Impactfaktor von 2016 jeder Veröffentlichung recherchiert. Der Impactfaktor ergibt sich durch die Gewichtung eines Journals nach der Häufigkeit seiner Zitierung. Die Summe aller Impactfaktoren der 2535 Publikationen ergibt 7654,322. (Abbildung 4)

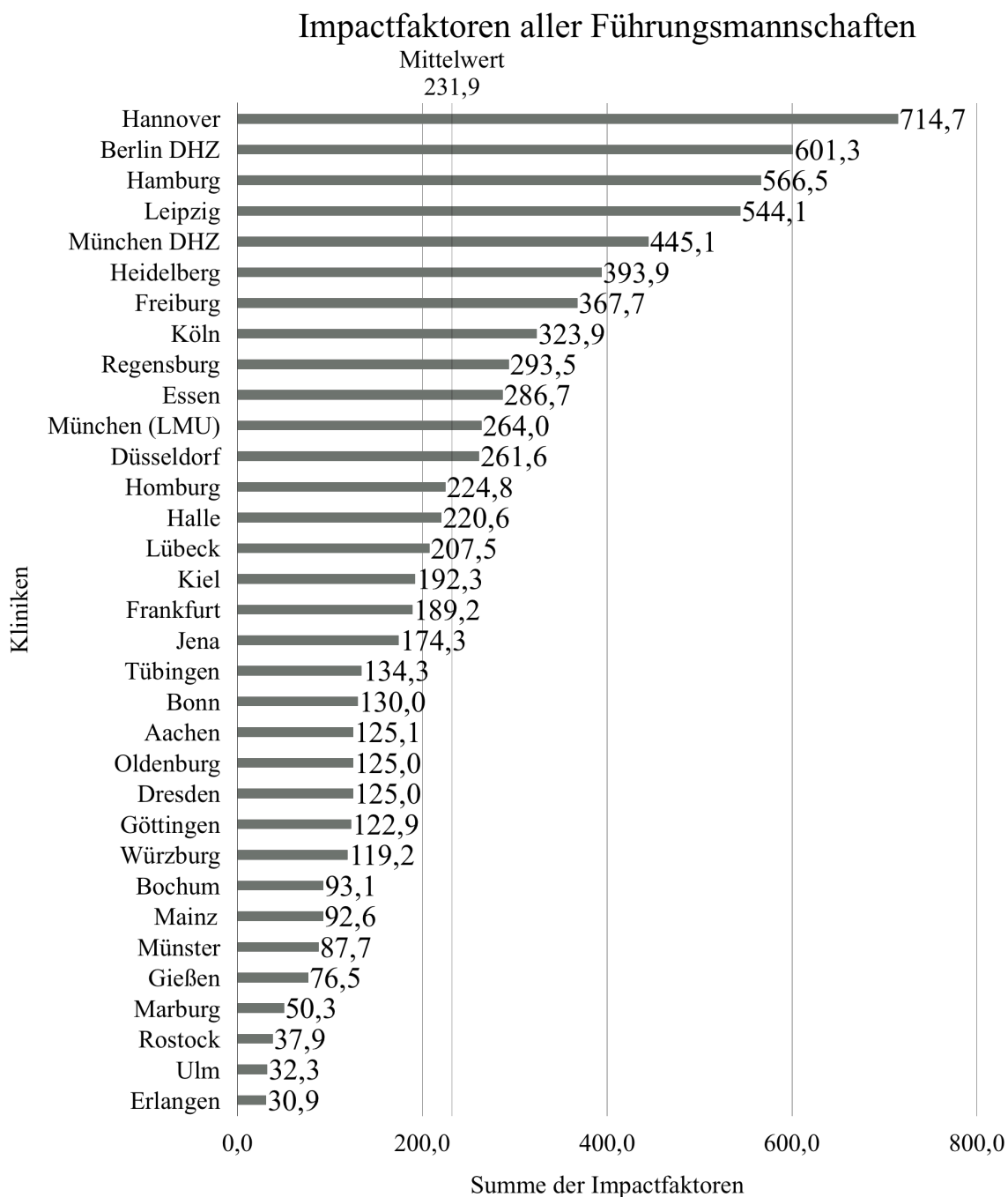


Abbildung 4 Die Summe aller Impactfaktoren der einzelnen Kliniken

Bei den kumulativen Impactfaktoren steht über den gesamten Beobachtungszeitraum (2007-2017) Hannover mit 714,7 (9,34%) Punkten an erster Stelle, gefolgt von Berlin DHZ mit 601,3 (7,85%), Hamburg mit 566,5 (7,4%), Leipzig mit 544,1, (7,1%) und dem Deutschen Herzzentrum München mit 445,1 (5,81%). Anschließend gibt es ein breitgefächertes Mittelfeld und der Abschluss wird durch Marburg 50,3 (0,66%), Rostock 37,9 (0,5%), Ulm 32,3 (0,42) und Erlangen 30,9 (0,4%) gebildet.

4.7. Verteilung der Impactfaktoren auf die Klinikquintile

Die Kliniken wurden wie in Abbildung 3 in fünf etwa gleich große Gruppen unterteilt. Also die Kliniken 1-6 sind die Kliniken mit dem höchsten kumulierten Impactfaktor und die Kliniken 25-33 mit dem geringsten kumulierten Impactfaktor. (Abbildung 5)

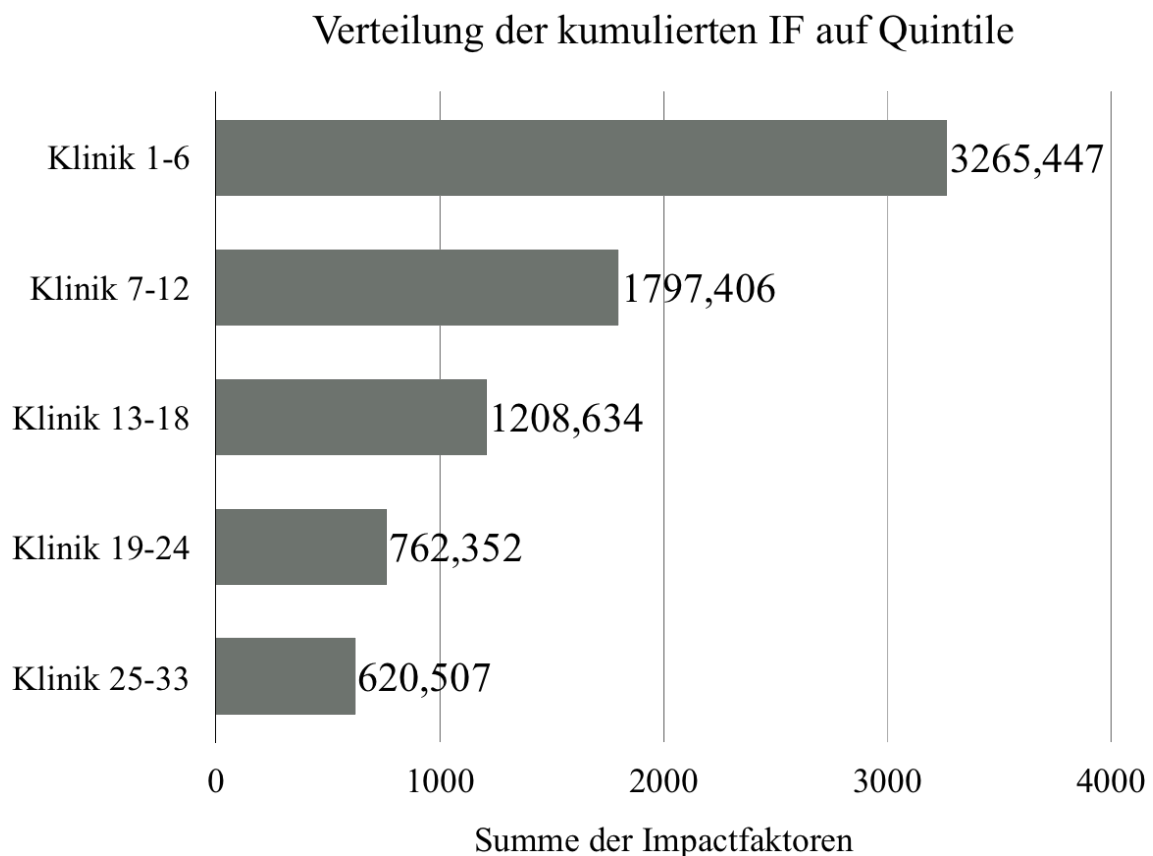


Abbildung 5 Summe der erarbeiteten IF aller 33 Kliniken gereiht nach Klinikquintilen (Quintil 1 (Klinik 1 bis 6) mit der höchsten, Quintil 5 (Klinik 25 bis 33) mit der niedrigsten Summe an IF).

Weit vorne ist das erste Klinikquintil. Mit einer Impactfaktor-Summe von 3265,447 ($\sigma=544,241$) machen die Publikationen der ersten 6 Kliniken 42,66% der kumulierten

Impactpunkte aus. Annähernd nur noch die Hälfte dieses ersten Quintils machen die Publikationen der Universitätskliniken des zweiten Quintils aus. Diese Kliniken kamen in Summe auf 1797,406 ($\bar{x}=299,57$) Impactfaktoren (23,48%). Danach folgt das dritte Klinikquintil mit 1208,634 (15,79%; $\bar{x}=201,44$), das vierte Quintil mit 762,352 (9,96%; $\bar{x}=127,05$) und schließlich das letzte Klinikquintil mit 620,507 (8,11%, $\bar{x}=77,56$) Impactpunkten.

4.8. Durchschnittlicher Impactfaktor pro Publikation der Kliniken

Der Durchschnittliche Impactfaktor einer Publikation der verschiedenen Universitätskliniken ergibt sich aus der Anzahl der Publikationen geteilt durch die kumulativen Impactpunkte. Die Höhe des dabei entstehenden Quotienten gibt Auskunft über die Wertigkeit der Publikationen einer Klinik. (Abbildung 6)

Durchschnittlicher IF pro Publikation

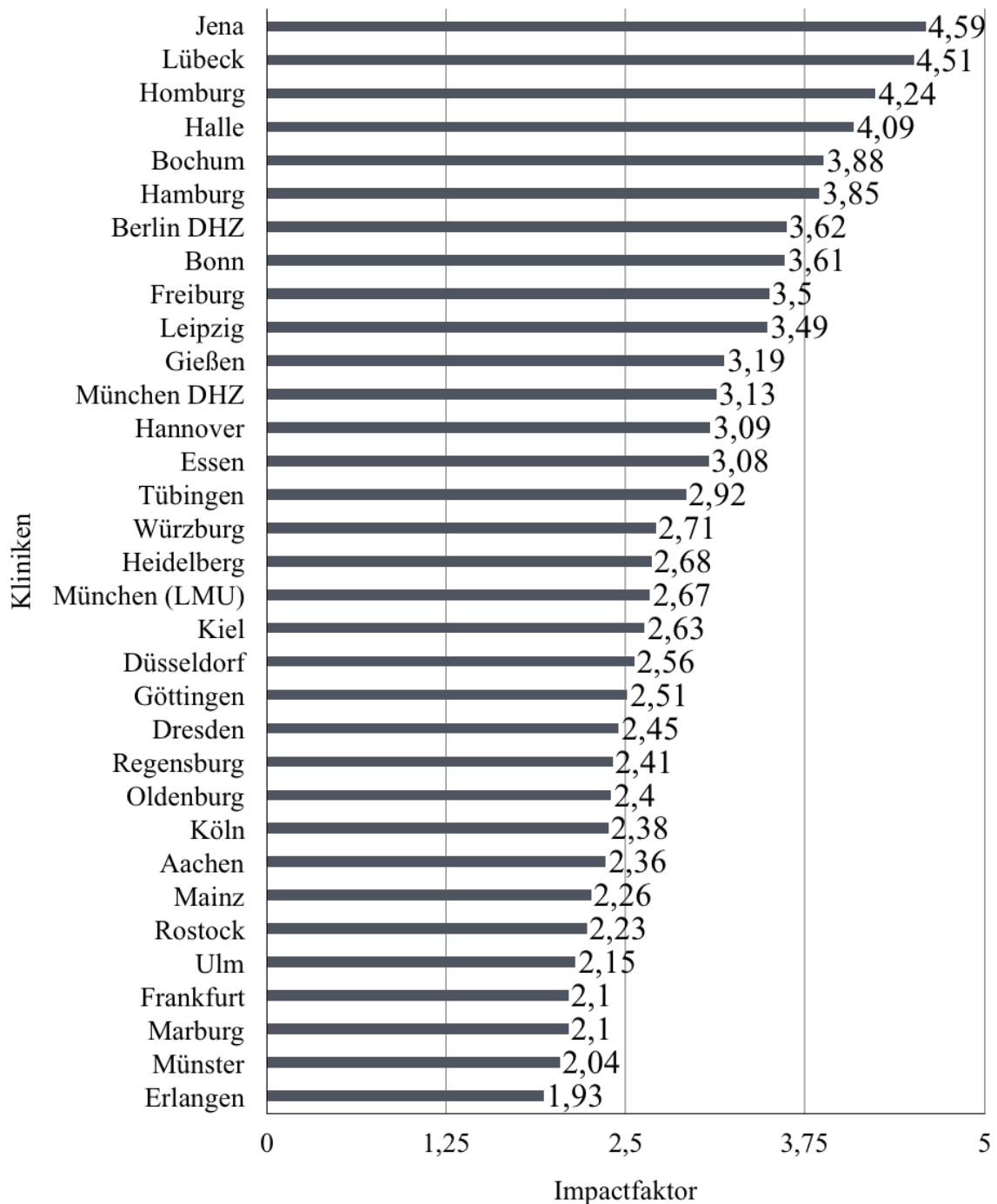


Abbildung 6 Durchschnittlicher Impactfaktor einer Führungsmannschaft je Publikation

Während das Universitätsklinikum Jena in der Abbildung 4 („Impactfaktoren aller Kliniken“) noch im Mittelfeld war, rückt es in der Abbildung 6 („Durchschnittlicher Impactfaktor“) an die Spitze. Der durchschnittliche Impactfaktor je Publikation ist an dem Universitätsklinikum Jena 4,59, dicht gefolgt vom Universitätsklinikum Schleswig-Holstein, Campus Lübeck mit 4,51. Dieses war ebenfalls in der Abbildung 4 eher im

Mittelfeld. Die Medizinische Hochschule Hannover, die in Abbildung 4 an erster Stelle war, rückt nun ins Mittelfeld mit durchschnittlich 3,09 Impactpunkten je Publikation. Das Schlusslicht bildet in Abbildung 6 genauso wie in Abbildung 4 Erlangen mit einem Wert von 1,93.

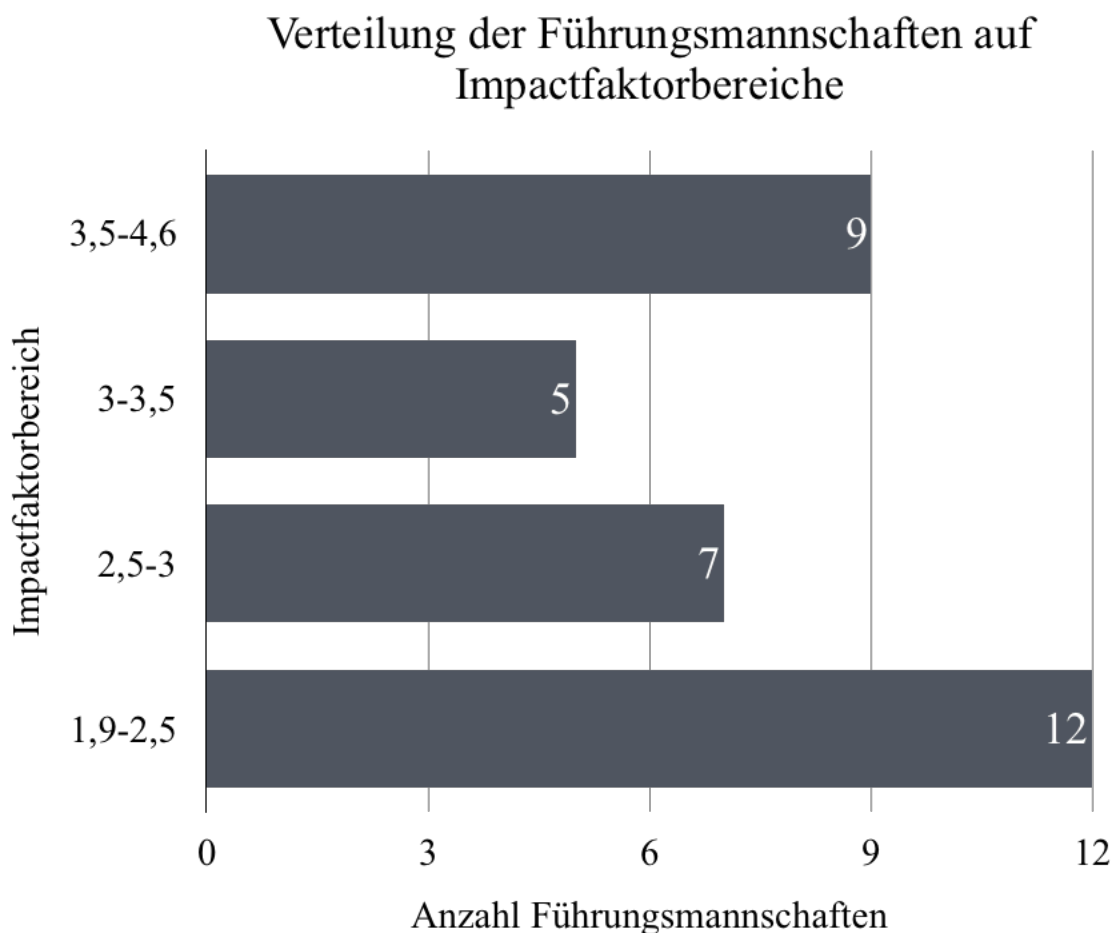


Abbildung 7 Durchschnittlicher Impactfaktor einer Universitätsklinik je Publikation auf Impactfaktorenbereiche aufgeteilt

In Abbildung 7 kann man erkennen, dass 9 Kliniken im Durchschnitt einen Impactfaktor von 3,5-4,6 je Publikation erzielen konnte. 5 Kliniken erreichten einen Impactfaktor von 3-3 – 3,5, 7 Kliniken einen Impactfaktor im Bereich von 2,5 bis 3 und 12 Kliniken lediglich einen Impactfaktor von 1,9 – 2,5 im Durchschnitt je Publikation.

4.9. Benchmarking nach der Hierarchieebene

Während der Datenerhebung wurde zu jedem Mitglied der Führungsmannschaft der Klinik sein akademischer Grad mit aufgenommen. Es war zu prüfen, ob die Häufigkeit der Erst- beziehungsweise Letztautorenschaften abhängig von dem akademischen Grad sind. Dieses wird in Abbildung 8 veranschaulicht. Es sei darauf hingewiesen, dass bei dieser Art der Auswertung Doppelnennungen von Erst- und Letztautorenschaften in einer Klinik möglich waren.

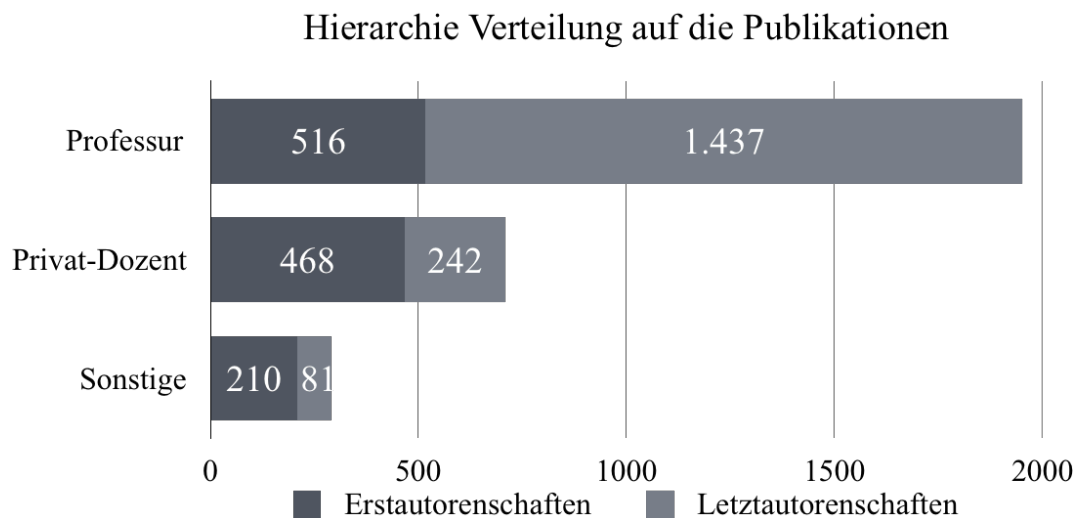


Abbildung 8 Erst- und Letztautorenschaften in Abhängigkeit vom akademischen Grad. Professur = alle Mitglieder der Führungsmannschaften aller Klinik mit einem Professor Titel, Privat-Dozent = alle Mitglieder der Führungsmannschaften aller Kliniken mit einem Titel zum Privatdozenten, Sonstige = alle Mitglieder der Führungsmannschaften aller Kliniken mit einem Doktor Titel oder gar keinem Titel.

Es ist zu erkennen, dass sich das Verhältnis zwischen Erst- und Letztautorenschaften wendet. Die Professoren der Kliniken haben wesentlich mehr Letztautorenschaften im Gegensatz zu Erstautorenschaften. Das Verhältnis liegt hier bei 1:2,78 (1 = Erstautorenschaften, 2,78 = Letztautorenschaften). Bei den Privatdozenten sind es wesentlich mehr Erstpublikationen. Das Verhältnis beträgt 1,93:1. Bei den restlichen Autoren verschiebt sich das Verhältnis schließlich auf 2,59:1.

4.10. Benchmarking der Kliniken nach Publikationen pro Mitglied der Führungsmannschaft

Beim Benchmarking der Publikationen pro Mitglied der Führungsmannschaft wurden die Publikationen der jeweiligen Führungsmannschaft durch die Anzahl der Mitglieder der Führungsmannschaft geteilt, um die Publikationsleistung einer Klinik zu erfassen, ohne die Zahl von der Größe der Klinik und damit auch von der Größe des Teams abhängig zu machen (Abbildung 9). Bei der Ermittlung der Mitglieder der Führungsmannschaft wurden, wie oben bereits beschrieben, die Mitglieder der Führungsmannschaft der Universitätsklinik zugeordnet, an der diese zuletzt veröffentlicht haben.

Durchschnittliche Anzahl Publikationen pro Mitglied

Führungsmannschaft

Mittelwert
6,765

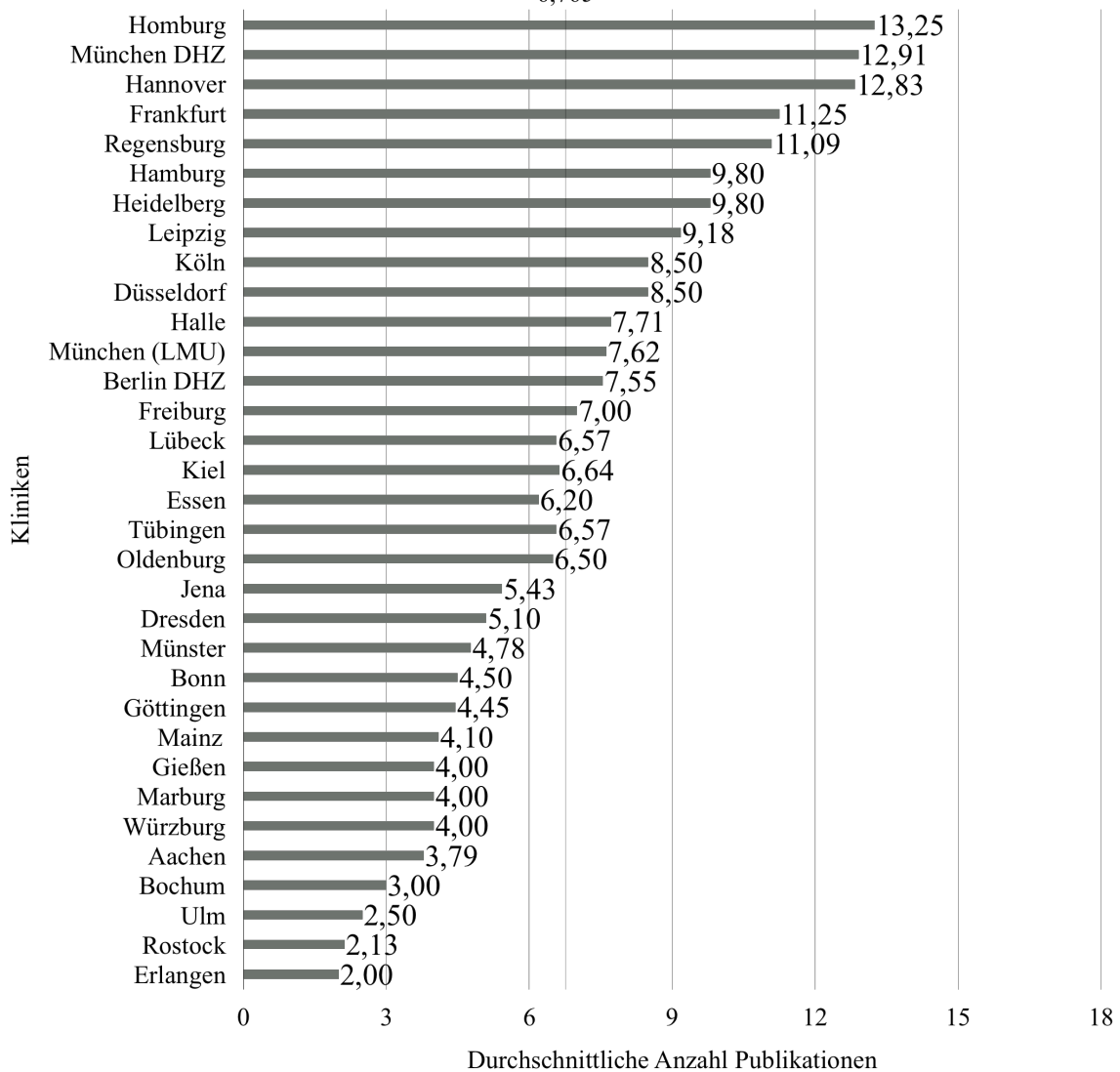


Abbildung 9 Durchschnitt der Publikationen der Führungsmannschaft einer Universitätsklinik pro Mitglied Führungsmannschaft

In Abbildung 9 rückt das Universitätsklinikum Homburg an die Spitze mit durchschnittlich 13,25 Veröffentlichungen pro Mitglied der Führungsmannschaft, dicht gefolgt von dem Deutschen Herzzentrum München. Dieses konnte im Durchschnitt 12,91 Publikationen pro Mitglied der Führungsmannschaft erzielen. An dritter Stelle ordnet sich die Medizinische Hochschule Hannover mit 12,83 Publikationen ein. Diese drei Kliniken liegen damit deutlich über dem Mittelwert von 6,765 aller Kliniken. Am Ende der Rangfolge stehen das Universitätsklinikum Ulm mit 2,5 und die Universitätsmedizin

Rostock mit 2,13 Publikationen pro Mitglied der Führungsmannschaft. Erlangen ist letzter mit nur 2 Veröffentlichungen je Mitglied der Führungsmannschaft.

Klinik	Durchschnittliche Publikation pro Mitglied der Führungsmannschaft	Durchschnittliche Publikationshäufigkeit der Quintile
Homburg	13,25	Quartil 1 Ø 11,86
München DHZ	12,91	
Hannover	12,83	
Frankfurt	11,25	
Regensburg	11,09	
Hamburg	9,80	
Heidelberg	9,80	
Leipzig	9,18	
Düsseldorf	8,50	
Köln	8,50	
Halle	7,71	
München LMU	7,62	
Berlin DHZ	7,55	Quartil 3
Freiburg	7,00	

Kiel	6,64	Ø 6,80
Lübeck	6,57	
Tübingen	6,57	
Oldenburg	6,50	
Essen	6,20	Quartil 4 Ø 5,08
Jena	5,43	
Dresden	5,10	
Münster	4,78	
Bonn	4,50	
Göttingen	4,45	
Mainz	4,10	Quartil 5 Ø 3,28
Gießen	4,00	
Marburg	4,00	
Würzburg	4,00	
Aachen	3,79	
Bochum	3,00	
Ulm	2,50	
Rostock	2,13	

Erlangen	2,00	
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Tabelle 3 Durchschnittliche Publikationshäufigkeit der Führungsmannschaften der Universitätskliniken pro Mitglied der Führungsmannschaft und die durchschnittliche Publikationshäufigkeit der Führungsmannschaften in Quintilen.

Betrachtet man die durchschnittliche Publikationshäufigkeit der Mitglieder der Führungsmannschaften in Quintilen (Tabelle 3), erreicht das erste Quintil durchschnittlich 11,86 Publikationen pro Mitglied der Führungsmannschaften, gefolgt vom zweiten Quintil mit 8,55 im Durchschnitt. Das dritte Quintil erlangt 6,80 Publikationen pro Mitglied der Führungsmannschaften und das vierte kommt auf 5,08. Das fünfte Quintil erreicht schließlich noch 3,28 Publikationen pro Mitglied der Führungsmannschaften im Durchschnitt.

Des Weiteren ist es interessant zu sehen, wie sich die Führungsmannschaften auf verschiedene Bereiche der Publikationshäufigkeit aufteilen. Dabei wurde die durchschnittliche Publikationshäufigkeit der Mitglieder der Führungsmannschaften ermittelt (wie bereits in Tabelle 3 zu sehen) und den festgelegten Bereichen der Publikationshäufigkeit zugeteilt. (Abbildung 10)

Verteilung der Führungsmannschaften auf Publikationshäufigkeiten pro Mitglied der Führungsmannschaft

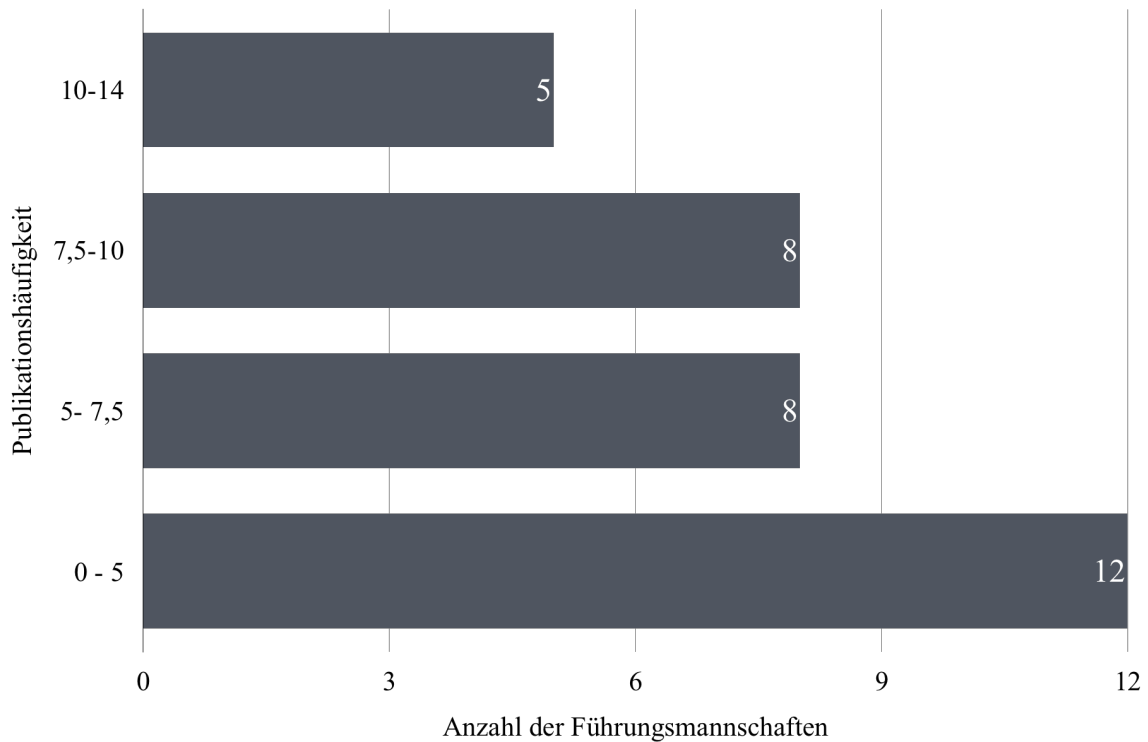


Abbildung 10 Durchschnittliche Publikationszahl der Führungsmannschaften verteilt auf Bereiche der Publikationshäufigkeit.

Fünf Universitätskliniken kommen auf 10-14 Publikationen pro Mitglied der Führungsmannschaft, wie in Abbildung 10 zu sehen ist. 7,5 - 10 Publikationen im Durchschnitt konnten 8 Kliniken erzielen. Ebenfalls 8 Führungsmannschaften erzielten eine Publikationszahl pro Mitglied der Führungsmannschaft von 5 – 7,5. Die letzten 12 Kliniken erreichten eine Publikationszahl pro Mitglied der Führungsmannschaft von unter 5.

4.11. Benchmarking der Klinken nach Impactfaktoren pro Mitglied der Führungsmannschaft

In der Abbildung 11 wird der durchschnittliche Impactfaktor der Publikationen pro Mitglied der Führungsmannschaft einer Universitätsklinik dargestellt. Dabei wurde ähnlich wie bei dem Durchschnitt der Publikationen pro Mitglied der Führungsmannschaft die Anzahl der kumulierten Impactpunkte einer Führungsmannschaft durch die Anzahl der Mitglieder der Führungsmannschaft geteilt.

Durchschnittlicher Impactfaktor pro Mitglied Führungsmannschaft

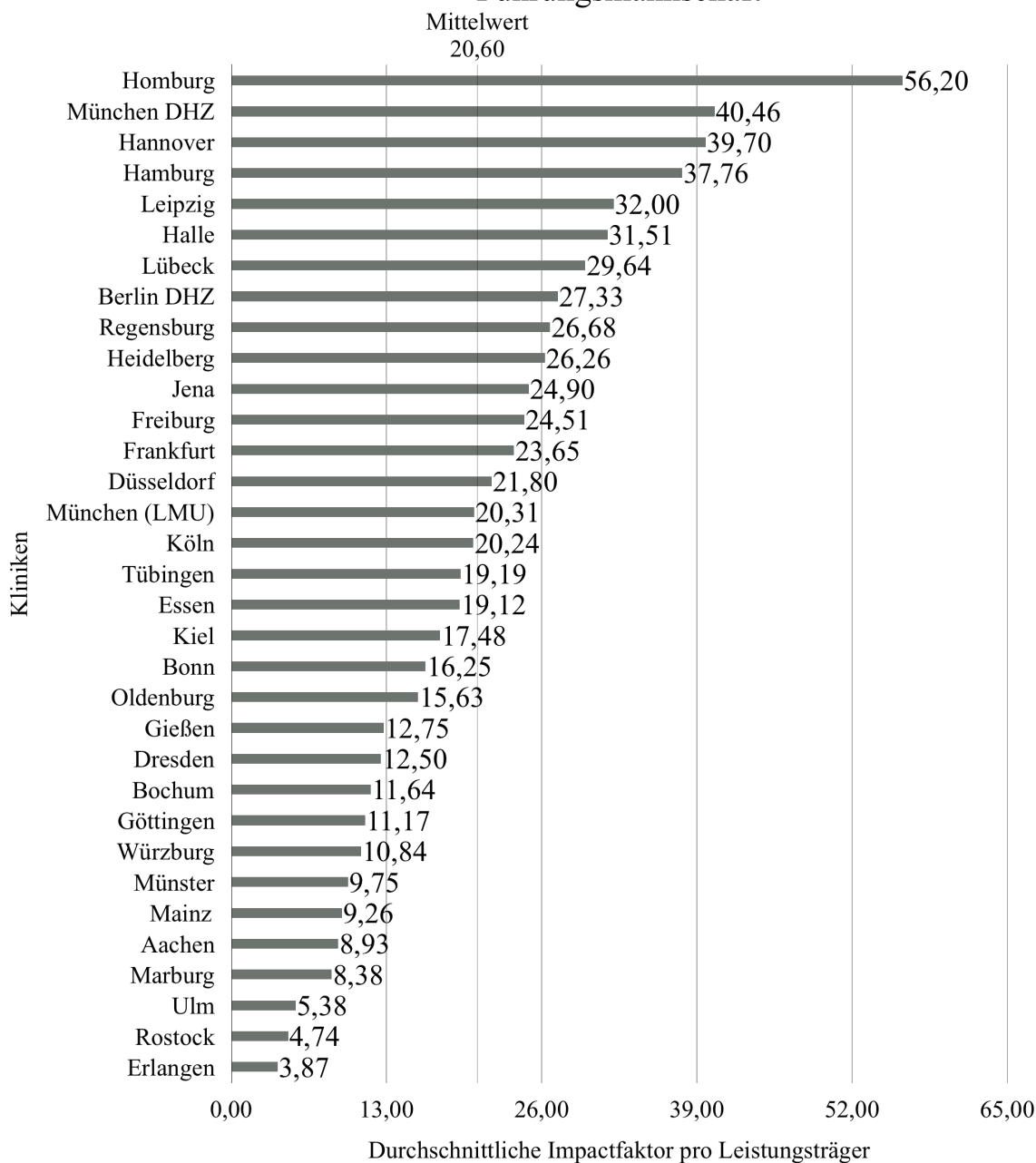


Abbildung 11 Durchschnittlicher Impactfaktor der Führungsmannschaft einer Universitätsklinik pro Mitglied Führungsmannschaft

In der Abbildung 11 bleibt die Reihenfolge der ersten drei Führungsmannschaften im Vergleich zu Abbildung 9 gleich. Homburg erzielt 56,20 Impactpunkten pro Mitglied der Führungsmannschaft, gefolgt von der Führungsmannschaft des Deutschen Herzzentrums in München mit 40,46 Impactpunkten pro Mitglied der Führungsmannschaft und anschließend dem Team in Hannover (39,7 Impactpunkten). Den Abschluss machen die Führungsmannschaften aus Ulm (5,38), Rostock (4,74) und Erlangen (3,87). Das Team

aus Frankfurt, welches in der Abbildung 9 („durchschnittliche Anzahl Publikationen pro Mitglied der Führungsmannschaft“) noch auf dem vierten Platz lag, reiht sich hier lediglich an dreizehnter Stelle mit 23,65 Impactpunkten pro Mitglied der Führungsmannschaft ein. Dies veranschaulicht erneut, dass die Publikationsleistung nicht mit den Impactfaktoren gleichgestellt werden kann.

Klinik	Durchschnittliche Impactfaktoren pro Mitglied Führungsmannschaft	Durchschnittliche Impactfaktor der Quintile
Homburg	56,20	Quintil 1 Ø 39,61
München DHZ	40,46	
Hannover	39,70	
Hamburg	37,76	
Leipzig	32,00	
Halle	31,51	
Lübeck	29,64	Quintil 2 Ø 26,55
Berlin DHZ	27,33	
Regensburg	26,68	
Heidelberg	26,26	
Jena	24,90	
Freiburg	24,51	

Frankfurt	23,65	Quintil 3 Ø 20,72
Düsseldorf	21,80	
München LMU	20,31	
Köln	20,24	
Tübingen	19,19	
Essen	19,12	
Kiel	17,48	Quintil 4 Ø 14,37
Bonn	16,25	
Oldenburg	15,63	
Gießen	12,75	
Dresden	12,50	
Bochum	11,64	
Göttingen	11,17	Quintil 5 Ø 8,03
Würzburg	10,84	
Münster	9,75	
Mainz	9,26	
Aachen	8,93	
Marburg	8,38	

Ulm	5,38	
Rostock	4,74	
Erlangen	3,87	

Tabelle 4. Durchschnittliche Impactfaktoren der Führungsmannschaften der Universitätskliniken pro Mitglied Führungsmannschaft und die durchschnittlichen Impactfaktoren der Klinikquintile

Die Tabelle 4 zeigt, dass in Quintilen betrachtet das erste Quintil bestehend aus 6 Führungsmannschaften bei 39,61 Impactpunkten im Durchschnitt pro Mitglieder der Führungsmannschaft liegt. Das zweite Quintil kommt auf durchschnittlich 26,55, gefolgt vom dritten Quintil mit 20,72. Das 4. Quintil erreicht noch 14,37 Impactpunkte im Durchschnitt pro Mitglied Führungsmannschaft und das letzte Quintil kommt nur noch auf 8,03 Impactfaktoren.

4.12. Durchschnittswerte der Publikationen und Impactfaktoren des ersten und letzten Quintils im direkten Vergleich

Interessant ist es auch, sich die Durchschnittswerte der Publikationen, Impactfaktoren, Publikationen pro Mitglied der Führungsmannschaft und Impactfaktor pro Mitglied der Führungsmannschaft im direkten Vergleich von erstem und letztem Quintil anzuschauen. (Tabelle 5)

	Quintil 1 (Klinik 1-6)	Quintil 5 (Klinik 25-33)
Publikationsdurchschnitt (n)	164,5	26,44
Impactfaktorendurchschnitt	544,241	77,560

Publikation pro Mitglied der Führungsmannschaft im \bar{x} (n)	11,86	3,28
Impactfaktor pro Mitglied der Führungsmannschaft im \bar{x}	39,61	8,030

Tabelle 5 Durchschnittswerte der Publikationshäufigkeit, Impactfaktoren, Publikationshäufigkeit pro Mitglied der Führungsmannschaft und Impactfaktor pro Mitglied der Führungsmannschaft des ersten und fünften Quintils der Führungsmannschaften der Herzchirurgie in Deutschland

Die besten Führungsmannschaften der Herzchirurgie haben im Durchschnitt 164,5 Publikationen veröffentlicht, wohingegen die letzten nur auf 26,44 Publikationen im Durchschnitt kommen. Das erste Quintil hat im Durchschnitt einen Impactfaktor von 544,241 pro Führungsmannschaft einer Klinik erreicht, während das letzte Quintil einen Impactfaktordurchschnitt von 77,560 erzielte. 11,86 Publikationen pro Mitglied der Führungsmannschaft im Durchschnitt konnten die besten Führungsmannschaften der Kliniken erreichen, im Vergleich sind es bei den letzten Führungsmannschaften nur 3,28 Publikationen je Mitglied der Führungsmannschaft. Bei dem Impactfaktor pro Mitglied der Führungsmannschaft gibt es ebenfalls eine große Differenz, während das erste Quintil einen Impactfaktor von 39,610 pro Mitglied der Führungsmannschaft im Durchschnitt vorweisen konnte, sind es im 5. Quintil lediglich 8,030.

Diese Tabelle veranschaulicht erneut den großen Unterschied zwischen den Führungsmannschaften der Herzchirurgie in Deutschland im Betrachtungszeitraum 01. Januar 2007 bis 01. Juli 2017.

5. Ergebnisse der Journalanalyse

5.1. Häufigkeit der Journale, in denen publiziert wurde

Die 2535 Publikationen der Betrachtungszeitraumes 2007-2017 verteilen sich insgesamt auf 323 Journale. Die Journale, in denen im Beobachtungszeitraum mehr als 30-mal publiziert wurde, belaufen sich auf 14. Diese häufigsten genutzten Journale machen mit ihren 1572 Publikationen rund 62,01% aller Veröffentlichungen aus. Diese sind in der Tabelle 6 dargestellt:

Journal	Anzahl Publikationen (n)	5-Jahres- Impactfaktor der Zeitschrift	Kumulierte Impactfaktoren
Eur J Cardiothorac Surg	324	3,321	1076,004
Ann Thorac Surg	275	4,03	1108,25
Thorac Cardiovasc Surg	214	1,076	230,264
J Thorac Cardiovasc Surg	173	4,205	727,465
Interact Cardiovasc Thorac Surg	136	1,529	207,944
J Cardiothorac Surg	84	1,24	104,16
Artif Organs	68	1,815	123,42
ASAIO J	56	2,093	117,208
J Heart Valve Dis	51	0,883	45,033
Heart Surg Forum	49	0,414	20,286

J Heart Lung Transplant	42	6,058	254,436
J Card Surg	36	0,812	29,232
Herz	32	0,701	22,432
Clin Res Cardiol	32	3,906	124,992
Summe	1572	32,083	4066,134

Tabelle 6 Häufigkeit der 14 meist genutzten von insgesamt 323 Journalen und deren Impactfaktoren

Zunächst ist deutlich zu erkennen, dass die meist genutzten Journale einen niedrigen bis mittleren Impactfaktor haben. Das „J Heart Lung Transplant“ hebt sich mit einem 5-Jahres-Impactfaktor von über sechs hervor. Die hohe Differenz in der Häufigkeit der genutzten Journale ist ebenfalls klar herauszulesen. Das auf dem Platz 14 gelegene „Clin Res Cardiol“ wurde 10-mal seltener verwendet als das auf Platz eins befindlichen Journals „Eur J Cardiothorac Surg“. In der Tabelle sind insgesamt 1572 Publikationen aufgeführt. Die restlichen 963 Publikationen verteilen sich auf 309 Journale. 20 Journale der insgesamt 323 wurden zwischen 10 und 29-mal (6,19%), 66 Journale von 3- bis 10-mal (20,43%), 54 Journale zweimal (16,71%) und 168 nur einmal (52,01%) verwendet.

Das meist genutzte Journal der gesamten 2535 Publikationen ist das „Eur J Cardiothorac Surg“. Dieses wurde 324 (12,78%) mal verwendet. Den zweiten Platz belegt das „Ann Thorac Surg“ mit 275 (10,85%) Veröffentlichungen. Eingeschlossen in die Top drei ist noch das „J Thorac Cardiovasc Surg“, welches 214-mal Verwendung fand. Die letzten drei, die 30 Veröffentlichungen erreichen, sind das „J Card Surg“ (n=36 \cong 1,42%), „Herz“ (n=32 \cong 1,26%) und „Clin Res Cardiol“ (n=32 \cong 1,26%).

5.2. Häufigkeit der Publikationen in den Zeitschriften mit dem höchsten Impactfaktor

Die Spanne der Impactfaktoren, die auf ein Journal kamen, reichte von 0,256 (Zeitschrift „Urologe“) bis zu 48,082 (Zeitschrift „Lancet“). (Tabelle 7)

Journal	5-Jahres-Impact	Häufigkeit (n)
Lancet	48,082	2
Nature	43,769	2
Cell Stem Cell	23,121	1
J Am Coll Cardiol	18,456	15
Eur Heart J	18,219	9
Adv Drug Deliv Rev	17,645	1
Circulation	17,14	23
Nat Protoc	13,254	1
Am J Respir Crit Care Med	13,077	1
Nat Rev Cardiol	12,633	1
Circ Res	11,972	1
Hepatology	11,93	1
Ann Surg	9,41	1
Biomaterials	8,946	5

BMC Med	8,836	1
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Tabelle 7. Die 15 Journale mit dem höchsten 5-Jahres-Impactfaktor 2016 und die Häufigkeit, mit der in ihnen publiziert wurde

Die Tabelle 7 zeigt, dass das „Lancet“ mit einen 5 Jahres-Impactfaktor 2016 von 48,082 den höchsten Impactfaktor der Journale dieser Analyse hat. Es wurde zwei Mal für eine Publikation verwendet. Auf den zweiten Platz, was die Höhe an Impactpunkten angeht, hat es das Journal „Nature“ mit einem Impactfaktor von 43,769 und einer Häufigkeit(n) von zwei Publikationen geschafft. Gefolgt von der Zeitschrift „Cell Stem Cell“ mit einem Impactfaktor von 23,121 (n=1), „J Am Coll Cardiol“ mit 18,456 Impactpunkten (n=15), „Eur Heart J“ mit 18,219 Impactpunkten (n=9), „Adv Drug Deliv Rev“ mit 17,645 Impactpunkten (n=1) und das „Circulation“ mit 17,14 Impactpunkten (n=23). Weitere Zeitschriften und ihre Publikationshäufigkeit finden sich in Tabelle 6.

5.3. Verteilung der Publikationen auf Impactfaktorenbereiche

Die insgesamt 2535 Publikationen (durchschnittlicher IF 3,091) kann man in Impactfaktorenbereiche aufteilen, wie es in Abbildung 12 geschehen ist. So ist es das Ziel eines Autors, eine Publikation in einem Journal mit einem hohen Impactfaktor zu veröffentlichen, um so die Reputation zu steigern und weil eine bestimmte Summe an Impactfaktoren bei den Habilitationsverfahren berücksichtigt wird.

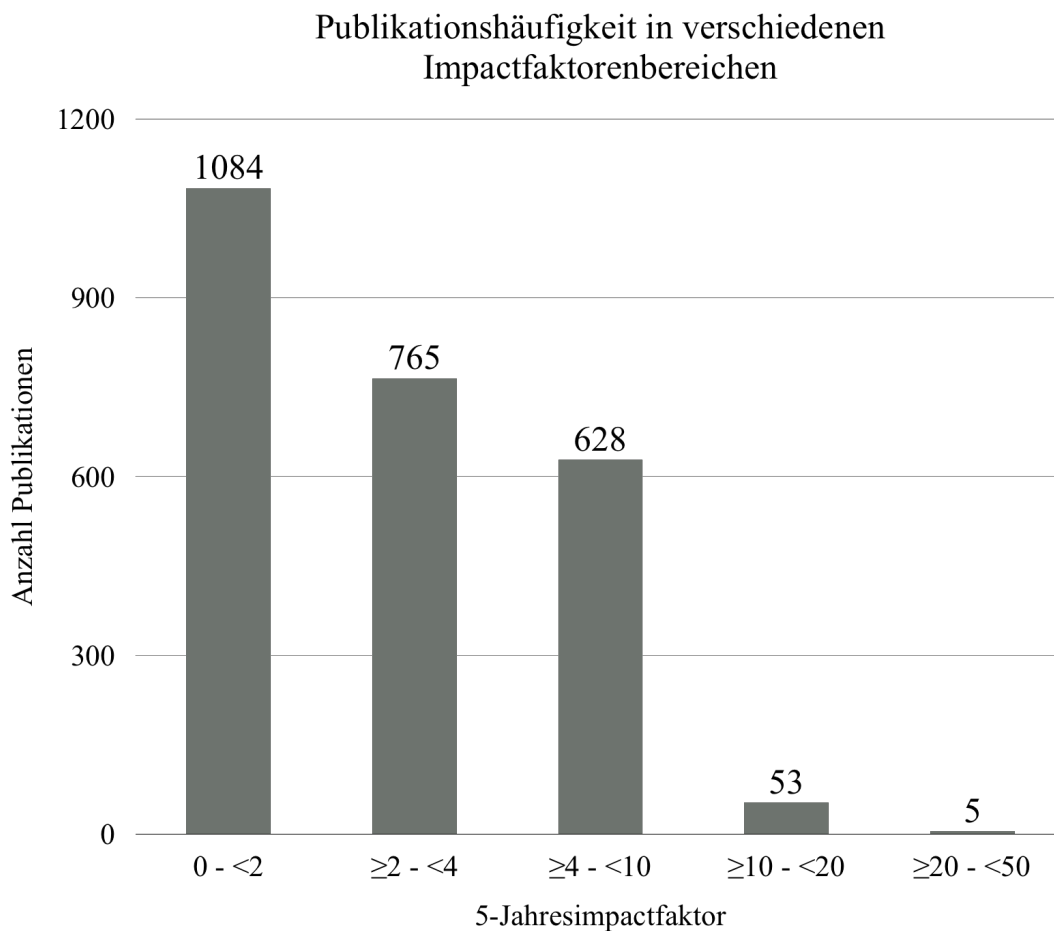


Abbildung 12 Verteilung aller Publikationen auf die 5 Impactfaktorenbereiche.

Im Bereich der Impactfaktoren von 0 bis 2 liegen 1084 der Gesamtpublikationen (42,76%). 765 Publikationen erreichten einen Impact von 2 bis 4 (30,18%). Einen Impact zwischen 4 und 10 konnten 628 Publikationen erreichen (24,77%). Von den Insgesamt 2535 Publikationen schafften es nur 53 in ein Journal mit einem Impactfaktor von 10 bis 20 (2,09%) und lediglich 5 Publikationen wurden in einer Zeitschrift mit einem Impactfaktor über 20 (0,3%) veröffentlicht.

5.4. Maximal erreichter Impactfaktor einer Klinik mit einer Einzelpublikation

Im Folgenden wurde für jede der 33 Universitätskliniken die Publikation mit dem höchsten Impactfaktor aller Publikationen der einzelnen Klinik herausgesucht. (Abbildung 13)

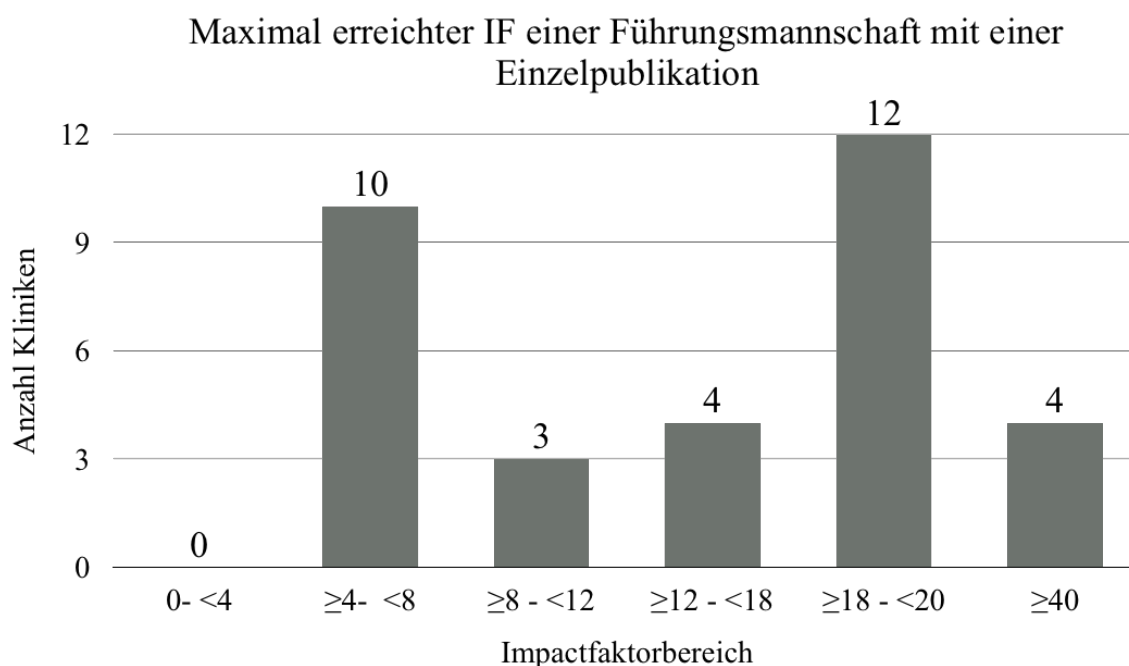


Abbildung 13 Anzahl der Führungsmannschaften, die mit einer Einzelpublikation die verschiedenen Impactfaktorbereiche erreichten. Zur Erläuterung: 16 (48,49%) Kliniken erreichten mit einer Einzelpublikation maximal einen IF von >18 , 17(51,5%) Kliniken einen IF-Bereich <18.

Alle Universitätskliniken kamen mit einer Einzelpublikation über einen Impactfaktorbereich von 4 hinaus. 10 der 33 Universitätskliniken (30,30%) konnten einem Impactfaktor von 8 mit einer Einzelpublikation nicht überschreiten. In den Bereich von einem Impactfaktor zwischen 8 und 12 kamen 3 Universitätskliniken (9,09%). Mit einer Einzelpublikation auf einen Impactfaktor von 12-18 kamen 4 Universitätskliniken, genauso viele schafften es auf einen Impactfaktor über 40 (je 12,12%). Die größte Gruppe waren Einrichtungen (n=12) mit einer Einzelpublikation in einem Impactfaktorbereich von 18 bis 20 (36,36%).

5.5. Anzahl Publikationen pro Thema

Die Publikationen der Herzchirurgie kann man auf Schlüsselwörter untersuchen und dementsprechend übergeordneten Themen zuordnen (siehe 3.3 Journalanalyse). Die Häufigkeit, mit der diese Themen publiziert wurden, ist in Abbildung 14 dargestellt. Manche Themen ähneln sich sehr und konnten daher zusammengefasst werden, wie zum Beispiel Extrakorporale Zirkulation (ECC)/extrakorporale Membranoxygenierung (ECMO)/ extrakorporale Lebenserhaltung (ECLS)/ kardiopulmonaler Bypass (CPB).

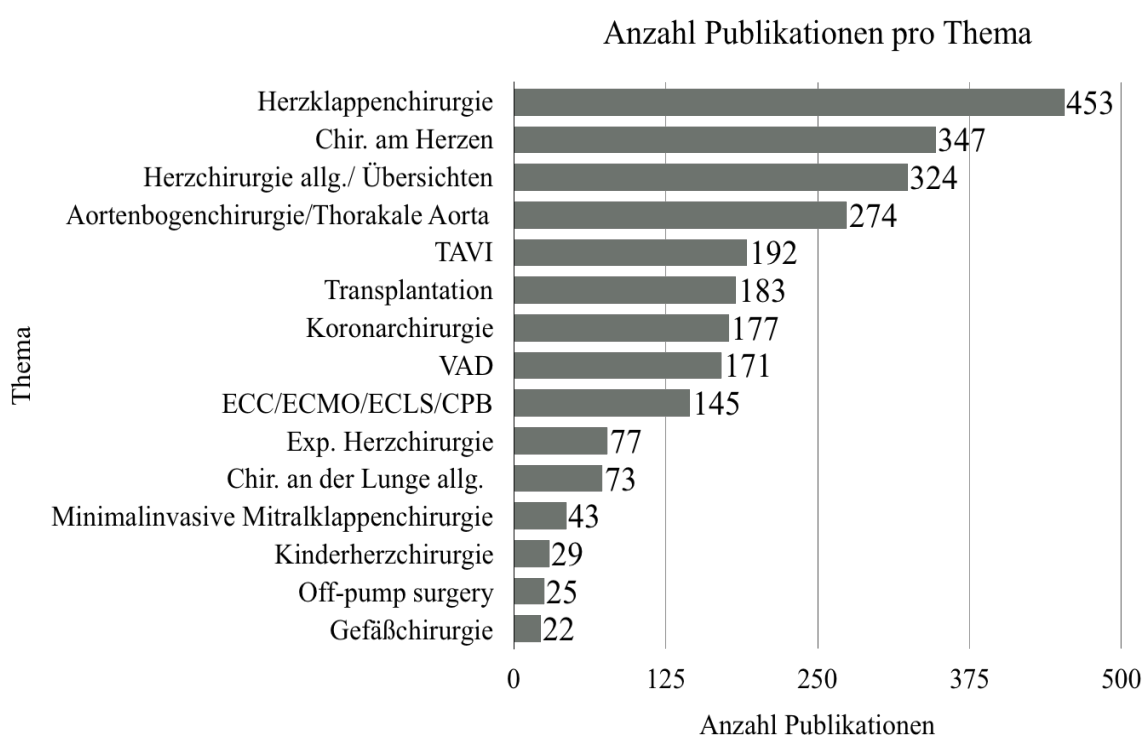


Abbildung 14 Anzahl an Publikationen pro Themen der Herzchirurgie

Das Thema, dem die meisten Publikationen zugeordnet werden konnten, ist die „Herzklappenchirurgie“ mit 453 (17,87%) Nennungen. „Chirurgie am Herzen“ konnte 347 (13,69%) mal zugeordnet werden, dicht gefolgt von der „Herzchirurgie allgemein/Übersichten“ mit 324 (12,78%) und mit leichtem Abstand Aortenbogenchirurgie/Thorakale Aorta mit 274 (10,8%) Publikationen. Es folgen „TAVI“ (Transkatheter-Aortenklappen-Implantation) mit 192 (7,57%), „Transplantationen“ (Herz und Lunge) mit 183 (7,22%), „Koronarchirurgie“ mit 177 (6,98%), „VAD“ (Herzunterstützungssysteme) mit 171 (6,75%) und „ECC/ECMO/ECLS/CPB“

(Extrakorporale Zirkulation/ extrakorporale Membranoxygenierung / extrakorporale Lebenserhaltung/ kardiopulmonaler Bypass) mit 145 (5,72%) Veröffentlichungen..

Weitere Themen und ihre Häufigkeit finden sich in Abbildung 14.

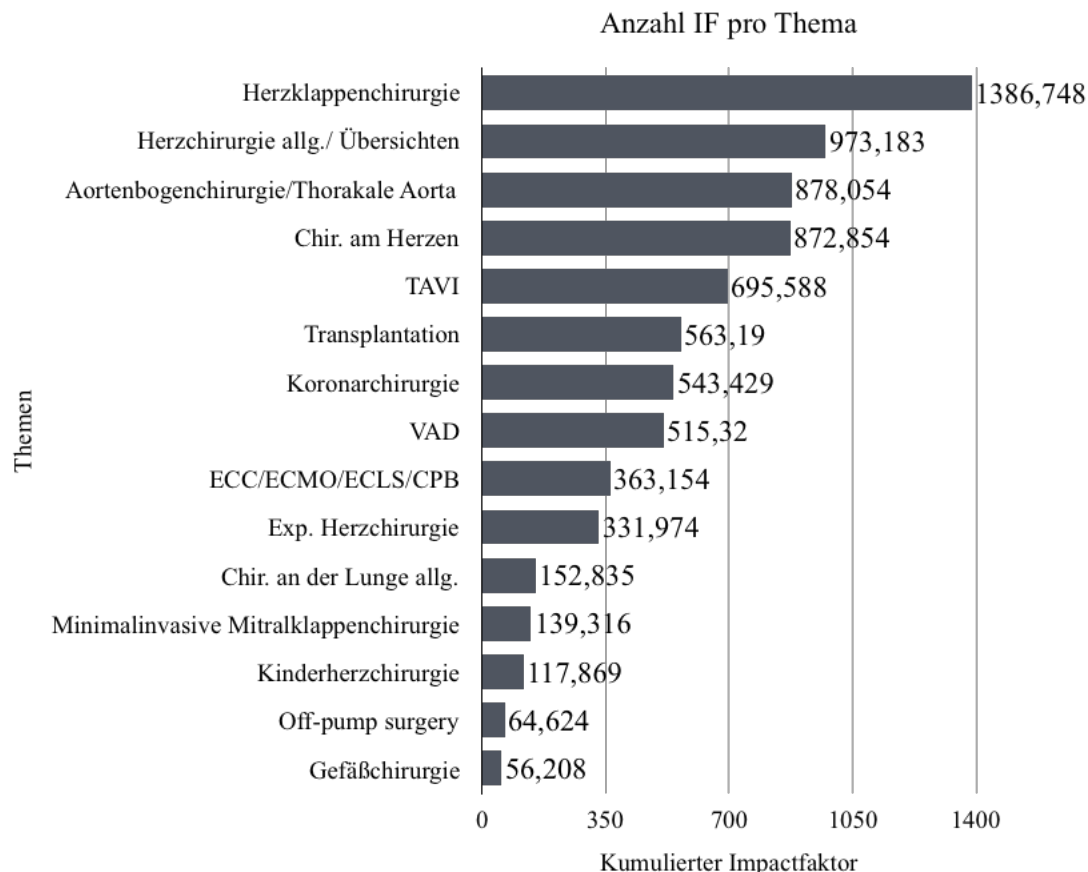


Abbildung 15 Anzahl der erreichten kumulierten Impactfaktoren bei den einzelnen Themen

Auch im Ranking nach den erreichten kumulierten Impactfaktoren (Abbildung 15) bei einzelnen Themen liegt die Herzklappenchirurgie mit einer erreichten Summe von 1386,758 Impactpunkten vorne. Chirurgie am Herzen rutscht vom zweiten (Abbildung 14) auf den vierten Platz (872,854) (Abbildung 15). An zweiter Stelle steht hier die Herzchirurgie allgemein/ Übersichten mit 973,183 Impactpunkten, gefolgt von der Aortenbogenchirurgie/ Thorakale Aorta. Diese erreichten einen kumulierten Impactfaktor von 878,045. Am Ende des Rankings ändert sich nichts. Die letzten drei Plätze werden ebenfalls in gleicher Reihenfolge (wie in Abbildung 14) von der Kinderherzchirurgie (117,869), Off-pump surgery (64,624) und der Gefäßchirurgie (56,208) belegt.

Weitere Themen und ihre kumulierten Impactfaktoren finden sich in Abbildung 15

5.6. Impactfaktor pro Einzelpublikation bezogen auf die Themen

Es wurde ermittelt, welcher Impactfaktor sich im Mittel pro Einzelpublikation bei den verschiedenen Themen erreichen ließ (Abbildung 16). Dafür wird die Summe der kumulierten Impactfaktoren durch die Anzahl der Publikationen geteilt. Beispiel Exp. Herzchirurgie: 331,974 (Impactfaktoren) geteilt durch 77 (Anzahl der Publikationen) ergibt 4,311.

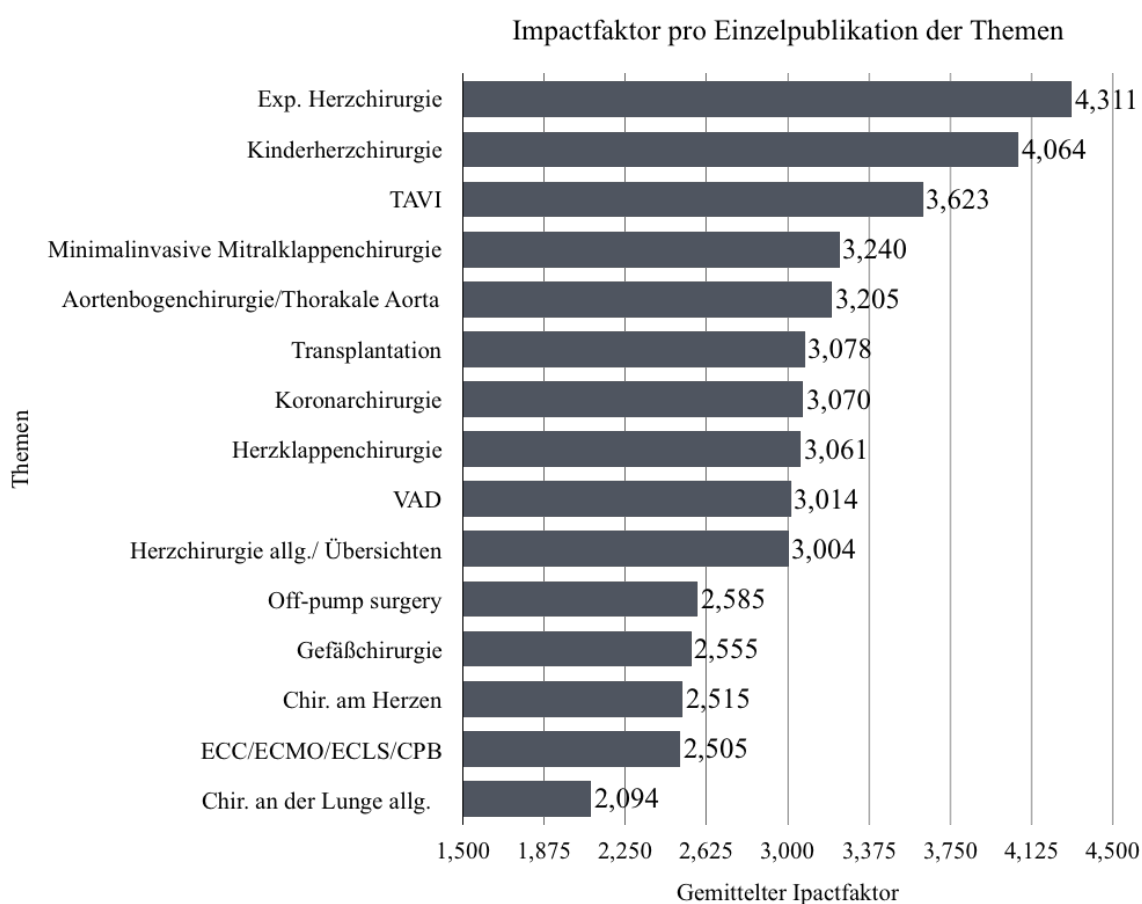


Abbildung 16 Gemittelter Impactfaktor pro Einzelpublikation bei den verschiedenen Themen.

Den höchsten gemittelten Impactfaktor pro Einzelpublikation ergab sich für „Exp. Herzchirurgie“ (\bar{x} 4,311), es folgten „Kinderherzchirurgie“ (\bar{x} 4,064), „TAVI“ (Transkatheter-Aortenklappen-Implantation) (\bar{x} 3,623), „minimalinvasive Mitralklappenchirurgie“ (\bar{x} 3,240) und „Aortenbogenchirurgie/thorakale Aorta“ (\bar{x} 3,205).

Weitere Themen und ihre gemittelten Impactfaktoren finden sich in Abbildung 16

5.7. Die Top- drei Kliniken pro Thema

Im Folgenden werden die sieben am meisten bearbeiteten Themen aufgelistet. Es werden jeweils die drei Universitätskliniken aufgeführt, welche das jeweilige Thema am häufigsten bearbeiteten. Es wird die Anzahl der Publikationen (n) und die Summe der entsprechenden kumulierten Impactfaktoren angegeben.

- Herzklappenchirurgie: Hannover (n=44; 122,938 IF), München DHZ (n= 43; 135,540 IF), und Leipzig (n= 41; 135,892 IF).
- Chirurgie am Herzen: Köln (n= 35; 100,448 IF), München DHZ (n= 32; 88,347IF), Hannover (n= 24; 44,244 IF).
- Aortenbogenchirurgie/Thorakale Aorta: Freiburg (n=36; 144,295 IF), Leipzig (n=34; 129,494 IF), Hannover (n=30; 84,289 IF).
- TAVI (Transkatheter-Aortenklappen-Implantation): Berlin DHZ (n= 28; 137,236 IF), München DHZ (n= 26; 110,466 IF), Halle (n= 22; 76,431IF).
- Transplantation (Herz und Lunge): Hannover (n=41; 216,344 IF), Hamburg (n=29; 92,771 IF), Heidelberg (n=23; 61,093)
- Koronarchirurgie: Hannover (n=15; 24,571 IF), Köln (n=15; 26,821 IF) und Leipzig (n=14; 82,737 IF)
- VAD (Herzunterstützungssysteme): Berlin DHZ (n= 38; 127,753 IF), Düsseldorf (n= 20; 55,013 IF) und Hannover (n= 18; 67,102IF)

Am häufigsten in dieser Auflistung taucht Hannover mit 6 Erwähnungen bei insgesamt 7 Themen auf. Diese Universitätsklinik hat es geschafft, bei fast jedem (außer TAVI) Thema unter die ersten drei zu gelangen. Bei „Herzklappenchirurgie“ (n=44; 122,938 IF), „Transplantation“ (n=41; 216,344 IF) und „Koronarchirurgie“ (n=15; 24,571 IF) schafft Hannover es auf den ersten Platz, bei „VAD“ (n= 18; 67,102IF), „Aortenbogenchirurgie/ Thorakale Aorta“ (n=30; 84,289 IF) und „Chirurgie am Herzen“ (n= 24; 44,244 IF) auf den dritten Platz. Drei Mal den zweiten Platz kann das „Deutsche Herzzentrum München“ unter „Herzklappenchirurgie“ (n= 43; 135,540 IF), „Chirurgie am Herzen“ (n= 32; 88,347IF) und „TAVI“ (n= 26; 110,466 IF) erreichen. Leipzig schafft es bei „Aortenbogenchirurgie/ Thorakale Aorta“ (n=34; 129,494 IF) auf Platz zwei und bei

„Herzklappenchirurgie“ (n= 41; 135,892 IF) und „Koronarchirurgie“ (n=14; 82,737 IF) auf Platz drei.

6. Diskussion

Für die hier vorliegende Analyse konnten keine Vergleichsdaten gefunden werden, es ist damit die erste Analyse der Publikationsleistung der Führungsmannschaften der deutschen Herzchirurgie überhaupt. Um einen Vergleich mit anderen Fächern bilden zu können, haben wir in der vorliegenden Arbeit unsere Methodik an die von Schubert et al. (2015), der die Organisationsstrukturen der plastischen Chirurgie in Deutschland untersuchte, angepasst.

Die vorliegende Untersuchung ist eine Momentaufnahme derjenigen Führungsmannschaft, die zu dem Stichtag der Erhebung an der jeweiligen Universitätsklinik beschäftigt war, bei dieser Analyse ist das der 01.07.2017, nicht aber der Führungsmannschaften über den gesamten Zeitraum von 10 Jahren. Oberärzte und Chefärzte, die in dem 10-Jahreszeitraum die Klinik verlassen haben, wurden Methodikbedingt nicht erfasst. Umgekehrt: wenn eine Führungsmannschaft erst vor kurzem in einer Klinik tätig war und dort noch nichts oder sehr wenig publiziert hatte, schnitt die Publikationsleistung der betreffenden Klinik möglicherweise ungünstig ab, obwohl in den Vorjahren von anderen Mitglieder der Führungsmannschaften, die mittlerweile die Klinik verlassen hatten, dort häufiger publiziert wurde. Dadurch spiegelt die hier erfasste Publikationsleistung genau genommen nicht die Leistung der Führungsmannschaften über den Gesamtzeitraum wider. Dadurch kommt es zu Problematiken, wie man an dem Beispiel Magdeburg erkennen kann. Dort hatte zum Zeitpunkt der Erhebung vor kurzer Zeit die Führungsmannschaft gewechselt und es konnte keine Publikation am Stichtag dieser Erhebung der Herzchirurgie Magdeburg und der dort aktuell beschäftigten Führungsmannschaft für die vergangenen 10 Jahre zugewiesen werden, wodurch diese Universitätsklinik aus dem Ranking genommen werden musste. Die Publikationen der in Magdeburg aktuell tätigen Führungsmannschaft wurden der Klinik zugeordnet, an welcher das betroffene Mitglied der Führungsmannschaft vor seinem Wechsel nach Magdeburg zuletzt publiziert hatten, wie im Abschnitt „Material und Methodik“ bereits beschrieben.

Bei der Erhebung der Publikationsleistungen der Führungsmannschaft einer Klinik kommt es zu Doppelnennungen, da der Letztautor einer Publikation der Chefarzt und der Erstautor ein Oberarzt der gleichen Klinik sein kann. Da dies nicht die Anzahl an Publikationen der Führungsmannschaft einer Klinik widerspiegelt, wurden die Doppelnennungen in dem Hauptteil der Analysen herausgefiltert, es sei denn, sie waren für diese relevant, wie bei Abbildung 1, sowie Tabelle 1. Die Anzahl der Letztautorenschaften ist um 19,56% höher als die Erstautorenschaften. 1.953 (66,11%) der gesamten 2954 Publikationen sind durch Professoren, 710 Publikationen (24,04%) durch Privatdozenten und 291 Publikationen (9,85%) durch die restlichen Oberärzte veröffentlicht worden. Dabei liegt das Verhältnis Erstautorenschaften vs. Letztautorenschaften bei den Professoren 1:2,78 . Bei den Privatdozenten sind es wesentlich mehr Erstpublikationen. Das Verhältnis beträgt 1,93:1. Bei den restlichen Autoren verschiebt sich das Verhältnis schließlich auf 2,59:1. (Abbildung 8). Mit ansteigender Hierarchieebene finden sich demnach zunehmend Letztautorenschaften und umgekehrt abnehmende Erstautorenschaften.

Insgesamt konnten 354 Ärzte den Führungsmannschaften zugeordnet werden, von denen 235 veröffentlicht haben. Dies entspricht im Schnitt 66,38% aller Ärzte, die Veröffentlichungen vorweisen können. Es fragt sich, warum 33,62% der Ärzte laut dieser Analyse als Erst- oder Letztautor nicht veröffentlichten, zumindest nicht in PubMed gelisteten Zeitschriften. Dies kann mehrere Gründe haben. Die Oberärzte können vor kürzerer Zeit einen Ruf von einer nicht universitären Einrichtung oder gar aus dem Ausland an eine Universitätsklinik erhalten haben, dieses ist aufgrund des Fachärztemangels in Deutschland nicht unüblich. Desweiteren benötigt man auf den Stationen in universitären Einrichtungen ein großes Team, um die Fallzahl zu bewältigen. Die Behandlung der Patienten steht im Vordergrund, wodurch es Oberärzte geben kann, die im Wesentlichen sich um die Versorgung der Patienten kümmern und wenig wissenschaftlich arbeiten. Bei Professoren, die bereits seit längerem diese Position innehatten, ist es auch möglich, dass sie die Publikationsaktivitäten den jüngeren Kollegen überlassen. Auch wurden in dieser Untersuchung deutschsprachige Zeitschriften, die in PubMed nicht aufgeführt werden, Methodik-bedingt nicht erfasst (wie z.B. die Zeitschrift für Herz-, Thorax- und Gefäßchirurgie), obwohl sie durchaus einen großen Leserkreis haben.

Um die Leistung einer Klinik zu messen, bedarf es eines Vergleichsmaßstabs. Dies war in der vorliegenden Analyse der Impactfaktor und die Anzahl an Publikationen. Doch wie genau wird der Impactfaktor ermittelt? Er bezieht sich immer auf ein Journal, also nicht auf einen Artikel. Der Impactfaktor eines Journals wird durch die Zitierhäufigkeit eines und/oder mehrerer Artikel aus diesem Journal in der Onlinedatenbank „Web of Science“ erfasst. Erscheint ein Artikel in einem Journal mit hohem Impactfaktor, wird er für wichtiger als andere erachtet, da die Forschungsgruppe es geschafft hat, in diesem Journal zu veröffentlichen. Dies ist aber kein Beweis dafür, dass dieser Artikel wirklich eine so hohe Gewichtung für die Forschung haben muss. Ermittelt man den 5-Jahres-Impactfaktor, also den Durchschnitt der Impactfaktoren eines Journals der vergangenen 5 Jahre, und dieser ist hoch, so scheint dieses Journal grundsätzlich hochwertige Artikel zu veröffentlichen. Man kann also zumindest im Durchschnitt vermuten, dass die Artikel dieses Journals eine hohe Relevanz haben, aber ein Beleg für den Einzelfall ist auch der 5-Jahres-Impactfaktor nicht. Hier müsste zusätzlich der Citation Index jeder einzelnen Publikation erfasst werden, was den Rahmen dieser Arbeit bei weitem gesprengt hätte, und was auch von Schubert et al. (2015) [5] nicht durchgeführt wurde. Eine weitere Schwierigkeit ist, dass in der Forschung mehrheitlich englischsprachig publiziert und auch zitiert wird, wodurch englischsprachige Journale einen wesentlich höheren Impactfaktor erlangen können als nicht englischsprachige Journale. Eine Forschungsleistung, veröffentlicht in einer anderen Sprache als Englisch, wird damit von vornherein minderbewertet.

Trotzdem benötigt man den Impactfaktor mangels anderer Messparameter als Kriterium. Erfasst man die Leistung einer Klinik nur anhand der Anzahl an Publikationen, stellt sich das Problem, dass eine Klinik viel veröffentlichen kann, ohne einen hohen wissenschaftlichen Outcome zu erzielen. Umgangssprachlich könnte man das dann „Masse statt Klasse“ nennen.

Diese Analyse lässt sich mit der Publikation von E. S. Debus et al. (2019) [1] vergleichen. In dieser Publikation ging es um eine Analyse der Gefäßchirurgie in Deutschland mit identischer Methodik im Zeitraum vom 01. Januar 2007 bis 01. Juli 2017, also der gleiche Betrachtungszeitraum, wie in dieser Analyse

Vergleicht man die Menge der Publikationen verteilt auf Terzile, erkennt man erhebliche Unterschiede zwischen deutscher universitärer Gefäßchirurgie und Herzchirurgie. Um

eine bessere Vergleichbarkeit zwischen den Fachgebieten zu gewährleisten, werden im Folgenden Terzile und keine Quintile verwendet. So wurde in einem Zehnjahreszeitraum von den herzchirurgischen Universitätskliniken sehr viel mehr in Summe veröffentlicht als von den universitären gefäßchirurgischen Einrichtungen (siehe Abb. 17).

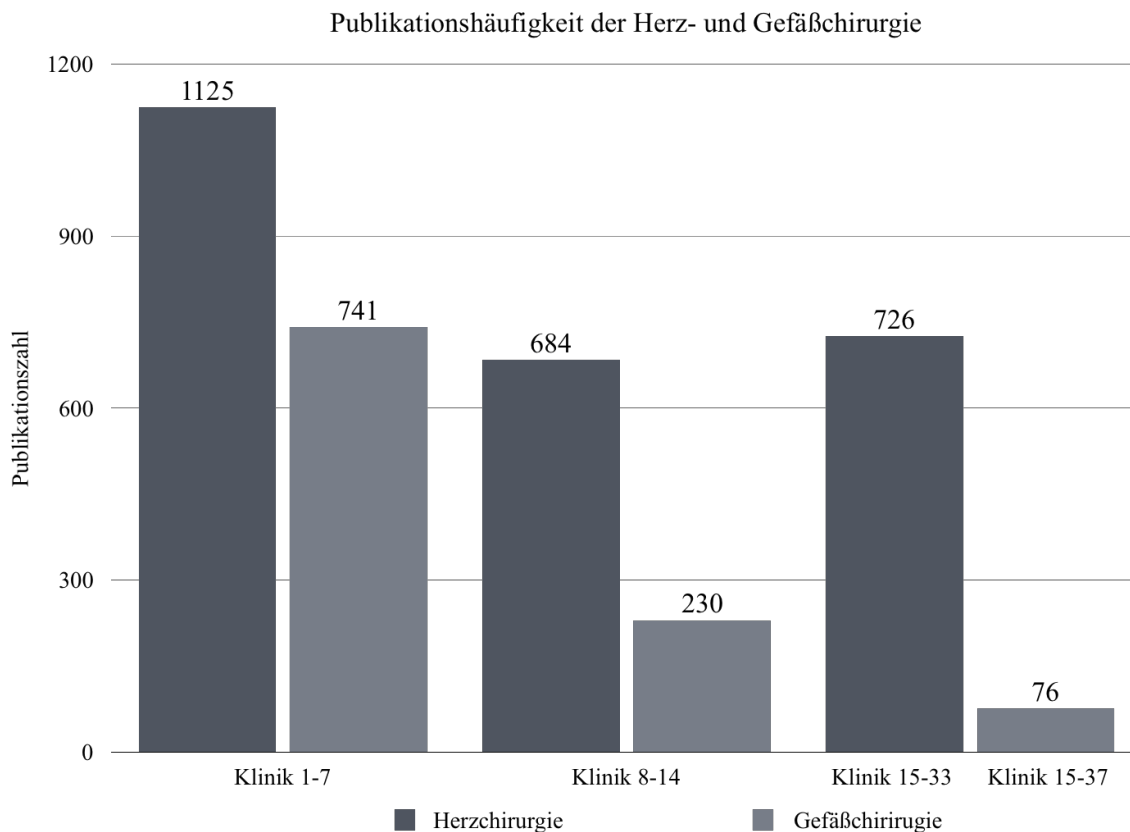


Abbildung 17 Erzielter Publikationsumfang der Führungsmannschaften von Herzchirurgie und Gefäßchirurgie aufgeteilt nach Kliniken mit den meisten und wenigsten Publikationen. Restliche Kliniken umfassen dabei bei den Gefäßchirurgien die letzten 23 Kliniken und bei den Herzchirurgen die letzten 19 Kliniken. Angaben zur Gefäßchirurgie stammen aus Debus et al. 2019 [1].

Die Kliniken 1 - 7 erreichten bei den Führungsmannschaften der herzchirurgischen Universitätskliniken 1125 Publikationen, wohingegen die Gefäßchirurgien lediglich 741 Publikationen veröffentlicht haben. Die Kliniken 8 - 14 kommen bei den Herzchirurgen auf 684 Publikationen, im Vergleich dazu sind es bei den Gefäßchirurgien nur 230. Die restlichen Kliniken, die bei den Gefäßchirurgien noch 22 Führungsmannschaften umfassen, kommen nur auf 76, während bei der Herzchirurgie die restlichen 19 Kliniken noch 726 Publikationen veröffentlicht haben.

Ähnlich verhält es sich auch bei den kumulierten Impactfaktoren der Herz- und Gefäßchirurgien in Deutschland. (Abbildung 18)

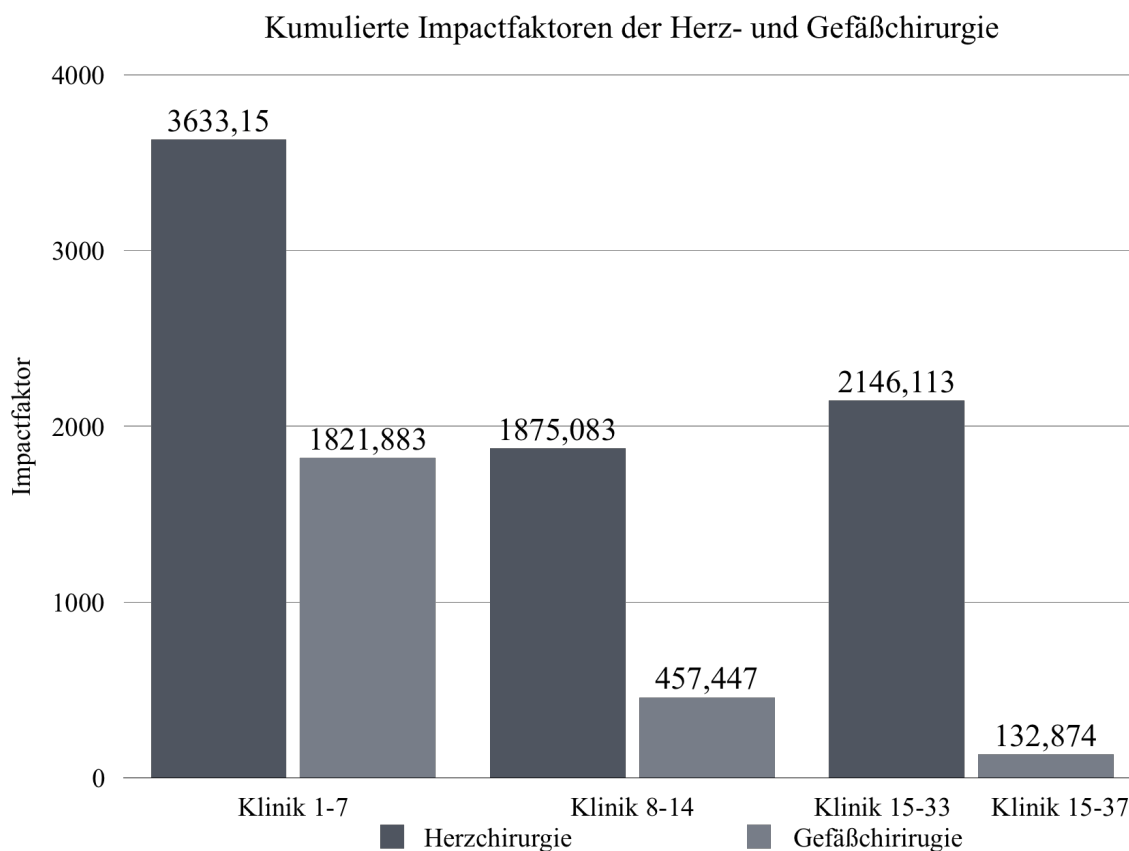


Abbildung 18 Erzielter kumulativer Impactfaktor der Führungsmannschaften von Herz- und Gefäßchirurgie, aufgeteilt nach den Führungsmannschaften mit den meisten Impactfaktoren bis zu den mit den wenigsten. Restliche Kliniken umfassen dabei bei den Gefäßchirurgien die letzten 23 Kliniken und bei den Herzchirurgen die letzten 19 Kliniken. Angaben zur Gefäßchirurgie stammen aus Debus et al. 2019 [1].

Die Kliniken 1 - 7 erzielten bei den Kliniken der Herzchirurgie 3633,15 Impactpunkte, dem gegenüber haben die Gefäßchirurgen nur 1821,883 kumulierte Impactfaktoren erzielen können, fast so viele wie die Kliniken 8- 14 bei den Herzchirurgen mit 1875,083. Diese Kliniken erreichten bei den Gefäßchirurgischen Abteilungen nur noch eine kumulierte Summe an Impactfaktoren von 457,447. Die restlichen Kliniken, bestehend aus 19 bei den Herzchirurgen und 23 bei den Gefäßchirurgen, konnten insgesamt noch 2146,113 Impactpunkte bei den Führungsmannschaften in der Herzchirurgie und nur noch 132,874 Impactpunkte in der Gefäßchirurgie vorweisen. Es war naheliegend, dass die Summe der Impactfaktoren bei den Herzchirurgen höher als bei den Gefäßchirurgen

war, das entsprach dem Publikationsumfang beider Disziplinen.—Allerdings veröffentlichte die Herzchirurgie auch in Zeitschriften mit höherem Impactfaktor, wie man Abbildung 21 entnehmen kann.

Des Weiteren muss man auch die unterschiedliche Anzahl an Mitgliedern der Führungsmannschaften berücksichtigen. So haben die herzchirurgischen Führungsmannschaften wesentlich größere Teams als die Gefäßchirurgen. Rechnet man die Publikationshäufigkeit auf alle Mitglieder der Führungsmannschaften, also die aktiven und passiven Ärzte herunter, kommen die herzchirurgischen Führungsmannschaften auf 7,16 Publikationen pro Mitglied der Führungsmannschaften (Gesamtpublikationszahl: 2535, Anzahl der Ärzte 345). Die Führungsmannschaften der Gefäßchirurgen erzielten 7,7 Publikationen pro Mitglied der Führungsmannschaften bei einer Gesamtpublikationszahl von 1047 und insgesamt 136 Ärzten. Bei dem durchschnittlichen Impactfaktor erzielten die Führungsmannschaften der Herzchirurgie 21,62 Impactpunkte pro Mitglied der Führungsmannschaft, während es bei den Gefäßchirurgen nur 17,71 Impactpunkte pro Mitglied der Führungsmannschaften war. Bei diesem Vergleich wird deutlich, dass die Gefäßchirurgien bei der Publikationshäufigkeit zwar besser dastehen, jedoch nicht so hohe Impactpunkte erzielen konnten.

Interessant ist auch zu sehen, wie sich die Publikationen und kumulierten Impactfaktoren der beiden Fachrichtungen prozentual auf die einzelnen Klinikterzile aufteilen (Abbildung 19).

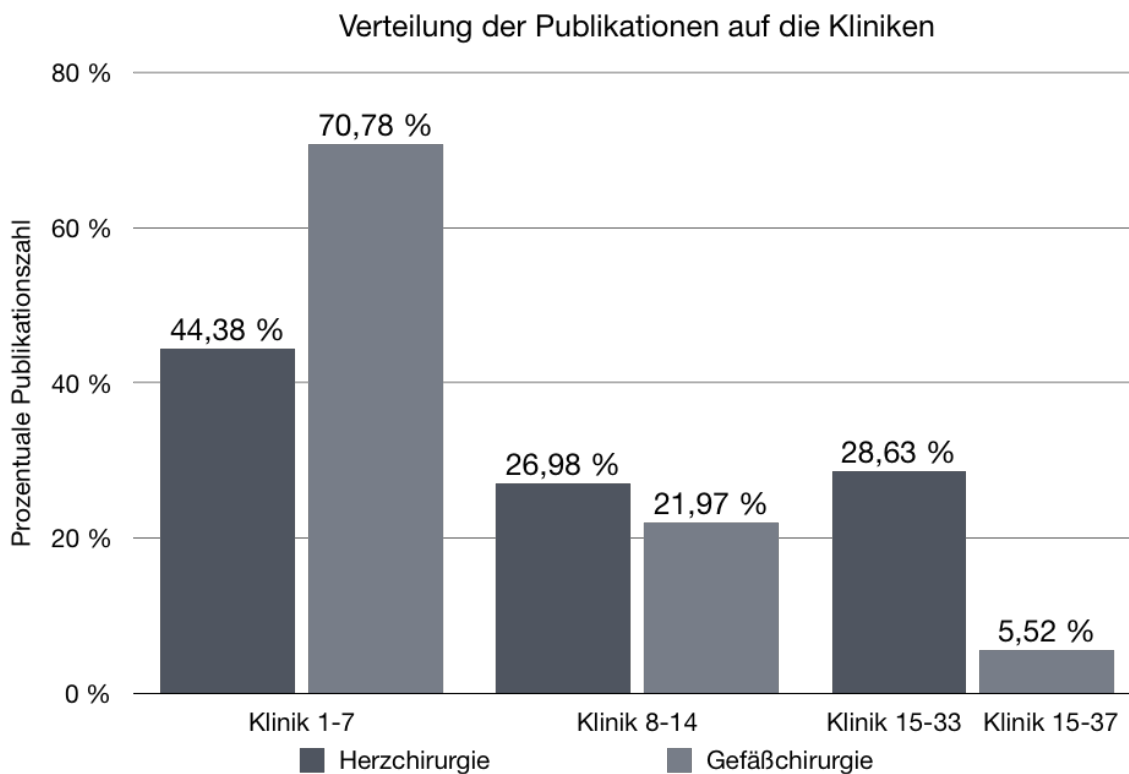


Abbildung 19 Anzahl der Publikationen verteilt auf Klinikterzile im Vergleich Herzchirurgie und Gefäßchirurgie (in Prozent angegeben). Restliche Kliniken umfassen bei den Gefäßchirurgien die letzten 23 Kliniken und bei den Herzchirurgen die letzten 19 Kliniken. *Angaben zur Gefäßchirurgie stammen aus Debus et al. 2019 [1].*

Bei den gefäßchirurgischen Kliniken veröffentlichten die ersten 7 Führungsmannschaften 741 der insgesamt 1047 Publikationen in dem Betrachtungszeitraum, dies entspricht 70,78% aller gefäßchirurgischen Publikationen, während bei den herzchirurgischen Führungsmannschaften die ersten 7 Kliniken lediglich 1125 der gesamten 2535 Publikationen veröffentlichten, welches 44,38% ausmacht. Die Führungsmannschaften der Kliniken 8 - 14 lagen bei der Analyse der Gefäßchirurgen bei 21,97%, was 230 Publikationen entspricht. Bei den herzchirurgischen Abteilungen veröffentlichten diese 684 Publikationen, dieses entspricht 26,98%. Dass die Führungskräfte der Kliniken in der Herzchirurgie eine wesentlich höhere Publikationsmenge erzielen konnten, ist bereits in Abbildung 17 zu sehen gewesen. Wie man nun hier deutlich erkennen kann, konzentriert sich die Publikationsleistung bei den Führungsmannschaften der Gefäßchirurgen auf die besten 7 Kliniken. Es scheint also in Deutschland nur wenige Kliniken der Gefäßchirurgie zu geben, die den Hauptteil der Publikationsleistung erzielen. Bei den Führungsmannschaften der Herzchirurgen ist die Publikationsleistung breiter auf alle

Kliniken verteilt, auch wenn die besten 7 Kliniken mit rund 44% fast die Hälfte aller Publikationen tätigten.

Ähnlich verhält sich das Gefälle bei der Betrachtung der Impactfaktoren verteilt auf die Terzile (Abbildung 20)

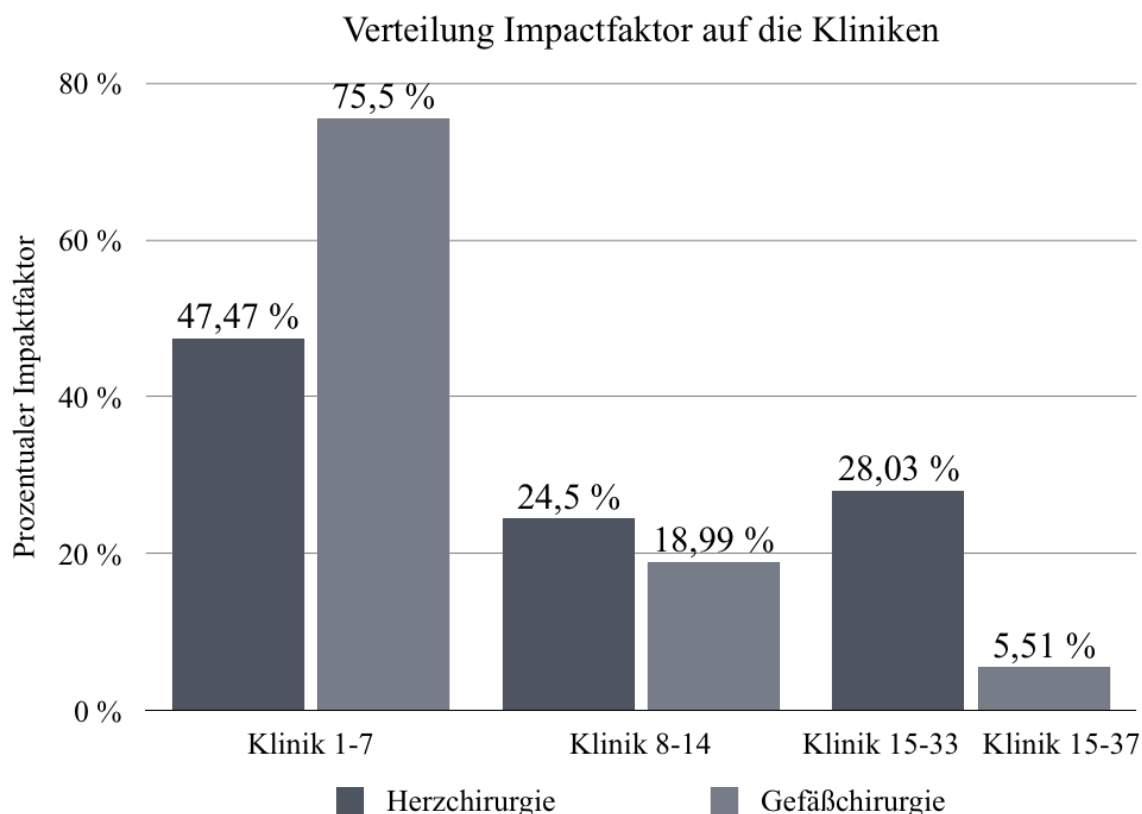


Abbildung 20 Summe der Impactfaktoren der Führungsmannschaften in Terzile der Kliniken der Herzchirurgie und Gefäßchirurgie in Prozentangaben. Restliche Kliniken umfassen dabei bei den Gefäßchirurgien die letzten 23 Kliniken und bei den Herzchirurgen die letzten 19 Kliniken. Angaben zur Gefäßchirurgie stammen aus Debus et al. 2019 [1].

Zwar nahmen die besten 7 Kliniken bei den Herzchirurgen mit 47,47% bereits einen hohen Anteil der kumulierten Impactfaktoren aller Kliniken ein, entsprechend einer kumulierten Summe von 3265,447 von insgesamt 7654,300 Impactfaktoren, jedoch war dies deutlich weniger als der Anteil der ersten 7 Kliniken bei den Gefäßchirurgen mit 75,50%, welches einer Summe von 1818,712 Impactfaktoren bei insgesamt 2409,133 kumulierten Impactfaktoren aller Kliniken entspricht. Auch geht die Schere nachfolgend

weiter auseinander, bei den Kliniken 8 -14 der Gefäßchirurgen kommen 18,99 Prozentpunkte zusammen, entsprechend 457,447 Impactpunkten. Bei den Führungsmannschaften der Herzchirurgen sind es bei den Kliniken 7 - 8 1797,406 Impactpunkte, damit 23,48% der kumulierten Impactfaktoren. Wie bereits bei der Summe der Publikationen zu sehen war, konzentriert sich auch die Summe der erreichten Impactfaktoren bei den gefäßchirurgischen Führungsmannschaften auf das erste Klinikterzil, während bei der Herzchirurgie die Impactpunkte mehr über alle Kliniken verteilt sind.

Weiter kann man den maximal erreichten Impactfaktor einer Führungsmannschaft in den beiden Fachrichtungen vergleichen (Abbildung 21). Auch hier kann man erhebliche Unterschiede erkennen.

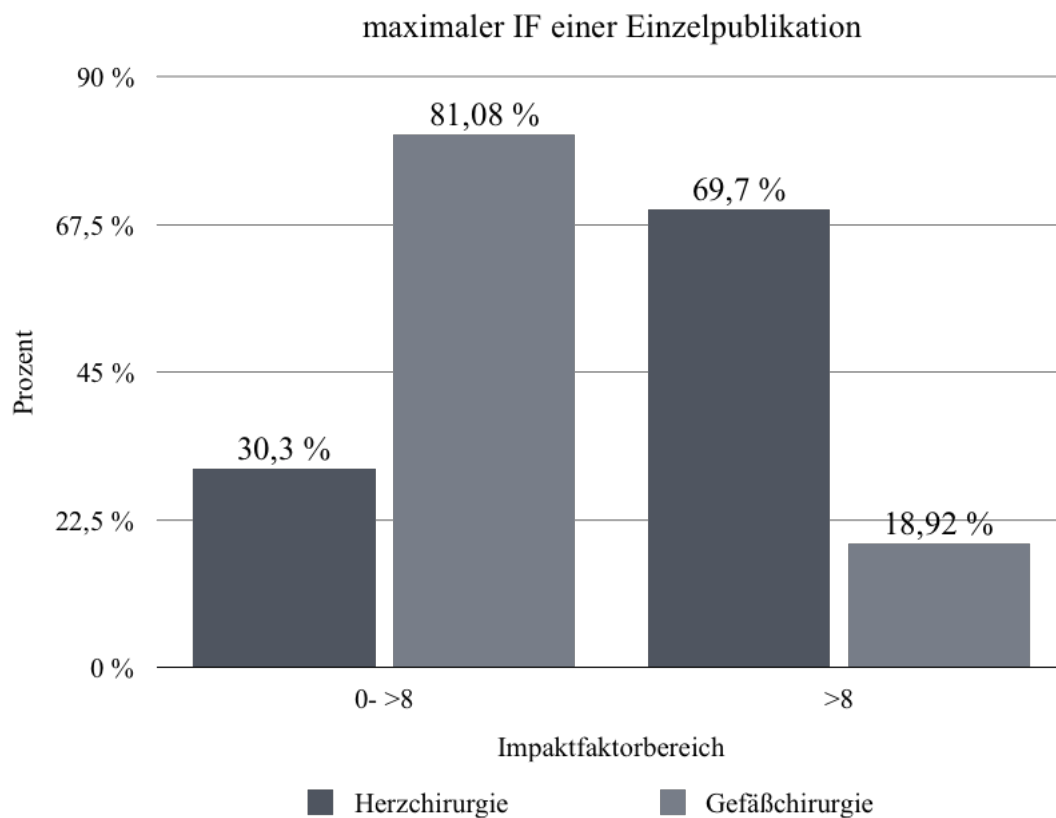


Abbildung 21 Maximal erreichter Impactfaktor der Führungsmannschaften von Herz- und Gefäßchirurgie im Vergleich. Dargestellt ist der Prozentsatz an Kliniken, die jeweils mit einer Einzelpublikation die verschiedenen Impactfaktorenbereiche erreichten. Angaben zur Gefäßchirurgie stammen aus Haffke et al. 2019 [2].

Die herzchirurgischen Kliniken konnten zumindest immer eine Publikation vorweisen, die den Impactfaktor von 4 überschritten hat. 30,3% der Kliniken konnten mit einer Einzelpublikation einen Impactfaktor von 0 bis <8 erreichen und 69,7% erreichten mit einer Einzelpublikation einen Impactfaktor von höher als 8. Die gefäßchirurgischen Führungsmannschaften konnten nicht so gute Zahlen vorweisen. Die meisten Kliniken (81,08%) konnten lediglich einen maximalen Impactfaktor einer Einzelpublikation von unter 8 vorweisen. Nur 18,92% der Kliniken schaffte einen Impactfaktor höher als 8. Man kann Abbildung 16 deutlich entnehmen, dass die Führungsmannschaften der Herzchirurgie in Journalen mit höherem Impactfaktor veröffentlichen. Dies lässt sich möglicherweise auch damit erklären, dass das Feld der Herzchirurgie länger etabliert ist und die Abteilungen größer sind.

Ebenfalls interessant zu vergleichen ist der durchschnittliche Publikationsimpactfaktor einer Klinik (Abbildung 22). Diese Übersicht ist in der Dissertation von Florian Haffke 2019 [9] zu finden (dort Abbildung 6: Benchmarking Durchschnittlicher Impactfaktor pro Publikation).

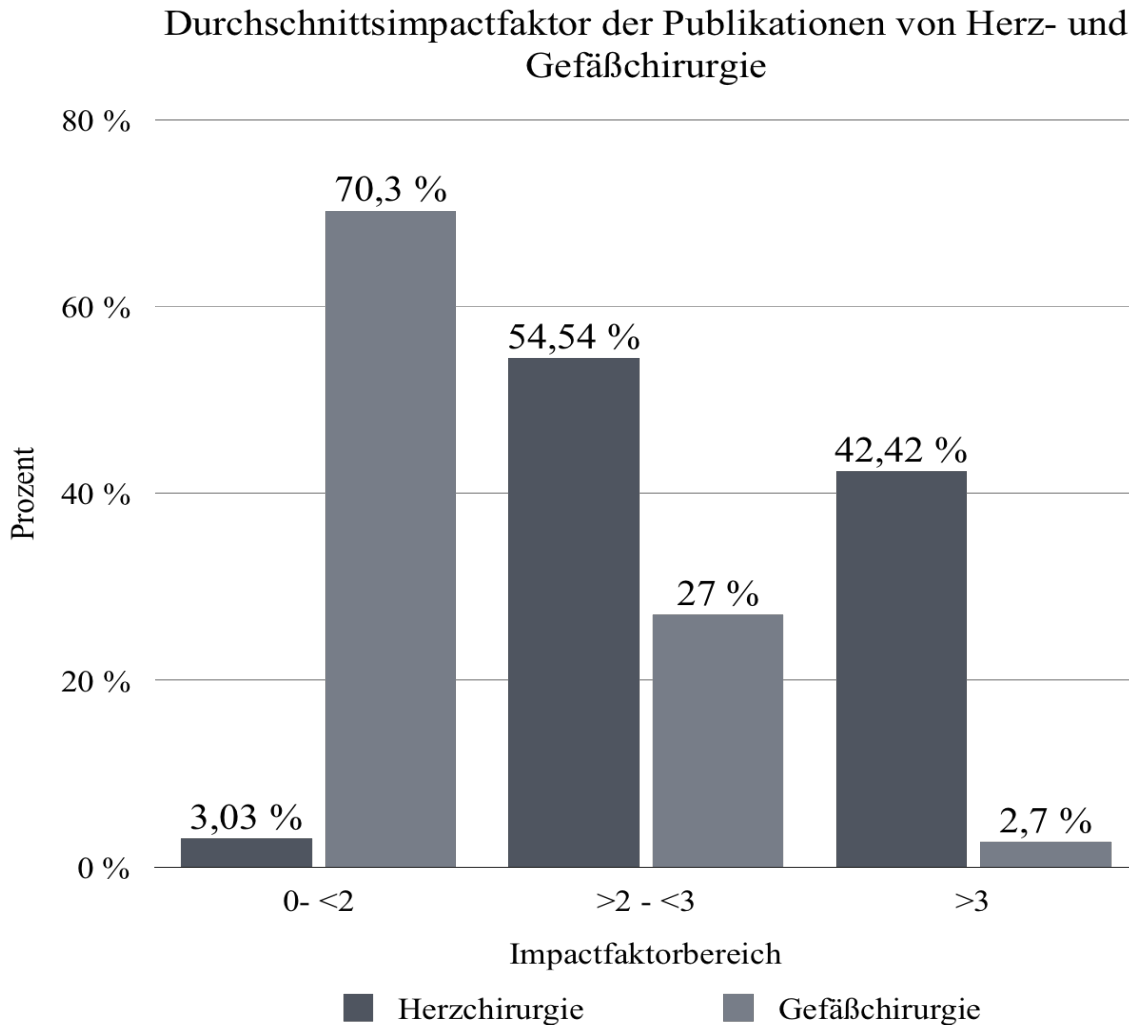


Abbildung 22 Durchschnittlicher Impactfaktor der Publikationen der Führungsmannschaften Herzchirurgie und Gefäßchirurgie in Prozent der Kliniken. Angaben zur Gefäßchirurgie stammen aus Haffke 2019 [9].

Unter den gefäßchirurgischen Kliniken konnte nur eine Klinik (2,7%) einen durchschnittlichen Impactfaktor von größer 3 mit ihren Publikationen erreichen, 10 Kliniken (27,0%) erreichten einen durchschnittlichen Impactfaktor über 2 und 16 von 37 Kliniken (70,27%) blieben mit ihrem durchschnittlichen Impactfaktor unter 2. Bei den herzchirurgischen Führungsmannschaften erzielten 14 von 33 Kliniken (42,42%) einen durchschnittlichen Impactfaktor von >3, 18/33 Kliniken (54,54%) einen durchschnittlichen Impactfaktor zwischen 2 und unter 3 und nur 1 Klinik (3,03%) hatte einen durchschnittlichen Impactfaktor unter 2.

G. Putzer et al. veröffentlichten 2014 eine Arbeit über die Publikationsaktivitäten der Anästhesiologie im Betrachtungszeitraum von 2001 bis 2005 im Vergleich zu 2006-2010 [3], wobei sie alle Publikationen und nicht nur die der Führungsmannschaften erfassten. Dabei führten sie ein Ranking durch, dessen Ergebnisse in der Tabelle 8 dargestellt sind. Wie ersichtlich, erzielten die Kliniken Tübingen und Berlin-Benjamin Franklin im Zeitraum 2006 bis 2010 mit ihren Publikationen den höchsten Durchschnittsimpactfaktor (4,8 bzw. 4,4), die Klinik in Magdeburg hingegen kam bei ihren Publikationen in den Jahren 2006 bis 2010 nur auf einen durchschnittlichen Impactfaktor von 1,3.

Klinik	Durchschnittsimpactfaktor aller Publikationen im Zeitraum 2006 bis 2010	Durchschnittsimpactfaktor der Quintile
Tübingen	4,8	Quintil 1 (Klinik 1 - 7) ØIF=3,700
Berlin – Benjamin Franklin	4,4	
Ulm	3,5	
Jena	3,5	
Essen	3,4	
Freiburg	3,2	
Bonn	3,1	
TU München	2,8	Quintil 2 (Klinik 8 - 14) ØIF=2,714
LMU-München	2,8	
Münster	2,7	
Mannheim	2,7	
Rostock	2,7	
Berlin	2,7	
Düsseldorf	2,6	
Aachen	2,6	Quintil 3 (Klinik 15 - 21)

Erlangen	2,6	ØIF=2,500
Dresden	2,5	
Heidelberg	2,5	
Hannover	2,5	
Greifswald	2,4	
Regensburg	2,4	
Kiel	2,4	
Mainz	2,4	
Berlin – Mitte/Virchow	2,3	
Lübeck	2,3	
Homburg	2,2	
Hamburg	2,2	
Frankfurt	2,2	
Bochum	2,1	Quartil 5 (Klinik 29-33) ØIF=2,200
Gießen	2,0	
Würzburg	2,0	
Göttingen	2,0	
Köln	1,9	
Leipzig	1,9	Restliche Kliniken (Klinik 34-38) ØIF=1,620
Witten	1,9	
Halle	1,5	
Marburg	1,5	
Magdeburg	1,3	

Tabelle 8 Ranking deutscher Universitätskliniken für Anästhesiologie mit Bezug auf den erzielten durchschnittlichen Impactfaktor ihrer Publikationen im Zeitraum 2006 bis 2010 (nach Putzer et al. (2014)[3]). Die Kliniken wurden hier zusätzlich in fünf annähernd gleichgroße Quintile aufgeteilt. Dabei wurde das Ranking absteigend der

durchschnittlichen Höhe des Impactfaktors ausgerichtet. Die ersten 7 Kliniken (Quintile 1) sind also die mit dem höchsten durchschnittlichen Impactfaktor (Beispiel: In Quintile 1 beträgt der durchschnittliche Impactfaktor 3,700) .

Putzer et al. [3] betrachteten die anästhesiologischen Universitätskliniken von Deutschland, Österreich und der Schweiz. Um eine Vergleichbarkeit zwischen den beiden Fachrichtungen Anästhesiologie und Herzchirurgie gewährleisten zu können, wurden im Folgenden (Abbildung 23) nur die deutschen Kliniken berücksichtigt, welche sich auf 38 beliefen. Die Kliniken von Anästhesie und Herzchirurgie wurden in etwa fünf gleichgroßen Quintilen einander gegenübergestellt (Abbildung 23). Dabei wurde immer der Mittelwert der jeweiligen Quintile dargestellt. Da bei den Anästhesisten 5 Kliniken mehr erfasst wurden, wurden diese 5 extra erfasst und im Text aufgeführt.

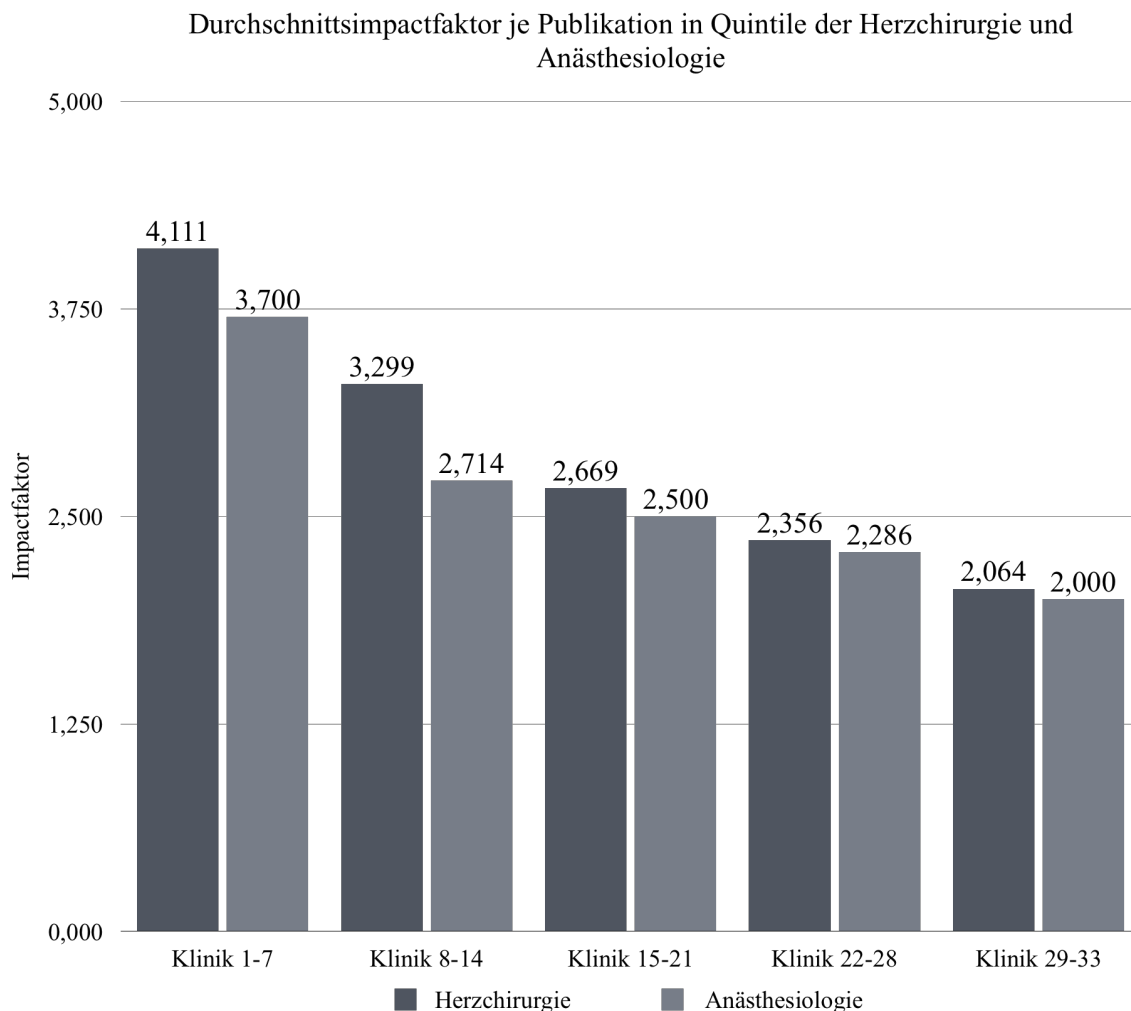


Abbildung 23 Durchschnittlicher Impactfaktor je Publikation in Herzchirurgie und Anästhesiologie (Benchmarking). Die Kliniken sind nach der Höhe ihres erzielten durchschnittlichen Impactfaktors pro Publikation in Quintile unterteilt. Bei den

Anästhesisten sind nur die besten 33 Kliniken hier abgebildet. Die restlichen 5 Kliniken finden sich im anschließendem Text wieder. Angaben zur Anästhesiologie stammen aus Putzer et al.(2014) [3].

Aus Abbildung 23 geht hervor, dass die Publikationsaktivität der Herzchirurgen im Vergleich zur Anästhesiologie einen höheren durchschnittlichen Impactfaktor je Publikation erbrachte. Die Kliniken 1-7 konnten im Durchschnitt einen Impactfaktor von 4,111 bei den Herzchirurgen und 3,700 bei den Anästhesisten erzielen. Die Kliniken 8-14 erreichten bei den Herzchirurgen 3,299, demgegenüber stehen die Anästhesisten mit 2,714. Dieses Gefälle zieht sich durch die restlichen Quintile fort, wie in Abbildung 23 zu sehen ist. Die hier nicht abgebildeten restlichen 5 Kliniken der Anästhesiologie konnten im Mittel einen Impactfaktor von 1,620 erreichen. Dabei ist zu berücksichtigen, dass der Betrachtungszeitraum der Anästhesiologie nur bis zum Jahr 2010 reichte. Es kann sein, dass die Anästhesiologie in den nachfolgenden Jahren ihren Impactfaktor steigern konnte, weil der Impactfaktor der einzelnen Zeitschriften im letzten Jahrzehnt angestiegen ist.

7. Zusammenfassung

Zielsetzung:

Schubert et al veröffentlichten im Jahr 2015 eine Arbeit über die Publikationsleistungen der Universitätskliniken für plastische Chirurgie in Deutschland aus den Jahren 2009-2013. In dieser Arbeit wurde herausgestellt, welche aktuelle Führungsmannschaft, definiert als Chef- und Oberärzte, wie viele Publikationen veröffentlichten und was für einen Impactfaktor (IF) diese erreichen konnten. Diesem Beispiel wurde in dieser Analyse gefolgt, um die Publikationshäufigkeit sowie die kumulativen Impactfaktoren der deutschen universitären Herz/Thoraxchirurgie zu ermitteln und anschließend mit anderen Fachrichtungen zu vergleichen.

Methodik:

In dieser Analyse wurde mit Hilfe der Webseiten der Universitätskliniken in Deutschland die Führungsmannschaften der Herzchirurgie zu dem Stichtag **01. Juli 2017** ermittelt. Eine Führungsmannschaft besteht nach der Definition dieser Arbeit aus dem Klinikleiter und seinen Oberärzten. Funktionsoberärzte und Assistenzärzte wurden nicht berücksichtigt. In Deutschland gibt es 35 Universitätskliniken mit einer herzchirurgischen Abteilung. Teilweise ist dieser auch noch eine Thoraxchirurgie untergeordnet. Den Universitätskliniken der Städte Greifswald und Mannheim konnte keine herzchirurgische Abteilung zugeordnet werden. Die private Klinik Witten Herdecke wurde aus der Analyse ausgeschlossen, da diese keine staatliche Universitätsklinik ist. Die Website der Charite Berlin befand sich zur Datenerhebung über einen längeren Zeitraum in Wartungsarbeiten, wodurch die Führungsmannschaft nicht ermittelt werden konnte. In Magdeburg konnten der aktuellen Führungsmannschaft keine Publikationen zu den oben genannten Kriterien zugeordnet werden. Es verblieben für diese Analyse 33 Kliniken. Die Datenbank PubMed wurde nach Publikationen der herzchirurgischen Führungsmannschaften der Universitätskliniken durchsucht und die Erst- sowie Letztautorenschaft der Führungsmannschaften in einer Excel Tabelle gelistet. Es wurden nur Übersichten, Originalarbeiten und Fallbeschreibungen berücksichtigt, Editorials und Kommentare wurden nicht aufgeführt. Dabei wurden die letzten 10 Jahre berücksichtigt. Als genauer Zeitraum der Publikationen wurde der **01. Januar 2007 - 01. Juli 2017** gewählt. Es wurden zu jeder Publikation der Autor, ob Erst- oder Letztautor, das Jahr der Publikation

und das Journal notiert. Publikationen, die nicht in PubMed gelistet werden, konnten nicht berücksichtigt werden. Außerdem wurden Publikationen ohne Abstract nicht gelistet. Wechselte ein Autor während des Betrachtungszeitraums die Universitätsklinik, wurden seine Publikationen der Klinik zugeordnet, an der er zum Stichtag 01. Juli 2017 beschäftigt war. Voraussetzung dafür war aber, dass er auch an dieser Universitätsklinik veröffentlicht hat. War dies nicht der Fall, wurden seine Publikationen der Klinik zugeordnet, an der der Autor das letzte Mal publiziert hatte. Die bei PubMed gelisteten Publikationen wurden anschließend im „Web of Science“ aufgesucht. Außerdem wurde der Impactfaktor zu den Journalen im „Journal Citation Reports“ ermittelt. Anhand der Höhe des Impactfaktors lässt sich die Gewichtung des einzelnen Journalen und somit auch indirekt die der Publikationen messen. Um eine Vergleichbarkeit der Journale und Publikationen zu gewährleisten, wurde für jedes Journal der **5-Jahres Impactfaktor 2016** verwendet. Den Publikationen und Journalen wurde der Impactfaktor in der Excel Tabelle zugeteilt und aufsummiert. Zu jeder Person der Führungsmannschaft wurde die Summe der Erstautorenschaften (First Author, FA) und Letztautorenschaften (Last Author, LA) errechnet. Anschließend die Gesamtwerte der ganzen Führungsmannschaft. Dem entgegenzusetzen ist die Größe der Klinik, da eine größere Mannschaft wesentlich mehr veröffentlichen kann als eine kleinere Mannschaft. Nicht zu berücksichtigen waren die Journale, die in der Datenbank von „Journal Citation Reports“ nicht gelistet sind oder bei denen kein 5-Jahres-Impactfaktor 2016 ermittelt werden konnte. Bei der Analyse der Journale wurden die Publikationen der Führungsmannschaft gefiltert und doppelt genannte Publikationen extrahiert. Die Doppelnennungen kamen durch Überschneidungen der Erst- und Letztautorenschaften in manchen Fällen zustande. Es war von Interesse, welches Journal wie oft verwendet wird und ob es insgesamt in dem Fachbereich oder auch in einzelnen Kliniken Favoriten gibt. Dabei wurden die fünf häufigsten Journale der einzelnen Kliniken herausgestellt. Die Publikationen wurden auf Schlüsselwörter untersucht und übergeordneten Themen zugeteilt. Dies ließ erkennen, welche Schwerpunktthemen die einzelnen Kliniken aufweisen.

Ergebnisse:

- Die insgesamt 2535 Publikationen verteilen sich auf 323 Journale, dabei sind die 10 häufigsten das „Eur J Cardiothorac Surg“ mit 324 Publikationen und einem 5-Jahres-Impactfaktor (5IF) von 3,321, das „Ann Thorac Surg“ mit 275 Publikationen (5IF=4,03), das „Thorac Cardiovasc Surg“ mit 214 Publikationen (5IF=1,076), „J Thorac Cardiovasc

Surg" (n=173, 5IF=4,205), „Interact Cardiovasc Thorac Surg" (n=136 5IF=1,529), „J Cardiothorac Surg" (n=84, 5IF=1,24), „Artif Organs" (n=68, 5IF=1,815), „ASAIO J" (n=56, 2093), „J Heart Valve Dis" (n=51, 5IF=0,883, „Heart Surg Forum" (n=49, 5IF=0,414, „J Heart Lung Transplant" (n=42, 5IF=6,058).

- Die häufigsten Themen waren „Herzklappenchirurgie“ mit 453 (17,87%) Publikationen und einem kumuliertem Impactfaktor von 1386,748 (18,12%), „Chirurgie am Herzen“ mit 347 (13,69%) Publikationen und einem kumuliertem IF von 872,854 (11,49%), „Herzchirurgie allgemein/Übersichten“ mit 324 (12,78%) Publikationen und einem kumuliertem IF von 973,183 (12,71%), „Aortenbogenchirurgie/thorakale Aorta“ mit 274 (10,8%) Publikationen einem kumuliertem IF von 878,094 (11,47%), und "TAVI" (transcatheter aortic valve implantation) mit 192 Publikationen und einem kumuliertem IF von 695,588 (9,08%) Nennungen. Am wenigsten wurde das Thema "off-pump surgery" mit 25 Publikationen und einem kumuliertem IF von 64,624 (0,844%) und das Thema Gefäßchirurgie mit 22 Publikationen und einem kumuliertem IF von 56,208 (0,73%) bearbeitet.

- Bei den Führungsmannschaften der herzchirurgischen Universitätskliniken in Deutschland in dem Betrachtungszeitraum 01. Januar 2007 bis 01. Juli 2017 gibt es erhebliche Unterschiede in der Publikationsaktivität und damit einhergehend in der Summe der kumulierten Impactfaktoren. Die gesamte Publikationsmenge beläuft sich auf 2954 Veröffentlichungen. Filtert man die Doppelnennungen heraus, die aufgrund von Erst- und Letztautorenschaften zustande kommen, erreichen die Führungsmannschaften 2535 Publikationen. 14,18% der Gesamtsumme sind somit Doppelnennungen. Die kumulierte Summe aller Impactfaktoren der Publikationen (ohne Doppelnennungen) beläuft sich auf 7654,322 Impactpunkte. Verteilt auf Quintile erreichen die besten 6 Kliniken (Hannover, Deutsches Herzzentrum Berlin, Leipzig, Hamburg, Heidelberg, Deutsches Herzzentrum München) einen Publikationsumfang von 987 Publikation, welches 38,93% aller Publikationen entspricht. Im Durchschnitt erzielten diese 6 Kliniken 164,5 Publikationen. Die letzten Führungsmannschaften (Kliniken 25-33: Mainz, Jena, Bonn, Gießen, Bochum, Marburg, Erlangen, Rostock, Ulm) erreichten nur eine Gesamtpublikationsmenge von 238 Veröffentlichungen, dieses entspricht lediglich 9,39% der gesamten 2535 Publikationen. Der Durchschnitt bei diesen Führungsmannschaften lag bei 26,44. Bei den Impactfaktoren erreichten die besten 6 Kliniken (Hannover, deutsches Herzzentrum Berlin, Hamburg, Leipzig, deutsches Herzzentrum München, Heidelberg) einen kumulierten Impactfaktor von 3265,447 (IF₀=544,241). Die letzten Führungsmannschaften (Würzburg, Bochum, Mainz,

Münster, Gießen, Marburg, Rostock, Ulm, Erlangen) erzielten einen kumulierten Impactfaktor von 620,507 (IF₀=77,560). Die Publikationszahl pro Mitglied der Führungsmannschaft beläuft sich bei den besten Kliniken (Homburg, deutsches Herzzentrum München, Hannover, Frankfurt, Regensburg, Hamburg) auf 11,86 Publikationen pro Mitglied der Führungsmannschaft im Durchschnitt. Dem gegenüber stehen die letzten Kliniken (Mainz, Gießen, Marburg, Würzburg, Aachen, Bochum Ulm, Rostock, Erlangen) mit durchschnittlich 3,28 Publikationen pro Mitglied der Führungsmannschaft. Der durchschnittliche kumulierte Impactfaktor pro Mitglied der Führungsmannschaft bei den ersten 6 Kliniken (Homburg, deutsches Herzzentrum München, Hannover, Hamburg, Leipzig, Halle) beläuft sich auf 39,61, wohingegen dieser bei den letzten Kliniken (Göttingen, Würzburg, Münster, Mainz, Aachen, Marburg, Ulm, Rostock, Erlangen) nur 8,03 ergibt.

- Insgesamt wurden 354 Ärzte analysiert, von denen 235 als aktiv publizierend in dem Betrachtungszeitraum in Erscheinung traten, während 119 mit gar keiner PubMed-gelisteten Publikation als Erst- oder Letztautor erfasst wurden. Dieses entspricht 66,38% aktiven Ärzten, umgekehrt war also ein Drittel der Führungsmannschaften nicht in der Forschung führend aktiv (oder diese Mitglieder der Führungsmannschaft waren nur Koautoren, aber nicht Erst- oder Letztautoren einer Publikation). Auch bei dieser Betrachtung ist die Differenz zwischen den einzelnen Führungsmannschaften groß. So lag die Publikations-Aktivitätsrate in Regensburg bei 90,91%, aller Mitglieder der Führungsmannschaft während sie in Mainz nur bei 20% lag. Es hatten nur 9 Führungsmannschaften der insgesamt 33 (27,27%) Kliniken über 75% aktive Ärzte, umgekehrt verfügten 7 Führungsmannschaften (21,21%) nicht einmal über 50% aktive Ärzte. Es ist auch klar zu erkennen, dass der akademische Grad die Publikationsmenge beeinflusst. So sind 1.953 (66,11%) der gesamten 2954 Publikationen durch Professoren, 710 Publikationen (24,04%) durch Privatdozenten und 291 Publikationen (9,85%) durch die restlichen Oberärzte veröffentlicht worden. Dabei liegt das Verhältnis Erstautorenschaft/Letztautorenschaft bei den Professoren bei 1:2,78 (1 = Erstautorenschaften, 2,78 = Letztautorenschaften). Bei den Privatdozenten sind es wesentlich mehr Erstpublikationen. Das Verhältnis beträgt 1,93:1. Bei den restlichen Autoren verschiebt sich das Verhältnis schließlich auf 2,59:1. Insgesamt waren unter den analysierten Ärzten 103 (29,1%) Professoren, 76 (21,47%) Privatdozenten und 175 (49,44%) Oberärzte. Von den Oberärzten hatten insgesamt 10 zum Zeitpunkt der Datenerhebung keinen Dokortitel, dies entspricht 2,82% aller Ärzte und 5,71% der Oberärzte.

Limitierungen:

Diese Analyse ist nur eine Momentaufnahme der Führungsmannschaften am festgelegten Stichtag **01.07.2017**. Sie kann nur mit Einschränkung dem Ranking der

Universitätskliniken gleichgestellt werden, da nur die Führungsmannschaft, aber nicht alle Ärzte der Kliniken erfasst wurden. Durch die ausschließliche Publikationserhebung via PubMed, fallen Publikationen, die bei PubMed nicht gelistet sind, heraus. Dies ist ein Problem bei der Publikationszahl, allerdings nicht bei den Impactfaktoren. Durch Wechsel der Führungsmannschaften kann eine Universitätsklinik schlechter dastehen, als andere, speziell wenn die erfasste Führungsmannschaft erst relativ kurz im Amt ist. Außerdem wurden nur die Erst- und Letztautorenschaften erfasst, Publikationen einer Klinik, in denen Chef- und Oberärzte nur Mitautoren, aber nicht Erst- oder Letztautor waren, gingen nicht in die Analyse ein.

Folgerung:

Zwischen den Führungsmannschaften der universitären Herzchirurgie in Deutschland gibt es erhebliche Unterschiede in der Publikationsleistung und den erzielten kumulativen Impactfaktoren. Die Anzahl der publikationsaktiven leitenden Ärzte was Erst- und Letztautorenschaft angeht ist mit 66,38% noch ausbaufähig. Der durchschnittliche kumulierte Impactfaktor aller erfassten Publikationen beläuft sich auf 3,091. Dies ist im Vergleich zu den hier diskutierten Ergebnissen der deutschen Gefäßchirurgie ein gutes Ergebnis. Die akademische Herzchirurgie in Deutschland zeigte sich der deutschen akademischen Gefäßchirurgie in Publikationsleistung (Menge) und kumulierten Impactfaktoren überlegen.

8. Abstract:

In 2015, Schubert et al published a paper on the publication performance of the university clinics for plastic surgery in Germany in the years 2009-2013. This paper highlighted the current management team, defined as chief and senior physicians, how many publications were published and what impact factor (IF) they were able to achieve. This example was followed in this analysis to determine the frequency of publication and the cumulative impact factors of German university cardiothoracic surgery and then to compare them with other disciplines.

Methodology:

In this analysis, the management teams of cardiac surgery as of 1 July 2017 were determined with the help of the websites of the university clinics in Germany. According to the definition of this work, a management team consists of the clinic director and his senior physicians. Functional senior physicians and assistant physicians were not considered. In Germany, there are 35 university hospitals with a cardiac surgery department. In some cases, thoracic surgery is also subordinated to cardiac surgery. The university hospitals of Greifswald and Mannheim could not be assigned a cardiac surgery department. The private Witten Herdecke Clinic was excluded from the analysis because it is not a state university clinic. The website of the Charité Berlin was maintained for a longer period of time for data collection, whereby the management team could not be determined. In Magdeburg, the current management team could not be assigned any publications on the above criteria. There remained 33 clinics for this analysis. The PubMed database was searched for publications of the cardiosurgical management teams of the university clinics and the first and last authors of the management teams were listed in an Excel chart. Only overviews, original papers and case descriptions were considered, editorials and comments were not listed. The last 10 years were taken into account. The exact period for the publications was 01 January 2007 - 01 July 2017. For each publication author, whether first or last author, year of publication and journal were noted. Publications that are not listed in PubMed could not be considered. In addition, publications without an abstract were not listed. If an author changed clinics during the period under review, his publications were assigned to the clinic in which he was employed as of 01 July 2017. However, the prerequisite for this was that he had also published at this university hospital. If this was not the case, his publications were

assigned to the clinic where the author last published. The publications listed at PubMed were then visited on the "Web of Science". In addition, the impact factor for the journals was determined in the "Journal Citation Reports". The level of the impact factor can be used to measure the weighting of the individual journals and thus also indirectly that of the publications. In order to ensure comparability of the journals and publications, the 5-year impact factor 2016 was used for each journal. The impact factor was assigned to the publications and journals in the Excel chart and summed up. For each person of the management team, the sum of the first authors (FA) and last authors (LA) was calculated. Then the total values of the entire management team. The opposite is the size of the clinic, since a larger team can publish much more than a smaller team. The journals that are not listed in the database of "Journal Citation Reports" or for which no 5-year impact factor 2016 could be determined were not to be taken into account. In the analysis of the journals, the publications of the management team were filtered, and double-mentioned publications were extracted. In some cases, the double entries were due to overlaps between the first and last authors. It was of interest which journal was used, how often and whether there were favorites in the department as a whole or in individual clinics. The five most frequent journals of the individual clinics were highlighted. The publications were examined for keywords and assigned to superordinate topics. This revealed the main topics of the individual clinics.

Results:

- The total of 2535 publications are distributed among 323 journals, the 10 most frequent being "Eur J Cardiothorac Surg" with 324 publications and a 5-year impact factor (5IF) of 3.321, "Ann Thorac Surg" with 275 publications (5IF=4.03), "Thorac Cardiovasc Surg" with 214 publications (5IF=1.076), "J Thorac Cardiovasc Surg (n=173, 5IF=4,205), Interact Cardiovasc Thorac Surg (n=136 5IF=1,529), J Cardiothorac Surg (n=84, 5IF=1,24), Artif Organs (n=68, 5IF=1,815), "ASAIO J" (n=56, 2093), "J Heart Valve Dis" (n=51, 5IF=0,883, "Heart Surg Forum" (n=49, 5IF=0,414) "J Heart Lung Transplant" (n=42, 5IF=6,058).
- The most frequent topics were "heart valve surgery" with 453 (17.87%) publications and a cumulative impact factor of 1386,748 (18.12%), "heart surgery" with 347 (13.69%) publications and a cumulative IF of 872,854 (11.49%), "heart surgery in general/overviews" with 324 (12,78%) publications and a cumulative impact factor of 973,183 (12,71%), "aortic arch surgery/thoracic aorta" with 274 (10.8%) publications, a

cumulative IF of 878,094 (11.47%), and "TAVI" (transcatheter aortic valve implantation) with 192 publications and a cumulative IF of 695,588 (9.08%) nominations. The topic "off-pump surgery" was treated least with 25 publications and a cumulative IF of 64,624 (0.844%) and the topic vascular surgery with 22 publications and a cumulative IF of 56,208 (0.73%).

- Among the management teams of the cardiosurgical university clinics in Germany in the period from January 1, 2007, to July 1, 2017, there are considerable differences in publication activity and thus in the sum of cumulative impact factors. The total number of publications is 2954. If one filters out the double nominations, which result from first and last authorships, the management teams reach 2535 publications. Thus 14.18% of the total amount are double entries. The cumulative sum of all impact factors of the publications (without double nominations) amounts to 7654,322 impact points. Distributed among quintiles, the best 6 clinics (Hannover, German Heart Centre Berlin, Leipzig, Hamburg, Heidelberg, German Heart Centre München) achieve a publication volume of 987 publications, which corresponds to 38,93% of all publications. On average, these 6 clinics achieved 164,5 publications. The last management teams (clinics 25-33: Mainz, Jena, Bonn, Gießen, Bochum, Marburg, Erlangen, Rostock, Ulm) only achieved a total publication volume of 238 publications, which corresponds to only 9,39% of the total 2535 publications. The average for these management teams was 26,44. For the impact factors, the best 6 clinics (Hanover, German Heart Centre Berlin, Hamburg, Leipzig, German Heart Centre Munich, Heidelberg) achieved a cumulative impact factor of 3265,447 (IF₀=544,241). The last leading teams (Würzburg, Bochum, Mainz, Münster, Gießen, Marburg, Rostock, Ulm, Erlangen) achieved a cumulated impact factor of 620,507 (IF₀=77,560). The number of publications per member of the management team at the best clinics (Homburg, German Heart Center Munich, Hanover, Frankfurt, Regensburg, Hamburg) amounts to 11,86 publications per member of the management team on average. On the other hand, the last hospitals (Mainz, Gießen, Marburg, Würzburg, Aachen, Bochum Ulm, Rostock, Erlangen) have an average of 3,28 publications per member of the management team. The average cumulative impact factor per member of the management team at the first 6 clinics (Homburg, German Heart Centre Munich, Hanover, Hamburg, Leipzig, Halle) amounts to 39,61, whereas at the last clinics (Göttingen, Würzburg, Münster, Mainz, Aachen, Marburg, Ulm, Rostock, Erlangen) it amounts to only 8,03.

- A total of 354 physicians were analysed, of whom 235 appeared as active publishers during the period under review, while 119 were registered as first or last

authors with no PubMed-listed publications at all. This corresponds to 66,38% of active physicians; conversely, a third of the management teams were not active leaders in research (or these members of the management team were only co-authors, but not first or last authors of a publication). The difference between the individual management teams is also large in this analysis. Thus, the publication activity rate in Regensburg was with 90,91%, of all members of the management team while it was in Mainz only with 20%. Only 9 management teams of a total of 33 (27,27%) clinics had 75% active doctors, while 7 management teams (21,21%) did not even have 50% active doctors. It can also be clearly seen that the academic degree influences the number of publications. Thus 1,953 (66,11%) of the total 2954 publications were published by professors, 710 publications (24,04%) by private lecturers and 291 publications (9,85%) by the remaining senior physicians. The ratio of first authors to last authors among professors is 1:2,78 (1 = first authors, 2,78 = last authors). In the case of private lecturers, the number of first publications is considerably higher. The ratio is 1,93:1. For the remaining authors, the ratio finally shifts to 2,59:1. 103 (29,1%) professors, 76 (21,47%) private lecturers and 175 (49,44%) senior physicians were among the physicians analyzed. Of the senior physicians, a total of 10 had no doctorate at the time of data collection, corresponding to 2,82% of all physicians and 5,71% of senior physicians.

Limitations:

This analysis is only a snapshot of the management teams on the fixed key date 01.07.2017. It can only be equated with the ranking of the university clinics with restrictions, since only the management team, but not all physicians of the clinics were included. The exclusive publication survey via PubMed excludes publications that are not listed at PubMed. This is a problem with the number of publications, but not with the impact factors. Due to a change in management teams, a university hospital may be worse off than others, especially if the management team recorded has only been in office for a relatively short time. In addition, only first and last authorships were recorded, and publications of a hospital in which chief and senior physicians were only co-authors but not first or last authors were not included in the analysis.

Conclusion:

There are considerable differences in publication performance and cumulative impact factors between the management teams of university cardiac surgery in Germany. The number of senior physicians active in publishing with regard to first and last authorship is still expandable at 66.38%. The average cumulative impact factor of all publications recorded amounts to 3.091. This is a good result compared to the results of German vascular surgery discussed here. Academic cardiac surgery in Germany was superior to German academic vascular surgery in terms of publication performance (volume) and cumulative impact factors.

9. Abkürzungsverzeichnis

EA/FA	=	Erstautor/first author
LA	=	Letztautor/last author
IF	=	Impactfaktor
5IF	=	5-Jahres-Impactfaktor
ØIF	=	durchschnittlicher Impactfaktor

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- p. <https://www.klinikum.uni-heidelberg.de/Direktorium.140313.0.html?&L=0>
- q. http://www.uniklinikum-saarland.de/de/einrichtungen/kliniken_institute/chirurgie/herzchirurgie/fuer_patienten/aerztliche_mitarbeiter/
- r. <http://www.htchirurgie.uniklinikum-jena.de/Klinik+für+Herzchirurgie+und+Thoraxchirurgie+Jena/Mitarbeiter/Klinikdirektor.html>
- s. <http://www.uksh.de/hgc-kiel/Das+Team/Klinikleitung.html>
- t. <http://herzzentrum.uk-koeln.de/de/herz-und-thoraxchirurgie/unser-team>
- u. <http://www.helios-kliniken.de/klinik/leipzig-herzzentrum/kliniken-zentren/universitaetsklinik-fuer-herzchirurgie.html>
- v. <http://www.uksh.de/herzchirurgie-luebeck/>

- w. http://www.ukgm.de/ugm_2/deu/umr_kvc/umr_kvc_team.php
- x. <http://www.kchh.ovgu.de/Klinik/Team.html>
- y. <http://www.unimedizin-mainz.de/index.php?id=2106>
- z. http://www.klinikum.uni-muenchen.de/Herzchirurgische-Klinik-und-Poliklinik/de/Mitarbeiter_NEU/aerzte/direktor/index.html
- aa. http://www.dhm.mhn.de/de/kliniken_und_institute/klinik_fuer_herz-_und_gefaessc/klinikteam.cfm
- bb. <http://klinikum.uni-muenster.de/index.php?id=6593>
- cc. https://www.klinikum-oldenburg.de/de/patienten/universitaetsklinik_fuer_herzchirurgie/das_aerzte_team.html
- dd. http://www.uniklinikum-regensburg.de/kliniken-institute/herz-thorax-chirurgie/Klinikteam___Mitarbeiter/index.php
- ee. <https://herzchirurgie.med.uni-rostock.de/ueber-uns/mitarbeiter/>
- ff. <http://www.dhz-tuebingen.de/THG/index.php?bereich=oberarzt>
- gg. <http://www.uniklinik-ulm.de/struktur/kliniken/chirurgie/klinik-fuer-herz-thorax-und-gefaesschirurgie/home/herzchirurgie/klinik/team.html>
- hh. <http://www.htc.ukw.de/unser-team/oberaerzte.html>

12. Danksagung

Diese Arbeit wurde im Zeitraum von Juli 2017 bis August 2019 in der Klinik und Poliklinik für Gefäßchirurgie am Universitätsklinikum Hamburg Eppendorf unter der Leitung von

Herrn Univ.-Prof. Dr. med. E. S. Debus

durchgeführt. Ihm gilt besonderer Dank für die Ermöglichung dieser Dissertation und der freien Gestaltung dieses interessanten Themas.

Desweiter gilt mein Dank

Herrn Prof. Dr. R. T. Grundmann

für die herausragende Betreuung bei dieser Dissertation und das tatkräftige Unterstützen bei Fragen und Schwierigkeiten.

13. Lebenslauf

Persönliche Daten

Name	Maximilian Constantin Dolg
Geburtstag	19.10.1991
Geburtsort	Hamburg
Staatsangehörigkeit	deutsch
Familienstand	ledig

Schulbildung

1998 – 2002	Gorch-Fock-Schule Blankenese (Grundschule)
2002 – 2010	Gymnasium Blankenese (Abitur)

Hochschulausbildung

11.04. - 29.07. 2011	Vorsemester für Medizin und Naturwissenschaften
2011 - 2017	Studium der Zahnheilkunde an der Universität Hamburg
2018	Beginn der Promotion in der Klinik und Poliklinik für Gefäßchirurgie (UKE)

14. Eidesstattliche Versicherung

Ich versichere ausdrücklich, dass ich die Arbeit selbständig und ohne fremde Hilfe verfasst, andere als die von mir angegebenen Quellen und Hilfsmittel nicht benutzt und die aus den benutzten Werken wörtlich oder inhaltlich entnommenen Stellen einzeln nach Ausgabe (Auflage und Jahr des Erscheinens), Band und Seite des benutzten Werkes kenntlich gemacht habe.

Ferner versichere ich, dass ich die Dissertation bisher nicht einem Fachvertreter an einer anderen Hochschule zur Überprüfung vorgelegt oder mich anderweitig um Zulassung zur Promotion beworben habe.

Ich erkläre mich einverstanden, dass meine Dissertation vom Dekanat der Medizinischen Fakultät mit einer gängigen Software zur Erkennung von Plagiaten überprüft werden kann.

Unterschrift:

15. Anhang

Tabellarische Grundlagendaten: Mitglieder der Führungsmannschaften zum Stichtag 01.07.2017.

Da es zu dieser Analyse noch keine Daten gab, wurden diese im Voraus ermittelt und tabellarisch festgehalten. Die Vorgehensweise ist im Abschnitt Material und Methodik detailliert beschrieben.

Folgende Tabellen enthalten alle Autoren und deren Publikationsleistungen und kumulierte Impactfaktoren, dabei gibt es Abkürzungen, deren Bedeutung nun erklärt wird: EA = Erstautorenschaften; LA= Letztautorenschaften, IF ges. = kumulierter Impactfaktor gesamt; IF EA = kumulierter Impactfaktor durch Erstautorenschaften; IF LA = kumulierter Impactfaktor durch Letztautorenschaften.

Aachen						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Univ.-Prof. Dr. med. Rüdiger Autschbach	10	—	10	—	16,821	16,821
Univ.-Prof. Dr. med. Jan Spillner	8	3	5	5,261	15,697	20,958
Dr. med. Ajay Moza	8	2	6	3,466	9,266	12,732
Dr. med. Shahram Lotfi	3	1	2	3,926	11,091	15,017
Dr. med. Marcus Haushofer	2	1	1	1,529	1,24	2,769
Priv.-Doz. Dr. med. Nima Hatam	5	3	2	8,591	3,058	11,649
Dr. med. Lachmandath Tewarie	3	2	1	4,561	1,076	5,637
Priv.-Doz. Dr. Dr. med. Andreas Goetzenich	15	6	9	18,358	25,287	43,645
Priv.-Doz. Dr. med. Heike Schnöring	7	5	2	10,859	5,559	16,418
Dr. med. Michael Schmid	—	—	—	—	—	—
Dr. med. Sebastian Kalverkamp	—	—	—	—	—	—

Dr. med. Mohammad A. Khattab	—	—	—	—	—	—
Dr. med. Ehsan Natour	—	—	—	—	—	—
Dr. med. Michael André Maliwa	—	—	—	—	—	—
14	61	23	38	56,551	89,095	145,646

Berlin DHZ						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
PD Dr. Boris Nasser (Lübeck)	5	5	—	31,812	—	31,812
Prof. Dr. med. Volkmar Falk	46	3	43	34,882	150,164	185,046
Prof. Dr. med. Christoph Starck	16	10	6	22,976	12,684	35,66
Dr. med. M. Aref Amiri	1	1	—	4,03	—	4,03
Prof. Dr. med. Dr. h.c. Onnen Grauhan	6	5	1	15,931	2,671	18,602
Prof. Dr. med. Christoph Knosalla	5	2	3	10,252	3,759	14,011
PD Dr. med. Thomas Krabatsch	25	10	15	34,32	41,988	76,308
Prof. Dr. Dr. med. Miralem Pasic	15	15	—	58,542	—	58,542
PD Dr. med. Evgenij Potapov	22	13	9	39,328	42,048	81,376
Dr. med. Felix Schönraht	4	4	—	4,444	—	4,444
Dr. Dr. med. Henryk Siniawski	1	1	—	0,84	—	0,84
Prof. Dr. med. habil. Christof Stamm	21	4	17	10,956	67,484	78,44
PD Dr. med. Axel Unbehaun	16	7	9	42,277	29,491	71,768
Dr. med. Tom Wolfgang Gromann	1	1	—	3,883	—	3,883
Prof. Dr. med. Joachim Photiadis	5	3	2	5,473	3,13	8,603
PD Dr. med Stephan Jacobs	—	—	—	—	—	—
Dr. med. Jörg Kempfert	—	—	—	—	—	—

PD Dr. med. Matthias Bauer	—	—	—	—	—	—
Dr. med. Jörg Brandes	—	—	—	—	—	—
Dr. med Volker Düsterhöft	—	—	—	—	—	—
Dr. med. Guna Teterere	—	—	—	—	—	—
Dr. med. Dagmar Kemper	—	—	—	—	—	—
22	189	84	105	319,946	353,419	673,365

Bochum						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Dr. med. Markus Fritz (Heidelberg)	2	—	2	—	19,784	19,784
Prof. Dr. med. Justus Strauch	18	7	11	24,547	35,193	59,740
Dr. med. Matthias Bechtel	2	1	1	3,321	4,205	7,526
Dr. med. Peter Haldenwang,	9	9	—	28,453	—	28,453
Dr. med. Csaba Minorics	—	—	—	—	—	—
Dr. med. Vadim Moustafine	—	—	—	—	—	—
Dr. med. Hamid Naraghi Taghi Of	—	—	—	—	—	—
Dr. med. Josef Reichert	—	—	—	—	—	—
8	31	17	14	56,321	59,182	115,503

Bonn						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Univ.-Prof. Dr. med. Armin Welz	9	—	9	—	14,097	14,097
Priv.-Doz. Dr. med. Wolfgang Schiller	9	3	6	5,695	6,516	12,211

Prof. Dr. med. Oliver Dewald	8	0	8	—	25,273	25,273
Dr. med. Chris Probst	4	2	2	6,642	2,605	9,247
Priv.-Doz. Dr. med. Fritz Mellert	12	8	4	27,476	7,003	34,479
Prof. Dr. med. Wilhelm Röhl	1	1	—	43,769	—	43,769
Dr. med. Bahman Esmailzadeh	—	—	—	—	—	—
Dr. med. Kai Winkler	—	—	—	—	—	—
8	43	14	29	83,582	55,494	139,076

Dresden						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Dr. med. Dominik Joskowiak	2	2	—	2,641	—	2,641
Univ.-Prof. Dr. med. habil. Klaus Matschke	21	1	20	1,751	50,623	52,374
Prof. Dr. med. Utz Kappert	21	8	13	25,784	32,784	58,568
Priv.-Doz. Dr. med. habil. Konstantin Alexiou	8	2	6	16,856	4,397	21,253
Prof. Dr. med. habil. Michael Knaut	3	2	1	2,061	4,898	6,959
Prof. Dr. med. habil. Sems Malte Tugtekin	11	3	8	3,228	12,486	15,714
Dr. med. Omar Allham	—	—	—	—	—	—
Dr. med. Stefan Brose	—	—	—	—	—	—
Dr. med. habil. Romuald Cichon	—	—	—	—	—	—
Christian Georgi	—	—	—	—	—	—
10	66	18	48	52,321	105,188	157,509

Düsseldorf						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Univ.-Prof. Dr. med. Artur Lichtenberg	39	—	39	—	72,521	72,521
Priv.-Doz. Dr. med. Alexander Albert	8	1	7	1,24	22,069	23,309
Univ.-Prof. Dr. med. Payam Akhyari	17	5	12	14,557	48,444	63,001
Dr. med. Alexander Blehm	4	4	0	6,163	—	6,163
Priv.-Doz. Dr. med. Alexander Assmann	9	9	—	39,867	—	39,867
Prof. Dr. med. Udo Boeken	14	7	7	12,768	10,063	22,831
Prof. Dr. med. Bernhard Korbmacher	3	1	2	1,076	4,397	5,473
Prof. Dr. Brigitte Osswald	6	4	2	29,967	5,106	35,073
Prof. Dr. med. Diyar Saeed	25	20	5	51,54	11,137	62,677
Dr. med. Hannan Dalyanoglu	—	—	—	—	—	—
Esmayilmaz	—	—	—	—	—	—
Dr. med. Mario Micek	—	—	—	—	—	—
12	125	51	74	157,178	173,737	330,915

Erlangen						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Dr. med. Michael Schmid	4	1	3	3,444	8,009	11,453
Prof. Dr. med. Michael Weyand	2	0	2	—	1,226	1,226
Prof. Dr. med. Richard Feyrer	4	1	3	0,727	8,176	8,903
PD Dr. med. Frank Harig	3	1	2	1,175	2,82	3,995

Dr. med. Markus Kondruweit	2	2	—	6,298	—	6,298
Dr. med. René Tandler	2	—	2	—	1,888	6,093
Dr. med. Albrecht Reimann	—	—	—	—	—	—
Dr. med. Timo Seitz	—	—	—	—	—	—
8	17	5	12	11,644	22,119	37,968

Essen						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Dr. med. Daniel Dohle	2	2	—	4,022	—	4,022
Dr. med. Ulf Herold	1	1	—	4,022	—	4,022
Prof. Dr. med. Heinz Günther Jakob	51	7	44	16,068	113,05	129,118
Priv.-Doz. Dr. med. Daniel Wendt	32	31	1	74,777	0,701	75,478
Prof. Dr. med. Markus Kamler	11	1	10	0,701	27,48	28,181
Prof. Dr. med. Matthias Thielmann	24	11	13	84,621	40,941	125,562
Priv.-Doz. Dr. med. Jaroslav Benedik	9	6	3	9,953	3,802	13,755
Dr. med. Nikolaus Pizanis	6	5	1	19,342	1,815	21,157
Dr. med. Konstantinos Tsagakis	12	9	3	26,593	8,207	34,8
Prof. (uz) Dr. med. Mohamed El Gabry	—	—	—	—	—	—
Dr. med. Wilko Weißenberger	—	—	—	—	—	—
Dr. med. Ender Demircioglu	—	—	—	—	—	—
Dr. med. Guido Herbon	—	—	—	—	—	—

Dr. med. Bernd Schönfelder	—	—	—	—	—	—
Priv.-Doz. Dr. med. Achim Koch	—	—	—	—	—	—
15	148	73	75	240,099	195,996	436,095

Frankfurt						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Prof. Dr. med. Andres Beiras Fernandez	34	18	16	27,869	34,074	61,943
Prof. Dr. med. A. Moritz	41	1	40	4,205	86,744	90,949
Priv.-Doz. Dr. med. N. Monsefi	9	9	—	13,02	—	13,02
Dr. med. A. Miskovic	2	2	—	6,642	—	6,642
Priv.-Doz. Dr. med. N. Papadopoulos	15	14	1	35,301	1,783	37,084
Herr Dr. med. P. Risteski,	4	4	—	8,164	—	8,164
Priv.-Doz. Dr. med. Aron-Frederik Popov	—	—	—	—	—	—
Herr Dr. med. P. Risteski,	—	—	—	—	—	—
8	105	48	57	95,201	122,601	217,802

Freiburg						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Univ.-Prof. Dr. Dr. h.c. Friedhelm Beyersdorf	49	2	47	7,497	98,610	106,107
Prof. Dr. Matthias Siepe	20	7	13	12,233	20,345	32,578
PD Dr. Wolfgang Bothe	16	15	1	55,899	1,529	57,428
PD Dr. Bartosz Rylski	28	28	—	92,722	—	92,722
Dr. Joachim Schöllhorn	1	1	—	4,03	—	4,03

Dr. Holger Schröfel	5	1	4	1,529	15,219	16,748
PD Dr. Georg Trummer	8	3	5	6,134	7,242	13,376
Dr. Johannes Kroll	—	—	—	—	—	—
Dr. Michael Berchtold-Herz	—	—	—	—	—	—
Dr. Birgit Pölsler	—	—	—	—	—	—
PD Dr. Michael Südkamp	—	—	—	—	—	—
Dr. Reiner Uhl	—	—	—	—	—	—
Dr. Michael Weinbeck	—	—	—	—	—	—
Dr. Wolfgang Zeh	—	—	—	—	—	—
Thomas Zietak	—	—	—	—	—	—
Dr. Johannes Kroll	—	—	—	—	—	—
15	127	57	70	180,044	142,945	322,989

Gießen						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Prof. Dr. med. Andreas Böning	15	8	7	16,625	22,544	39,169
Dr. med. Peter Roth	3	1	2	4,03	2,152	6,182
PD.Dr. med. Bernd Niemann	6	4	2	31,371	4,922	36,293
Dr.med. Raed Aser	1	1	0	1,076	—	1,076
Prof. Dr. med. Gerold Goerlach	—	—	—	—	—	—
Dr. Coskun Orhan	—	—	—	—	—	—
6	25	14	11	53,102	29,618	82,72

Göttingen						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Univ. Prof. Dr. med. Ingo Kutschka	16	3	13	8,316	40,529	48,845

Priv. Doz. Dr. med. Bernd Danner	10	6	4	14,341	7,257	21,598
Dr. med. Marc Hinterthaler	1	—	1	0,597	—	0,597
Prof. Dr. med. Theodor Tirilomis	18	15	3	26,810	3,513	30,323
Dr. med. Alexander Emmert	3	2	1	5,106	2,07	7,176
Dr. med. Martin Friedrich	4	2	2	1,698	4,023	5,721
Dr. med. Nils Teucher	1	1	—	17,14	—	17,14
Priv. Doz. Dr. med. Hassina Baraki	—	—	—	—	—	—
Dr. med. Marius Großmann	—	—	—	—	—	—
Priv. Doz. Dr. med. Heidi Niehaus	—	—	—	—	—	—
Dr. med. Ammar Al Ahmad	—	—	—	—	—	—
11	53	29	24	74,008	57,392	131,4

Halle						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Dr. med. Hasan Bushnaq (Rostock)	2	1	1	4,205	1,119	5,324
Prof. Dr. med. habil. Hendrik Treede	31	6	25	25,865	86,441	112,306
PD Dr. Dr. med. habil. Efstratios Charitos	19	15	4	82,12	14,168	96,288
PD Dr. med. habil. Britt Hofmann,	4	4	—	11,996	—	11,996
PD Dr. med. habil. Manuel Wilbring	—	—	—	—	—	—
Dr. med. Jens Michaelson	—	—	—	—	—	—
Dr. med. Mehmet Oezkur	—	—	—	—	—	—

7	56	26	30	124,186	101,728	225,914
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Hamburg						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Prof. Dr. med. Hermann Reichensperner	41	2	39	7,227	115,771	122,998
Prof. Dr. med. Christian Detter	3	1	2	17,14	3,374	20,514
Prof. Dr. med. Evaldas Girdauskas	30	24	6	94,824	13,723	108,547
Priv.-Doz. Dr. med. Florian Mathias Wagner	10	1	9	0,812	25,916	26,728
Dr. med. Yousuf Alassar	1	1	—	1,24	—	1,24
Priv.-Doz. Dr. med. Markus Johannes Barten	17	3	14	8,051	36,946	44,997
Dr. med. Lenard Conradi	26	20	6	52,524	16,377	68,901
Dr. med. Samer Hakmi	5	1	4	1,529	11,565	13,094
Dr. med. Johannes M. Schirmer	1	1	—	0,527	—	0,527
Prof. Dr. med. Sonja Schrepfer	30	6	24	21,246	179,457	200,703
Priv.-Doz. Dr. med. Dieter H. Boehm	—	—	—	—	—	—
Dr. med. Mathias Kubik	—	—	—	—	—	—
Prof. Dr. Dr. Volker Döring	—	—	—	—	—	—
Dr. med. Peter Marcsek	—	—	—	—	—	—
Dr. med. Beate Reiter	—	—	—	—	—	—
15	164	60	104	205,12	403,129	608,249

Hannover						
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Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
PD Dr. med. Johannes Hadem	5	5	—	22,211	—	22,211
Priv. Doz. Dr. med. Hassina Baraki	9	9	—	25,768	—	25,768
Prof. Dr. A. Haverich	78	3	75	5,104	247,726	252,83
Prof. Dr. M. Shrestha	29	17	12	48,216	26,233	74,449
PD Dr. S. Cebotari	11	3	8	19,656	30,356	50,012
PD Dr. G. Warnecke	21	5	16	61,147	79,815	140,962
Dr. M. Avsar	1	1	—	6,222	—	6,222
Prof. Dr. C. Bara	14	5	9	7,843	33,767	41,61
Dr. C. Fegbeutel	2	1	1	4,205	1,076	5,281
Dr. A. Horke	4	—	4	—	10,665	10,665
Dr. I. Ismail	4	—	4	—	7,041	7,041
Prof. Dr. S. Sarikouch	13	9	4	32,681	10,710	43,391
Prof. Dr. J. D. Schmitto	42	24	18	58,535	54,799	113,334
Dr. I. Tudorache	9	5	4	14,522	11,477	25,999
Dr. P. Zardo	5	3	2	3,85	2,316	6,166
PD Dr. A. Martens	17	4	13	9,127	34,700	43,827
PD Dr. Ch. Kühn	—	—	—	—	—	—
Dr. G. Dogan	—	—	—	—	—	—
18	264	94	170	319,087	550,681	869,768

Heidelberg						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Priv.-Doz. Dr. med. Achim Koch (Essen)	7	7	—	10,475	—	10,475
Prof. Dr. Matthias Karck	23	1	22	3,321	69,459	72,780
Prof. Dr. med. Arjang Ruhparwar	20	2	18	4,008	37,718	41,726
Prof. Dr. med. Gábor Szabó	73	8	65	31,793	185,621	217,414
Prof. Dr. med. Raffaele De Simone	3	0	3	—	6,835	6,835

Prof. Dr. med. Carsten Beller	12	6	6	19,044	19,887	38,931
Dr. med. Bastian Schmack	1	1	—	2,403	—	2,403
Dr. med. Christian Sebening	1	—	1	—	0,727	0,727
Dr. Gábor Veres	8	8	—	18,653	—	18,653
Prof. Dr. med. Tsvetomir Loukanov	16	10	6	22,836	9,249	32,085
Dr. med. Markus Fritz Bochum	—	—	—	—	—	—
Dr. med. Ursula Tochtermann	—	—	—	—	—	—
Dr. med. Markus Verch	—	—	—	—	—	—
Dr. med. Ranny Goldwasser	—	—	—	—	—	—
Dr. med. Jutta Hoffmann	—	—	—	—	—	—
15	164	43	121	112,533	329,496	442,029

Homburg						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Univ.-Prof. Dr. med. Schäfers, Hans-Joachim	52	7	45	28,201	192,559	220,760
PD Dr. med. Langer, Frank	3	3	—	25,575	—	25,575
Dr. med. Karliova, Irem	—	—	—	—	—	—
Ecker, Petra	—	—	—	—	—	—
4	55	10	45	53,776	192,559	246,335

Jena						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Herr Univ.-Prof. Dr. med. Torsten Doenst	38	12	26	56,340	120,56	176,900

Frau Dr. med. Gloria Färber	6	2	4	2,627	15,923	18,550
Herr Dr. med. Mahmoud Diab	2	2	—	6,642	—	6,642
PD Dr. med. Matthias Steinert	—	—	—	—	—	—
Herr PD Dr. med. Markus Richter	—	—	—	—	—	—
Herr Dr. med. Tim Sandhaus	—	—	—	—	—	—
Herr Dr. med. Steffen Bargenda	—	—	—	—	—	—
7	46	16	30	65,609	136,483	202,092

Kiel						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
PD Dr. Ch. Kühn (Hannover)	1	—	1	—	5,833	5,833
Prof. Dr. Jochen Cremer	16	2	14	1,777	26,467	28,244
PD Dr. Assad Haneya	20	17	3	46,637	5,516	52,153
Dr. Grischa Hoffmann	5	3	2	6,813	2,23	9,043
Dr. Felix Schöneich	3	1	2	3,321	5,106	8,427
PD Dr. Jan Schöttler	4	3	1	3,63	1,3	4,93
Dr. Jens Scheewe	3	1	2	4,03	6,608	10,638
Prof. Dr. Georg Lutter	27	4	23	11,373	74,376	85,749
PD Dr. Tim Attmann	2	2	—	3,638	—	3,638
Dr. Markus Ernst						
Dr. Arne Kowalski						
11	81	33	48	81,219	127,436	208,655

Köln

Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Prof. Dr. med. Jens Wippermann (Magdeburg)	8	3	5	5,519	9,729	15,248
PD OA Dr. med. Maximilian Scherner (Magdeburg)	6	6	—	19,493	—	19,493
Dr. med. Ingo Slottosch (Magdeburg)	3	3	—	5,951	—	5,951
Univ.-Prof. Dr. med. Thorsten Wahlers	76	2	74	5,281	193,827	199,108
Prof. Dr. med. Yeong-Hoon Choi	6	3	3	9,571	9,949	19,52
Priv.-Doz. Dr. Parwis Rahmanian	3	1	2	0,701	4,853	5,554
Prof. Dr. med. Gerardus Bennink	8	—	8	—	17,069	17,069
Prof. Dr. med. Khosro Hekmat	22	2	20	5,589	25,232	30,821
Priv.-Doz. Dr. med. Antje-Christin Deppe	5	5	—	10,741	—	10,741
Priv.-Doz. Dr. med. Elmar Kuhn	8	8	—	33,511	—	33,511
Priv.-Doz. Dr. med. Oliver J. Liakopoulos	12	10	2	53,080	8,613	61,693
Priv.-Doz. Dr. med. Parwis Rahmanian	9	8	1	20,124	1,076	21,2
Priv.-Doz. Dr. med. Mohamed Zeriouh	8	8	—	14,5	—	14,5
Priv.-Doz. Dr. med. Ferdinand Kuhn-Régnier	—	—	—	—	—	—
Dr. med. Matthias Heldwein	—	—	—	—	—	—
Dr. med. Axel Kröner	—	—	—	—	—	—
16	174	59	115	184,061	270,348	454,409

Leipzig						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Prof. Dr. med. Michael A. Borger	18	8	10	30,254	24,365	54,619
Prof. Dr. Dr. med. Martin Misfeld	18	7	11	23,077	33,625	56,702
Dr. med. Piroze Davierwala	7	7	—	63,863	—	63,863
Prof. Dr. Martin Kostelka	13	1	12	1,076	27,794	28,87
Prof. Dr. med. Joerg Seeburger	14	13	1	37,398	1,529	38,927
Prof. Dr. med. Christian Etz	33	25	8	112,24	20,672	132,912
Dr. med. Joao Carlos Correia	—	—	—	—	—	—
Prof. Dr. med. Jens Garbade	5	1	4	0,724	9,857	10,581
PD Dr. med. David Holzhey	14	11	3	46,767	7,765	54,532
Prof. Dr. med. Sven Lehmann	13	13	—	32,947	—	32,947
Priv.-Doz. Dr. med. Anna Meyer	13	13	—	29,723	—	29,723
PD Dr. med. Bettina Pfanmüller	7	7	—	24,154	—	24,154
Dr. med. Matthias Sauer	1	1	—	4,03	—	4,03
Dr. med. Thomas Schröter	3	3	—	6,424	—	6,424
Dr. med. Marcel Vollroth	5	5	—	11,36	—	11,36
Dr. med. Elfriede Strottdrees	—	—	—	—	—	—
Dr. med. Joao Carlos Correia	—	—	—	—	—	—
17	164	115	49	424,037	125,607	549,644

Lübeck						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Prof. Dr. Hans-Hinrich Sievers	35	8	27	41,247	91,073	132,320
Prof. Dr. Stefan Klotz	8	8	—	63,728	—	63,728
PD Dr. Doreen Richardt	6	4	2	9,826	7,351	17,177
Dr. Michael Petersen	1	—	1	—	0,883	0,883
Prof. Dr. Ulrich Stierle	—	—	—	—	—	—
PD Dr. Boris Nasserl	—	—	—	—	—	—
Dr. Bence Bucsky	—	—	—	—	—	—
7	50	20	30	114,801	99,307	214,108

Mainz						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Univ.-Prof. Dr. med. Christian-Friedrich Vahl	40	—	40	—	91,495	91,495
PD Dr. med. Markus Heinemann	1	—	1	—	1,076	1,076
Dr. med. Hazem El Beyrouti	—	—	—	—	—	—
Dr. med. Hassan Ammar	—	—	—	—	—	—
Prof. Dr. med. Andres Beiras Fernandez	—	—	—	—	—	—
Prof. Dr. med. Ullrich Hake	—	—	—	—	—	—
Dr. med. Daniel Dohle	—	—	—	—	—	—
Dr. med. Walter Kasper-König	—	—	—	—	—	—
Dr. med. N. Schnelle	—	—	—	—	—	—

Martin Oberhoffer	—	—	—	—	—	—
10	41	0	41	0	92,571	92,571

Marburg						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Prof. Dr. Rainer Moosdorf	9	1	8	0,701	20,473	21,174
PD Dr. Nikolas Mirow	9	5	4	10,238	3,957	14,195
Dr. Ivo Martinovic	2	2	—	2,805	—	2,805
Prof. Dr. Sebastian Vogt	9	4	5	8,597	13,384	21,981
Dr. Leszek Rybinski	—	—	—	—	—	—
Dr. Alessandro Vannucchi	—	—	—	—	—	—
6	29	12	17	22,341	37,814	60,155

München LMU						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Prof. Dr. med. Christian Hagl	16	3	13	9,384	33,033	42,417
Priv.-Doz. Dr. med. Maximilian Pichlmaier	18	6	12	17,032	42,227	59,259
Priv.-Doz. Dr. med. Gerd Juchem	18	4	14	14,814	15,485	30,299
Dr. med. Sven Peterß	12	12	—	48,467	—	48,467
Prof. Dr. med. Paolo Brenner	6	2	4	1,885	8,464	10,349
Dr. med. Alexey Dashkevich	8	7	1	25,951	3,695	29,646
Prof. Dr. med. Sandra Eifert	7	5	2	5,260	3,474	8,734
Dr. med. Felix Kur	5	2	3	1,438	2,321	3,759

Dr. med. Sebastian Sadoni	1	1	—	1,024	—	1,024
Prof. Dr. med. René Schramm	12	7	5	20,291	7,343	27,634
Prof. Dr. med. Calin Vicol	10	1	9	4,205	8,833	13,038
Dr. med. Dominik Joskowiak	—	—	—	—	—	—
Dr. med. Erik Bagaev	—	—	—	—	—	—
13	113	50	63	149,751	124,875	274,626

München DHZ						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Prof. Dr. med. Rüdiger Lange	115	12	103	53,73	312,382	366,112
PD Dr. med. Markus Krane	17	6	11	21,984	29,619	51,603
PD Dr. med. Bernhard Voss	5	2	3	7,351	9,764	17,115
Prof. Dr. med. Sabine Bleiziffer	21	14	7	55,037	13,715	68,752
Dr. med. Julie Cleuziou	5	5	—	13,313	—	13,313
Dr. med. Thomas Günther	1	—	1	—	4,03	4,03
Prof. Dr. med. Ralf Günzinger	1	1	—	4,965	—	4,965
Dr. med. Ulf Herold	—	—	—	—	—	—
PD Dr. med. Joachim Weipert	—	—	—	—	—	—
Dr. med. univ. Elisabeth Beran	—	—	—	—	—	—
Dr. med. J. Pabst von Ohain	—	—	—	—	—	—
11	165	40	125	156,38	369,51	525,89

Münster						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Univ.-Prof. Dr. med. Sven Martens	10	3	7	11,381	19,489	30,870
Prof. Dr. med. Mirela Scherer	9	—	9	—	15,407	15,407
Prof. Dr. med. Andreas Hoffmeier	4	1	3	4,208	9,136	13,344
Prof. Dr. med. Jürgen Sindermann	11	4	7	6,772	7,045	13,817
PD Dr. med. Andreas Rukosujew	3	1	2	1,24	4,035	5,275
Dr. med. Heinz Deschka	10	10	—	17,009	—	17,009
Dr. med. Andreas Löher	—	—	—	—	—	—
Dr. med. Farshad Ghezelbash	—	—	—	—	—	—
Dr. med. Heinrich Rotering	—	—	—	—	—	—
9	47	19	28	40,61	55,112	95,722

Oldenburg						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Univ.-Prof. PD Dr. med. Pascal Dohmen	19	12	7	33,045	11,774	44,819
PD Dr. med. A. Weymann	27	22	5	48,417	13,472	61,889
Dr. med. H.C. Eichstaedt	2	2	—	6,416	—	6,416
Dr. med. J. Easo	4	4	—	12,134	—	12,134
Prof. Dr. med. Jürgen Ennker	—	—	—	—	—	—
Dr. med. S. Altmann	—	—	—	—	—	—
A. Thabet	—	—	—	—	—	—
R. Bruncke	—	—	—	—	—	—

8	52	40	12	100,012	25,246	125,258
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Regensburg						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Prof. Dr. Christof Schmid	41	4	37	17,222	94,535	111,757
Prof. Dr. Michael Hilker	12	1	11	1,240	26,529	27,769
Prof. Dr. Hans-Stefan Hofmann	35	6	29	11,656	60,467	72,123
PD Dr. Daniele Camboni	14	11	3	28,820	5,262	34,082
PD Dr. Bernhard Flörchinger	7	7	—	24,095	—	24,095
Prof. Dr. Stephan Hirt	10	1	9	1,024	18,111	19,135
Dr. Andreas Keyser	4	4	—	6,113	—	6,113
PD Dr. Michael Ried	25	24	1	53,654	0,597	54,251
Dr. Leopold Rupprecht	1	1	—	2,093	—	2,093
Dr. Simon Schopka	6	6	—	13,746	—	13,746
Dr. Reiner Neu	—	—	—	—	—	—
11	155	65	90	159,663	205,501	365,164

Rostock						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
PD Dr. med. Alexander Kaminski	5	2	3	2,671	8,080	10,751
PD Dr. med. Peter Donndorf	14	14	—	31,065	—	31,065
Dr. med. András Hoffman	1	1	—	4,205	—	4,205

Univ.-Prof. PD Dr. med. Pascal Dohmen	—	—	—	—	—	—
Dr. med. Bernd Westphal	—	—	—	—	—	—
Dr. med. Hasan Bushnaq	—	—	—	—	—	—
Dr. med. Gernot Biel	—	—	—	—	—	—
Dr. Igor Berezovets	—	—	—	—	—	—
8	20	17	3	37,941	8,08	46,021

Tübingen						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Prof. Dr. Dr. h.c. Christian Schlensak	22	2	20	7,134	59,224	66,358
Prof. Dr. Tobias Walker	13	7	6	21,836	15,212	37,048
PD Dr. med. Volker Steger	9	7	2	17,272	5,559	22,831
Dr. med. Henning Lausberg	2	1	1	3,321	4,03	7,351
Dr. med. Wilke Schneider	—	—	—	—	—	—
Dr. med. Migdat Mustafi	—	—	—	—	—	—
Dr. med. Luise Vöhringer	—	—	—	—	—	—
7	46	17	29	49,563	84,025	133,588

Ulm						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
Prof. Dr. Andreas Liebol	7	—	7	—	14,031	14,031
PD Dr. Christian Skrabal	3	2	1	3,169	4,03	7,199
Dr. Hagen Gorki	8	6	2	8,301	7,009	15,31

Dr. Peter Guilliard	—	—	—	—	—	—
Dr. Christian Liewald	—	—	—	—	—	—
Dr. Levani Shoshiashvili	—	—	—	—	—	—
6	18	8	10	11,47	25,070	36,54

Würzburg						
Arzt	Publikationen	FA	LA	IF FA	IF LA	IF ges.
PD Dr. med. Thorsten Walles	17	4	13	5,932	55,424	61,356
Professor Dr. med. Leyh, Rainer G.	20	—	20	—	42,710	42,710
Dr. med. Gorski, Armin	1	—	1	—	4,030	4,030
Professor Dr. med. Aleksic, Ivan	3	2	1	5,469	1,240	6,709
Dr. med. Bening, Constanze	6	6	—	8,996	—	8,996
Dr. med. Hamouda, Khaled	2	2	—	2,316	—	2,316
Dr. med. Schade, Ina	1	1	—	4,205	—	4,205
Prof. Dr. med. Schimmer, Christoph	10	2	8	2,316	19,125	21,441
Dr. med. Hoffmann, Jörg	—	—	—	—	—	—
Dr. med. Sommer, Hans- Jürgen	—	—	—	—	—	—
Dr. med. univ. András K. Szabo	—	—	—	—	—	—
11	60	17	43	29,234	122,529	151,763

Anhang 2

Nachfolgend sind alle Daten zu den aktiven Ärzten dargestellt, sortiert nach den Kliniken, beinhaltend den Namen des Arztes, Titel der Publikation, das Publikationsjahr, das Journal, in dem veröffentlicht wurde und der 5-Jahres- Impactfaktor von 2016.

Univ.-Prof. Dr. med. Rüdiger Autschbach

- Conventional Aortic Valve Replacement: Standard Therapy in the 1990s and the Development of Minimally Invasive Approaches, 2017, thoracic and cardiovascular surgeon, 1,076
- The Interactive Use of Multi-Dimensional Modeling and 3D Printing in Preplanning of Type A Aortic Dissection., 2016, journal of cardiac surgery, 0,812
- Thoracic stent graft sizing for frozen elephant trunk repair in acute type A dissection., 2012, journal of thoracic and cardiovascular surgery, 4,205
- Short and Midterm Results of Epi and Endocardial Cryoablation, 2010, annals of thoracic and cardiovascular surgery, 0,727
- Results and treatment strategy for patients undergoing emergent coronary artery bypass grafting, 2010, annals of thoracic and cardiovascular surgery, 0,727
- [Assisted circulation: an overview from a clinical perspective], 2009, biomedical engineering-biomedizinische technik, 1,263
- Perioperative risk of redo aortic valve replacement, 2009, annals of thoracic and cardiovascular surgery, 0,727
- Past, present, and future of long-term mechanical cardiac support in adults, 2008, journal of cardiac surgery, 0,812
- Selective left ventricular adriamycin-induced cardiomyopathy in the pig., 2008, journal of heart and lung transplantation, 6,058, Insufficiency of an aortic valve prosthesis due to tissue ingrowth: a case report, 2007, heart surgery forum, 0,414

Univ.-Prof. Dr. med. Jan Spillner

- A personalized approach to interventional treatment of tricuspid regurgitation: experiences from an acute animal study, 2014, interactive cardiovascular and thoracic surgery, 1,529
- Low stroke rate and few thrombo-embolic events after HeartMate II implantation under mild anticoagulation, 2012, european journal of cardio-thoracic surgery, 3,321
- Feasibility and efficacy of bypassing the right ventricle and pulmonary circulation to treat right ventricular failure: an experimental study, 2012, journal of cardiothoracic surgery, 1,24
- Pulmono-atrial shunt and lung assist to treat right ventricular failure, 2011, frontiers in bioscience-landmark, 2,758
- Video-assisted pericardioscopic surgery: refinement of a new technique for implanting epimyocardial pacemaker leads, 2011, european journal of cardio-thoracic surgery, 3,321
- PAS-Port® clampless proximal anastomotic device for coronary bypass surgery in porcelain aorta, 2011, european journal of cardio-thoracic surgery, 3,321
- A new approach to interventional atrioventricular valve therapy, 2010, journal of thoracic and cardiovascular surgery, 4,205
- [Assisted circulation: an overview from a clinical perspective], 2009, biomedical engineering-biomedizinische Technik, 1,263

Dr. med. Ajay Moza

- Parametrization of an in-silico circulatory simulation by clinical datasets - towards prediction of ventricular function following assist device implantation, 2017, biomedical engineering-biomedizinische technik, 1,263

- Perioperative onset of acquired von Willebrand syndrome: Comparison between HVAD, HeartMate II and on-pump coronary bypass surgery, 2017, plos one, 3,394
- Benefits of ultra-fast-track anesthesia in left ventricular assist device implantation: a retrospective, propensity score matched cohort study of a four-year single center experience, 2017, journal of cardiothoracic surgery, 1,24
- Predictive Value of EuroSCORE II in Patients Undergoing Left Ventricular Assist Device Therapy, 2016, thoracic and cardiovascular surgeon, 1,076
- Does percutaneous dilatational tracheostomy increase the incidence of sternal wound infection--a single center retrospective of 4100 cases, 2015, journal of cardiothoracic surgery, 1,24
- A core outcome set for all types of cardiac surgery effectiveness trials: a study protocol for an international eDelphi survey to achieve consensus on what to measure and the subsequent selection of measurement instruments, 2015, trials, 2,203
- EuroScore 2 for identification of patients for transapical aortic valve replacement--a single center retrospective in 206 patients, 2012, journal of cardiothoracic surgery, 1,24
- Inflammatory response in transapical transaortic valve replacement, 2011, thoracic and cardiovascular surgeon, 1,076

Dr. med. Shahram Lotfi

- Mechanistic study of in vitro chemical interaction of trimipramine drug with barbituric derivative after its oxidation: Electrochemical synthesis of new dibenzazepine derivative, 2017, materials science & engineering c-materials for biological applications, 3,926
- Impact of a new conduction defect after transcatheter aortic valve implantation on left ventricular function, 2012, jacc-cardiovascular interventions, 8,832
- Transcatheter aortic valve-in-valve implantation of a CoreValve in a degenerated stenotic Sapien heart valve prosthesis, 2013, catheterization and cardiovascular interventions, 2,259

Dr. med. Marcus Haushofer

- Oxygenated shunting from right to left: a feasibility study of minimized atrio-atrial extracorporeal membrane oxygenation for mid-term lung assistance in an acute ovine model, 2013, interactive cardiovascular and thoracic surgery, 1,529
- Feasibility and efficacy of bypassing the right ventricle and pulmonary circulation to treat right ventricular failure: an experimental study, 2012, journal of cardiothoracic surgery, 1,24

Priv.-Doz. Dr. med. Nima Hatam

- Performance of the Labcor Dokimos Plus pericardial aortic prosthesis: a single-centre experience, 2017, interactive cardiovascular and thoracic surgery, 1,529
- Interatrial conduction disturbance in postoperative atrial fibrillation: a comparative study of P-wave dispersion and Doppler myocardial imaging in cardiac surgery, 2014, journal of cardiothoracic surgery, 1,24
- Video-assisted pericardioscopic surgery for epimyocardial lead implantation, 2013, annals of thoracic surgery, 4,03
- Oxygenated shunting from right to left: a feasibility study of minimized atrio-atrial extracorporeal membrane oxygenation for mid-term lung assistance in an acute ovine model, 2013, interactive cardiovascular and thoracic surgery, 1,529

- Video-assisted pericardioscopic surgery: refinement of a new technique for implanting epimyocardial pacemaker leads, 2011, european journal of cardiothoracic surgery, 3,321

Dr. med. Lachmandath Tewarie

- Does percutaneous dilatational tracheostomy increase the incidence of sternal wound infection--a single center retrospective of 4100 cases, 2015, journal of cardiothoracic surgery, 1,24
- Special Treatment and Wound Care of the Driveline Exit Site after Left Ventricular Assist Device Implantation, 2015, thoracic and cardiovascular surgeon, 1,076
- Ultrasound-assisted treatment of sternocutaneous fistula in post-sternotomy cardiac surgery patients, 2015, european journal of cardio-thoracic surgery, 3,321

Priv.-Doz. Dr. Dr. med. Andreas Goetzenich

- Remote ischaemic preconditioning for coronary artery bypass grafting (with or without valve surgery), 2017, cochrane database of systematic reviews, 7,018
- Parametrization of an in-silico circulatory simulation by clinical datasets - towards prediction of ventricular function following assist device implantation, 2017, biomedical engineering-biomedizinische technik, 1,263
- Remote ischemic preconditioning in cardiac anesthesia: a review focusing on translation, 2017, minerva anesthesiologica, 2,206
- [Remote Ischaemic Conditioning - an overview], 2017, anesthesiologie intensivmedizin notfallmedizin schmerztherapie, 0,301
- Fluid Dynamics in Rotary Piston Blood Pumps, 2017, annals of biomedical engineering, 3,432
- Rotary piston blood pumps: past developments and future potential of a unique pump type, 2016, expert review of medical devices, 2,403
- Evaluating outcomes used in cardiothoracic surgery interventional research: a systematic review of reviews to develop a core outcome set, 2015, plos one, 3,394
- Interatrial conduction disturbance in postoperative atrial fibrillation: a comparative study of P-wave dispersion and Doppler myocardial imaging in cardiac surgery, 2014, journal of cardiothoracic surgery, 1,24
- The role of macrophage migration inhibitory factor in anesthetic-induced myocardial preconditioning, 2014, plos one, 3,394
- Video-assisted pericardioscopic surgery for epimyocardial lead implantation, 2013, annals of thoracic surgery, 4,03
- EuroScore 2 for identification of patients for transapical aortic valve replacement--a single center retrospective in 206 patients, 2012, journal of cardiothoracic surgery, 1,24
- The effects of metoprolol on hypoxia- and isoflurane-induced cardiac late-phase preconditioning, 2011, acta anaesthesiologica scandinavica, 2,649
- A new approach to interventional atrioventricular valve therapy, 2010, journal of thoracic and cardiovascular surgery, 4,205
- Alteration of matrix metalloproteinases in selective left ventricular adriamycin-induced cardiomyopathy in the pig, 2009, journal of heart and lung transplantation, 6,058

- Comparison of the Carpentier-Edwards Perimount and St. Jude Medical Epic bioprostheses for aortic valve replacement--a retrospective echocardiographic short-term study, 2009, journal of cardiac surgery, 0,812

Priv.-Doz. Dr. med. Heike Schnöring

- Prevention of postoperative pericardial adhesions with TachoSil, 2013, annals of thoracic surgery, 4,03
- Expression of inflammation in myocardial tissue of rabbits: comparison of two miniaturized heart-lung machines, 2013, artificial organs, 1,815
- Development of a rabbit animal model for miniaturized heart-lung machines, 2013, asaio journal, 2,093
- Direct right atrial insertion of a Hickman catheter in an 11-year-old girl, 2011, interactive cardiovascular and thoracic surgery, 1,529
- A newly developed miniaturized heart-lung machine--expression of inflammation in a small animal model, 2010, artificial organs, 1,815
- The Aachen miniaturized heart-lung machine--first results in a small animal model, 2009, artificial organs, 1,815
- Pancarditis in a five-year-old boy affecting tricuspid valve and ventricular septum, 2008, european journal of cardio-thoracic surgery, 3,321

Berlin DHZ

PD Dr. Boris Nasseri

- Autologous CD133+ bone marrow cells and bypass grafting for regeneration of ischaemic myocardium: the Cardio133 trial, 2014, european heart journal, 18,219
- Combined anterior mitral valve leaflet retention plasty and septal myectomy in patients with hypertrophic obstructive cardiomyopathy, 2011, european journal of cardio-thoracic surgery, 3,321
- Predictors for the use of left ventricular assist devices in infants with anomalous left coronary artery from the pulmonary artery, 2010, annals of thoracic surgery, 4,03
- Two-dimensional speckle tracking strain analysis for efficacy assessment of myocardial cell therapy, 2009, cell transplantation, 3,121
- Intramyocardial delivery of bone marrow mononuclear cells and mechanical assist device implantation in patients with end-stage cardiomyopathy, 2007, cell transplantation, 3,121

Prof. Dr. med. Volkmar Falk

- Left Ventricular Assist Devices: Challenges Toward Sustaining Long-Term Patient Care, 2017, annals of biomedical engineering, 3,423
- Results of mitral valve repair with an adjustable annuloplasty ring 2 years after implantation, 2017, heart and vessels, 2,506
- Survival, Neurologic Injury, and Kidney Function after Surgery for Acute Type A Aortic Dissection, 2016, thoracic and cardiovascular surgeon, 1,076
- Clinical performance of a new bidirectional rotational mechanical lead extraction sheath, 2016, europace, 3,843
- Moderate hypothermia during ex vivo machine perfusion promotes recovery of hearts donated after cardiocirculatory death†, 2016, european journal of cardio-thoracic surgery, 3,321

- Robot-assisted training for heart failure patients - a small pilot study, 2015, *acta cardiologica*, 0,724
- Tricuspid valve interventions: surgical techniques and outcomes, 2015, *eurointervention*, 4,038
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