and work one year on it, than discovering every week that they had to redefine the problem. Clinics, industry and academia should work together on a daily basis.

Do you think that this bottleneck is improving?

Definitely. Two of the presentations of our team in IPCAI, both of them were done by a surgeon with seven years of experience, Dr Alex Johnson from Johns Hopkins. He came and he presented a technical talk, but of course with his flavour of surgeon and surgery, with a lot of bloody images, and with explaining his view. I think this is happening and with more and more surgeons. One of the reasons, as funny as it sounds, is thanks to companies like Apple, Google, etc: they started to provide simple hi-tech user interfaces like iPad or Google Glass. Surgeons are technology freaks, so they started to think: if I have such a nice user interface, why don't I have it during my work? There is a new generation of surgeons who are demanding better solutions.

But these are the main innovators and maybe they do not represent the big mass of surgeons which might not adopt these solutions for some time?

I don't know, 10-15 years ago, this kind of technology, these advanced user interfaces, were only acceptable for surgeons in Johns Hopkins and Harvard and Stanford. Thanks to this mass media, technology like Google Glass and iPad was very cheap and everybody could have access to it. I think these days we have many more young surgeons. We're just asking for more. It's not only key opinion leaders these days, we have many more who are interested, if we can embrace

them. That's one of the reasons that, for example, in Munich we have laboratories at three hospitals. I don't expect a surgeon to travel 20 minutes to come to my lab and explain something to me, I have to go to them in their operating room and talk to them.

When did this setting start?

It's 14 years now, since 2003, but it's improving more and more.

Has it been so precious for you?

Absolutely, it has been a key to our progress, in the sense that nowadays, so many accepted us that we have two major projects there about augmented-reality technology, for their teaching. We are completely integrated into the teaching process.

And training also?

Teaching more, training too. The reason is that they teach 800 students who still don't have their medical degree. It's very hard for 800 to organise the cadaver studies, for

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