



dissection, etc., but doing it with augmented reality and virtual dissection is much easier.

Because it's a simulation?

Because it's a simulation, but we do it on their own body. We have a system called Magic Mirror, where they can look into the system, to a wall display, and see their own body with a lot of detail of anatomy on it. Then they can learn it, they can interact with it. It reduces the need to do a lot of cadaver studies and books. It's better than books and cadavers, it's somewhere in between and they like it.

How do you convince a surgeon that it's in their own interest to cooperate?

This is a very, very good question. You have to find out what is their motivation: some of them want to get habilitation or they want to progress in their things. One of them was saying from his point of view he's a handyman, because instead of repairing a car, he is repairing humans. He was saying that even though it's high-level handyman work, he would be bored if he did that his whole life, even though each patient is a puzzle, still he would like to upgrade himself. Some of them are motivated by talent: "I am very intelligent, I was the best of my class. I don't want to do the same thing in 30 years, I want to be the one who brings a new solution." Often the most motivated ones, they're hoping that not only they use our technology, but that they understand our technology, which would be also our holy grail of success. That the surgeons so much understand our technology, they redefine a new way of doing a surgery. This is very rare, the majority of these academicians are providing tools to improve surgery, but changing

it completely to say, "Okay, now that I have these things, instead of entering from this part of the body, I can do another thing and then change the whole process and make it more efficient," that would be the holy grail. Some surgeons have that ambition, and those are the most exciting ones, but they are rare.

Is there competition between different labs to attract the most cooperative surgeons?

I would say no. Between companies yes, between labs, no. Usually the doctors work with the local labs. For example, in Munich, I'm only competing with the other labs in Munich, but I did go to Johns Hopkins because I was interested in the medical school most of all and I wanted to collaborate with them. You sometimes go out to do that, but I think there are so many bright doctors that it's not so rare. The fact that you, with your lab, with your students, acquire the culture that you want to interact, convince

