



Correction to: Integrating basic science in academic cardiology training: two international perspectives on a common challenge

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Unfortunately, the + and – signs marking the benefits and challenges in Table 1 have been omitted during the typesetting of the article.

We apologize for any inconvenience caused.

The corrected Table 1 is provided below:

The original article can be found online at <https://doi.org/10.1007/s00392-018-1294-3>.

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Table 1 Benefits and challenges of German and US curricula for physician–scientists in cardiology

Career steps	Germany	USA
Getting an appetite	<ul style="list-style-type: none"> + Medical students can write a MD thesis in less time than a full PhD – Highly variable scientific quality of MD thesis 	<ul style="list-style-type: none"> + Many students earn a bachelor degree in life sciences prior to attending Medical School – Basic research during medical school is typically restricted to MD/PhD programs
Protected time during training	<ul style="list-style-type: none"> Postdoc fellowships and physician–scientist programs offered by universities and foundations + Flexible in terms of timing of application and combination with clinical training + International experience – Lower income than clinicians 	<ul style="list-style-type: none"> American Board of Internal Medicine certified combined clinical/science education tracks + Structured training; fellowship spot and some funding often guaranteed – Less flexible, early dedication to such a program required
Career options	<ul style="list-style-type: none"> + Growing number of professorships for physician–scientists, some with dual appointment in clinics – Challenge to balance research and clinical duties, especially when being interventional 	<ul style="list-style-type: none"> + More grants for salary support + More flexible solutions in regards to clinical obligations – Salary more susceptible to cuts in public research funding – Large income gap to full-time clinicians

The original article has been corrected.