

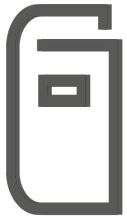


# AMBOSS

A Modern, Digital Education Platform  
Optimized for your Curriculum and Campus

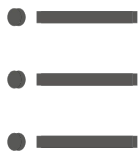
» Our **MISSION** is  
to make medical knowledge  
universally accessible  
and effective. «

# The structure of the AMBOSS platform



## Library

- Contains content from all clinically-relevant subjects
- Competence-oriented library structure
- Multimedia content and medical illustrations
- Daily updates and features for personalized engagement



## Question Bank of Clinical Cases

- Interactive exam-style question bank with 2000+ clinical cases
- Detailed explanations and commentary help guide reasoning and understand mistakes
- Direct links connect question and answer content to relevant library content



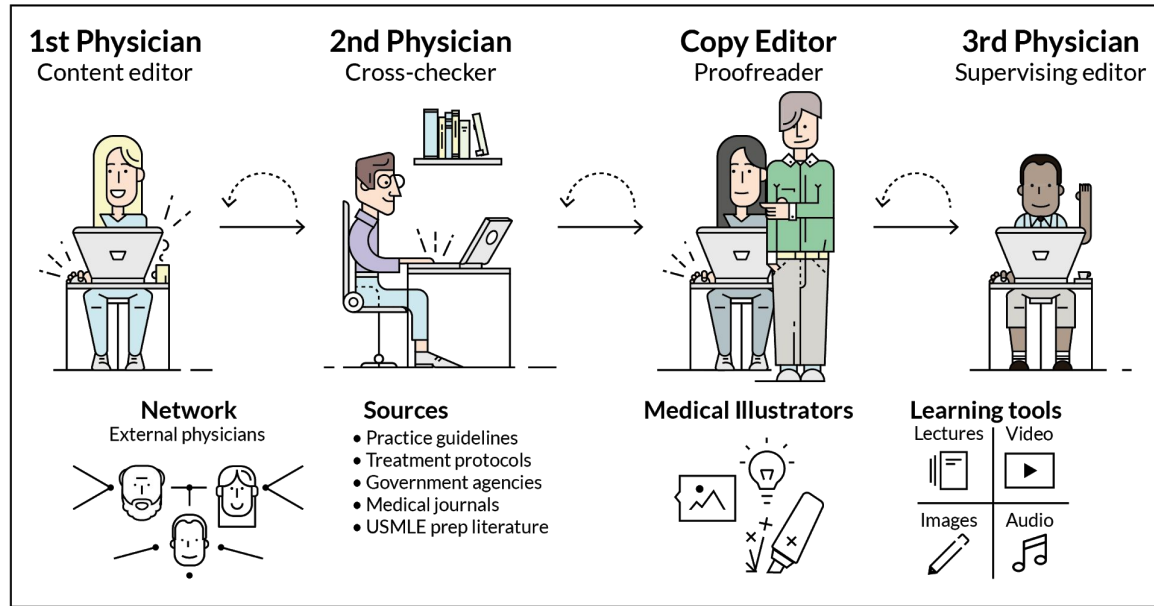
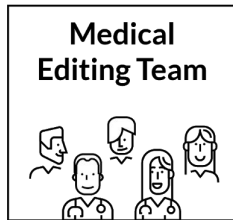
## Analysis

- Customizable, goal-oriented progress and performance tracking
- Identifies individual knowledge gaps in subject matter
- Adaptive, personalized study recommendations

# A unique and thorough quality assurance process

## CONTENT GENERATION

Four heads are better than one.



The editorial team collaborates from the very start to generate clear, comprehensive content of the highest quality.



# AMBOSS medical team develops the content

## QUALIFIED:

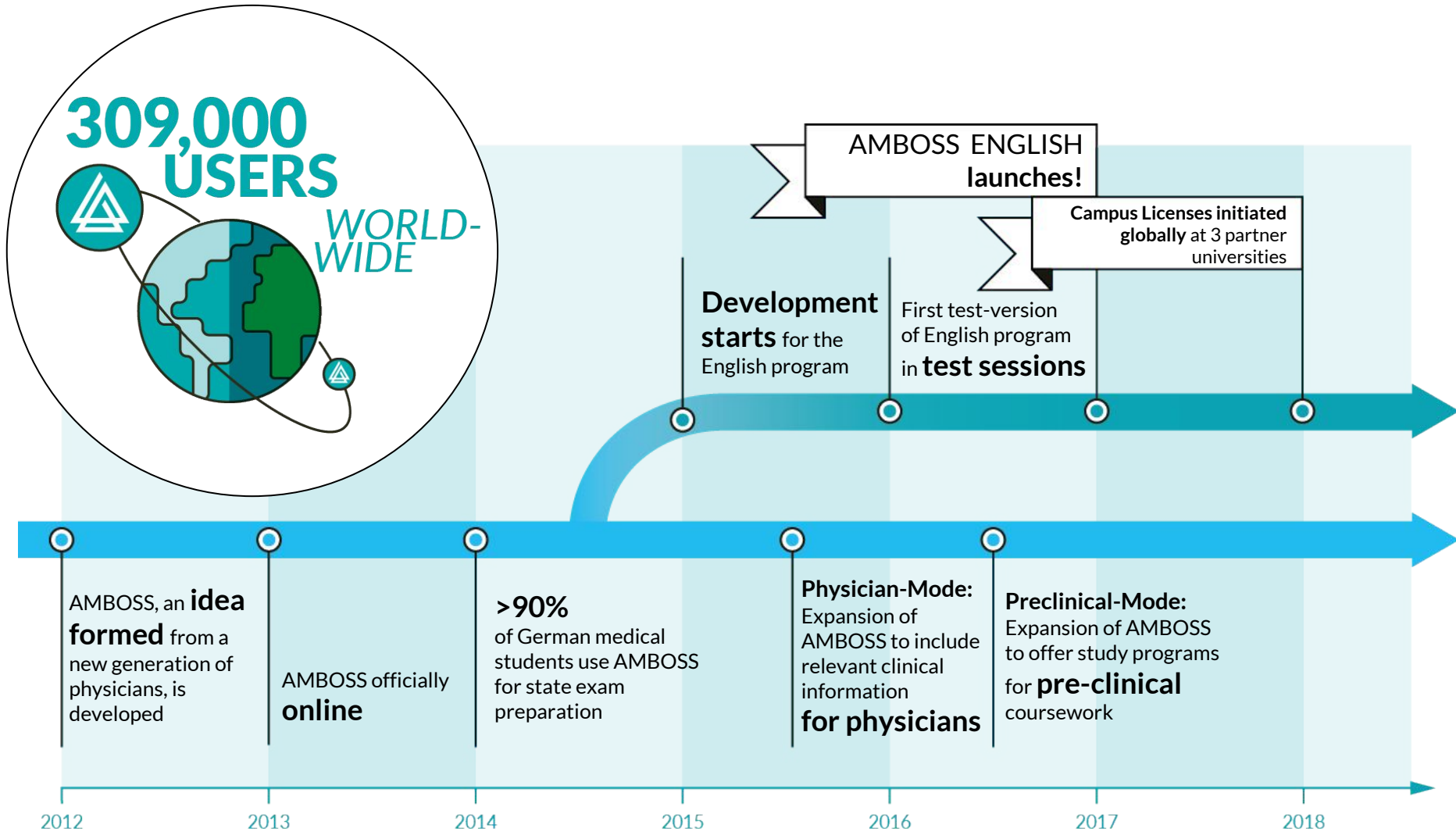
The AMBOSS content is produced by one of the world's largest full-time teams of over 60 international, top-scoring physicians

## UP-TO-DATE:

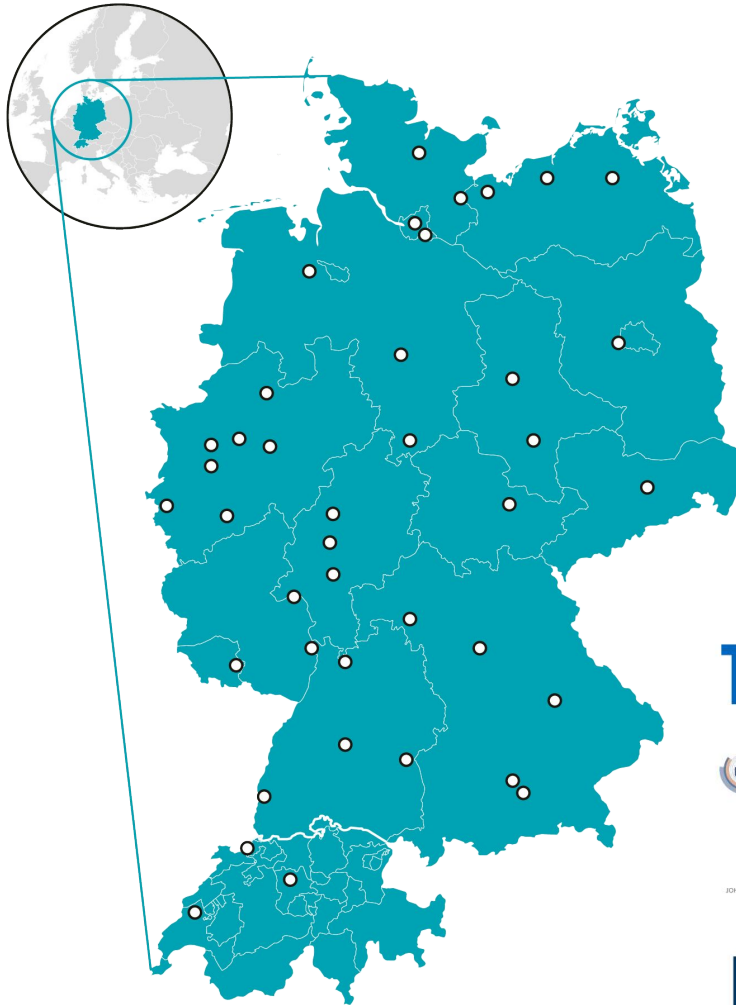
The library and questions are constantly being updated with cutting-edge research and medical insights by the in-house team



# How AMBOSS has grown



# Experience with universities



~80%

of medical schools in Germany and Switzerland have adopted AMBOSS as a learning platform for the students studying on their campuses

> 95%

of medical students in Germany identify AMBOSS as their primary preparation tool for their exams<sup>1</sup>

1. Based on 2017 surveys administered alongside state exams by MEDI-LEARN.net Gbr





# Personal bests and top percentiles from users

» I used AMBOSS as my primary resource to prepare for my surgery shelf exam, and am quite happy with my score (96th percentile!)! AMBOSS is a fantastic resource for medical students preparing for their exams. «

M4 student  
Surgery Honors, Icahn School of Medicine at Mount Sinai

» Using AMBOSS made learning medicine a lot easier, I no longer worry where to study from. It has everything up-to-date with helpful tables & figures. Every time I study from AMBOSS, I wish I knew about it before. «

Mutasim Battah  
Jordan University of Science and Technology

» I found AMBOSS very useful for the clinical reasoning exam and the practical exam. The concise nature of the content, links to related conditions/ differentials and images really helps summarise pathology well making learning and note-taking a breeze. «

Benjamin Holz  
University of Adelaide, Australia



# UNIVERSITY

Utility for learning institutions

## 1. Company mission

- 1.1. The structure of the AMBOSS platform
- 1.2. Content development
- 1.3. How AMBOSS has grown
- 1.4. Experience with universities

## 2. University benefits

- 2.1. Progressive education through digital media
- 2.2. The future of medical education
- 2.3. Campus License

## 3. The AMBOSS program: a look inside

- 3.1. Library
- 3.2. Question bank
- 3.3. Analysis

# Progressive education through digital media

AMBOSS helps you create effective teaching and studying processes that are flexible, personalized and multimedia based.

- Implement the AMBOSS videos, overlay-imaging features or short audio sequences into your lecture materials
- Support interaction and discussion between educators and students by using quiz elements and visual diagnosis in your seminars



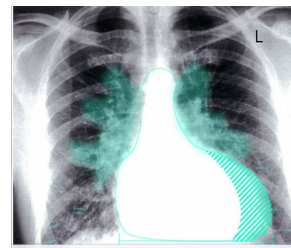
**Tables**



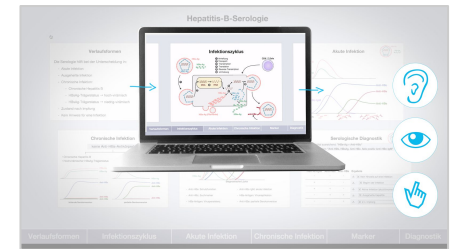
**Videos**



**Animated  
illustrations**



**Chalk Talks**



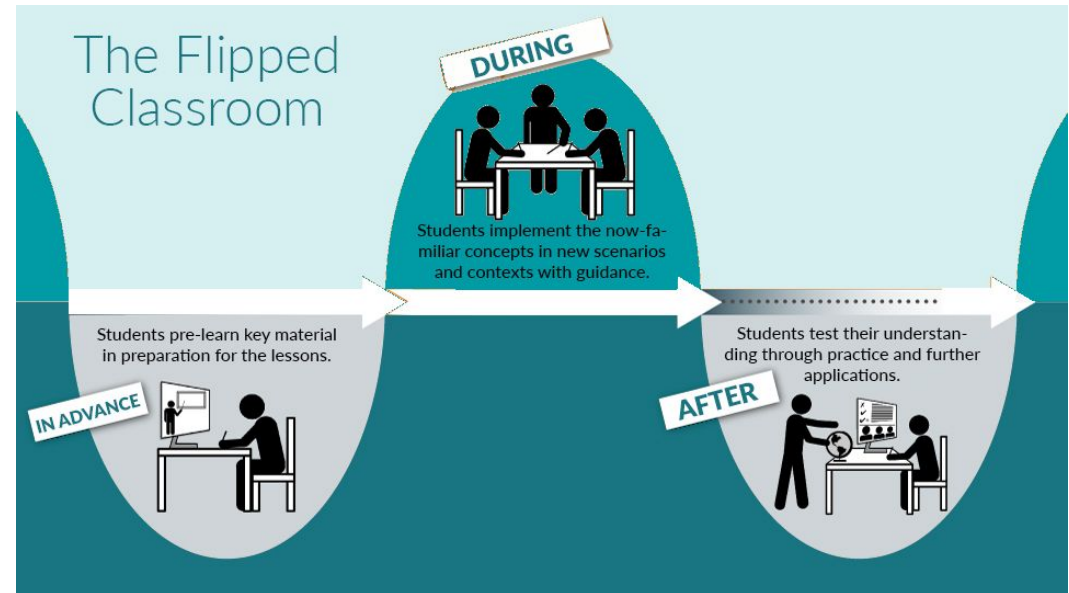
# The Future of Medical Education: *Flipped Classrooms*

## Use classroom sessions more effectively:

- Apply knowledge in an interactive setting
- Work in small teams
- Explore problem-based learning
- Engage with interactive cases
- Utilize multimedia
- Learn at your own pace

## How can AMBOSS help?

- The cross-linked Learning Cards & Qbank allows students to dive more deeply into topics when needed
- Students have access to interactive multimedia, including physical examination videos, x-rays with overlays, H&E slides with SmartZoom features, and so much more
- High-yield topics and detailed information are provided on the AMBOSS platform, so students can review material in a stepwise manner, which leads to better recall later on



# Supply students with AMBOSS centrally



## Campus license for Universities

- Unlimited access for clinical-phase students
- Available on and off of campus (VPN verification only once a month)
- Discounted per-student price compared to single-user subscriptions
- Modeled on several years' experience and outstanding feedback from over **80% of German and Swiss Universities**

# Optional additional functionality for educators: Integrate AMBOSS with course and clinic curriculum

## Learning Cards

Authorized users can share additional instructional content and learning recommendations added to learning cards as notes with a group

## Question Bank

Lecturers can create and save custom sets of questions to assign to students as accompanying material for lectures

Displaying:

Search

TITLE	PROFESSOR	SUBJECT	SEMESTER	MODULE	ORGAN SYSTEM	START
Gastro Lecture 1	Schuster	Gastroenterology, Pharmacology	7	3	Intestine, Biliary system	<input type="button" value="▶"/>
Neuro Seminar	Schuster	Neurology, Psychiatry	05	2	Head (Skull/face), CNS	<input type="button" value="▶"/>
Clinical Exam Preparation	Schuster	Gynecology and obstetrics, Genetics, Pediatrics	08	5		<input type="button" value="▶"/>
Emergency Medicine Clerkship	Schuster	Anesthesiology, Emergency Medicine	06	3	Blood, CNS	<input type="button" value="▶"/>

Displaying 4 of 4 sessions

Pages:

# AMBOSS

A look inside the program

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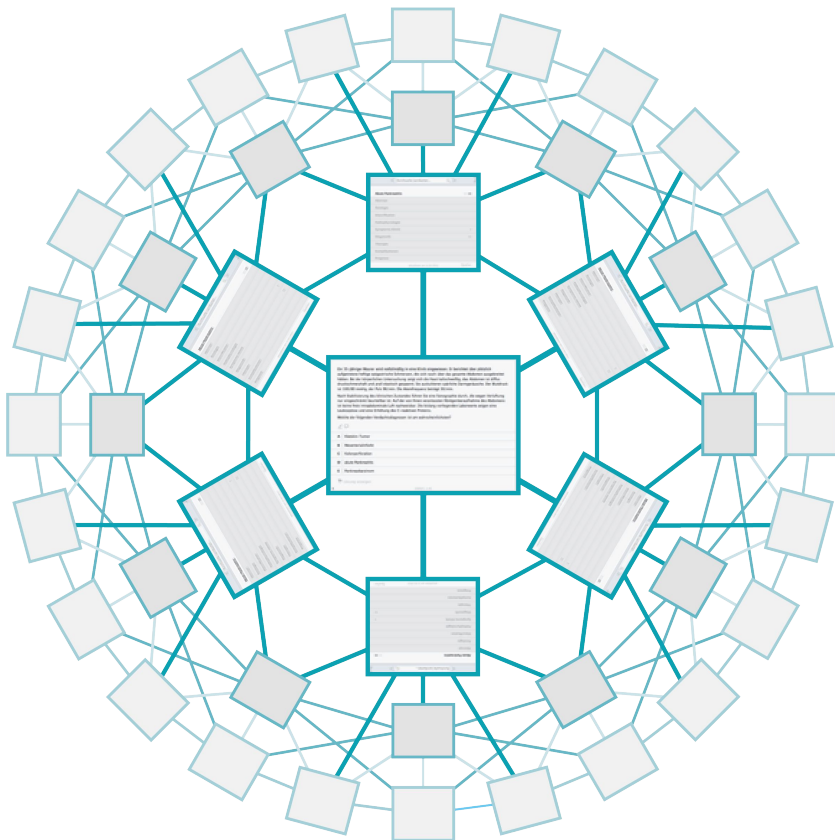
- 2.1. Progressive education through digital media
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## 3. **The AMBOSS program: a look inside**

- 3.1. Library
- 3.2. Question bank
- 3.3. Analysis

# A web of content in the AMBOSS Library

The primary sphere of the AMBOSS platform is its comprehensive, up-to-date medical e-library.



**+810**  
learning cards

**+15,000**  
searchable medical terms

**+200,000**  
cross links between medical topics

Organized to fit well with course  
curriculum structures and themes

Designed for easy exploration between  
different topics, while simultaneously  
allowing for in-depth review











# Over 810 Learning Cards

SEARCH ? CLINICAL KNOWLEDGE

Search Learning Cards... Q

LIBRARY

CLINICAL KNOWLEDGE

- Anesthesiology
- Dermatology
- Ear, Nose and Throat
- Family Medicine
- Gynecology
- Internal Medicine
  - Cardiology and Angiology 52 
  - Endocrinology 40 
  - Gastroenterology 74 
  - Hematology and Oncology 45 
  - Infectious Diseases 108 
  - Nephrology 37 
  - Pulmonology 34 
  - Rheumatology and Immunology 37 
- Neurology
- Ophthalmology
- Pediatrics
- Pharmacology
- Psychiatry
- Surgery

CHALK TALK <sup>BETA</sup>

MY LEARNING CARDS

FAVORITES

HISTORY

CLINICAL KNOWLEDGE

📖 Topics

Progress ▾ Views ▾ Questions

**Congestive heart failure** CLINICAL SCIENCE

Abstract

Definition

Epidemiology

Etiology

Pathophysiology

Clinical features

Subtypes and variants

Stages

Diagnostics

Treatment

Complications

- Acute decompensated heart failure
- Cardiorenal syndrome

Prognosis

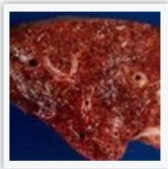
last updated 03/02/2017 Sources

# Add your own personalized comments to any Learning Card

## Pathophysiology

### cardiogenic pulmonary edema

- **Backward heart failure (right-sided heart failure)**
  - Reduced cardiac output → **systemic venous congestion** → **edema** and progressive congestion of internal organs → water retention by the kidneys
  - Resulting macroscopic findings: nutmeg liver



CHF is characterized by reduced cardiac output that results in venous congestion and poor systemic perfusion!

References:<sup>[4]</sup>[7]

*B* *I* U ¶ · ≡ ≡ ↺ ↻

**Notes Lecture Prof. Contreras:**

- special attention to physical examination
- in case of backward failure adjust medication

✎ Your notes

Saved

» Feedback

Clinical features

Subtypes and variants



# Easily explore on scientific details with reference lists

The screenshot shows a web-based medical reference interface for "Molluscum contagiosum". At the top, there are navigation icons and a "CLINICAL SCIENCE" label. The main content is organized into sections: "Abstract", "Epidemiology", "Etiology", "Clinical features", "Diagnostics", "Pathology", "Differential diagnoses", "Treatment", and "Complications". The "Abstract" section contains a paragraph of text describing the infection. The "Epidemiology" section includes bullet points for sex, age, and prevalence, followed by a reference list. The interface also includes "Your notes" and "Feedback" links for each section.

**Molluscum contagiosum**

**Abstract**

Molluscum contagiosum is a common localized skin infection caused by the molluscum contagiosum virus that often occurs on the trunk, face and genitalia. It is more common in childhood as well as early adolescence, particularly in males, and is usually transmitted at this age via skin contact and autoinoculation. In adults, it is considered a sexually transmitted infection. Lesions appear as smooth, dome-shaped papules with central umbilication. In healthy patients, molluscum contagiosum is generally self-limiting and heals spontaneously after several months. However, in immunosuppressed individuals, lesions can be very large, widespread, and persistent. If treatment is indicated (e.g., for sexually transmitted molluscum contagiosum), cryotherapy with liquid nitrogen is usually the first treatment option.

» Feedback

**Epidemiology**

- **Sex:** ♂ > ♀
- **Age:** most common in childhood (peak incidence < 5 years of age) and early adolescence
- **Prevalence**
  - More common in warm and humid climates or areas with poor hygiene
  - Up to 18% of HIV-positive patients and up to 33% if CD4 cell count is < 100 cells/μL

References:<sup>[1]</sup>

Epidemiological data refers to the US, unless otherwise specified.

» Feedback

**Etiology**

**Clinical features**

**Diagnostics**

**Pathology**

**Differential diagnoses**

**Treatment**

**Complications**

## Sources

- [1] Author: Ashish C Bhatia, MD, FAAD; Chief Editor: Dirk M Elston, MD, Molluscum Contagiosum, Medscape
- [2] Berger EM, Orlow SJ, Patel RR, Schaffner JV, Experience With Molluscum Contagiosum and Associated Inflammatory Reactions in a Pediatric Dermatology Practice, Arch Dermatol
- [3] American Academy of Ophthalmology, Chronic Follicular Conjunctivitis, American Academy of Ophthalmology
- [4] Author:Stuart N Isaacs, MDSection Editors:Martin S Hirsch, MDMoise L Levy, MDTed Rosen, MDDeputy Editor:Abena O Ofori, MD, Molluscum contagiosum, UpToDate

last updated 04/06/2017

# AMBOSS Question banks:

## Exam-style suite of question banks

A growing set of Qbanks with customizable study sessions by organ system, symptom, clinical specialty, and exam preparation integrate into the learning cards and library

The screenshot displays the AMBOSS Question banks interface. At the top, there are five navigation buttons: Exam Preparation (graduation cap icon), Custom Session (checklist icon), By Organ (heart icon), By Symptom (stethoscope icon), and Quick Session (alarm clock icon). Below these, the 'By Symptom' button is selected, leading to a symptom selection screen. The screen shows a human silhouette with various icons representing different symptoms. On the right, a list of symptoms is displayed with expand/collapse (+/-) buttons. The selected symptoms are Fatigue, Polydipsia (thirst), and Pruritus. At the bottom, it indicates '73 questions found' and a 'Get Started!' button.

Exam Preparation Custom Session By Organ By Symptom Quick Session

Region Multisystem

Multisystem / General physical symptoms / Internal

< Back

B symptoms	+
Fatigue	×
Increased appetite • binge eating	+
Loss of appetite • Aversion to certain foods	+
Pain (other)	+
Polydipsia (thirst)	×
Pruritus	×
Susceptibility to infection • immunodeficiency	+

**Symptoms Selected**


Use the silhouette and the menu above to add symptoms to your list.

Fatigue × Polydipsia (thirst) × Pruritus ×

73 questions found **Get Started!**

# Specific comments: links to relevant Learning Cards

Twelve hours after undergoing an exploratory laparotomy for a perforated duodenal ulcer, a 36-year-old man has shortness of breath. He has bronchial asthma and appears uncomfortable. He underwent a left medial meniscal repair 12 years ago. His father died of lung cancer at the age of 62 years. He has smoked one pack of cigarettes daily for 14 years. He does not drink alcohol. His only medication is an albuterol inhaler. His temperature is 37.4°C (99.3°F), pulse is 98/min, respirations are 19/min, and blood pressure is 122/76 mm Hg. Examination shows reduced breath sounds over the left base. Cardiac examination shows no abnormalities. There is a midline surgical incision over the abdomen with minimal ooze. Bowel sounds are hypoactive. Both calves are soft and nontender. His hemoglobin concentration is 12.9 g/dL, leukocyte count is 10,600/mm<sup>3</sup>, and platelet count is 230,000/mm<sup>3</sup>. An x-ray of the chest is shown. Which of the following is the most likely cause of this patient's symptoms?



The presence of shortness of breath 12 hours postoperatively, diminished breath sounds over the left lung base, and homogeneous opacification of the affected area on X-ray indicate loss of lung volume.

Feedback

⏏

- A Bronchial asthma
- B Pneumonitis
- C Pneumonia
- D Pulmonary embolism
- E Atelectasis ✓

Atelectasis is one of the most common postoperative complications (especially after chest or abdominal surgery) that typically occurs

Search Learning Cards. ?

CLINICAL SCIENCE

## Atelectasis


Abstract

Etiology

Clinical features

Diagnostics

- **Arterial blood gas analysis:** hypoxemia, potentially low PaCO<sub>2</sub>, and respiratory alkalosis
- **Chest x-ray and CT:** evidence of lobar collapse
  - Direct signs: displacement of fissures and homogeneous opacification of the collapsed lobe
  - Indirect signs
    - Elevation of ipsilateral diaphragm
    - Displacement of the hilum and mediastinal structures towards the affected side
    - Loss of volume in the affected side of the chest
    - Increased lucency and overinflation of the unaffected lung; silhouetting of the diaphragm or the heart border
- **Bronchoscopy** (diagnostic and therapeutic): A biopsy may be performed if the etiology is uncertain despite imaging (e.g., to exclude malignancy) and mucus plugs can be removed.<sup>[5]</sup>



References: [2]

Your notes

Feedback

Differential diagnoses

Treatment

Complications

last updated 02/23/2017

Sources

# Use the library alongside study questions



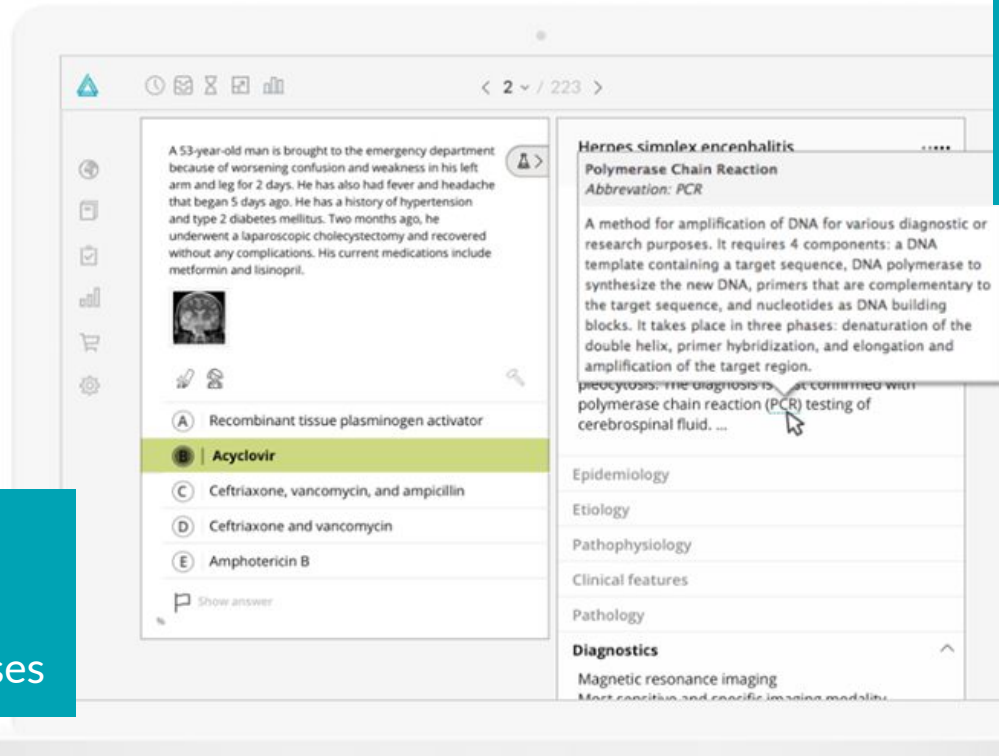
Qbank

High-yield, expertly written,  
exam-style questions



Interactive Library

Continuously updated medical  
content at your fingertips



**INTERACTIVE  
LIBRARY**  
> 810 Learning Cards

**QUESTION  
BANK**  
> 2,400 Clinical Cases

# Make study decisions with informed recommendations

Uncover strengths and weaknesses for optimizing achievement

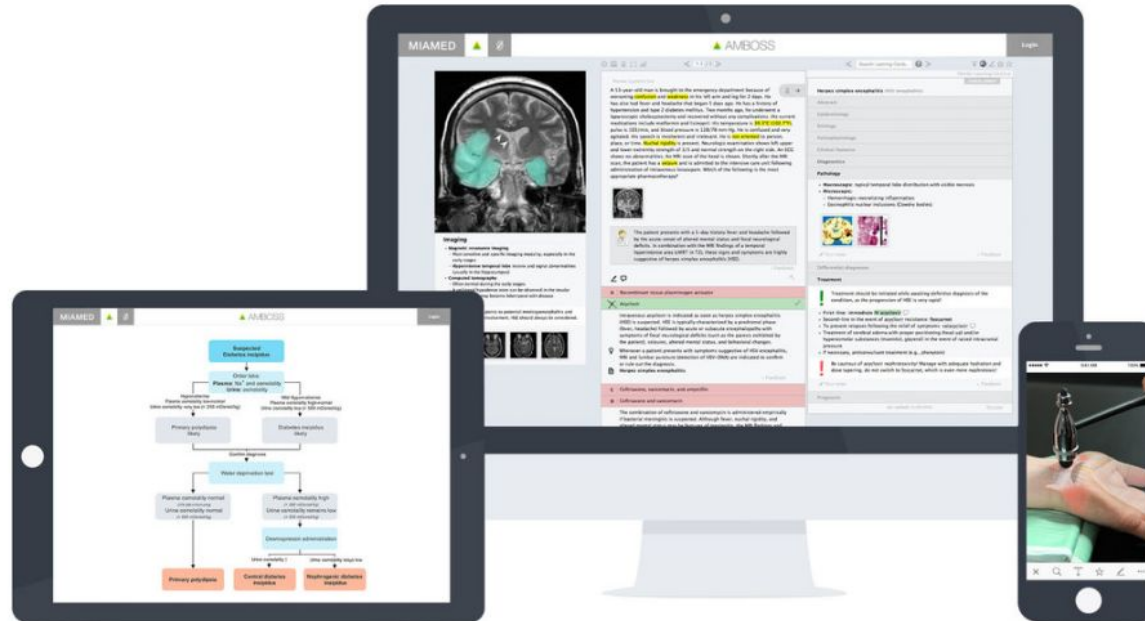
Adaptive, personalized recommendations for studying





# Technology – online & offline

Compatible with a wide range of devices, including apps for iOS and Android



ANDROID  
TABLET



iPAD



WEB



MAC OS X



ANDROID



IPHONE

# Take a tour of AMBOSS



LINK to watch the Video

<https://www.amboss.com/us/tour/>