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碩睿資訊 教育訓練部門
2026



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背景介紹

McGraw-Hill 公司

成立於 1888 年，是領先國際的教育、資訊及金融服務機構，美國三大教育出版社之一。



McGraw-Hill Education

致力小學、中學到大學，終生專業學習的**教育服務**及教材提供。

專長於英語培訓及**高等教育領域**，特別是在科技、**醫療**、商業及經濟等領域。

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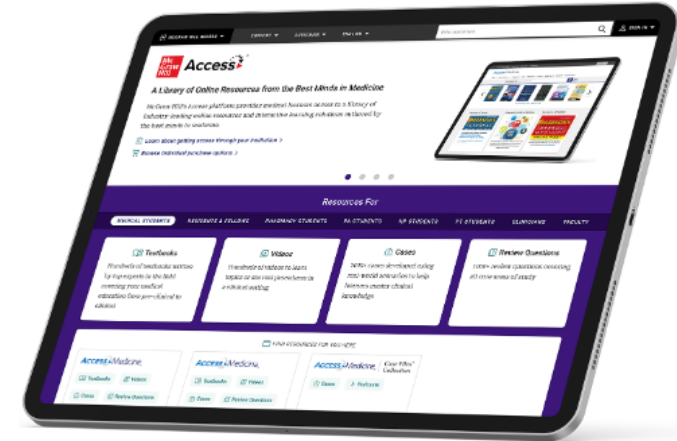


Learning, Your Way.

McGraw Hill's Access platform provides medical learners a library of industry-leading online resources and interactive learning solutions authored by the best minds in medicine.

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Access sites feature a full scope of content types and resources, while collections are smaller sets of specialized content

ACCESS SITES

AccessAnesthesiology	Medicine	AccessPediatrics
AccessAPN	AccessHematology Oncology	AccessPharmacy
Accessartmed	AccessMedicina	AccessPhysiotherapy
AccessCardiology	AccessMedicine	AccessSurgery
AccessDermatologyDxRx	AccessNeurology	AccessWorldMed
AccessEmergency	AccessObGyn	Harrison Italia

COLLECTIONS

Case Files Collection	JAMAEvidence
Clinical Sports Medicine Collection	John Murtagh's General Practice (Australia)
FA Davis Physiotherapy	OMMBID (Medical Genetics)
FA Davis Athletic Training	Pharmacotherapy Principles and Practice

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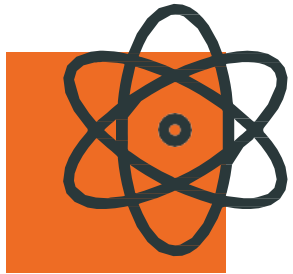
Trusted and up
to date knowledge



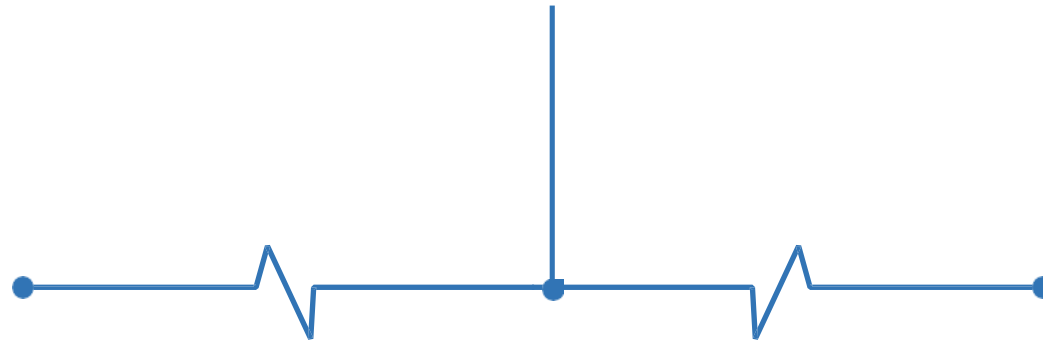
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engaging multimedia
resources

Open up to a world of resources,
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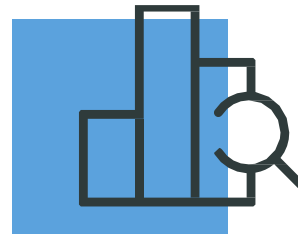
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& decision trees



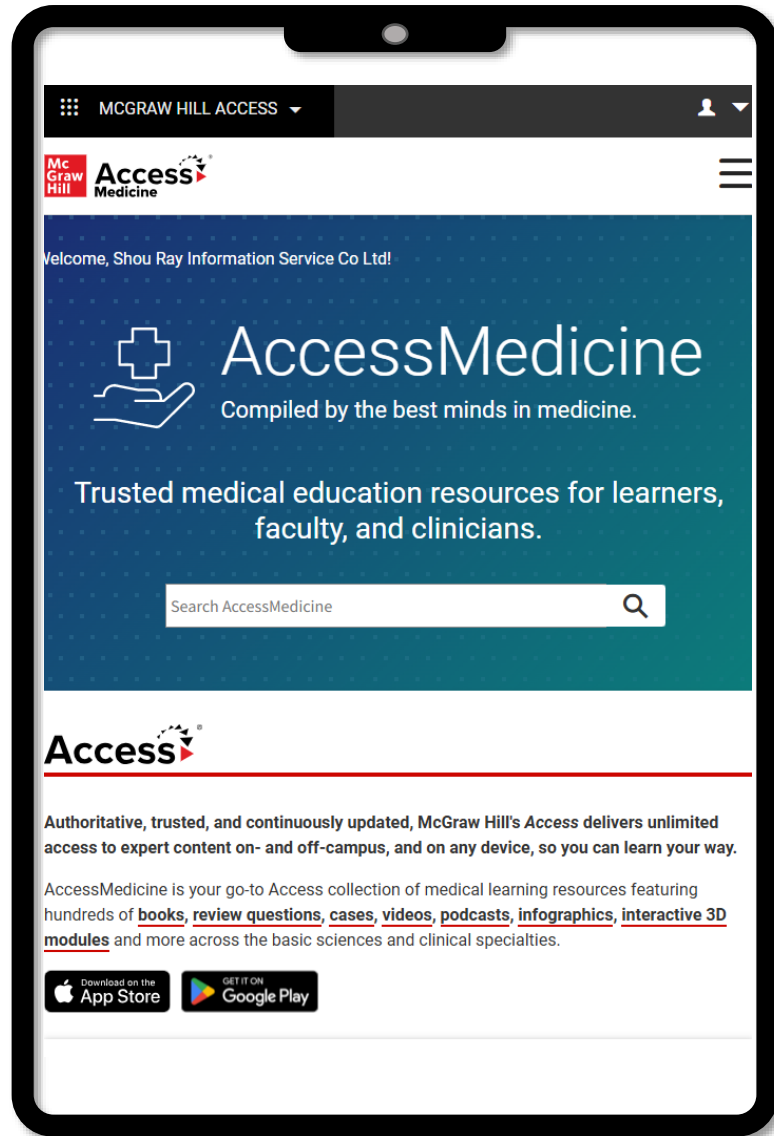
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at the point of care

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medical schools



首頁介紹

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<https://accessmedicine.mhmedical.com/>



資料庫首頁

以響應式網頁技術製作，
於任何載具皆可使用。

The desktop view of the AccessMedicine website features a dark blue header with navigation links: 'MCGRAW HILL ACCESS', 'SUPPORT', and 'SUBSCRIBE'. Below the header is a white navigation bar with icons and labels for 'Review Questions', 'Cases', 'Video & Audio', 'Study Tools', and 'Books'. The main content area has a dark blue background with the AccessMedicine logo (a hand holding a cross) and the text 'AccessMedicine Compiled by the best minds in medicine.' Below this is the tagline 'Trusted medical education resources for learners, faculty, and clinicians.' and a search bar with the placeholder text 'Search AccessMedicine' and a 'Keyword' dropdown menu. At the bottom, there is a white navigation bar with icons for 'Recommended', 'Recently Viewed', 'Favorites', 'Collections', 'Review Questions', and 'Cases', along with a 'Create a Free Prof' button.

The mobile view of the AccessMedicine website is shown on a tablet. It features a dark blue header with 'MCGRAW HILL ACCESS' and a user profile icon. Below the header is a white navigation bar with the AccessMedicine logo and a hamburger menu icon. The main content area has a dark blue background with the AccessMedicine logo and the text 'AccessMedicine Compiled by the best minds in medicine.' Below this is the tagline 'Trusted medical education resources for learners, faculty, and clinicians.' and a search bar with the placeholder text 'Search AccessMedicine'. At the bottom, there is a white navigation bar with icons for 'Recommended', 'Recently Viewed', 'Favorites', 'Collections', 'Review Questions', and 'Cases', along with a 'Create a Free Prof' button.



Review Questions

Cases

Video & Audio

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Basic Science

- Anatomy and Physiology
- Biochemistry
- Epidemiology & Biostatistics
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- Pathology & Histology
- Pharmacology
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- Clinical Laboratory Methods
- Current Diagnosis and Treatment Surgery
- Medical Genetics
- Ganong's Medical Physiology Examination and Board Review
- Graber and Wilbur's Family Medicine Examination and Board Review
- Harrison's Review Questions
- Katzung & Trevor's Pharmacology Examination and Board Review
- Laposata's Laboratory Medicine

- Text and Atlas of Wound Diagnosis and Treatment
- The Patient History
- Vanderbilt IM/Peds Review Questions
- Williams Obstetrics Study Guide
- Women's Health Across the Lifespan
- Wound Care Course Board Review
- View All

快速導覽，以學習導向設計，幫助使用者快速理解找到需要的網站內容

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在機構 IP 範圍內連線至資料庫後，至右上角完成個人化帳密註冊

提供 Access APP，幫助讀者在網頁或是 APP 都可以保持一致的使用資源



Get Ready for Residency

Resident Readiness®: Internal Medicine, Second Edition

Debra L. Klamen; Susan Thompson Hingle

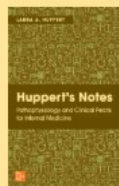
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Huppert's Notes: Pathophysiology and Clinical Pearls for Internal Medicine

Laura A. Huppert, Timothy G. Dyster, (Lead Contributing Editor)

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Gomella and Haist's Clinician's Pocket Reference, 12e

Leonard G. Gomella, Steven A. Haist

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[More Resources](#)

住院醫師訓練參考指南

Harrison's on AccessMedicine

Harrison's Principles of Internal Medicine, 22nd Edition

Dan Longo, Anthony Fauci, Dennis Kasper, Stephen Hauser, J. Larry Jameson, Joseph Loscalzo, Steven Holland, Carol Langford

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Harrison's Review Questions

Charles M. Wiener, Catherine Handy Marshall

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Harrison's Podclass

Charles M. Wiener, Catherine Handy Marshall

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[All Harrison's](#)

Harrison 書籍最新版本、題型及影音



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Basic Science on AccessMedicine

Jawetz, Melnick, & Adelberg's Medical Microbiology, 29th Edition

Stefan Riedel, Jeffrey A. Hobden, Stephen A. Morse, Timothy A. Mietzner, Barbara Detrick, Barbara D. Alexander, Erin H. Graf, Nathan P. Wiederhold, Rojelio Mejia, Peter Hotez, Judy A. Sakanari

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Harper's Illustrated Biochemistry, 33rd Edition

Peter J. Kennelly, Kathleen M. Botham, Owen P. McGuinness, P. Anthony Weil

View Table of Contents



Levinson's Review of Medical Microbiology & Immunology: A Guide to Clinical Infectious Diseases, 19th Edition

Peter Chin-Hong, Elizabeth A. Joyce, Manjiree Karandikar, Mehrdad Matloubian, Luis Alberto Rubio, Brian S. Schwartz, Warren Levinson

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All Basic Science

USMLE Step 1 Review on AccessMedicine

Ganong's Medical Physiology Examination & Board Review, 2nd Edition

AccessMedicine



High-Yield Q & A Review for USMLE Step 1: Biochemistry and Genetics, 2026 Update

AccessMedicine



Katzung's Pharmacology Examination & Board Review, 14th Edition

AccessMedicine



All Review Content

Basic Science 醫學書籍

USMLE 測驗複習

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Titles in Collaboration with the American College of Physicians

與美國內科醫師學會合作出版的書籍

Book

Musculoskeletal Injections in Primary Care

Edward (Ted) Parks

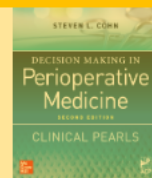


Explore Now

Book

Decision Making in Perioperative Medicine: Clinical Pearls, 2nd Edition

Steven L. Cohn



Explore Now

Book

Principles and Practice of Hospital Medicine, 2e

Sylvia C. McKean, John J. Ross, Daniel D. Dressler, Danielle B. Scheurer



Explore Now

Featured Content on Nutrition

營養專題內容

Book Chapter

Nutritional Assessment



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Anorexia Nervosa

Neeral Shah



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Book

Nutrition, Nutritional Disorders, and Obesity



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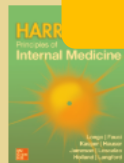
最新更新書籍



Book Chapter

Sacituzumab Govitecan in Metastatic Breast ...

Update to Chapter 84: Breast Cancer



Trastuzumab Deruxtecan in HER2+ Breast Cancer

Update to Chapter 84: Breast Cancer



Belzutifan for Pheochromocytoma and ...

Update to Chapter 399: Pheochromocytoma



Book Chapter

Sacituzumab Govitecan in Untreated ...

Update to Chapter 84: Breast Cancer

New on AccessMedicine

最新上架書籍



Pathology: The Big Picture - 2026 Update

Explore Book



Microbiology ...

Explore Book



Medical ...

Explore Book



Musculoskeletal Injections in Primary Care

Explore Book

Popular Chapters

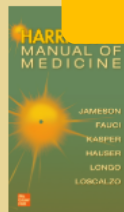
最熱門書籍章節



Book Chapter

Weakness: How to Localize the Problem

Principles and Practice of Hospital ...



Disorders of the Female Reproductive System

Harrison's Manual of Medicine, 20e



Diabetes Mellitus: Diagnosis, ...

Harrison's Principles of Internal Medicine, ...



Book Chapter

Hypertension

Harrison's Principles of Internal Medicine, ...



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Featured Titles for PA Students

醫師助理學生或專科助理生精選書籍

Review Questions

LANGE Q&A: Physician Assistant Examination, 8th Edition

Rachel A. Carlson, Danielle Kempton, Ian McLeod, Bob McMullen

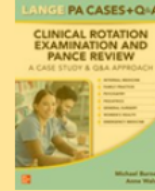


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Book

Clinical Rotation Examination and PANCE Review: A Case Study & Q&A Approach

Michael Burney, Anne Walsh



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Book

Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology, 9e

Arturo P. Saavedra, Ellen K. Roh, Anar Mikailov



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Jonathan D. Kibble, PhD



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Videos

Katzung's Basic & Clinical Pharmacology Videos



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Basic Science

Behavioral Medicine

Business of Healthcare

Cardiology

Critical Care Medicine

Dermatology

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Family Medicine

Gastroenterology

Genetics

Geriatric Medicine

Health Systems, Quality, Safety, & Policy

Hematology/Oncology

Infectious Disease

Internal Medicine

Nephrology

Neurology

Obstetrics and Gynecology

Occupational and Environmental Medicine

Ophthalmology

Orthopedics

Patient Communication

Pediatrics

Pharmacology

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Welcome, Yun-Huei!

依照不同科
別主題
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Books

Library

Anesthesiology

Basic Science

Behavioral Medicine

Business of Healthcare

Cardiology

Clinical Nutrition

Critical Care Medicine

Dermatology

Diversity and Inclusion

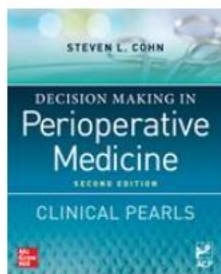
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Anesthesiology



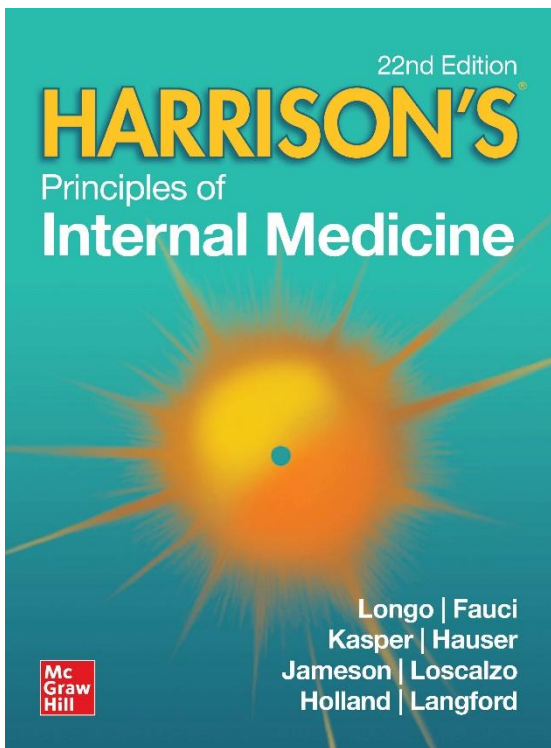
Decision Making in Perioperative Medicine: Clinical Pearls, 2nd Edition



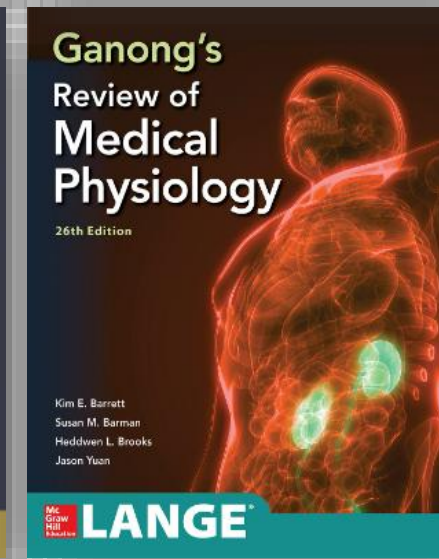
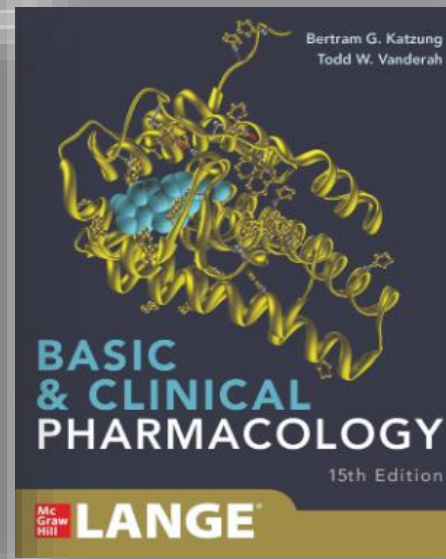
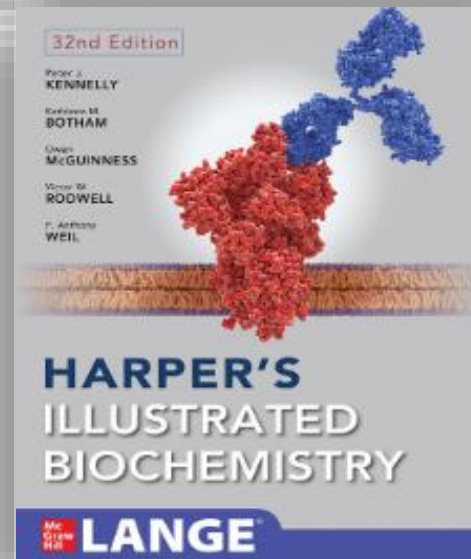
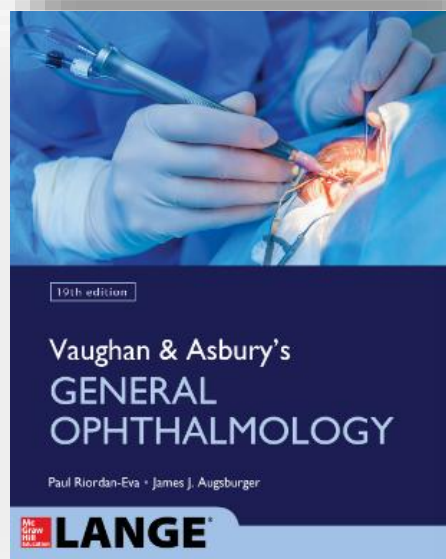
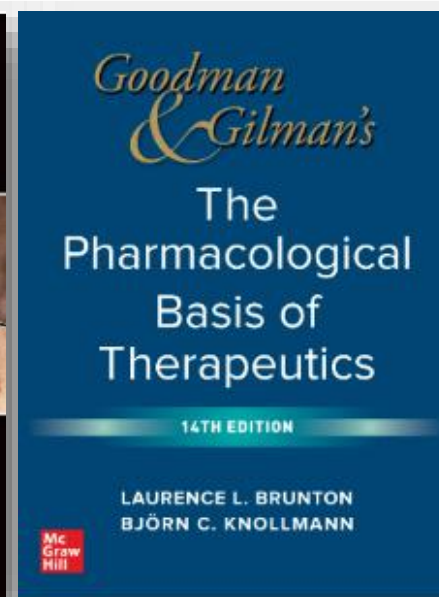
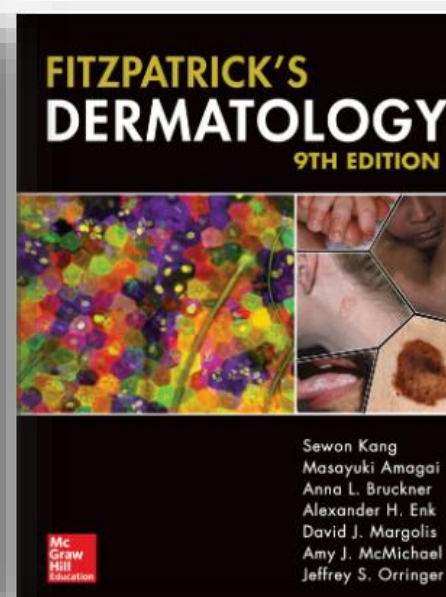
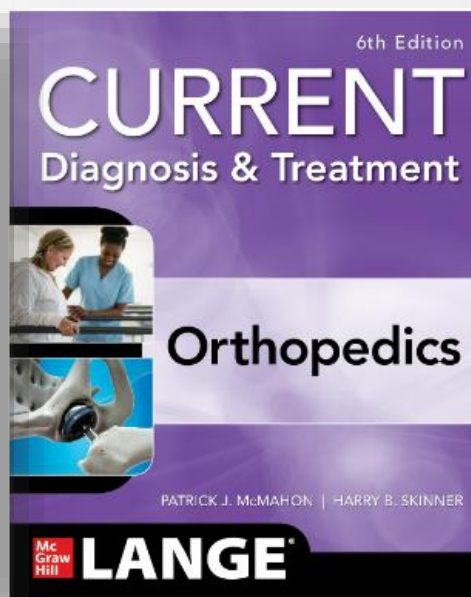
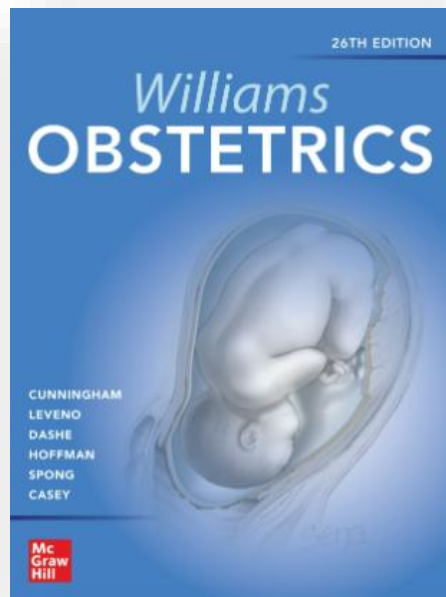
Morgan & Mikhail's Clinical Anesthesiology, 7e

John F. Butterworth IV, David C. Mackey, John D.

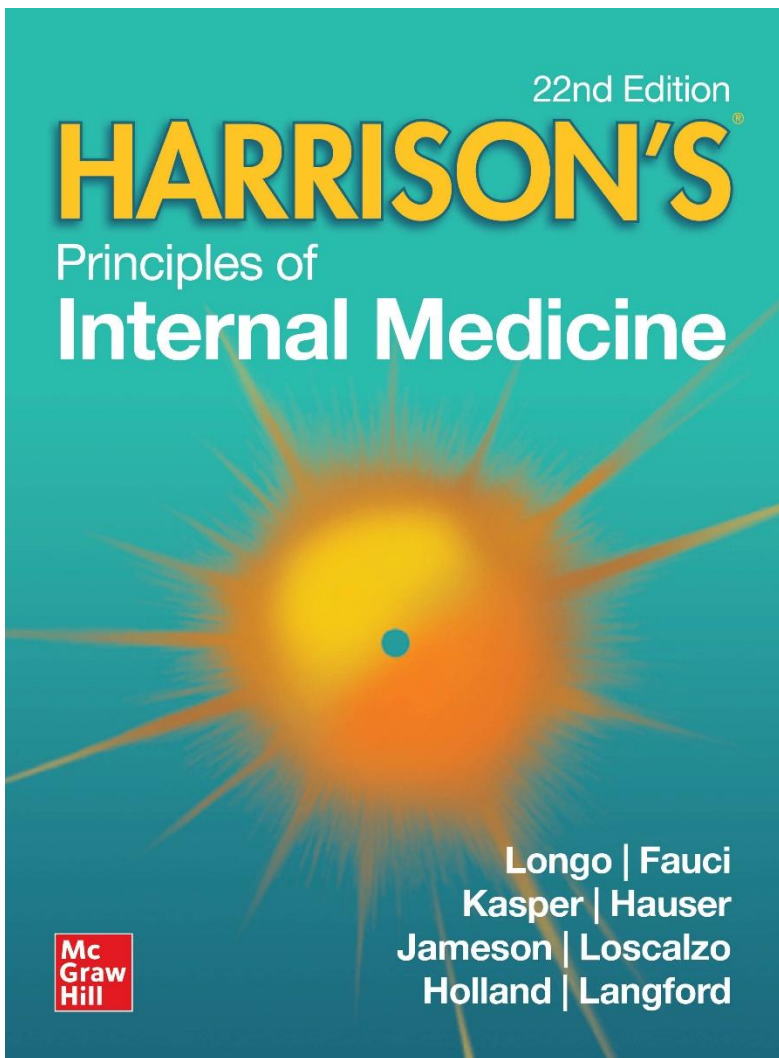
Books



醫師高等考試
各科指定用書

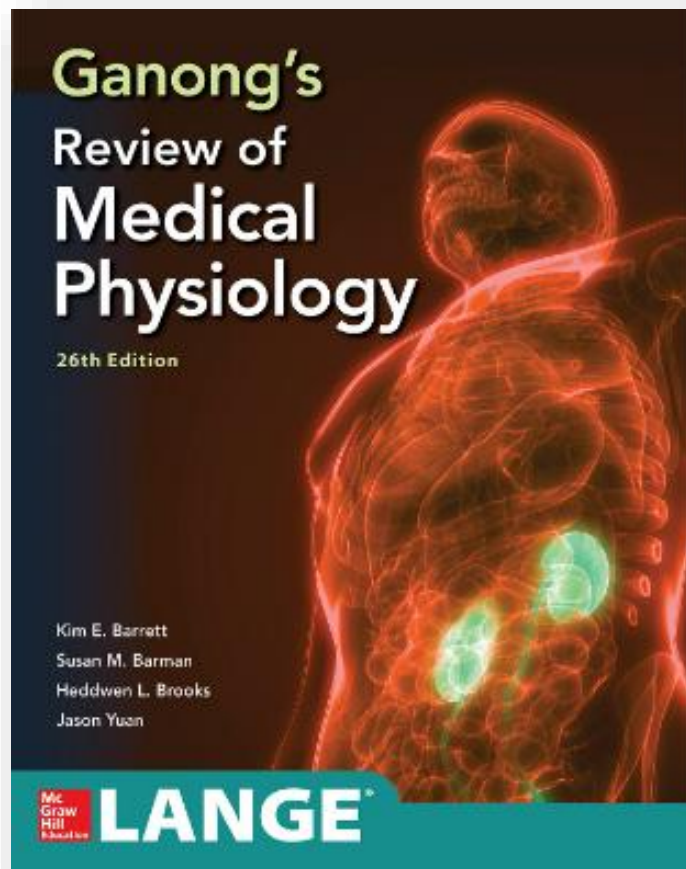


經典書籍

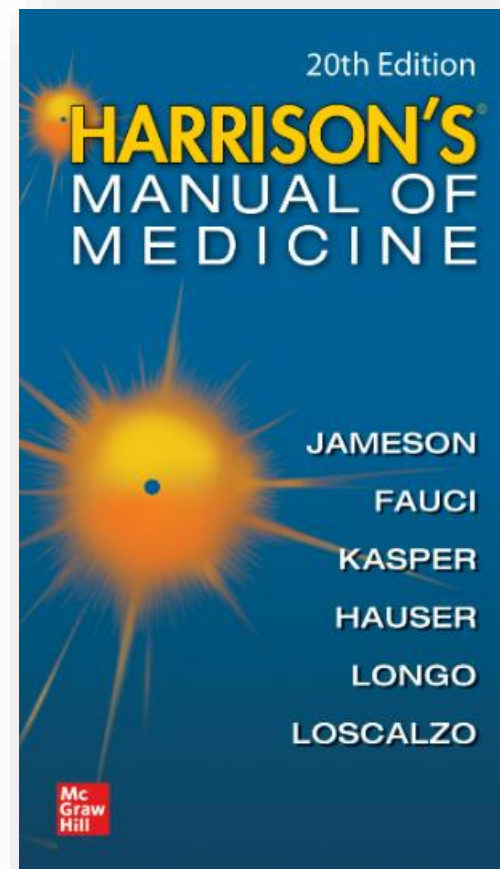


- **內科學經典教科書**。自20世紀50年代問世以來，每4年再版一次，目前最新版為2025年出版的第二十二版。由於該書的權威性以及對培養醫師的重大作用，先後被譯成法文、德文、西班牙文、日文、中文等多種文字。
- 該書全面闡述了人體各系統相關疾病的定義、病因、流行病學、發病機制、病理特點、臨床表現、診斷與鑒別診斷、治療、預防和預後等問題，是醫師**全面深入掌握內科醫學知識最權威的參考書籍**。
- Access Medicine 中的**電子版內容豐富程度及更新速度遠遠大於印刷本**。

經典書籍

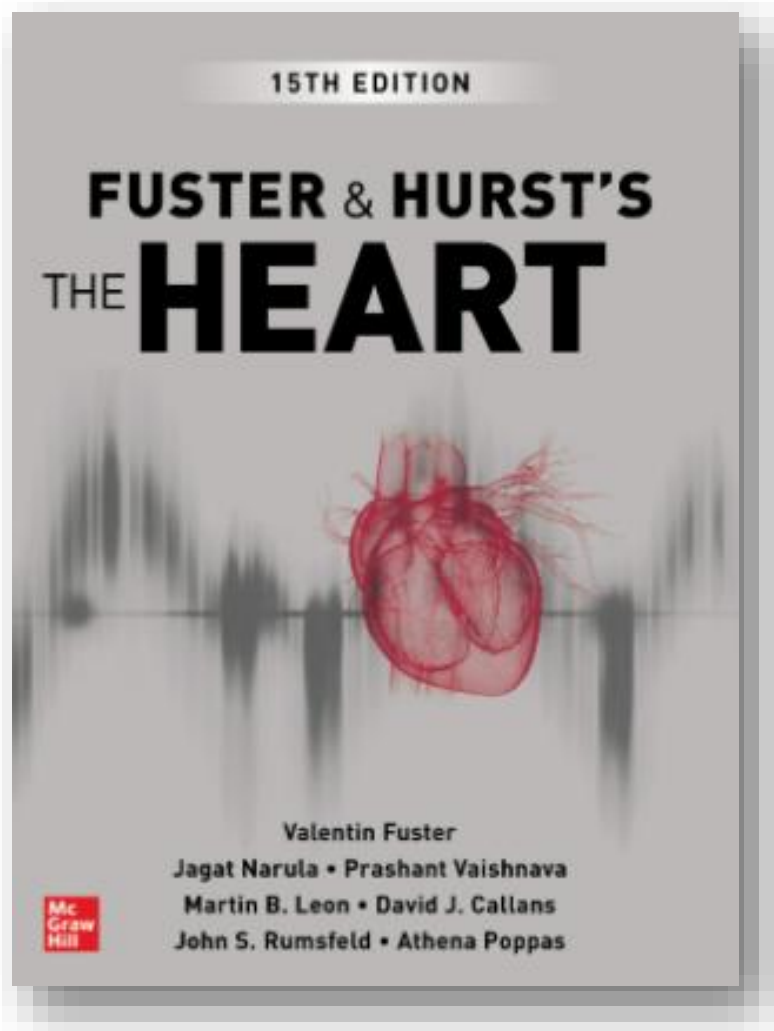


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解剖學與生理學



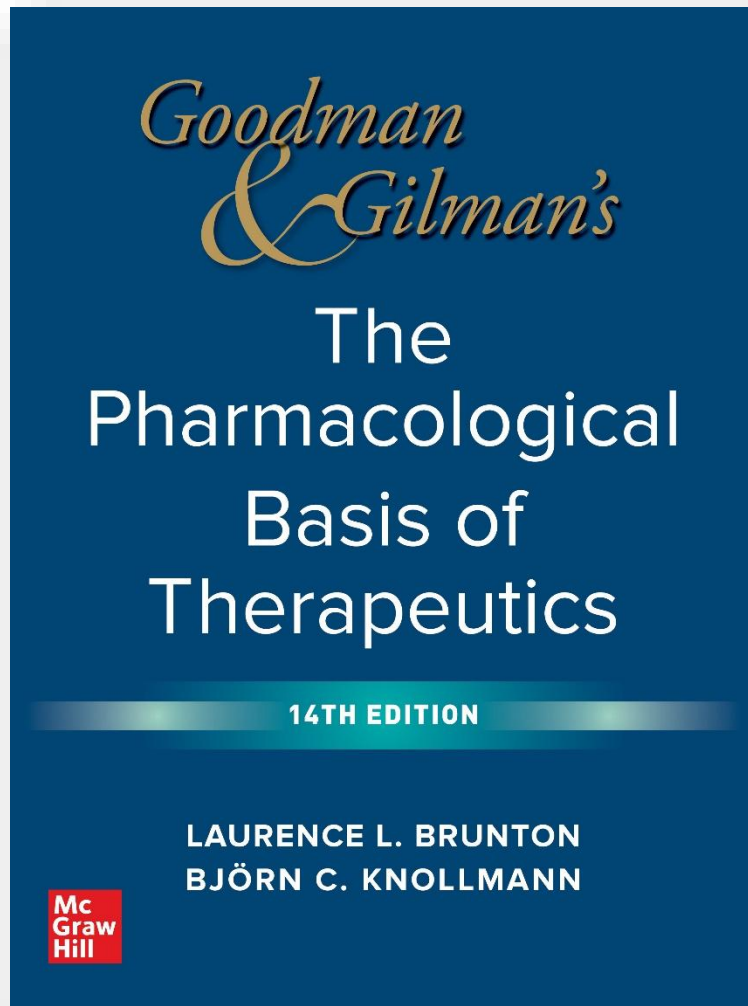
物理治療師高等考試
內外科概論

經典書籍



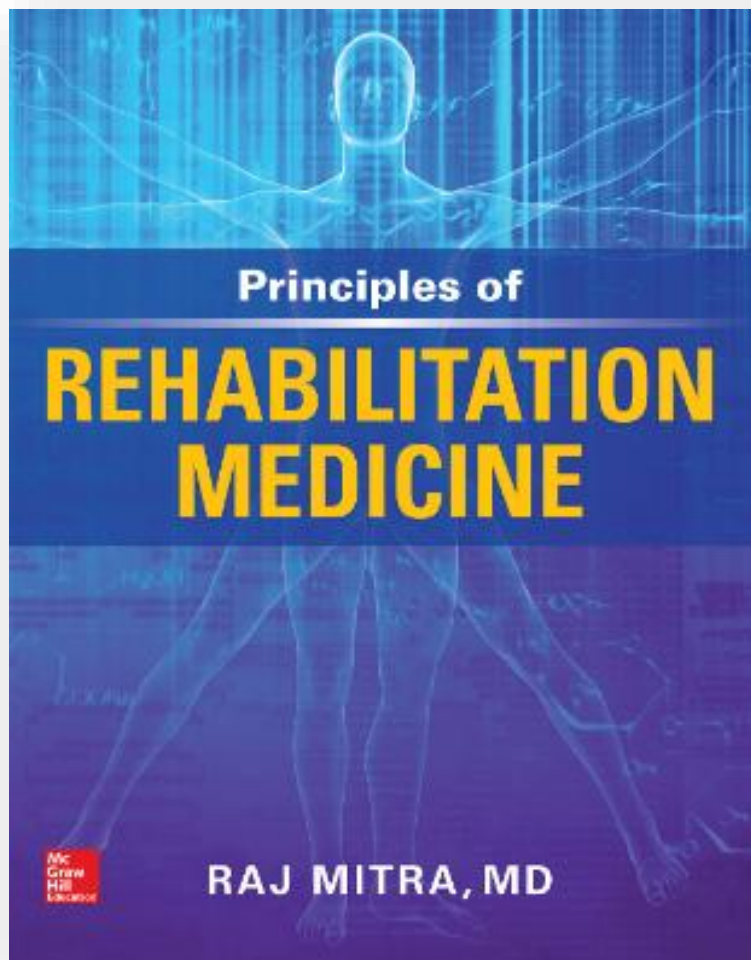
- 該書為**經典的心血管疾病診治手冊**，由幾代權威心血管病專家鼎力合作編寫和修訂，深受歐美國家心血管病醫師的歡迎。自20世紀60年代首次出版以來，已經更新至第15版。
- 該書系統性的介紹了50餘種心血管疾病的發病機制、病理生理學、臨床診斷、鑑別診斷、治療方法、預防和預後等問題。內容豐富詳實，極具權威性和科學實用性，是心臟科醫師和醫學院學生非常珍貴的經典參考讀物。

經典書籍



- 該書享有“藍色聖經”（ Blue Bible ）的盛譽，之所以經典，是由於其創始人A. Goodman和L. Gilman在首版就制訂的及多次再版奠定的編寫原則—基礎與臨床、特別是將藥理學（藥效學和藥動學）與藥物治療學緊密結合，並將現代醫學的進展與闡明藥物的作用與應用相聯繫所致。
- 分別對藥理研究和治療原理，擬神經遞質和作用於受體的藥物、毒副作用等進行了全面系統的總結，詳細地介紹了藥理學研究的現狀和最新理論，並利用圖表或示意圖讓您一目了然。各章還對藥理學研究的未來進行了展望，並有專門的章節介紹基因研究和毒理學研究的現狀。
- 臺灣俗稱**藥理學聖經**，多列為醫藥相關學系指定參考教科書，亦為國考指定用書。

特色書籍



- Principles of Rehabilitation Medicine 旨在成為復健醫學專業方面全面且權威的回顧。
- 本書各章節對傳統的康復主題進行了完整的回顧，例如腦損傷、脊髓損傷、中風、疼痛管理和電診斷醫學。另一部分專門用於肌肉骨骼醫學、兒科復健和運動。擴展的第一部分回顧了基本康復評估所必需的基礎知識。章節反映了該領域的前沿主題，例如再生醫學、退伍軍人復健、多發性創傷患者的復健等。
- 各章節由復健領域公認的領導者撰寫，重點關注在病理生理學、診斷和復健管理。



Review Questions

Cases

Video & Audio

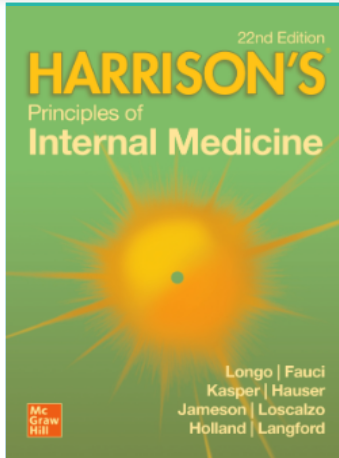
收藏

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書籍簡介



Harrison's Principles of Internal Medicine, 22nd Edition

Dan L. Longo, Anthony S. Fauci, Dennis L. Kasper, Stephen L. Hauser, J. Larry Jameson, Joseph Loscalzo, Steven M. Holland, Carol A. Langford

Review Questions

Cases

Key Points

本書檢索

Search Textbook



Show Chapters Hide Chapters

- + Part 1: The Profession of Medicine
- + Part 2: Cardinal Manifestations and Presentation of Diseases
- + Part 3: Pharmacology
- + Part 4: Oncology and Hematology
- + Part 5: Infectious Diseases
- + Part 6: Disorders of the Cardiovascular System

瀏覽章節內容

FEATURES

更新內容

Textbook Updates

03/12/2026

Trastuzumab Deruxtecan in HER2+ Breast Cancer

Dan L. Longo

03/12/2026

Sacituzumab Govitecan in Metastatic Breast Cancer

Dan L. Longo

01/07/2026

Belzutifan for Pheochromocytoma and Paraganglioma

Dan L. Longo

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VIDEO A11-88: The... disks of the device in place across the ASD. 5 secs

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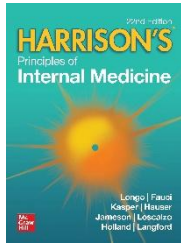
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Review Questions

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電子書章節



Chapter 2: Promoting Good Health

段落切換

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Chapter 2: Promoting Good Health

Donald M. Lloyd-Jones; Kathleen M. McKibbin

GOALS AND APPROACHES TO PREVENTION

Prevention of acute and chronic diseases before their onset has been recognized as one of the hallmarks of excellent medical practice for... and is now used as a metric for highly functioning health care systems. The ultimate goal of preventive strategies is to avoid premature death... as longevity has increased dramatically worldwide over the last century (largely as a result of public health practices), increasing emphasis is placed on prevention for the purpose of preserving quality of life and extending the health span, not just the life span. Given that all patients will eventually die, the goal of prevention ultimately becomes compression of morbidity toward the end of the life span; that is, reduction of the amount of burden and time spent with disease prior to dying. As shown in **Fig. 2-1**, normative aging tends to involve a steady decline in the stock of health, with accelerating

FIGURE 2-1

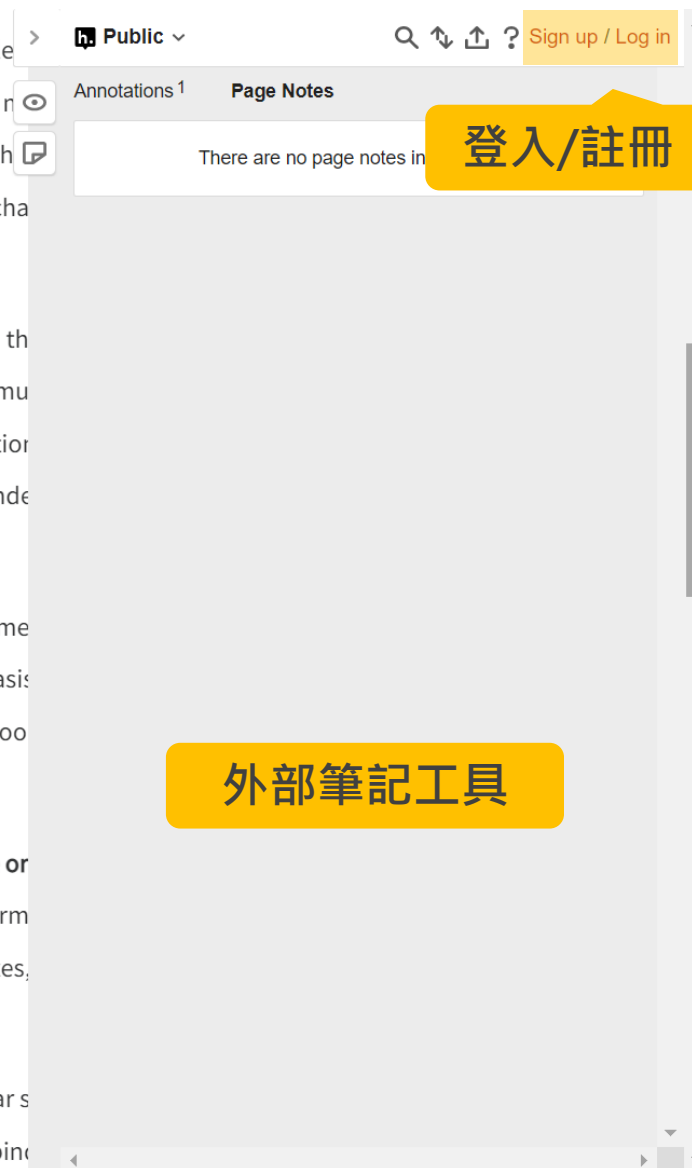
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Therapeutic and toxic effects of drugs result from their interactions with molecules. Drugs act by associating with specific macromolecules in ways that alter their chemical or biophysical activities. This idea, more than a century old, is embodied in the concept of a component of a cell or organism that interacts with a drug and initiates the characteristic drug's observed effects.

Receptors have become the central focus of investigation of drug effects and their pharmacodynamics. The receptor concept, extended to endocrinology, immunology, and biology, has proved essential for explaining many aspects of biologic regulation. Many receptors have been isolated and characterized in detail, thus opening the way to precise understanding of the basis of drug action.

The receptor concept has important practical consequences for the development of drugs and for therapeutic decisions in clinical practice. These consequences form the basis for the actions and clinical uses of drugs described in almost every chapter of this book. These are summarized as follows:

1. **Receptors largely determine the quantitative relations between dose or concentration and pharmacologic effects.** The receptor's affinity for binding a drug determines the concentration of drug required to form a significant number of drug-receptor complexes. The number of receptors may limit the maximal effect a drug may produce.
2. **Receptors are responsible for selectivity of drug action.** The molecular structure and electrical charge of a drug determine whether—and with what affinity—it will bind to a receptor.



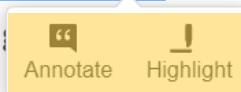
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better choice for managing hypertension in this patient? What alternative treatments should the physician consider?

Therapeutic and toxic effects of drugs result from their interactions with molecules in the patient. Most drugs act by associating with specific macromolecules in ways that alter the molecular or biophysical activities. This idea, more than a century old, is embodied in the concept of a receptor, a component of a cell or organism that interacts with a drug and initiates the chain of events that leads to the drug's observed effects.

Receptors have become the central focus of investigation of drug effects and their mechanisms of action (pharmacodynamics). The receptor concept, extended to endocrinology, immunology, and molecular biology, has proved essential for explaining many aspects of biologic regulation. Many receptors have been isolated and characterized in detail, thus opening the way to precise understanding of the molecular basis of drug action.

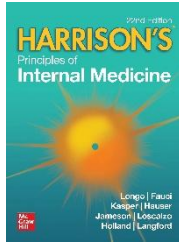
The receptor concept has important practical consequences for the development of new drugs and for decisions at therapeutic decisions in clinical practice. These consequences form the basis for the actions and clinical uses of drugs, which are summarized as follows:



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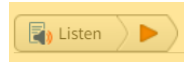
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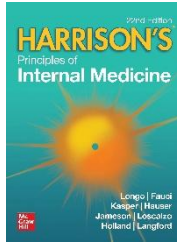
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Prevention of acute and chronic diseases before their onset has been recognized as one of the hallmarks of excellent medical practice for centuries and is now used as a metric for highly functioning health care systems. The ultimate goal of preventive strategies is to avoid premature death. However, as longevity has increased dramatically worldwide over the last century (largely as a result of public health practices), increasing emphasis is placed on prevention for the purpose of preserving quality of life and extending the health span, not just the life span. Given that all patients will eventually die, the goal of prevention ultimately becomes compression of morbidity toward the end of the life span; that is, reduction of the amount of burden and time spent with disease prior to dying. As shown in **Fig. 2-1**, normative aging tends to involve a steady decline in the stock of health, with accelerating decline over time. Successful prevention offers the opportunity both to extend life and to extend healthy life, thus “squaring the curve” of health loss during aging.

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FIGURE 2-1



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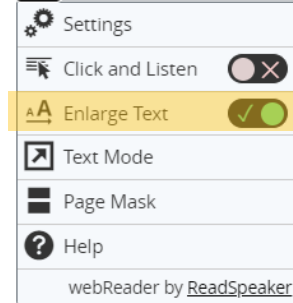
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FIGURE 2-1

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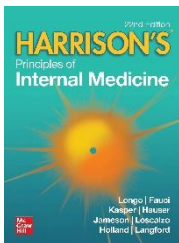
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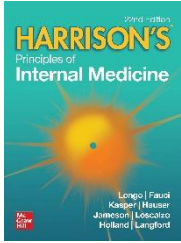
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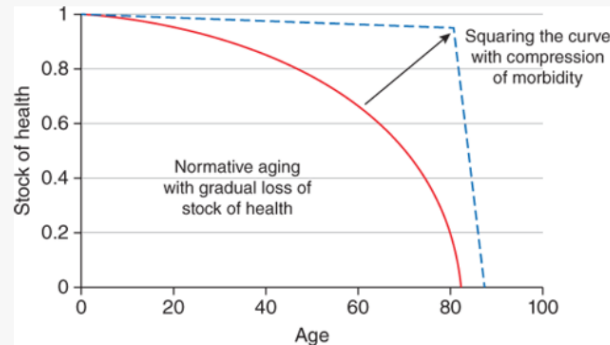
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FIGURE 2-1

Loss of health with aging. Representation of normative aging with loss of the full stock of health with which individuals are born (indicating gain of morbidity), contrasted with a squared curve with greater longevity and fuller stock of health (less morbidity) until shortly before death. The “squared curve” represents the likely ideal situation for most patients.



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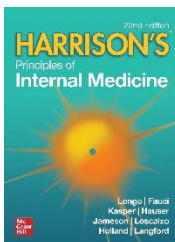
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TABLE 2-1

Guidelines and Key Recommendations from the *Dietary Guidelines for Americans, 2020–2025*

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TABLE 2-2

Recommendations from *Physician and Patient*

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Joseph Loscalzo, Anthony Fauci, Dennis Kasper, Stephen Hauser, Dan Longo, J. Larry Jameson

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TABLE 2-1

Guidelines and Key Recommendations from the *Dietary Guidelines for Americans, 2020–2025*

GUIDELINES

1. **Follow a healthy dietary pattern at every life stage.** For the first 6 months of life, infants should exclusively be fed human milk, or iron-fortified formula if human milk is unavailable. From 6 to 12 months, infants should be introduced to a variety of complementary nutrient-dense foods. From 12 months to older adulthood, the dietary pattern should meet nutrient needs, help achieve a healthy body weight, and reduce the risk of chronic disease.
2. **Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.** The Dietary Guidelines provide a framework of several dietary patterns intended to be customized to individual needs and preferences, as well as the foodways of the diverse cultures in the United States.
3. **Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits.** Nutrient-dense foods provide vitamins, minerals, and other health-promoting components and have no or little added sugars, saturated fat, and sodium. A healthy dietary pattern consists of nutrient-dense forms of foods and beverages across all food groups, in recommended amounts, and within calorie limits.
4. **Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages.** At every life stage, meeting food group recommendations, even with nutrient-dense choices, fulfills most of a person's daily calorie needs and sodium limits, with little room for extra added sugars, saturated fat, or sodium, or for alcoholic beverages.

KEY RECOMMENDATIONS

- The Dietary Guidelines' Key Recommendations for healthy eating patterns should be applied in their entirety, given the interconnected relationship that each dietary component can have with others. They are also intended as a framework to accommodate personal preferences, cultural traditions, and budgetary considerations.
- Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits to achieve a healthy weight and reduce the risk of chronic disease.
- The core elements that make up a healthy dietary pattern include:
- Vegetables of all types—dark green; red and orange; beans, peas, and lentils; starchy; and other vegetables
 - Fruits, especially whole fruit
 - Grains, at least half of which are whole grain
 - Dairy, including fat-free or low-fat milk, yogurt, and cheese, and/or lactose-free versions and fortified soy beverages and yogurt as alternatives
 - Protein foods, including lean meats, poultry, and eggs; seafood; beans, peas, and lentils; and nuts, seeds, and soy products
 - Oils, including vegetable oils and oils in food, such as seafood and nuts
- A healthy eating pattern limits:
- Added sugars—Less than 10% of calories per day starting at age 2. Avoid foods and beverages with added sugars for those younger than age 2.

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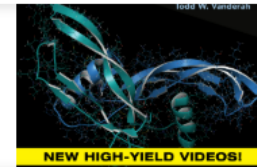
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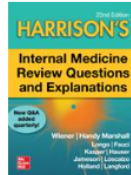


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Question 1 of 10

Which of the following clinical manifestations can be seen in the syndrome of synovitis, acne, pustulosis, hyperostosis, and osteitis?

- A Acromegaly
- B Hidradenitis suppurativa
- C Plaque psoriasis
- D Sternoclavicular osteomyelitis
- E B and D

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Question 1 of 10

Which of the following clinical manifestations can be seen in the syndrome of synovitis, acne, pustulosis, hyperostosis, and osteitis?

- A Acromegaly
- B Hidradenitis suppurativa
- C Plaque psoriasis
- D Sternoclavicular osteomyelitis
- ✓ E B and D

Next Question

You will be able to view all answers at the end of your quiz.

The correct answer is E. You answered E.

Explanation:

The answer is E. (Chap. 355) The syndrome of synovitis, acne, pustulosis, hyperostosis, and osteitis (SAPHO) is characterized by a variety of skin and musculoskeletal manifestations. Dermatologic manifestations include palmoplantar pustulosis, acne conglobata, acne fulminans, and hidradenitis suppurativa. Plaque psoriasis is not commonly associated with SAPHO syndrome, but it can occur commonly in psoriatic arthritis. The main musculoskeletal findings are sternoclavicular and spinal hyperostosis, chronic recurrent foci of sterile osteomyelitis, and axial or peripheral arthritis. Cases with one or a few manifestations are probably the rule. The erythrocyte sedimentation rate and/or C-reactive protein are usually mildly to moderately elevated, occasionally dramatically. In some cases, bacteria, most often *Propionibacterium acnes*, have been cultured from bone biopsy specimens and occasionally other sites. Inflammatory bowel disease was coexistent in 8% of patients in one large series. HLA-B27 is not associated. Either bone scan or CT scan is helpful diagnostically. An MRI report described characteristic vertebral body corner cortical erosions in 12 of 12 patients.

62% of users answered correctly.

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individual, there is a higher prevalence of cardiovascular disease than with T2DM or glucose tolerance alone.

 56% of users answered correctly.

Source: Harrison's® Review Questions

Question 10: Correct


Which of the following accurately matches the direction of change experienced in respective pituitary hormone from opioid use?

- A Prolactin: decrease
- B Luteinizing hormone: increase
- C Thyrotropin: increase
- ✓ D Growth hormone: increase
- E Corticotropin-releasing factor: increase

The correct answer is D. You answered D.

Explanation:

The answer is D. (Chap. 446) Besides the brain effects of opioids on sedation and euphoria and the combined brain and peripheral nervous system effects on analgesia, a wide range of other organs can be affected. The release of several pituitary hormones is inhibited, including corticotropin-releasing factor (CRF) and luteinizing hormone, which reduces levels of cortisol and sex hormones and can lead to impaired stress responses and reduced libido. An increase in prolactin also contributes to the reduced sex drive in males. Two other hormones affected are thyrotropin, which is reduced, and growth hormone, which is increased.

 26% of users answered correctly.

Source: Harrison's® Review Questions

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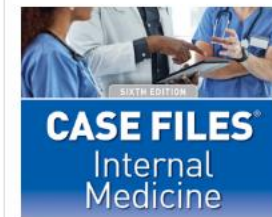
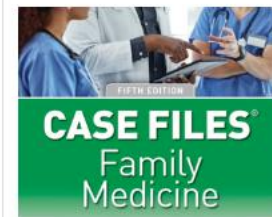
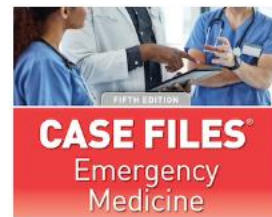
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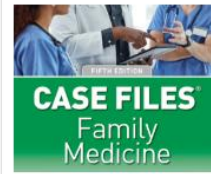
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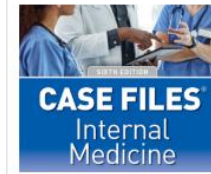
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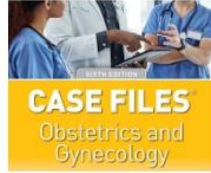
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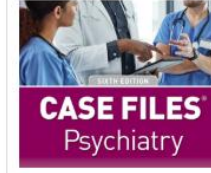
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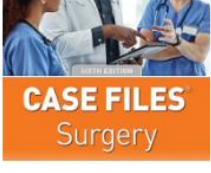
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Listen

A 72-year-old woman presents to the emergency department (ED) complaining of shortness of breath and left shoulder pain. The symptoms started 1 hour ago while she was reading a book. The pain has been constant and is described as an aching, 7/10 pain. The pain radiates down the left arm and is not associated with movement. She denies any trauma to the area but endorses associated weakness, cold sweats, and nausea. The patient has a history of diabetes and hyperlipidemia. She takes metformin and atorvastatin. Her blood pressure (BP) is 140/68 mm Hg, pulse is 93 beats per minute, respirations are 22 breaths per minute, and pulse oximetry is 99% on room air. On exam, the patient appears diaphoretic, and there are faint bibasilar crackles on her pulmonary exam. Cardiac, abdominal, and musculoskeletal exams are unremarkable. An electrocardiogram (ECG) is performed (see Figure 7-1).

FIGURE 7-1.

ECG showing precordial leads. (Reproduced, with permission, from Braunwald E, Fauci AS, Kasper DL, et al, eds. Harrison's Principles of Internal Medicine. 16th ed. New York, NY: McGraw Hill, 2005:1316.)



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Questions

What is the most likely diagnosis?

Yun-Huei Lee

What are the next diagnostic steps?

What therapies should be instituted immediately?

Save Answers

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臨床案例描述

一位72歲女性因呼吸困難和左肩疼痛就診於急診。症狀始於1小時前，當時她正在閱讀書籍。疼痛持續存在，疼痛程度為7/10，呈酸痛。疼痛放射至左臂，與活動無關。她否認該區域有任何外傷史，但自述伴隨疲倦、盜汗和噁心。患者過去有糖尿病和高血脂病史，目前服用二甲雙胍和阿托伐他汀。血壓140/68 mmHg，脈搏93次/分，呼吸22次/分，室內空氣下血氧飽和度99%。身體檢查發現患者多汗，雙肺底可聞及輕微濕囉音。心臟、腹部及肌肉骨骼系統檢查未見異常。進行心電圖（ECG）檢查（見圖7-1）

心電圖資訊 來自書籍截圖資訊出處

針對案例提出練習問題



Questions

What is the most likely diagnosis?

急性冠心症 或 急性冠狀動脈症候群

Yun-Huei Lee

Acute coronary syndrome (ACS)

What are the next diagnostic steps?

應立即為患者接上心律監測器、建立靜脈輸液通路 (IV)，並立刻完成心電圖檢查。此外，應儘速取得胸部 X 光 (CXR) 以及血清中的心臟受損標記 (Cardiac markers) 數值。

Place the patient on a cardiac monitor, establish intravenous (IV) access, and obtain an ECG immediately. A chest x-ray (CXR) and serum levels of cardiac markers should be obtained as soon as possible.

What therapies should be instituted immediately?

Aspirin is the most important immediate therapy. Oxygen and sublingual nitroglycerin are also standard early therapies. Depending on the result of the ECG, emergency reperfusion therapy, such as percutaneous coronary intervention (PCI),

儲存作答結果

Save Answers

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阿斯匹靈 (Aspirin) 是最重要的即刻治療藥物。氧氣治療與舌下含服硝酸甘油 (Nitroglycerin) 亦是標準的早期療法。根據心電圖的結果，可能需要進行緊急再灌注治療，例如經皮冠狀動脈介入治療 (PCI，即心導管手術)。此外，視情況可能也需要使用靜脈注射型乙型阻斷劑 (Beta-blockers)、靜脈注射型硝酸甘油、低分子量肝素 (LMWH) 以及額外的抗血小板藥物 (如 Clopidogrel)

Questions (5/9)

- Past medical history of diabetes and hyperlipidemia

Most likely diagnosis: Acute coronary syndrome (ACS).

Next diagnostic steps: Place the patient on a cardiac monitor, establish intravenous (IV) access, and obtain an ECG immediately. A chest x-ray (CXR) and serum levels of cardiac markers should be obtained as soon as possible.

Immediate therapies: **Aspirin** is the most important immediate therapy. **Oxygen** and **sublingual nitroglycerin** are also standard early therapies. Depending on the result of the ECG, emergency reperfusion therapy, such as percutaneous coronary intervention (PCI), may be indicated. IV beta-blockers, IV nitroglycerin, low-molecular-weight heparin, and additional antiplatelet agents, such as clopidogrel, might also be indicated.

Analysis

Objectives

1. Describe acute myocardial infarction (MI) and the spectrum of acute coronary syndrome (ACS). (EPA 1, 2)
2. Appreciate the appropriate diagnostic tests and their limitations. (EPA 3)
3. Describe the therapeutic approach to ACS. (EPA 4, 10)

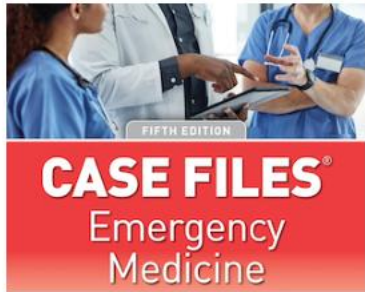
Considerations

This is an elderly woman with cardiovascular risk factors (diabetes and hyperlipidemia) who presents with chest pain radiating to the left arm. Importantly, women and diabetics can present with atypical ischemic myocardial pain. This patient also has dyspnea, which is concerning. The precordial ECG leads show ST segment elevation of leads V1, V2, and V3. Importantly, the normal cardiac exam does not rule out ACS. This patient should immediately be given aspirin to chew and a beta-blocker. IV access should be established, and cardiac enzymes should be evaluated. The patient should be screened for reperfusion candidacy. Recall that “time is myocardium.”

情境總結及問題解答

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Approach (6/9)



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學習途徑

Listen

Definitions

MYOCARDIAL INFARCTION (MI): Myocardial cell death caused by ischemia, evidenced by a rise and fall in cardiac biomarkers.

ACUTE CORONARY SYNDROME (ACS): An ischemic chest pain syndrome usually associated with coronary artery plaque rupture and occlusion. ACS entities include STEMI, NSTEMI, and UA.

UNSTABLE ANGINA (UA): A type of ACS in which biomarkers are not elevated and chest pain is of new onset, is changing in frequency or severity, or occurs at rest. Interestingly, the advent of high-sensitivity troponin assays has led to greater detection of subtly elevated cardiac biomarkers; as a result, the diagnosis of UA is being made less frequently.

NON-ST ELEVATION MYOCARDIAL INFARCTION (NSTEMI): A type of ACS that lacks new ST elevation on ECG and in which cardiac biomarkers are eventually elevated.

ST-ELEVATION MYOCARDIAL INFARCTION (STEMI): A type of ACS in which significant ST elevation is found in two or more contiguous ECG leads. It is typically associated with epicardial coronary artery occlusion and transmural infarction, resulting in myocardial cell death. Q waves will manifest on the ECG if perfusion is not restored quickly.

Clinical Approach

Epidemiology

名詞定義

臨床學習



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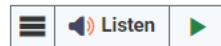
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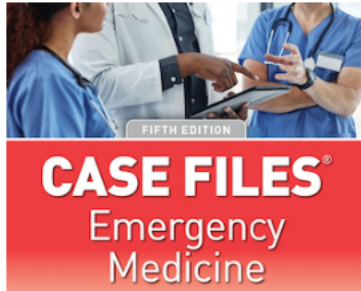
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案例重點

- The prior mnemonic of MONA (morphine, oxygen, nitroglycerin, aspirin) has been replaced with THROMBINS2 (thienopyridines, heparin/enoxaparin, renin-angiotensin system blockers, oxygen, morphine, beta-blocker, intervention, nitroglycerin, statin/salicylate) for the treatment of ACS.
- An electrocardiogram (ECG) should be performed immediately in all patients with chest pain suspicious for acute coronary syndrome (ACS).
- The first therapy for any patient with possible ACS is aspirin to chew.
- Percutaneous coronary intervention (PCI) is superior to thrombolysis in the treatment of ST elevation myocardial infarction (STEMI). However, if the hospital is not capable of PCI and the patient cannot be transferred to a PCI-capable facility within 120 minutes, then thrombolytic therapy should be initiated unless contraindicated.
- The ECG will dictate the next step in management; new ST elevation generally requires immediate reperfusion therapy. "Time is myocardium."
- Complications of acute myocardial infarction include arrhythmias and pump failure.

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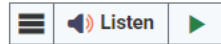
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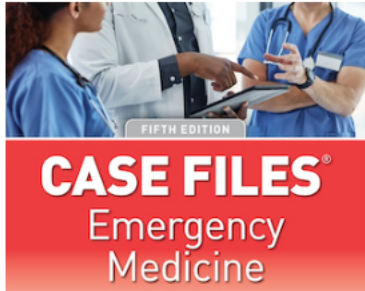
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針對該個案學習後測

Case Quiz

Question 1 of 3

7.1 A 65-year-old man with a history of diabetes presents to the emergency department (ED) stating that he has had substernal chest pain and diaphoresis for 45 minutes. He has a history of hypertension. On examination, the blood pressure (BP) is 130/80 mm Hg, heart rate (HR) 100 beats per minute (bpm), and respiratory rate (RR) 20 breaths per minute. The oxygen saturation is 98% on room air. Which of the following is the most important next step in management?

- A Sublingual nitroglycerin
- B Oxygen
- C Placement of defibrillator pads
- D Aspirin to chew
- E Morphinesulfate

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A B C D E

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<p>Biochemistry and Genetics Flash Cards</p> <p>100 high yield cards follow a fast and efficient review for the USMLE Step 1</p> <p>LANGE</p> <p>Biochemistry and Genetics Flashcards</p>	<p>DIAGNOSTIC EXAMINATION FLASHCARDS</p> <p>For 200 case-based, scenario learning for any longitudinal or block 200+ Diagnostic Examination</p> <p>LANGE</p> <p>DeGowin's Diagnostic Examination Flashcards</p>	<p>Microbiology & Infectious Diseases Flashcards</p> <p>More than 100 high yield cards with a clinical case on every disease specific card</p> <p>LANGE</p> <p>Microbiology & Infectious Disease Flashcards, 3rd Edition</p>	<p>Pathology Flashcards</p> <p>200 cards follow a 50:50 high yield review for the USMLE Step 1</p> <p>LANGE</p> <p>Pathology Flashcards, 4th Edition</p>	<p>Pharmacology Flashcards</p> <p>Essential drug facts for memorization of drugs for management with the most frequent board entries and clear step-by-step</p> <p>LANGE</p> <p>Pharmacology Flashcards, 5th Edition</p>
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DeGowin's Diagnostic Examination Flashcards

Author(s): Manish Suneja, Richard F. LeBlond, Joseph F. Szot

Medical teaching and texts are generally disease-oriented, but medical practice is focused on individual patients who often do not present with a clear diagnosis. The clinician's goal in performing a history and physical examination is to generate diagnostic hypotheses. This was true for Hippocrates and Osler and remains true today. The goal of *DeGowin's Diagnostic Examination Flashcards* is to encourage a thoughtful, systematic approach to diagnosis based on the history and physical examination. Each flashcard highlights a fundamental diagnostic principle elaborated in the 10th edition of *DeGowin's Diagnostic Examination*. Taken together, the flashcards demonstrate how to apply many of these ...

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[Vital Signs, Anthropometric Data, and Pain](#)

[Nonregional Systems and Diseases](#)

[The Skin and Nails](#)

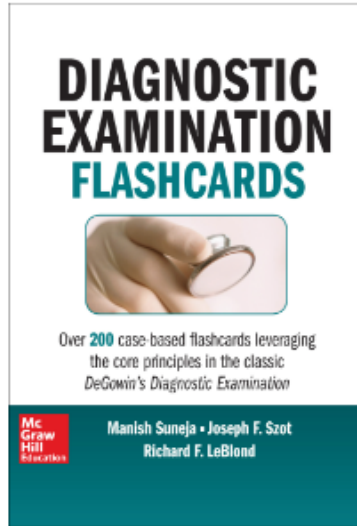
[The Head and Neck](#)

[The Chest: Chest Wall, Pulmonary, and Cardiovascular Systems; The Breasts](#)

選擇單元項目

Flashcards (4/5)

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The Head and Neck - Card 01





Card Front Card Back

☰ Listen ▶

翻面

THE HEAD AND NECK
CARD 1

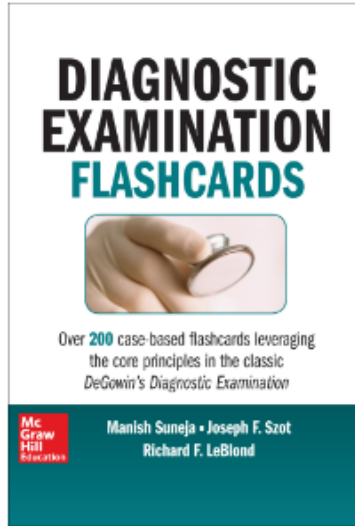
Lesion A	Lesion B
 Protruding but not red	 Swollen and red

QUESTIONS:

1. What is lesion A?
2. What is lesion B?
3. What is dacryocystitis and how do you differentiate it from a hordeolum?



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Card 1/25



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下一張

The Head and Neck - Card 01



Card Front

Card Back



ANSWERS:

1. Internal hordeolum is the acute inflammation of the meibomian (tarsal) gland. A granuloma of the gland is called a chalazion or meibomian cyst.
2. External hordeolum or sty. This is caused when a sebaceous gland of an eyelash hair follicle becomes inflamed forming a pustule at the lid margin.
3. Dacryocystitis is nasolacrimal duct obstruction leading to inflammation and infection. Patients present with pain and *epiphora* (an overflow of tears on to the cheeks). There will be tenderness, swelling, and erythema beside the nose near the medial canthus. The swelling is anterior to the eyelid distinguishing it from a hordeolum.

CLINICAL PEARL. Dacryoadenitis is the obstruction of the lacrimal duct and produces acute inflammation of the lacrimal gland. It is important that this is distinguished from orbital cellulitis or a hordeolum of the upper lid.

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Infographics



The Infographic Guide to Medicine
Neeral Shah, MD



The Infographic Guide to Surgery
Neeral Shah, MD

Infographics-Medicine (1/2)

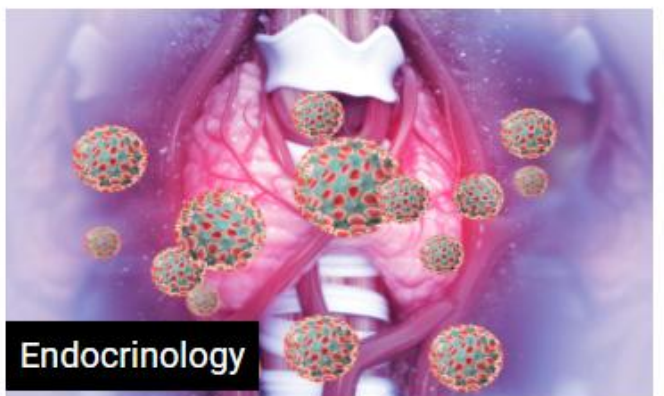
The Infographic Guide to Medicine

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Tools ▾

資訊圖表 (Infographic) 將重點解構精煉過的內容以分科及主題資訊圖表方式呈現



Infographics-Medicine (2/2)

The Infographic Guide to Medicine: Cardiology

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可作為推廣宣導圖片，並提供出處與相關聯資料進而延伸參考

Angina Pectoris

Etiology: Myocardial O₂ Demand > Supply

- Atherosclerosis
- Coronary vasospasm (rare)
- Severe anemia

Clinical Presentations

- Exertional substernal chest pressure
- May radiate to neck or arm
- Associated with shortness of breath (SOB)
- Improves with rest, nitroglycerin
- Symptoms last <10 min

Diagnosis

- History consistent with angina
- ECG (usually normal)
- Stress testing
- Troponin if concerned for MI

Treatment—Nonmedical Therapy

- Medical therapy not always effective
- Cath + PCI/CABG if persistent symptoms

Treatment—Medical Therapy

- Beta-blockers 1st-line
- Calcium channel blockers 2nd-line
- Nitrates for acute symptoms
- ASA, statin to prevent MI
- Quit smoking

Angina Pectoris

Aortic Dissection

Transverse tear in intima → Blood enters media → Creation of false lumen → Hemorrhage propagates longitudinally

ETIOLOGY

- Risk factors:
 - Long-standing hypertension
 - Cocaine use
 - Trauma
 - Connective tissue diseases (eg, Marfan)
 - Bicuspid aortic valve

CLINICAL PRESENTATION

- Sudden, severe, tearing chest pain radiating to the back
- Diaphoretic
- Hypertension in most cases, but some may be hypotensive
- Pulse or blood pressure asymmetry between limbs
- Possible aortic regurgitation
- If cerebral artery is obstructed, it can have neurologic manifestations

DIAGNOSIS

CTA or MRA: first test
TTE: Highly sensitive
CXR: Widened mediastinum
Aortic angiography: rarely used today

TREATMENT

Immediate management

- Control BP: IV β-blockers, IV sodium nitroprusside
- Control pain: Morphine
- Control BP if elevated!
- Type A: Emergent surgical repair
- Type B: Manage medically vs. stent-graft or surgery if complicated

Long-term management: Strict control of HTN

COMPLICATIONS

- Type A: Myocardial infarction, Aortic regurgitation, Cardiac tamponade

Aortic Dissection

Aortic Regurgitation

Etiology

- Bicuspid aortic valve
- Connective tissue disorders (Marfan syndrome)
- Infective endocarditis
- Aortic dissection
- Syphilitic
- Trauma

Clinical Presentation

- Asymptomatic
- Fatigue
- Exertional dyspnea
- Orthopnea
- Paroxysmal nocturnal dyspnea

Pathophysiology

- Soft, high-pitched diastolic decrescendo murmur along L5B at end expiration while sitting up and leaning forward.
- Austin Flint murmur at apex
- Wide pulse pressure, Corrigan pulse, de Musset's sign

Diagnosis

- Echocardiography: Modality of choice. If inconclusive, cardiac MRI can be used.
- Chest X-ray: Variable: cardiomegaly and pulmonary edema in late presentation.

Management

- If asymptomatic, follow up with regular echocardiograms.
- For HTN: low vasodilators (ACE-is or CCBs).
- Valve replacement when symptomatic or EF <50%.
- Acute regurgitation is a surgical emergency.

Aortic Regurgitation

Aortic Stenosis

Etiology

- Age-related calcification of a normal trileaflet aortic valve (patients >60 years old)
- Early-onset calcification of a bicuspid aortic valve (younger patients)

Pathophysiology

Obstructed aortic valve outflow due to calcified valve

↓

increased pressure load on left ventricle

↓

LVP: low compliance → dyspnea

↓

LVP: increased wall stress → O₂ supply/demand mismatch and angina

Clinical Presentation

Often asymptomatic for years, once symptoms present: "SAD"

- Syncope
- Angina
- Dyspnea on exertion

Physical Exam:

- Crucio-decrescendo systolic ejection murmur radiates to carotids
- Pulsus parvus et tardus

Diagnosis

- ECG: LVH
- Echocardiogram: calcified aortic valve with stenosis, LVH
- Cardiac catheterization rarely used

Treatment

For symptomatic patients with severe stenosis, definitive treatment is aortic valve replacement

Aortic Stenosis



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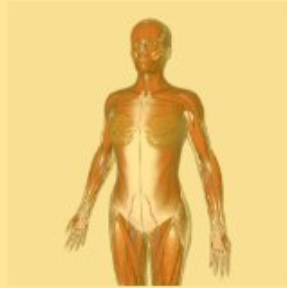
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Harrison's Pathophysiology Animations
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Human Anatomy Modules



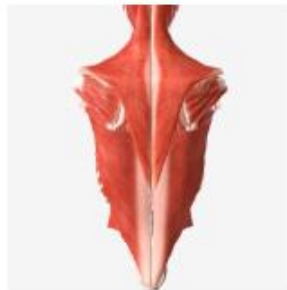
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Focused Anatomy Modules



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Human Anatomy Modules

> Complete Human Anatomy Modules

These interactive modules allow for visualization of the human body in an interactive, 3D format where both male and female anatomy modules can be viewed. Choose a module and then utilize the options on the lower right-side of the screen to learn more about human anatomy.



Female Complete Anatomy

Play

特有女性模組



Male Complete Anatomy

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Human Anatomy Modules (3/3)

Female Complete Anatomy



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針對 Harrison 第 21、22 版各章節另列重點學習

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The *Harrison's Chapter Key Points* distill each chapter into a high-yield summary for quick reference. All available chapter key points can be found below and inside their respective chapter in *Harrison's Principles of Internal Medicine*.

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- Key Points for Chapter 6: Screening and Prevention of Disease
- Key Points for Chapter 18: Low Back Pain
- Key Points for Chapter 19: Neck Pain
- Key Points for Chapter 24: Dizziness and Vertigo
- Key Points for Chapter 30: Coma
- Key Points for Chapter 33: Sleep Disorders
- Key Points for Chapter 66: Anemia and Polycythemia
- Key Points for Chapter 74: Symptom Control in Patients with Cancer

- Key Points for Chapter 286: ST-Segment Elevation Myocardial Infarction
- Key Points for Chapter 298: Asthma
- Key Points for Chapter 304: Interstitial Lung Disease
- Key Points for Chapter 308: Sleep Apnea
- Key Points for Chapter 322: Chronic Kidney Disease
- Key Points for Chapter 326: Glomerular Diseases
- Key Points for Chapter 330: Nephrolithiasis
- Key Points for Chapter 332: Approach to the Patient with Gastrointestinal Disease

Key Points (3/3)



Chapter 18: Low Back Pain

Key Points for Chapter 18: Low Back Pain

Point 1: Low back pain are common conditions, with more than four out of five people experiencing these in their lifetime. It can result from injury to pain-sensitive tissues or somatosensory nerve pathways, or to abnormal processing of pain signals in the nervous system.

Point 2: The most frequent serious causes are those due to trauma, malignancy, infection, or referred pain from visceral structures.

Point 3: Key points include the circumstances associated with pain onset and the patient's description of the pain. It is also important to observe posture and any movement limitations, and to look for evidence of focal weakness, muscle atrophy, localized reflex changes, or diminished sensation.

Point 4: Common causes of back pain include myofascial origin; disk, facet joint, or sacroiliac disease; herniated disk; spinal stenosis; congenital anomalies of the lumbar spine.

Point 5: Initial steps in assessing low back pain include a comprehensive physical examination, including vital signs, heart and lungs, abdomen and rectum, and neurologic assessment. Laboratory studies might be required for nonspecific acute (<3 months' duration) low back pain if risk factors for serious underlying causes are present. Imaging studies like MRI and CT scans are essential for evaluating most serious diseases involving the spine.

Point 6: Conservative management including physical therapy and over-the-counter analgesics are employed initially (<6 weeks) if risk factors are absent.



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- ▶ **Skills for the Wards**
- ▶ **Neurology**

透過主題引導概述連結至平台內書籍相應的內容，每個主題皆有學習目標，再導引至關聯的書籍章節、圖表及個案

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▼ Pulmonology

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- Chronic Obstructive Pulmonary Disease and Asthma
- Cystic Fibrosis (CF) and Bronchiectasis
- Pneumonia
- **Interstitial Lung Disease**
- Pleural Disease
- Pneumothorax
- Pulmonary Thromboembolism
- Ward Skills in Pulmonology

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Clerkship Topics > Pulmonology

Interstitial Lung Disease

AUTHOR: Joseph Mort

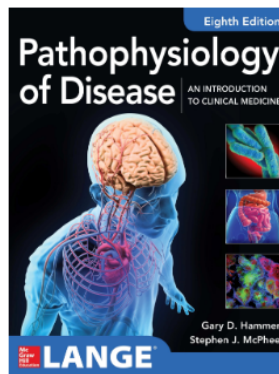
LEARNING OBJECTIVES:

1. Recognize common presentations of interstitial lung disease (ILD).
2. List the various types of ILD.
3. Identify environmental and occupational risk factors associated with
4. Describe the characteristic PFT pattern associated with ILD.
5. Describe the classic radiographic and histologic findings in ILD.

SECTION	AccessMedicine > Huppert's Notes: Pathophysiology and Clinical Pearls for Internal Medicine > PULMONARY LUNG DISEASES > Overview of Interstitial Lung Disease (ILD) (+DLCO)
CHAPTER	AccessMedicine > Current Medical Diagnosis & Treatment 2024 > Interstitial Lung Disease (Diffuse Parenchymal Lung Disease)
CASE FILE	AccessMedicine > Pathophysiology of Disease Cases > Case 50 > Interstitial Pulmonary Fibrosis

針對各科及病房技能等主題分類，可系統性的掌握見習醫師在各個主題的學習目標，並搭配各教科書內主題章節、案例與進行自我評量

搭配案例與進行自我評量



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Notice

Pulmonary Disease > Interstitial Pulmonary Fibrosis

Authors: Gary Hammer, MD, PhD; Stephen J. McPhee, MD; Yeong Kwok, MD

Case Questions

Listen

A 68-year-old man presents to the clinic with a complaint of shortness of breath. He states that he has become progressively more short of breath over the last 2 months, such that he is now short of breath with walking one block. In addition, he has noted a nonproductive cough. He denies fever, chills, night sweats, chest pain, orthopnea, and paroxysmal nocturnal dyspnea. He has noted no lower extremity edema. The medical history is unremarkable. Physical examination reveals a respiratory rate of 19/min and fine, dry inspiratory crackles heard throughout both lung fields. Digital clubbing is present. A diagnosis of idiopathic pulmonary fibrosis is made.

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Goodman & Gilman's: Annual FDA Approvals

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Pharmacological Similar Biologics

Pharmacological Similarars

First-In-Class Agents

全球首次獲得 FDA 批准並上市新藥

Baloxavir marboxil

Caplacizumab

Erdafitinib

Inotersen

Larotrectinib

Onasemnogene abeparvovec

Polatuzumab vedotin

Selinexor

Tafamidis

References for First-In-Class Agents and Pharmacological Similarars

Bremelanotide

Dengue tetravalent vaccine, live

Fostamatinib disodium hexahydrate

Ivosidenib

Migalastat

Patisiran

Romosozumab

Stiripentol

Tecovirimat

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First-In-Class Biologics
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Pharmacological Similarars

First-In-Class Biologics

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Coagulation factor Xa (recombinant), inactivated-zhzo

Erenumab-aooe

Galcanzumab-gnlm

Lanadelumab-flyo

Pegvaliase-pqpz

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Cenegermin-bkbj

Emapalumab-lzsg

Fremanezumab-vfrm

Ibalizumab-uiyk

Mogamulizumab-kpkc

Tagraxofusp-erzs

Goodman & Gilman's: FDA Approvals (4/5)

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First-In-Class Agents
First-In-Class Biologics
Pharmacological Similar Biologics
Pharmacological Similarars

Pharmacological Similar Biologics

Adalimumab-adaz

Antihemophilic factor [factor VIII] (recombinant), pegylated

Cemiplimab-rwlc

Epoetin alfa-epbx

Immune globulin intravenous (human)-ifas

Pegfilgrastim-cbqv

Ravulizumab-cwvz

Tildrakizumab-asmn

References for First-In-Class Biologics and Pharmacological Similar Biologics

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Albumin (human)-kjda

Calaspargase pegol-mknl

Elapegademase-lvlr

Filgrastim-aafi

Moxetumomab pasudotox-tdfk

Pegfilgrastim-jmdb

Rituximab-abbs

Trastuzumab-pkrb

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Alpelisib

Apalutamide

Baricitinib

Bevacizumab-bvzr

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Avatrombopag

Benzhydrocodone

Bictegravir

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A+D Original [OTC]

A-200 Lice Treatment Kit [OTC]

A-200 Maximum Strength [OTC]

A-25 [OTC]

A3 (Neuroblastoma)

A-AVD (Hodgkin)

Abacavir

Abacavir and Lamivudine

Abacavir, Dolutegravir, and Lamivudine

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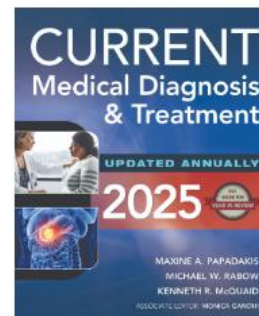


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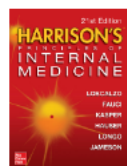
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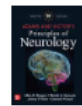
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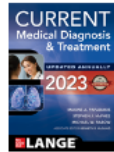
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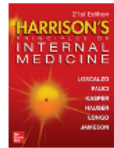
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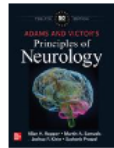
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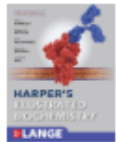


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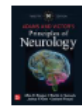
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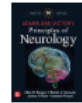
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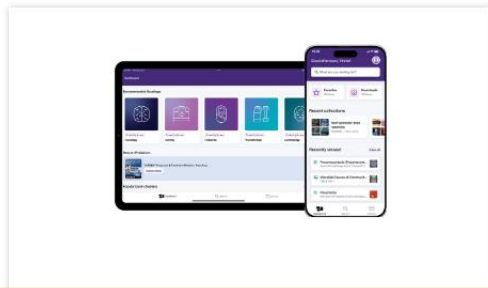
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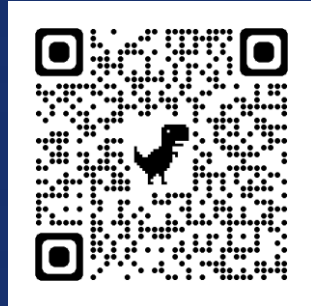
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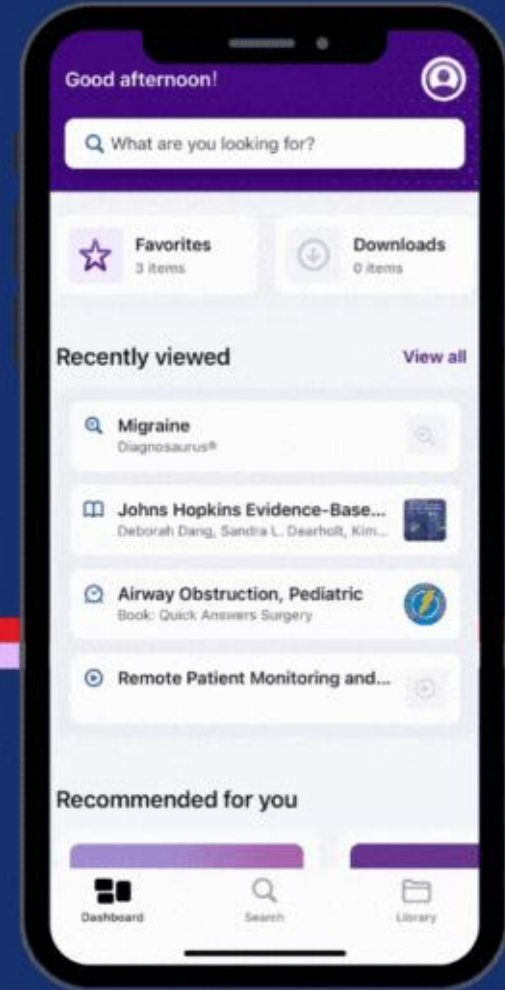
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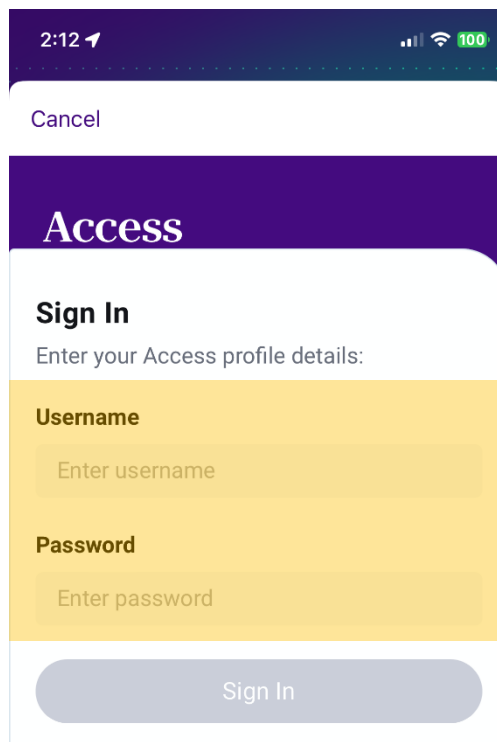
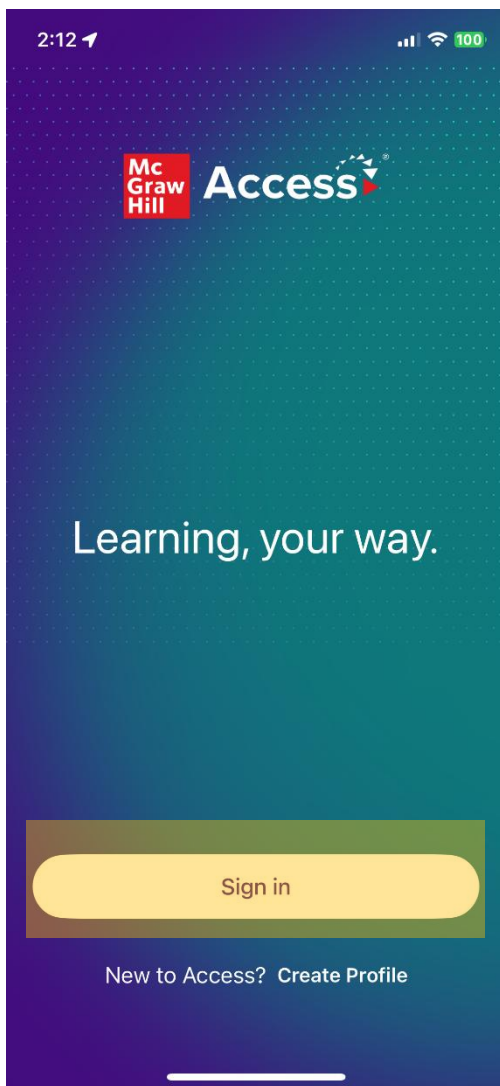


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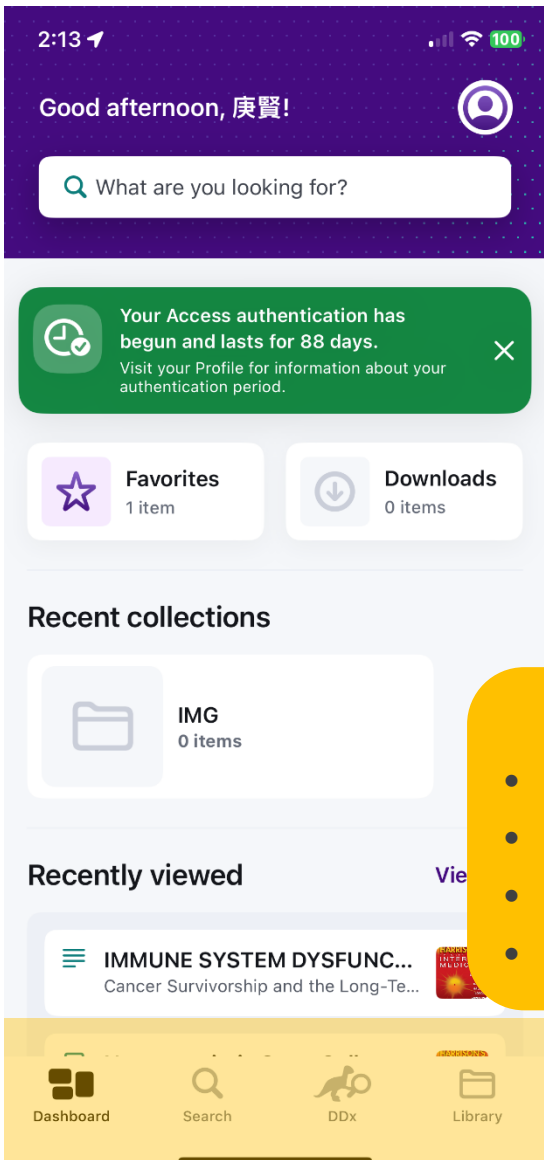


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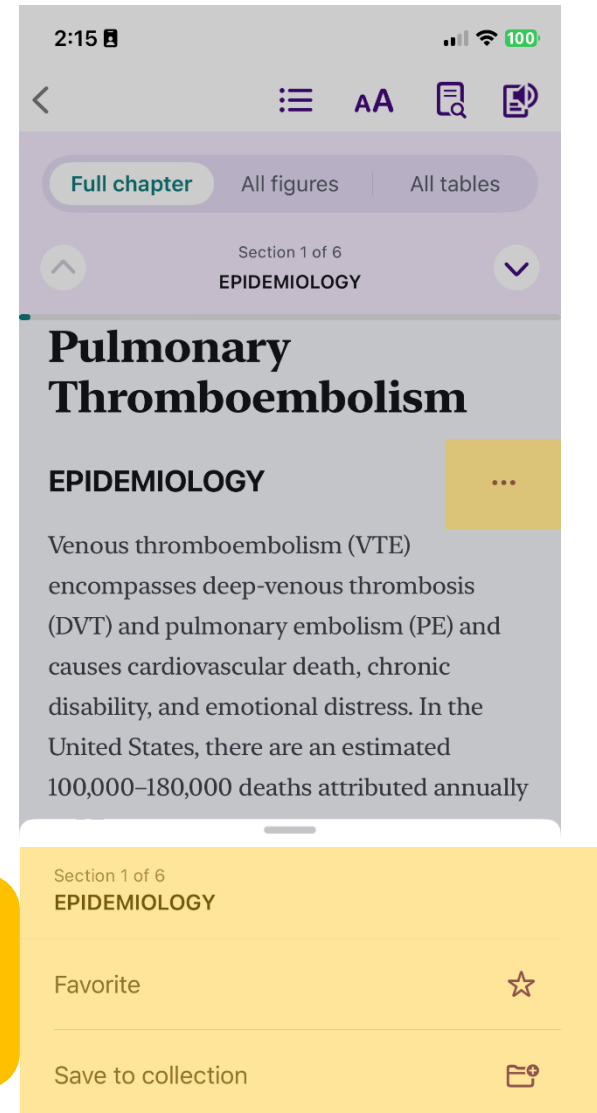
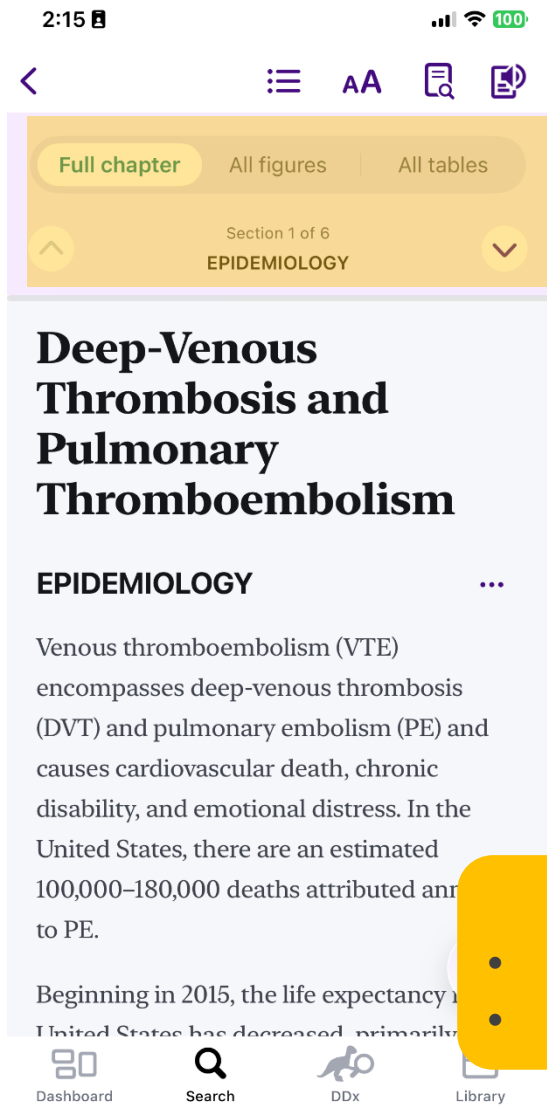
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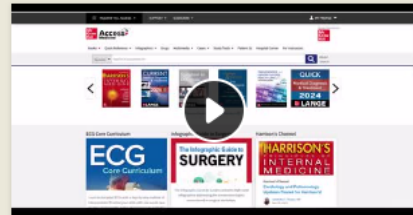
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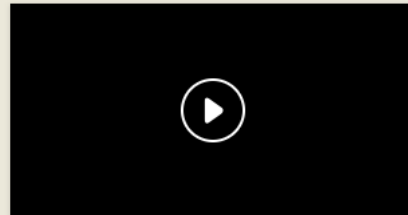
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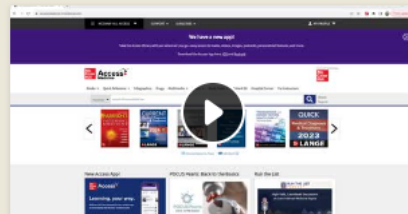
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活動日期：2024/08/24 (六) +
活動時間：08:30-16:30
活動地點：政大企企中心

深耕醫藥資源50年 以AI引領藥學發展 - 2024 Micromedex使用者大會

活動時間：2024年08月24日(六) 08:30-16:30

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意見回饋

提供實質建議，使課程更完善。



Thank you!



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