# DynaMed and Dyna AI Can Help?

Research
Medical Education
EBM
Clinical Practice
Quality Management
Hospital Accreditation


EBSCO Clinical Decisions

# Do you know?

Medical knowledge is increasing at an extremely rapid pace.

Here's a breakdown of the estimated doubling times:

- 1950: 50 years
- 1980: 7 years
- 2010: 3.5 years
- 2020 (projected): 73 days

# Do you know?

Medical knowledge is increasing at an extremely rapid pace.

How Many RCTs were counted in 1965?

- 38

How Many RCTs were published daily in 2024?

- 140+

# Do you know?

Medical knowledge is increasing at an extremely rapid pace.

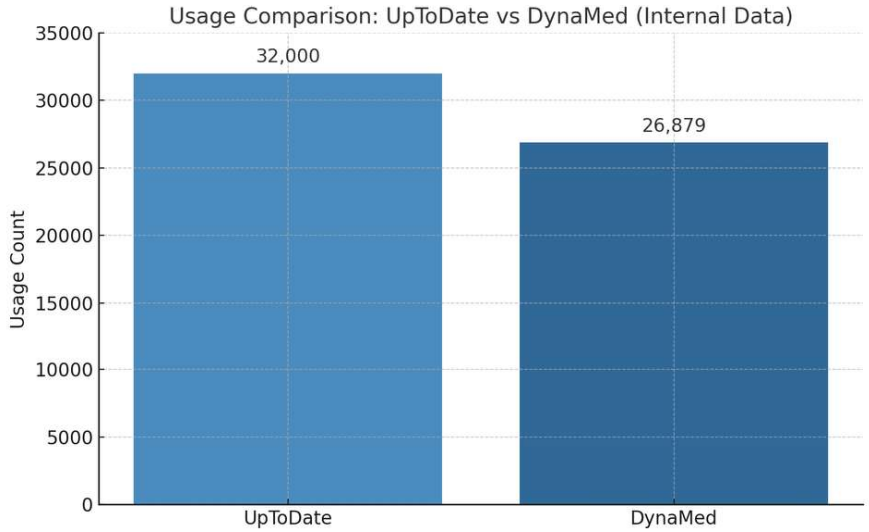
how many medical papers published per week?

- 5, 000+
- 8,000+
- 18,000+
- 28,000+

# Do you know?

## Medical knowledge is increasing at an extremely rapid pace.

Based on internal hospital statistics, the usage rate of DynaMed has reached approximately 80% of UpToDate's usage




Ricky Wang 王信傑
EBSCO Information Services
亞洲區臨床醫學整合服務資深經理
大學推廣教育中心兼任講師
新創事業數位醫療業務發展顧問

EMBA in Aalto University, Helsinki, Finland

Public Health, Healthcare System, Health Insurance, Hospital Management, Miller Heiman Conceptual and Strategic Selling, Marketing Mix Implementation, Customer Success


Visit Our Website:
**www.dynamed.com**

# 結論先說

疾病的前世今生、臨床端都在做些甚麼(診斷、治療)、即時證據更新、臨床決策、藥物使用、準備參加實證競賽、想投入做臨床研究 - 請找DynaMed

病人管理及照護、後續計畫、各職類臨床技術及介入、文化相關議題 - 請找Dyanmic Health

快速解決問題、降低AI幻覺 - 善用Dyna AI

不怕被AI取代，當一個懂得用工具的人來減輕自己的loading

# DynaMed 實用功能

**快速檢索疾病與處置建議**

- 自然語言（疾病名稱、症狀、處置建議）查找
- 以症狀/診斷為入口，立即查閱最新臨床實證

**實證等級明確標示（Grade A~C）**

- 強化決策信心

**行動裝置同步功能**

- 支援 App，隨時查詢，不受地點限制

# Dynamic Health 功能亮點

**臨床技能操作標準化指引**

- 如導尿、傷口換藥、給氧技術等
- 視覺影像輔助

**知識測驗與學習模組**

- 提升專業能力、符合繼續教育需求

**主題分類與文化敏感性內容**

- 提供跨文化照護資訊（ex. LGBTQ+族群照護、少數民族健康信念）

# China Medical University

DynaMed® Helps Clinicians Make Confident Decisions at the Point of Care


## DynaMed Success Story

# Benefits and outcome

DynaMed可以滿足臨床醫師及醫事人員在醫療生涯中不同階段的需求。根據中國醫藥大學附設醫院實證醫學中心張穎宜主任所述，DynaMed呈現的條列式內容易於閱讀，且內容提要有助於醫師快速了解。
此外，診斷決策樹使年輕醫師可從病情判斷到治療過程中，了解如何與病患接觸與溝通。

01

### 實習醫師

蔡穩穩醫師與莊蕙瑄醫師皆同意DynaMed可以「彌補教室理論和臨床實務之間的鴻溝」。兩位都認為DynaMed使他們有信心在臨床診斷中回答主治醫師突如其來的提問跟測驗

02

### 實證醫學中心主任

由於DynaMed嚴格的證據內容審查過程，主任認為在醫學研究和學術演講準備中是非常有用的工具。醫師可以從DynaMed開啟研究的第一步，以獲得有關主題完整概述後，下一步可以參考DynaMed在每個項目要點及末端提供的全文連結，連結到PubMed或中國醫有訂閱的全文期刊。

03

### 年輕主治醫師

腎臟科醫師張育瑞醫師認為DynaMed比其他工具更實用。他認為DynaMed能夠一目十行，一目了然，快速得知目前證據的強弱，使臨床工作和EBM事半功倍。「我經常向年輕同事或新臨床醫師推薦DynaMed。這是最完整可靠的證據來源。」

# EBSCO Clinical Decisions Webinar 2025

4/9 郭孟璇 藥師
DynaMed已購買，藥師喜歡- 聽郭大大細說"遇到臨床問題，DynaMed與AI工具的應用

5/28 陳乃菁 專員
DynaMed & Dynamic Health 與社區照護慢舞間的濃情蜜意

7/2 黃莊彥 醫師
將實證帶入臨床工作的教學、應用與日常
- DynaMed

9/10 蔡穩穩 醫師
聽阿穩亂講話：當住院醫師遇到臨床問題與研究麻煩，DynaMed 資訊處理一把罩！

11/19 吳政彥 營養師
營養師也實證? 聽聽政彥怎麼說 DynaMed X Dynamic Health

# EBSCO臨床實證工具系列研討會

EBSCO臨床實證工具系列研討會

本系列線上研討會不定時將會邀請臺灣各大專科醫師、藥師、專職醫療人員分享他們透過DynaMed在病患重點照護以及診斷上的使用經驗。以下是各場次錄影重播，歡迎大家分享轉載。

▶ Play

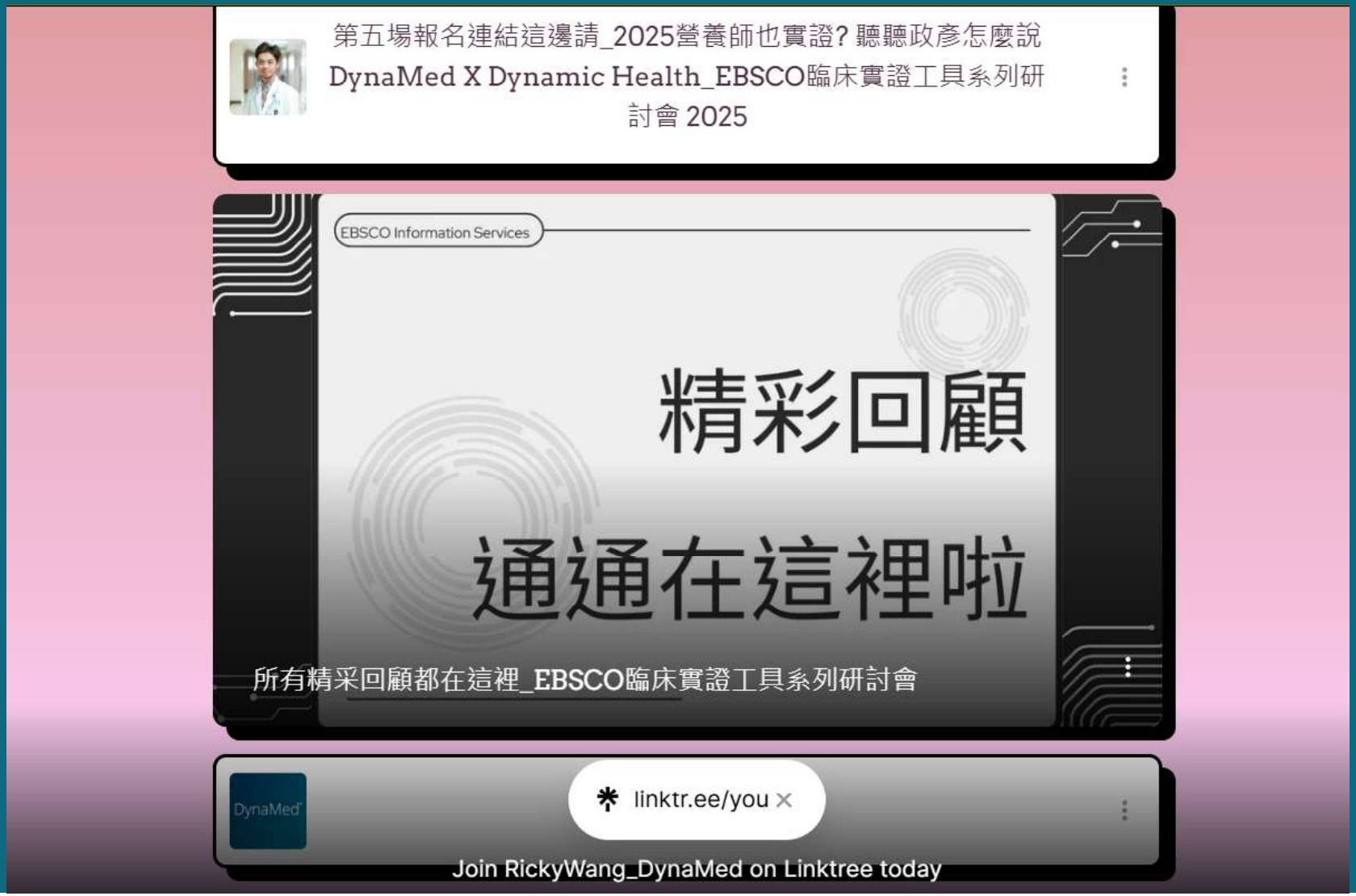

醫學資訊轉型不是玩假的-DynaMed和ChatGPT協作實證醫學


2023: DynaMed醫學專科主題線上研討會系列第四場：翁紹恩主任－歪樓藥師...


2023: DynaMed醫學專科主題線上研討會系列第二場：邵時傑主任/李修維醫...

2023
會系

# 精彩回顧 通通在這裡啦


第五場報名連結這邊請_2025營養師也實證? 聽聽政彥怎麼說
DynaMed X Dynamic Health_EBSCO臨床實證工具系列研討會 2025
EBSCO Information Services
精彩回顧
通通在這裡啦
所有精采回顧都在這裡_EBSCO臨床實證工具系列研討會
DynaMed
linktr.ee/you
Join RickyWang_DynaMed on Linktree today

DynaMed®

# 背景介紹
# – 從急性胰臟炎開始

一位年輕的第五年住院醫師，從踏入醫院後，一直以來有個困擾

- 對於急性胰臟炎的病人，是否該積極給水

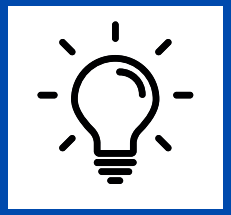
DynaMed®

# 成果分享

Critical Care
2022-2023
IF: 19.344
2023年長庚醫療體系住院醫師論文
第一名

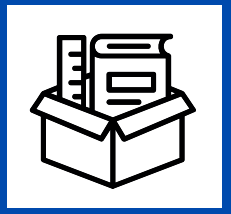
DynaMed®

# 起手式



STEP 1
## 題目發想

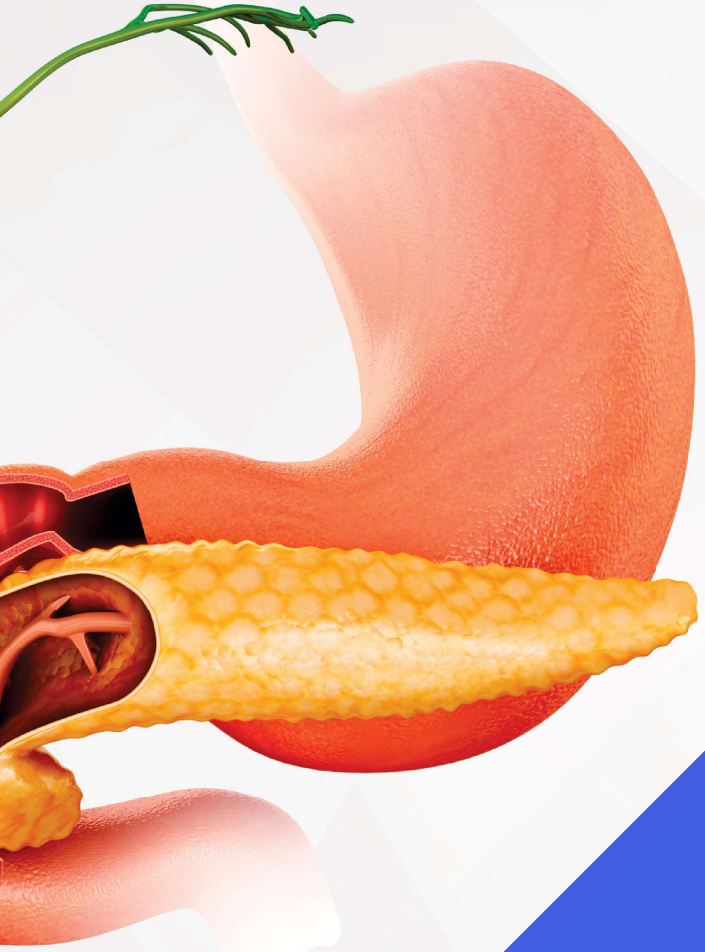
STEP 2
## 熟悉主題



STEP 3
## 資料整合

STEP 4
## 論文寫作

STEP 5
## 回覆Reviewer



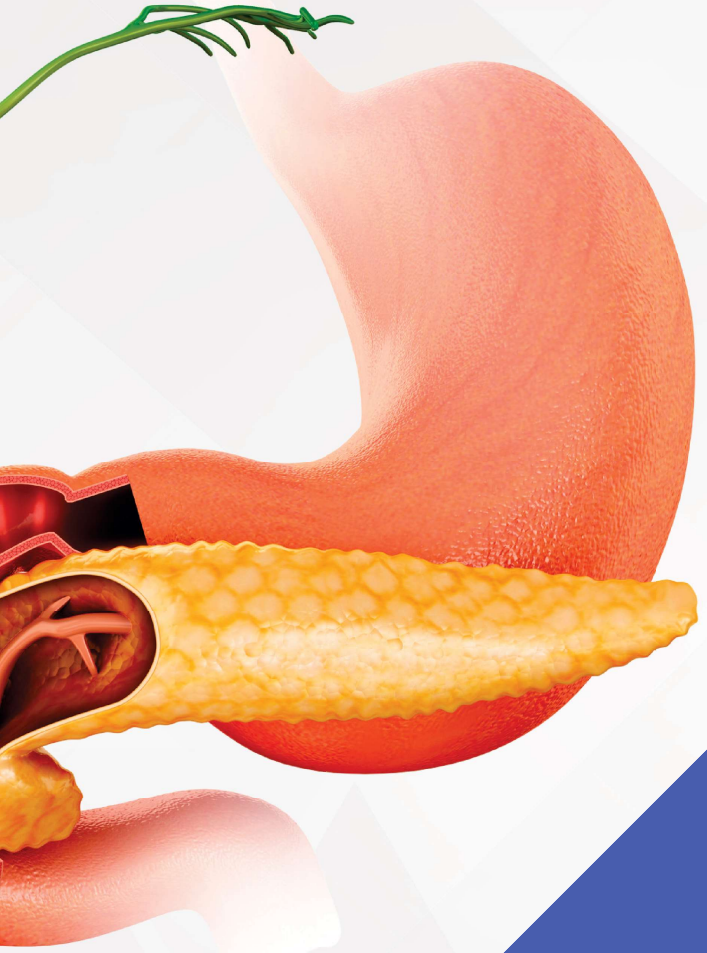
Currently, different guidelines suggest a starting fluid rate for patients with AP presenting with features of hypovolemia (Table 2) [13, 33, 34]:

- 5–10 ml/kg/h for the first 24 h until resuscitation goals are achieved [33]. Suggested goals are heart rate (HR) < 120 bpm, mean arterial pressure (MAP) > 65 mmHg, urinary output (UO) > 0.5 ml/kg/h, and Ht 35–44%.
- 250–500 ml/h of isotonic crystalloid for the first 12–24 h, with little benefit beyond this time period and with the goal to decrease BUN and Ht [13].
- 150–600 ml/h in patients with shock or dehydration, until MAP > 65 mmHg and UO > 0.5 ml/kg/h, and 130–150 ml/h in patients without severe signs of hypovolemia [34].

Crosignani et al. Annals of Intensive Care (2022) 12:98
https://doi.org/10.1186/s13613-022-01072-y

DynaMed®

Annals of Intensive Care
IF: 8.1



DynaMed

RW CME 53.0

Acute Pancreatitis in Adults > Management > Fluid and Electrolytes

- Overview and Recommendations
- Related Topics
- Hospitalist Focused Content
- Background Information
- Epidemiology
- Etiology and Pathogenesis
- History and Physical
- Diagnosis
- Managemen
- Compli

## Fluid and Electrolytes

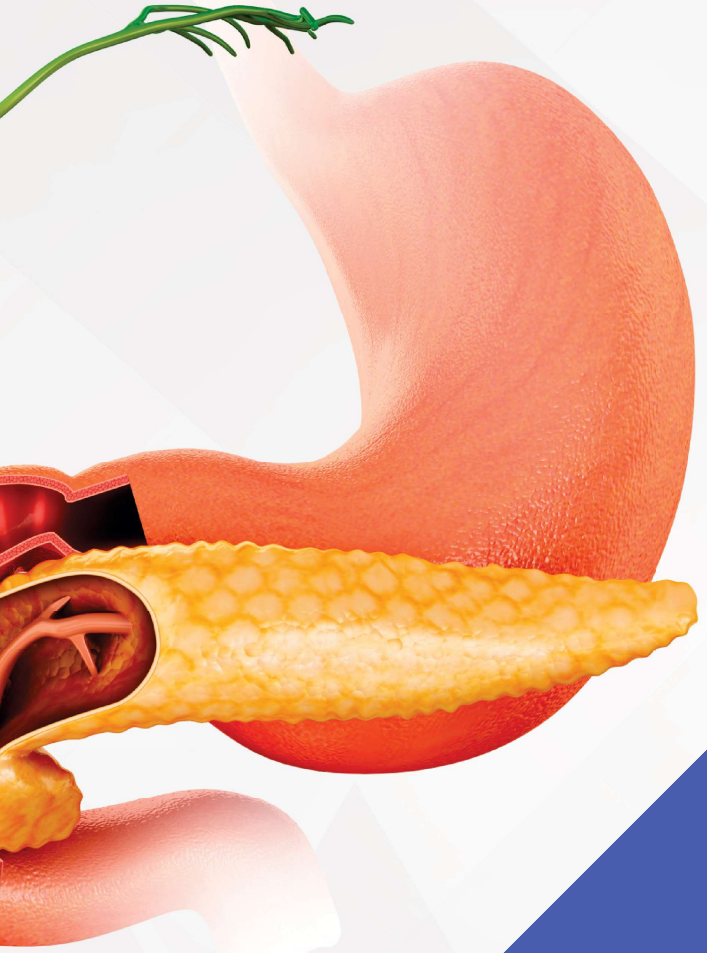
**CLINICIANS' PRACTICE POINT**

Aggressive fluid hydration is recommended by several professional organizations, but a study published more recently than existing guidelines (WATERFALL trial) suggests that aggressive hydration may not improve pancreatitis-related outcomes but increases complications due to fluid overload.

- American College of Gastroenterology (ACG) recommendations[1]
  - assess hemodynamic status immediately upon presentation and begin resuscitative measures as needed (ACG Strong recommendation, Moderate-quality evidence)
  - provide aggressive hydration (250-500 mL/hour) to all patients in first 12-24 hours unless cardiovascular and/or renal comorbidities exist (ACG Strong recommendation, Moderate-quality evidence)
  - more rapid repletion (bolus fluids) may be needed in patients with severe volume depletion (symptoms include hypotension and tachycardia) (ACG Strong recommendation, Moderate-quality evidence)
  - lactated Ringer's solution may be preferential isotonic crystalloid replacement fluid (ACG Conditional recommendation, Moderate-quality evidence)
  - reassess fluid requirements at frequent intervals within 6 hours of admission and for the next 24-48 hours to achieve decrease in blood urea nitrogen (ACG Strong recom-

DynaMed®

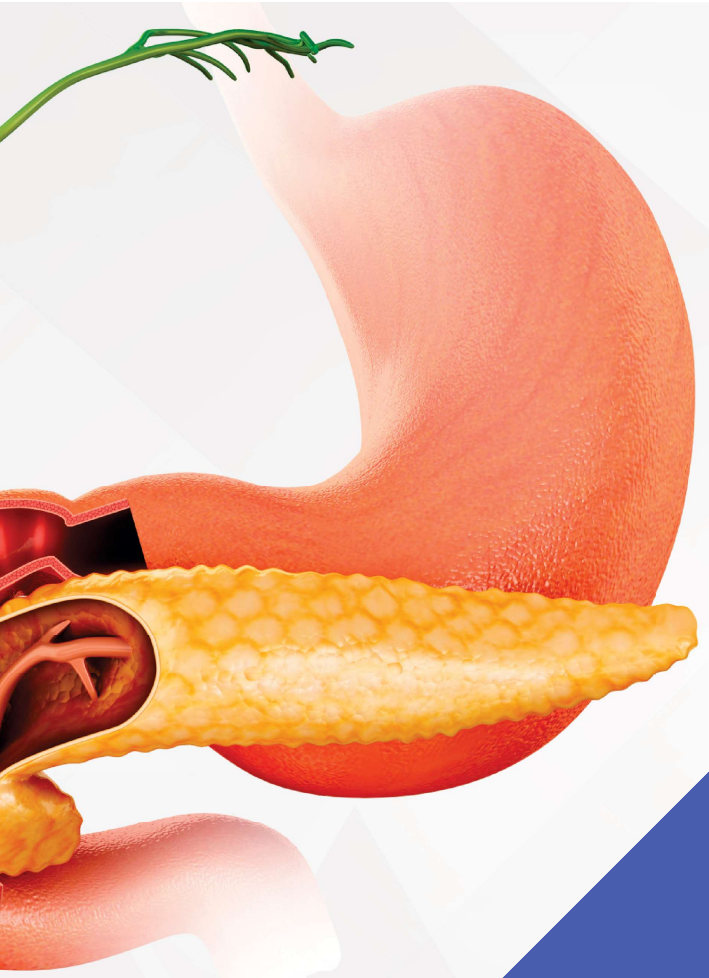
從DynaMed確認最新的
Guideline與Trial

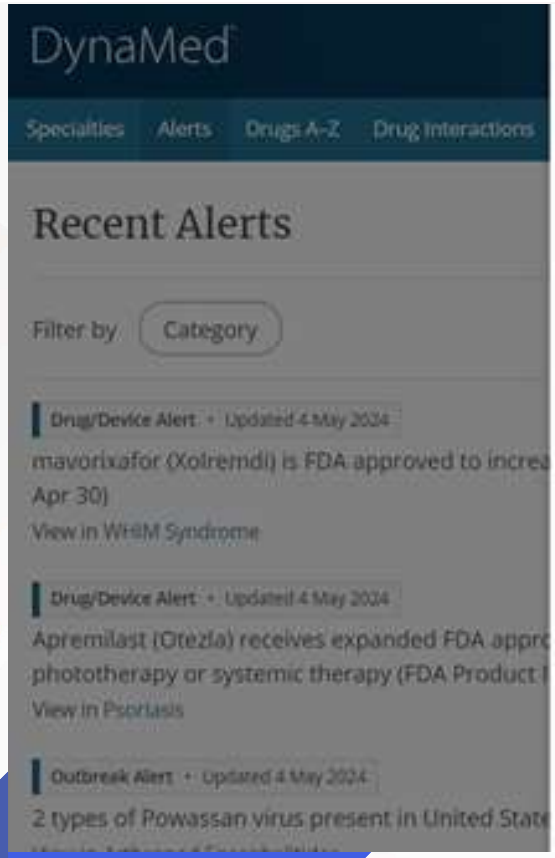


# Acute Pancreatitis
# X
# Fluid Resuscitation
# X
# Outcome

DynaMed®

有意義的分組或是限制:
種族、年紀、Etiology、Chronic Disease.....

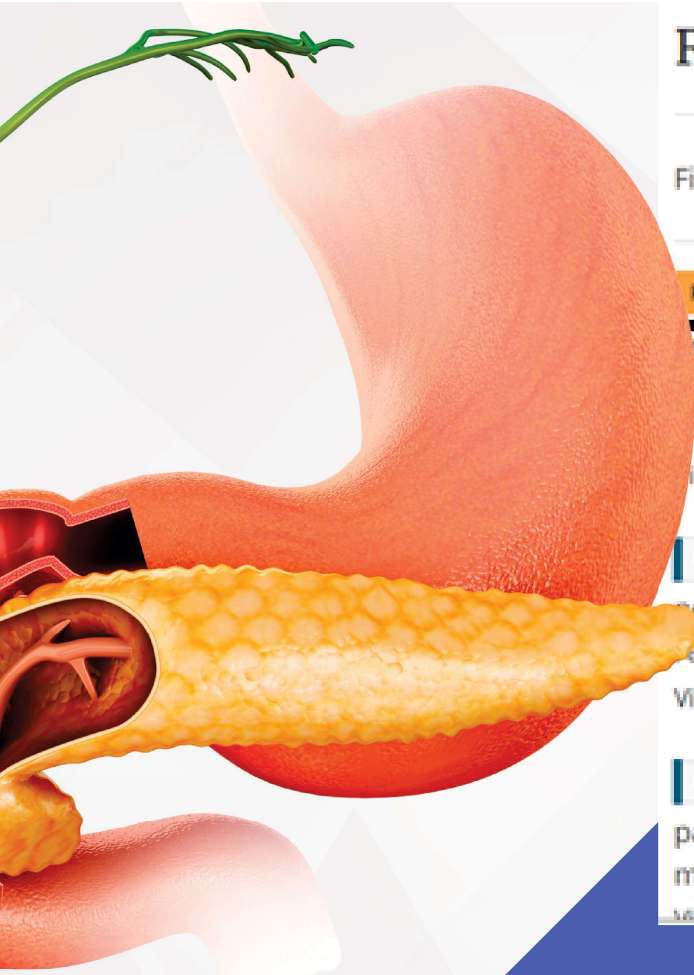






DynaMed®

利用DynaMed找靈感



## Recent Alerts

Filter by Category

# 24/7 證據即時更新

POTENTIALLY PRACTICE-CHANGING Evidence • Updated 4 Nov 2024 1

mong adults with type 2 diabetes having upper gastrointestinal endoscopy, use of glucagon-like peptide-1 (GLP-1) rece
crease risk of pulmonary aspiration on day of or during procedure but may increase risk of discontinuation of procedu
hibitor (BMJ 2024 Oct 22)

iew in Selection of Glucose-Lowering Medications for Adults With Type 2 Diabetes

Evidence • Updated 29 Oct 2024

erioperative modified 5-fluorouracil plus leucovorin plus irinotecan plus oxaliplatin (mFOLFIRINOX) reported to have m
esectable pancreatic ductal adenocarcinoma (JAMA Oncol 2024 Aug 1)

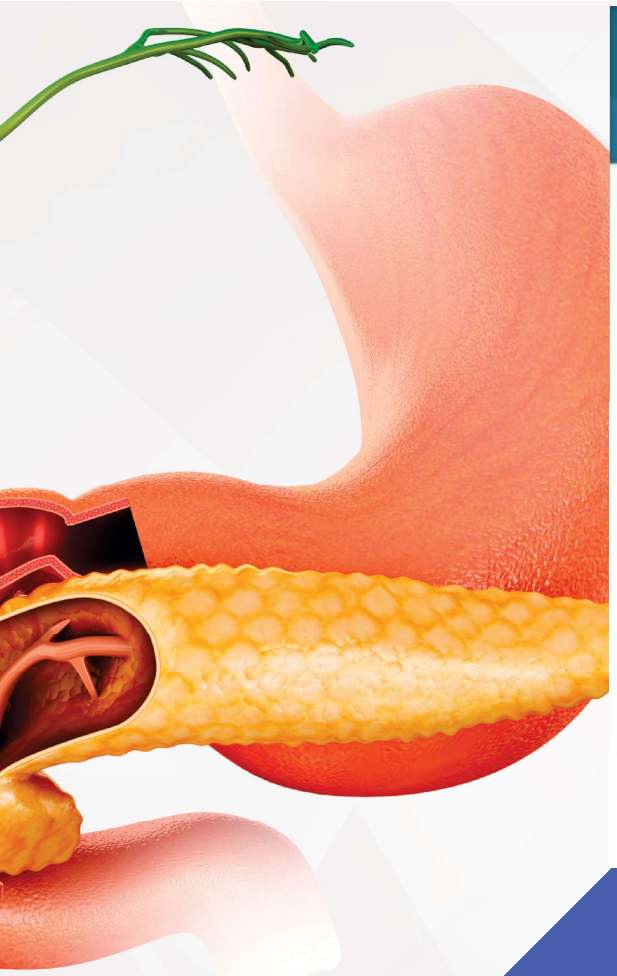
View in Management of Pancreatic Adenocarcinoma

Drug/Device Alert • Updated 24 Oct 2024

palonosetron FDA-approved for postoperative nausea and vomiting in adults and prevention of nausea and vomiting as
month old (FDA DailyMed 2024 Jun 20)

DynaMed®

利用DynaMed找靈感



DynaMed

XL CME 6.5

Specialties Recent Alerts Drugs A-Z Drug Interactions Calculators About

Filter by Category

Guideline Summary • Updated 19 May 2023

European Society for Medical Oncology (ESMO) recommendations on diagnosis and staging of esophageal and esophagogastric junction cancer (... Oct)

View in Esophageal and Esophagogastric Junction Cancer

Guideline Summary • Updated 19 May 2023

National Comprehensive Cancer Network (NCCN) recommendations on diagnosis and staging of esophageal and esophagogastric junction cancer ... Mar)

View in Esophageal and Esophagogastric Junction Cancer

Evidence • Updated 18 May 2023

addition of amoxicillin-clavulanate to prednisolone may not improve 60-day survival in adults ≤ 75 years old hospitalized with severe alcohol-rela... (JAMA 2023 May 9)

View in Alcohol-related Liver Disease

EBSCO DynaMed®

# 利用DynaMed找靈感

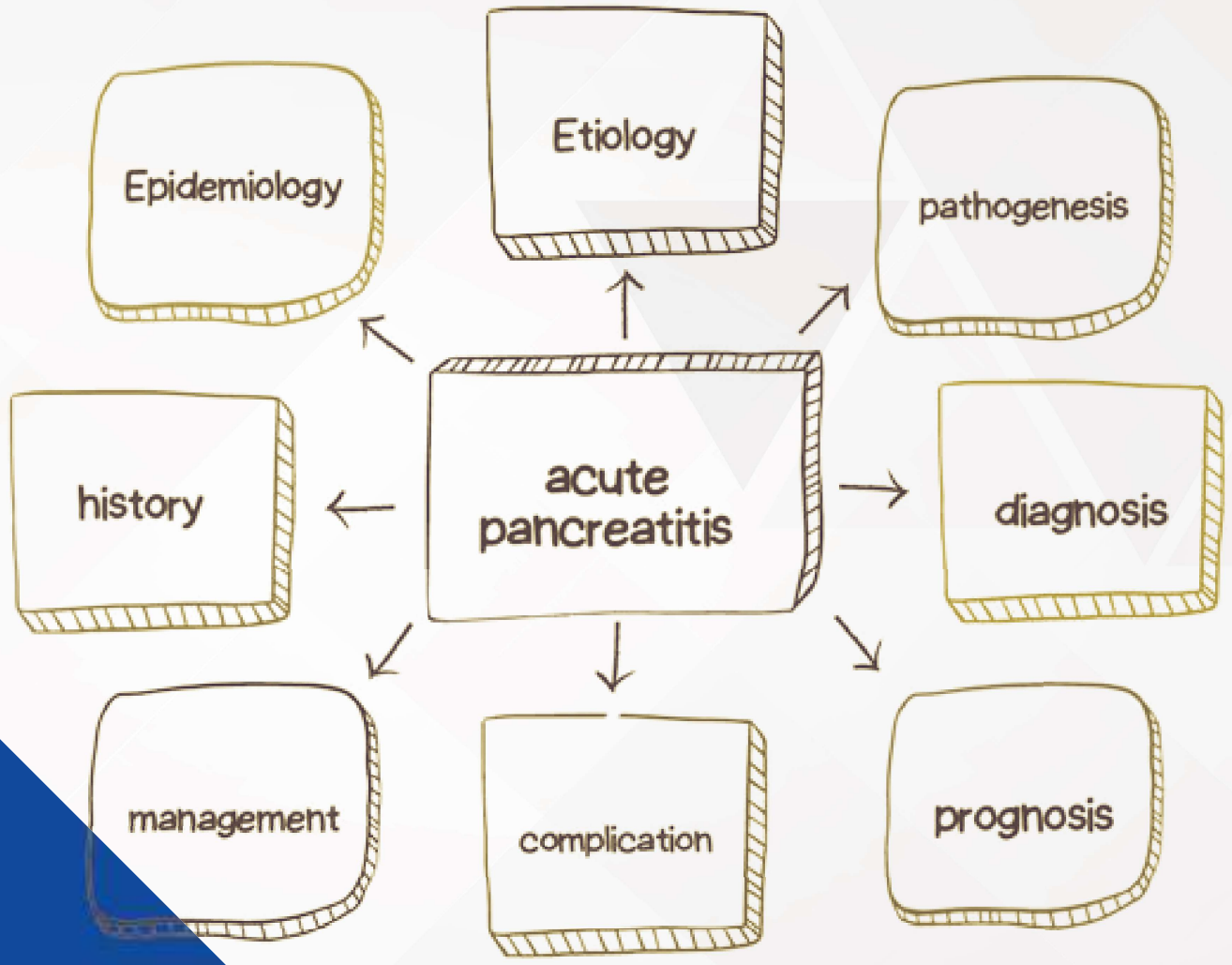
DynaMed®

# 題目確認
# - 從急性胰臟炎開始

A systematic Review and Meta-Analysis Comparison of Clinical Outcomes between aggressive and non-aggressive intravenous hydration

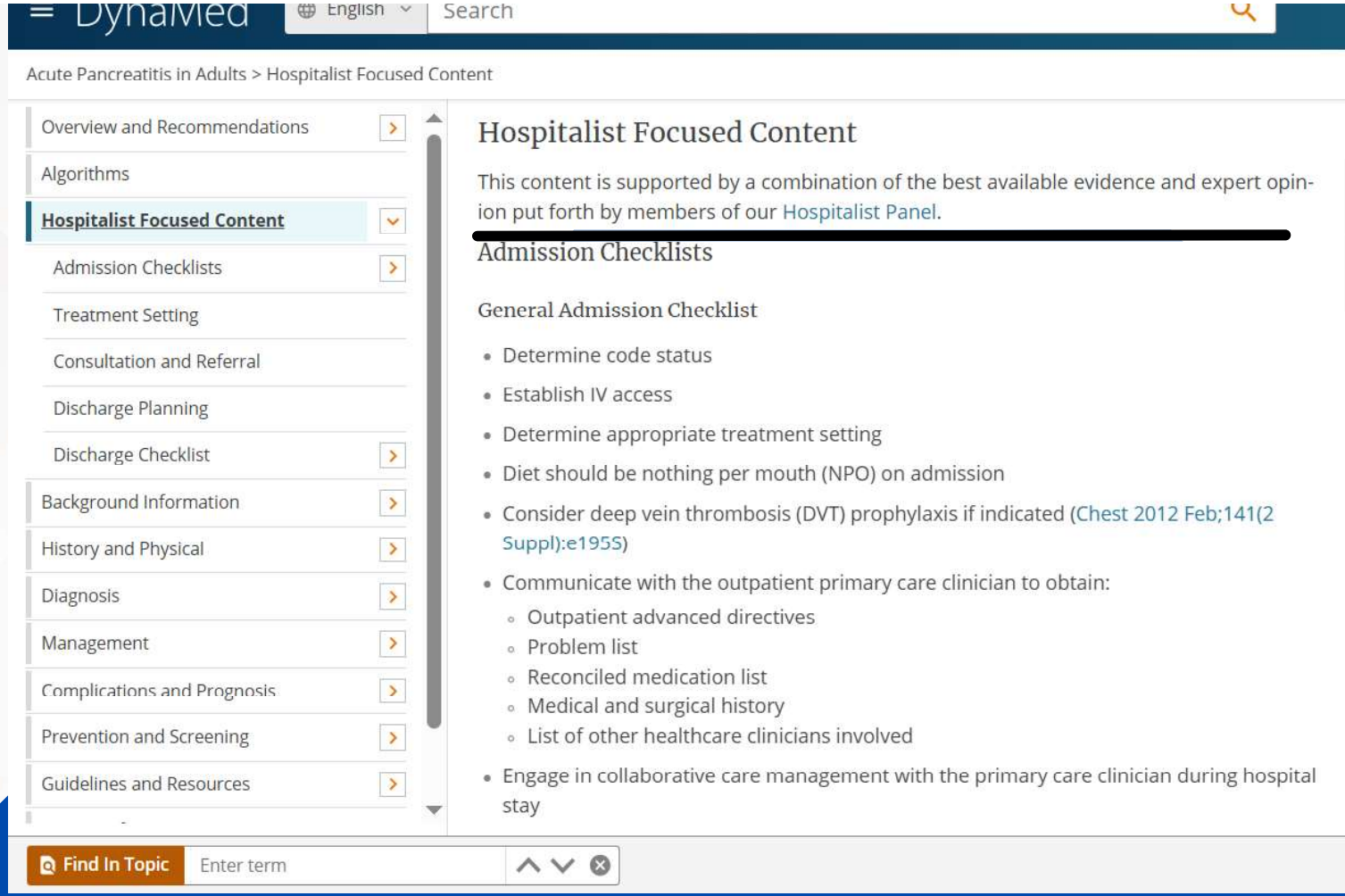
# 熟悉主題

對於疾病的所有面向都應該了解



# 熟悉主題

對於疾病的所有面向都應該了解

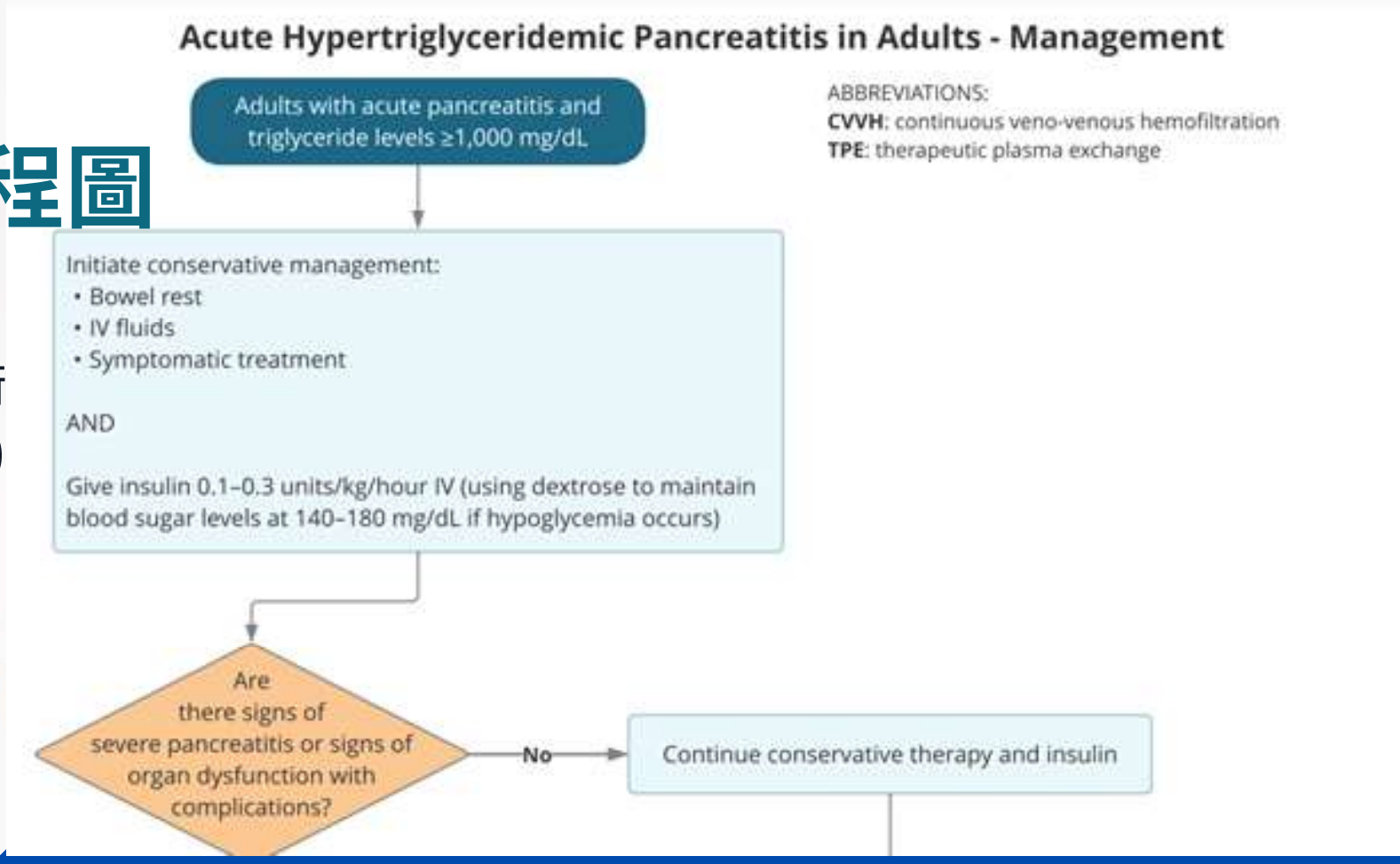



條列式整理
從頭到尾念完，不需要花太多時間

# 預立醫療流程圖

疾病、症狀、技術(Dynamic Health)三個面向均涵蓋

●●●




圖型設計與衛福部規定相同，學習DynaMed版本來製作

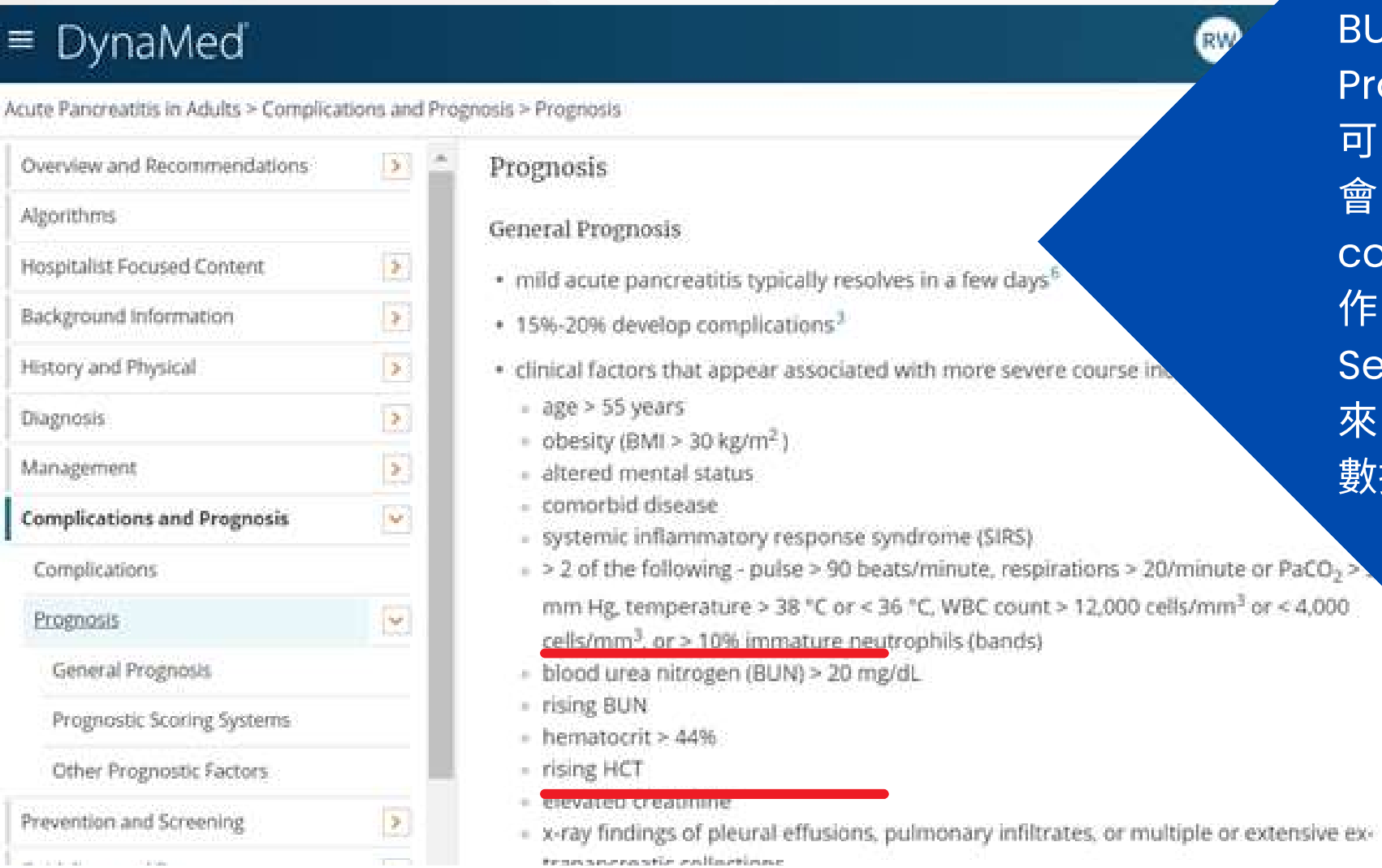
# 資料整合

DynaMed®

## 與夥伴分工合作開始在其他數據庫找尋相關性的文章，並做整理

此作者與研究夥伴共找到九篇相關性較高的文章

# 資料整合 - Secondary Outcome




BUN、 rising BUN 均為Prognosis Factors
可用來作為預測病人是否會進入more severe course的狀態
作者用這一點來做為Secondary Outcome，來豐富研究的架構及確認數據的重要性

# 論文寫作

## 最簡單的一步

- 起、承、轉、合
- 請教科內的學長、姊、老師
- 詳細列出reference、更容易讓人相信這是客觀的觀點，並非出自於個人意見
- 在DynaMed中，可輕易找到很多寫作素材跟可用的Reference

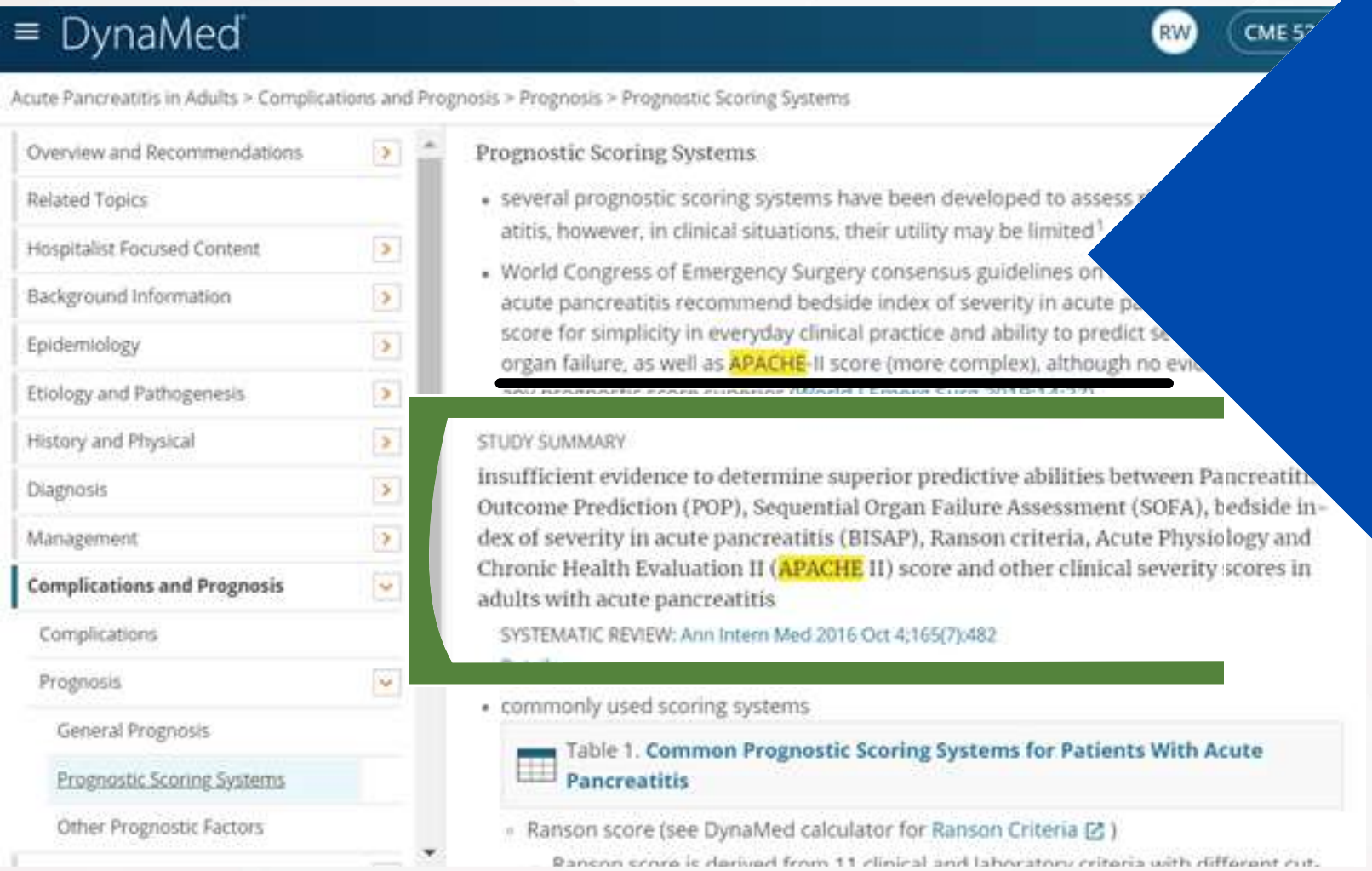
# 回覆Reviewer

Reviewer質疑
利用APACHE II 來做連續性的比較變項，似乎並不適合? 是否利用SOFA或是MODS比較適合?


EBSCO

# 回覆Reviewer – APACHE II

DynaMed®




在 DynaMed 直接搜尋 APACEH，就可找到許多相關性資料

若在 Acute Pancreatitis 主題內搜尋APACHE，在 Prognostic Scoring Systems中，可看到已經有研究者用過APACHE II Score來做評估

DynaMed®

# 結論

DynaMed是好幫手，強大實證基礎，學習使用DynaMed，快速理解，"效率"才是重點。

利用DynaMed找靈感，不用很厲害才能開始，而是一邊做一邊變強。

專為回答臨床問題所設計的臨床實證工具，24/7不斷更新。

預立醫療流程圖輕鬆完成。

Dyna AI 輕鬆好上手

# Thank YOU


Work remotely

0958931227/0979319539

www.dynamed.com

rwang@ebsco.com

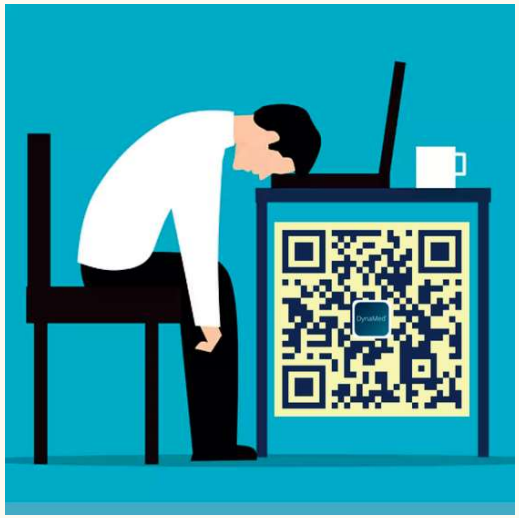




DynaMed and Dyna AI Can HELP?

DEFINITELY we can HELP

記得申請個人帳號喔



# Thank YOU

DynaMed and Dyna AI Can HELP?
DEFINITELY we can HELP

EMAIL

rwang@ebsco.com

MOBILE

0979319539

DYNAMED

www.dynamed.com

DYNAMIC HEALTH

www.dynahealth.com

Ricky Wang

## Clinical Decisions Tools Channels(EBSCO Health)

15 min

Web conferencing details provided upon confirmation.

This is Ricky Wang, Senior Implementation and Customer Success Manager - Asia and thanks for having me for the 15 mins product discussion and engagement and you can reach out to me at rwang@ebsco.com if you need any assistance.



22 23 24 25 26 27 28

# CONTACT ME