



# KSUM 2026

THE 57<sup>TH</sup> ANNUAL CONGRESS OF  
THE KOREAN SOCIETY OF ULTRASOUND IN MEDICINE

MAY 7 (THU) - 8 (FRI), 2026 | COEX, SEOUL, KOREA



# Living and Working with Generative AI as Medical Professional

## -의료 전문가로 생성형 AI 활용하기-

Think  
Smarter,  
Not  
Harder



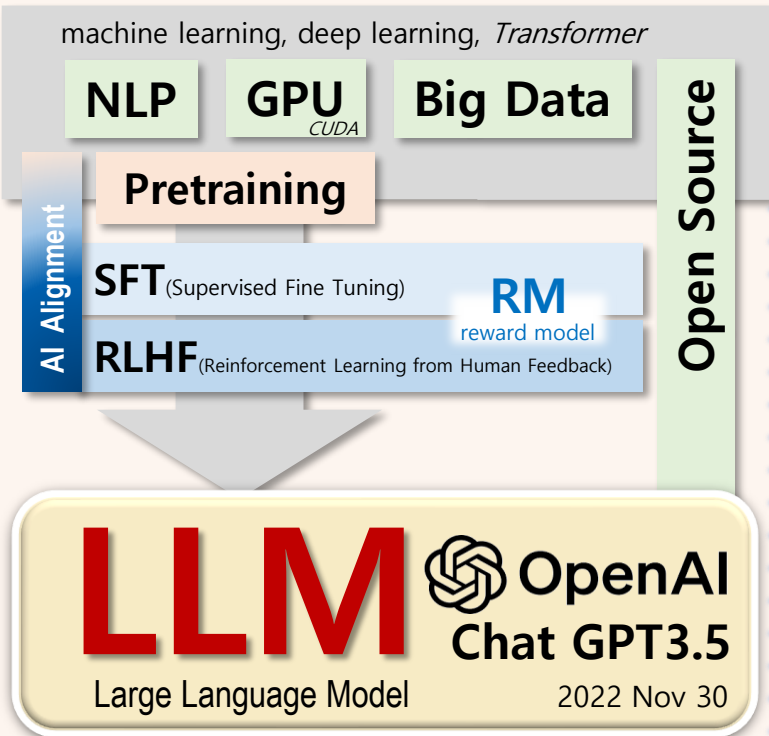
### SNUH

내과/순환기내과  
의학교육연수원  
나 상 훈  
2026-05-07

# AI Literacy

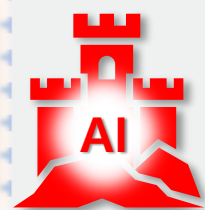


*Jagged Frontier of AI*



*AI가 할 수 있는 것*

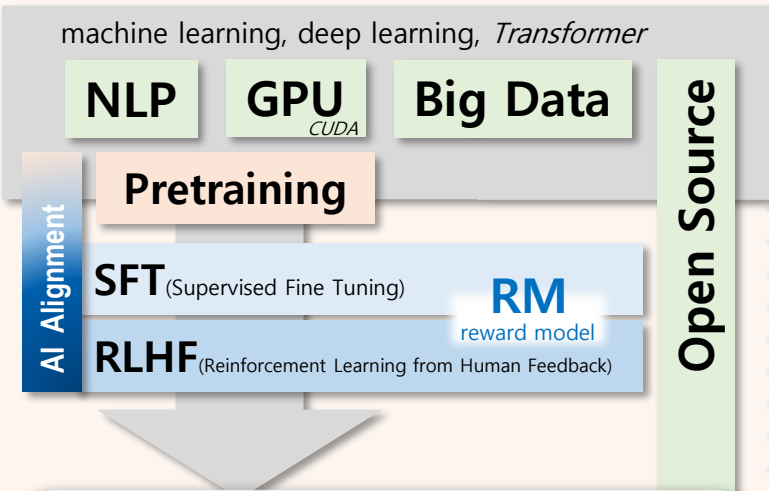
*AI가 할 수 없는 것*



**AI Hallucination**  
**AI Alignment**



# AI Literacy



**LLM** **OpenAI Chat GPT3.5**

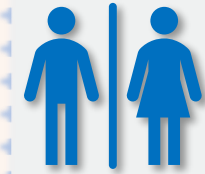
Large Language Model   2022 Nov 30

## Search LLM (Answer LLM)

2023	<b>LMM</b>	Large Multi-Modal Model	ChatGPT 4o
2024	<b>LRM</b>	Large Reasoning Model	ChatGPT o1, o3 DeepSeek R1
2025	<b>DeepResearch AI Agent</b>	ChatGPT Pro Felo, Genspark Grok, Manus ai, Claude MCP, Gemini A <sub>2</sub> A	



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**AI Alignment**

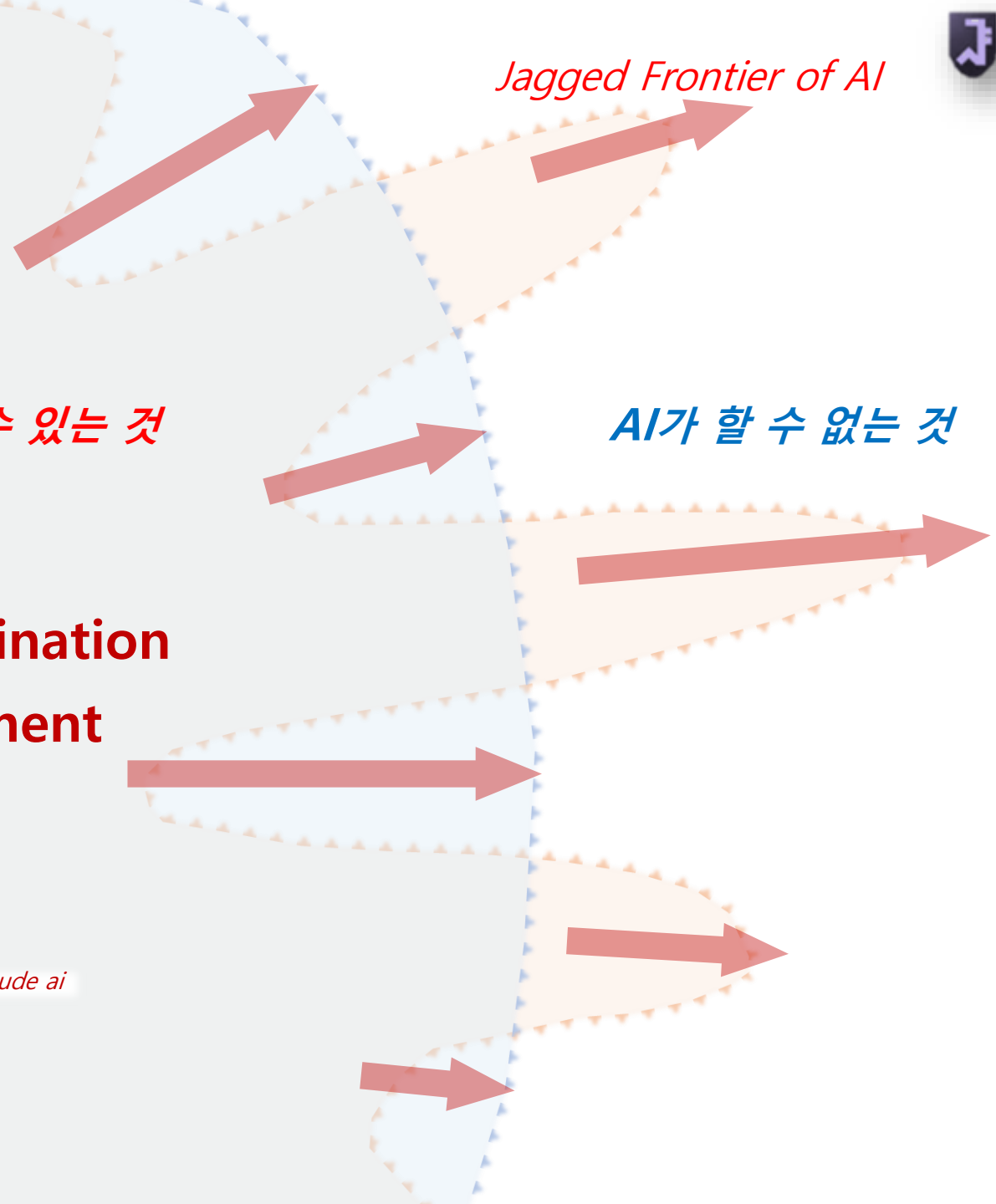


- Constitutional AI** in Claude ai
- RAG** Retrieval Augmented Generation
- CoT** Chain of Thoughts
- MoE** Mixture of Experts
- MCP** Model Context Protocol

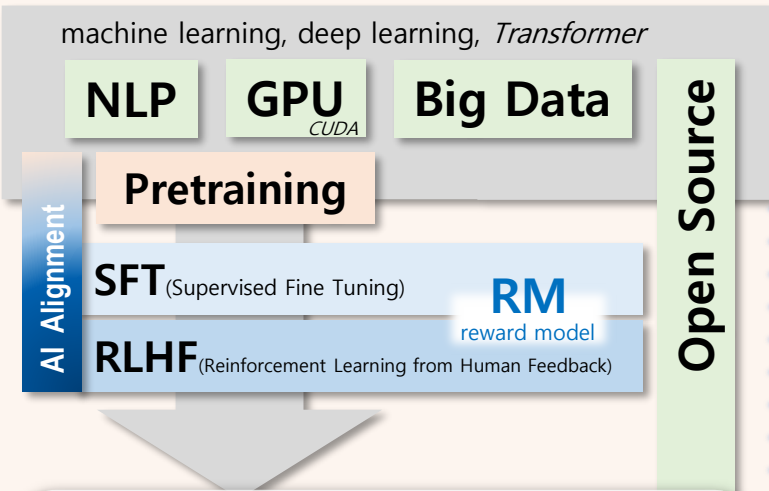
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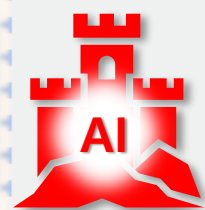
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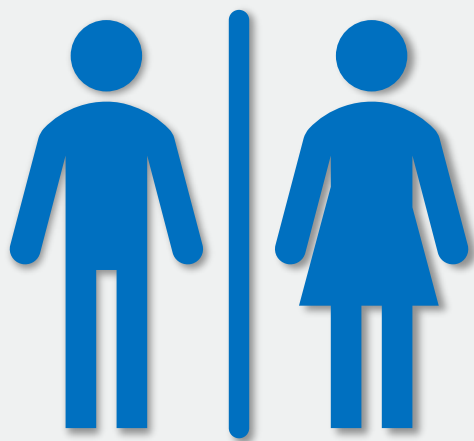
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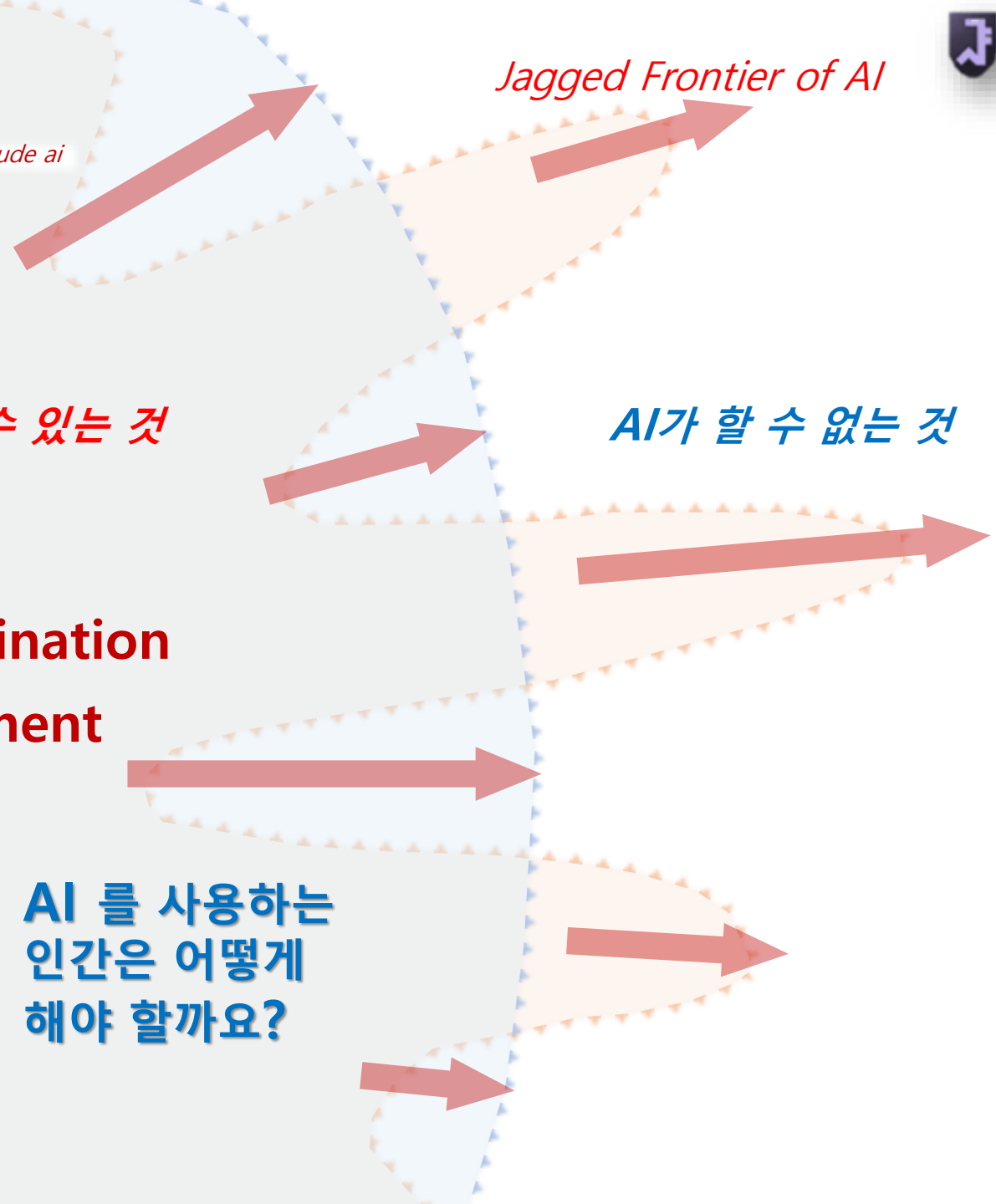


AI Hallucination  
AI Alignment

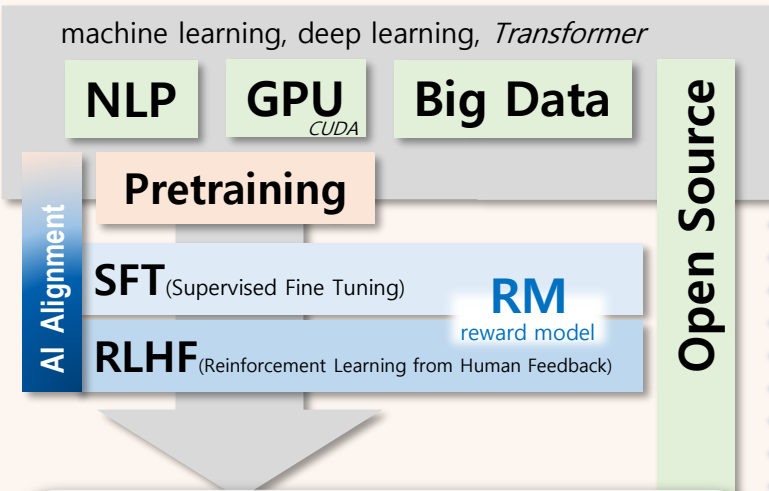


AI 를 사용하는 인간은 어떻게 해야 할까요?

*Jagged Frontier of AI*



# AI Literacy



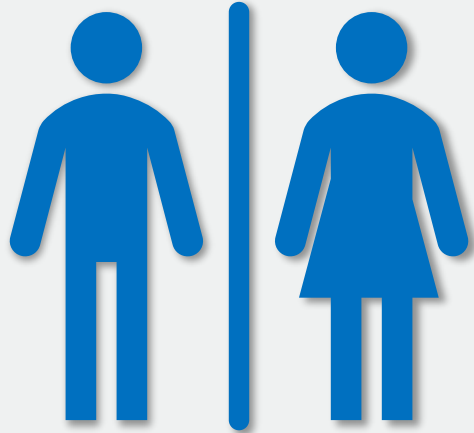
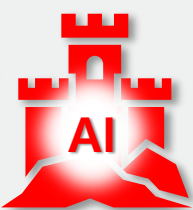
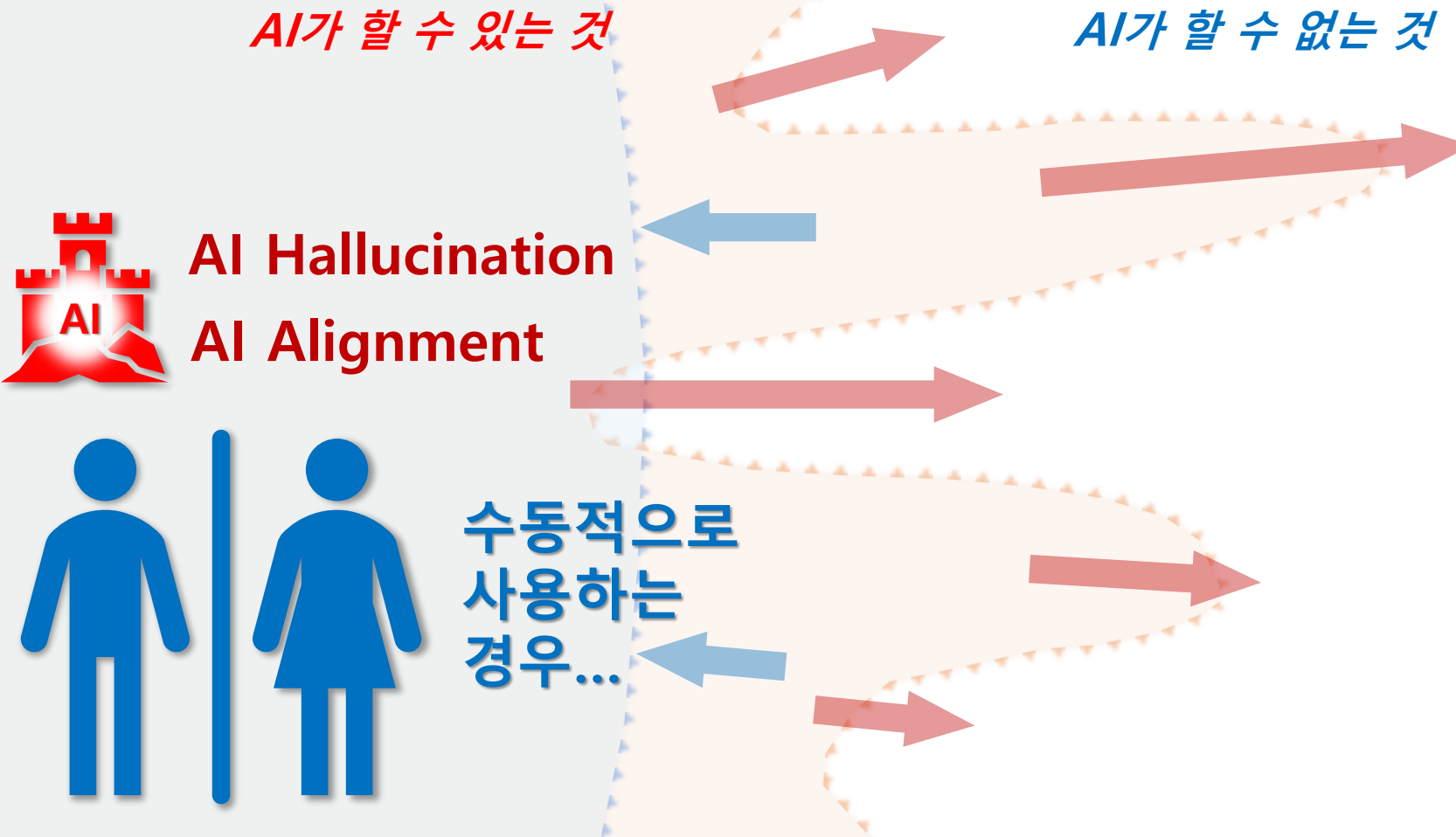
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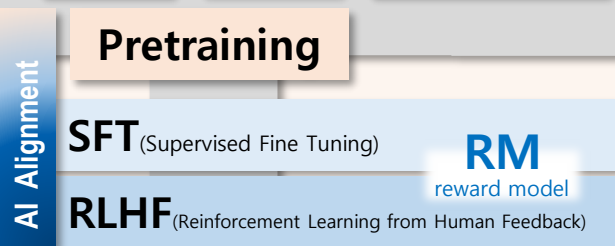
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# AI Literacy

machine learning, deep learning, *Transformer*

**NLP**   **GPU** CUDA   **Big Data**



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**LLM**

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**Chat GPT3.5**

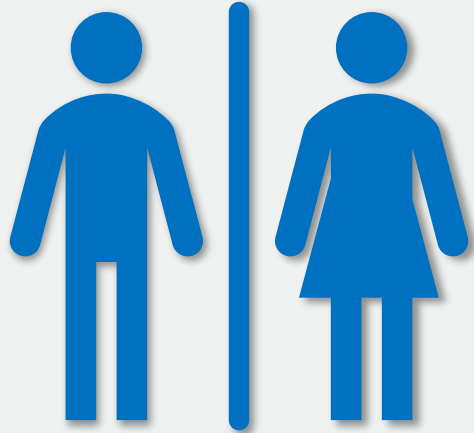
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주체적으로 사용하는 경우...



# AI Literacy

machine learning, deep learning, *Transformer*

NLP GPU CUDA Big Data


Pretraining

SFT (Supervised Fine Tuning) RM reward model

RLHF (Reinforcement Learning from Human Feedback)

AI Alignment

Open Source

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**AI Tool = GPT**

*Constitutional AI* in Claude ai RAG Retrieval Augmented Generation CoT Chain of Thoughts MoE Mixture of Experts MCP Model Context Protocol

General Purpose Technology

AI Hallucination

AI Alignment



**Job**

Role

Work

Just Me Task

Delegated Task

Automated Task



**Cyborg**

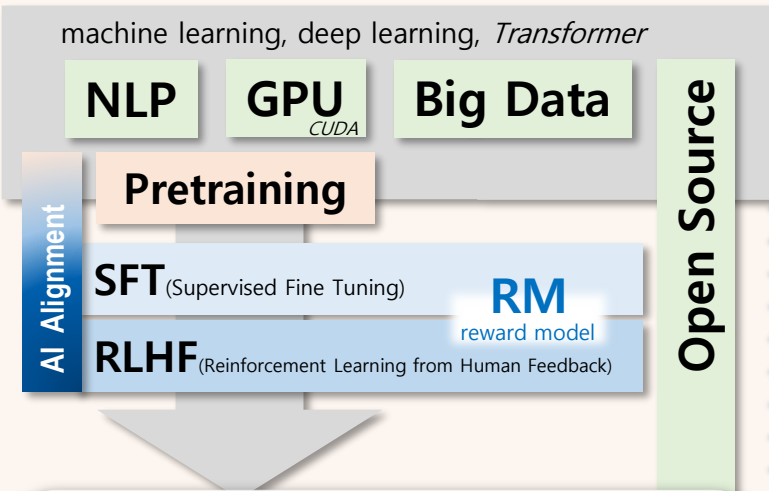
*Always Human in the Loop*



**Centaur**

*Human need to Live and Work with AI as Co-Intelligence...*

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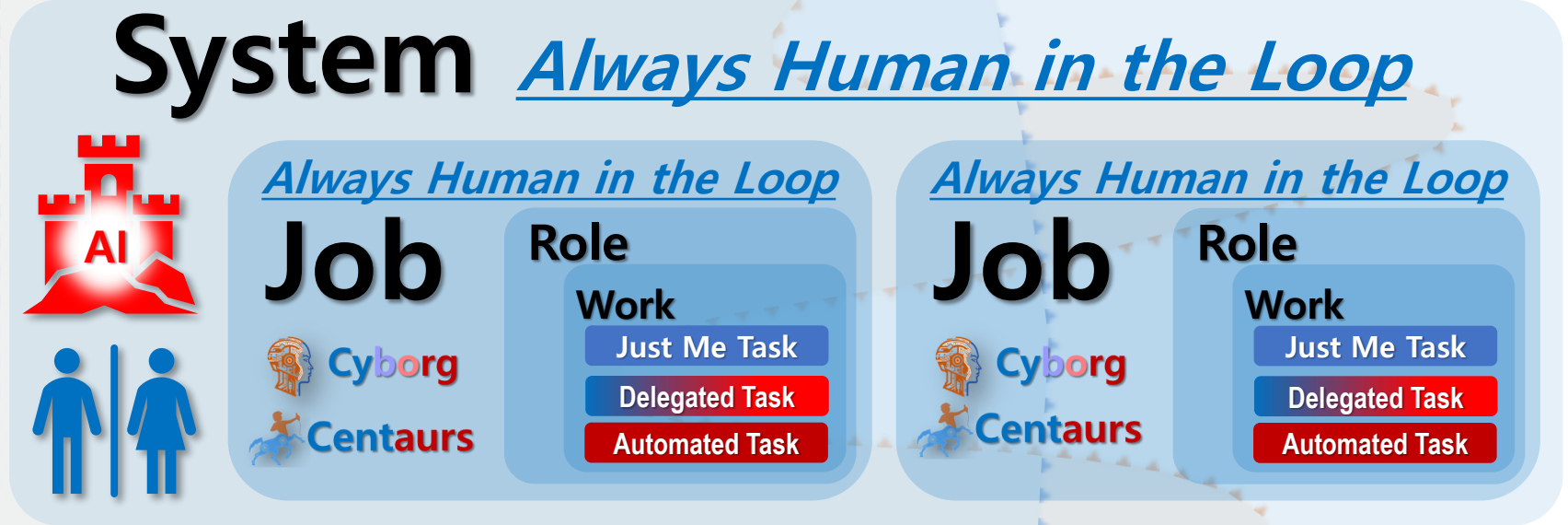
[듀얼 브레인] 2025, [Co-Intelligence] 2024 Ethan Mollick

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AI Hallucination AI Alignment General Purpose Technology



*Human need to Live and Work with AI as Co-Intelligence...*

# The Rational Clinical Examination

JAMA, Nov 4, 1992;268 (17):2420-2426

The Evidence-Based Medicine Working Group comprised the following: Gordon Guyatt (chair),



## Evidence-Based Medicine

### A New Approach to Teaching the Practice of Medicine

Evidence-Based Medicine Working Group

A NEW paradigm for medical practice is emerging. Evidence-based medicine de-emphasizes intuition, unsystematic clinical experience, and pathophysiologic rationale as sufficient grounds for clinical decision making and stresses the examination of evidence from clinical research. Evidence-based medicine requires new skills of the physician, including efficient literature searching and the application of formal rules of evidence evaluating the clinical literature.

An important goal of our medical residency program is to educate physicians

dose of phenytoin intravenously and the drug is continued orally. A computed tomographic head scan is completely normal, and an electroencephalogram shows only nonspecific findings. The patient is very concerned about his risk of seizure recurrence. How might the resident proceed?

#### The Way of the Past

Faced with this situation as a clinical clerk, the resident was told by her senior resident (who was supported in his view by the attending physician) that

year is between 43% and 51%, and at 3 years the risk is between 51% and 60%. After a seizure-free period of 18 months his risk of recurrence would likely be less than 20%. She conveys this information to the patient, along with a recommendation that he take his medication, see his family doctor regularly, and have a review of his need for medication if he remains seizure-free for 18 months. The patient leaves with a clear idea of his likely prognosis.

#### A PARADIGM SHIFT

# 5 Steps of Evidence-Based Medicine



Evidence-based medicine is a systematic approach to clinical decision-making that integrates the best available scientific evidence with clinical expertise and patient preferences. The process involves five key steps:



1. **Ask** : Formulate a Clear Clinical Question



2. **Acquire** : Search for the Best Evidence



3. **Appraise** : Critically Evaluate the Evidence



4. **Apply** : Integrate Evidence with Clinical Practice

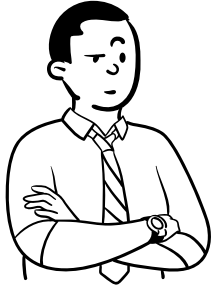


5. **Assess** : Evaluate Outcomes and Process

The goal of evidence-based medicine is to create a perpetual cycle of improvement, ensuring that clinical decisions are based on the most current, reliable, and patient-centered information available.

# Case using EBM at JAMA, Nov 4, 1992;268 (17):2420-2426

M/43

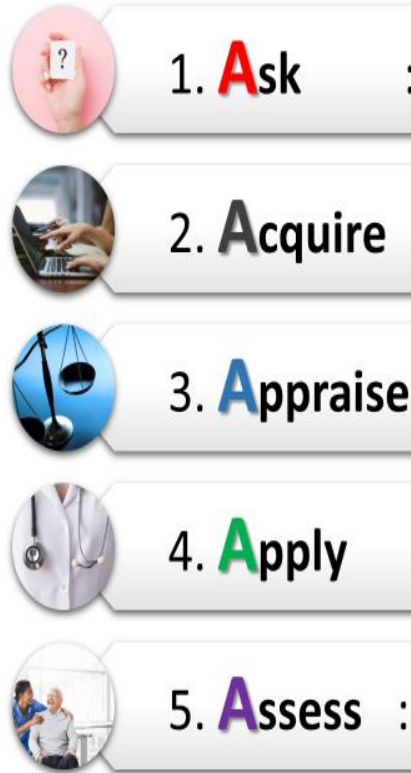


First experienced Grand mal Seizure. No Hx of prev. Sz, no Head trauma. Normal Lab, Normal CT Scan. Phenytoin iv first then change oral medication, discharge.

He is very concerned about his risk of seizure recurrence. How might the resident proceed?

## The Way of the Past

Faced with this situation as a clinical clerk, the resident was told by her senior resident (who was supported in his view by the attending physician) that the risk of seizure recurrence is high (though he could not put an exact number on it) and that was the information that should be conveyed to the patient. She now follows this path, emphasizing to the patient not to drive, to continue his medication, and to see his family physician in follow-up. The patient leaves in a state of vague trepidation about his risk of subsequent seizure.



## The Way of the Future

The resident asks herself whether she knows the prognosis of a first seizure and realizes she does not. She proceeds to the library and, using the Grateful Med program,<sup>1</sup> conducts a computerized literature search. She enters the Medical Subject Headings terms *epilepsy*, *prognosis*, and *recurrence*, and the program retrieves 25 relevant articles. Surveying the titles, one<sup>2</sup> appears directly relevant. She reviews the paper, finds that it meets criteria she has previously learned for a valid investigation of prognosis,<sup>3</sup> and determines that the results are applicable to her patient. The search costs the resident \$2.68, and the entire process (including the trip to the library

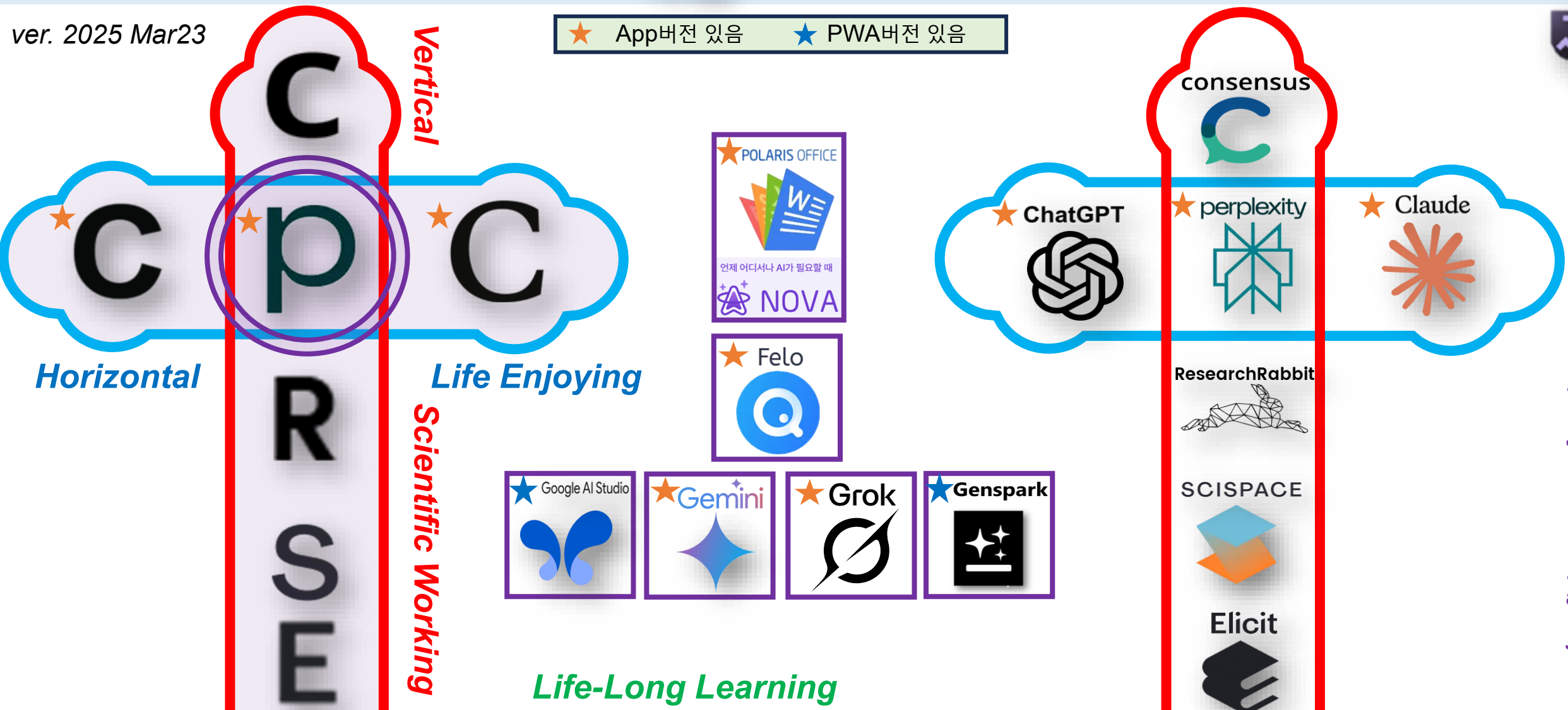
and the time to make a photocopy of the article) took half an hour.

The results of the relevant study show that the patient risk of recurrence at 1 year is between 43% and 51%, and at 3 years the risk is between 51% and 60%. After a seizure-free period of 18 months his risk of recurrence would likely be less than 20%. She conveys this information to the patient, along with a recommendation that he take his medication, see his family doctor regularly, and have a review of his need for medication if he remains seizure-free for 18 months. The patient leaves with a clear idea of his likely prognosis.

# Dr. Na's 7 AI tools Cross + α : horizontal CPC & vertical CPR SE

ver. 2025 Mar23

★ App버전 있음   ★ PWA버전 있음



Horizontal

Vertical

Life Enjoying

Scientific Working

Life-Long Learning

NotebookLM

NotebookLM

For Competent/Proficient Users of AI Literacy

# Dr. Na's 7 AI tools Cross + α : horizontal **CPC** & vertical **CPR SE**

ver. 2025 Mar 23

General Use of AI  
for enjoying Life

★ App버전 있음    ★ PWA버전 있음

Scientific Use of AI  
without AI hallucination  
with reference

Efficient Office Working

Self-directed learning  
for specific topic



**Chat GPT** ★

<https://openai.com/chatgpt>



**Perplexity** ★

<https://www.perplexity.ai>



**Claude** ★

<https://claude.ai>



Google AI Studio ★

<https://aistudio.google.com>



Google **Gemini** ★

<https://gemini.google.com>



**Grok** ★

<https://grok.com>



Genspark ★

<https://www.genspark.ai>



**Consensus**

<https://consensus.app>



**Perplexity** ★

<https://www.perplexity.ai>



**ResearchRabbit**

<https://www.researchrabbit.ai>



**SciSpace**

<https://scispace.com>



**Elicit**

<https://elicit.com>



Felo ★

<https://felo.ai>



Polaris Office ★ NOVA

<https://www.polarisoffice.com>



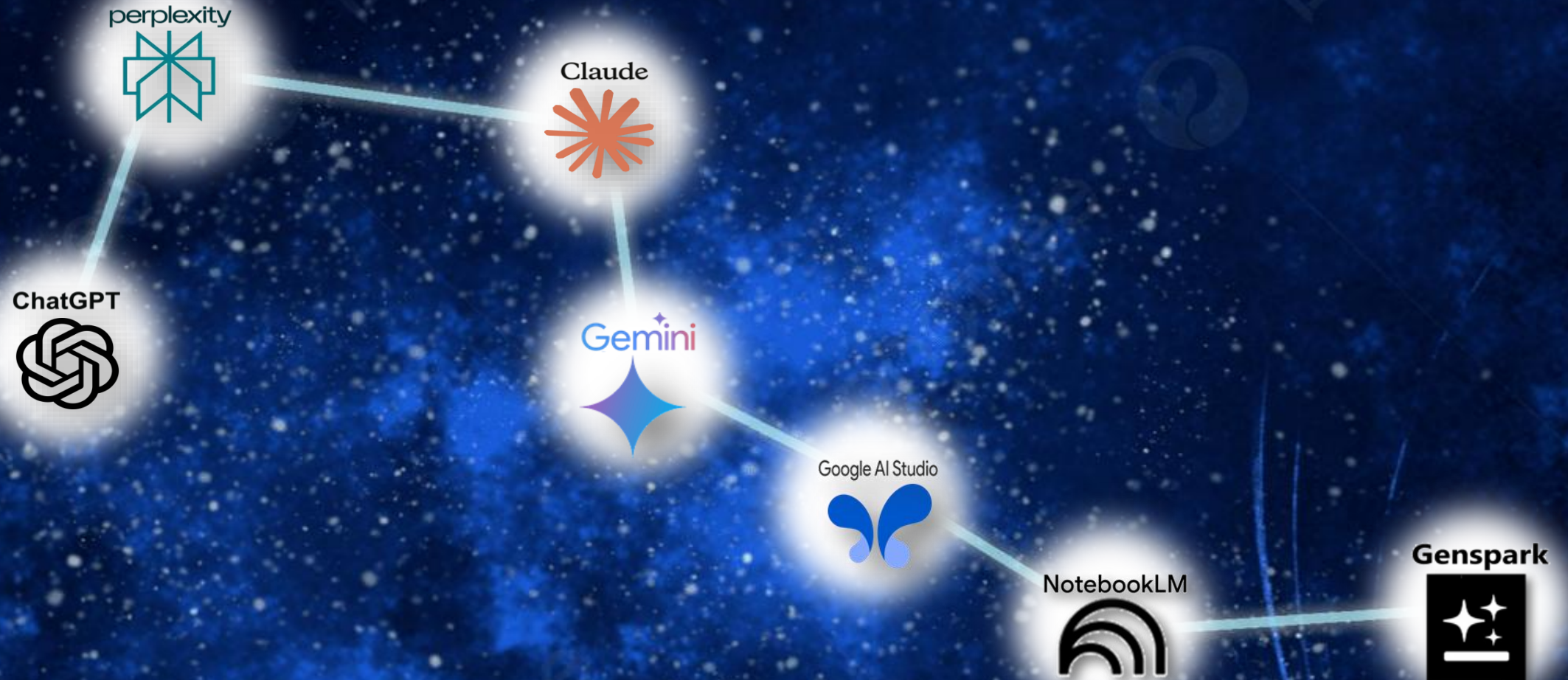
Google **NotebookLM** ★

<https://notebooklm.google>

# 7 Ursa Major AI Tools 2025



Sep 19<sup>th</sup> 2025 by SH Na



# 써보 셧나요? 2025년 자동으로 만들어 주는 PPT 제작 3대 AI Tools

MS PPT 프로그램에 추가 아이콘

<https://felo.ai/search>

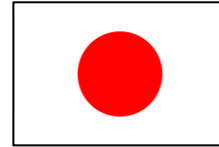
<https://gamma.app/>

2024 Jan



# Copilot

2024 Aug



# Felo

AI Search Agent

2023 Apr



# Gamma

한국 고혈압 환자를 위한 운동 및 식  
이요법 교육

고혈압 관리에 도움을 주는 교육 세션

YOUR LOGO



한국의 고혈압 환자  
를 위한 최신 운동 및  
식이요법

Here is where your presentation begins

20XX-XX-XX



고혈압 환자를 위한 건강관리

본 발표는 한국 고혈압 환자를 위한 맞춤형 건강관리 전략을 소개합니다.

작성자: Sang-Hoon Na



# 내 노래를 만들어 보고, 영어발표를 해보자. 앞으로는 일상을 시와 함께

<https://suno.com/>



**SUNO**



Make a song with Suno.

Make a song

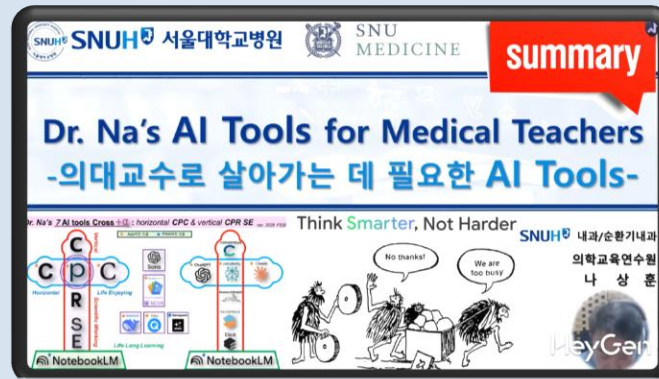


<https://app.heygen.com/>



**HeyGen**

The Ultimate AI Video Generation



<https://aistudio.google.com/live>



**Google AI Studio**

Gemini



Create video

Invite

Home

Projects

Templates

Assets

Avatars

AI Voice

Brand

Uploads

Integrations

Labs New

Pricing

2 / 3 videos left



# The Ultimate AI Video Generation

한국어 녹화원본

SNUH 내과/순환기내과  
의학교육연수원  
나 상 훈

영어 A I 더빙

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August 13, 2024



# sakana.ai

### The AI Scientist Generates its First Peer-Reviewed Scientific Publication

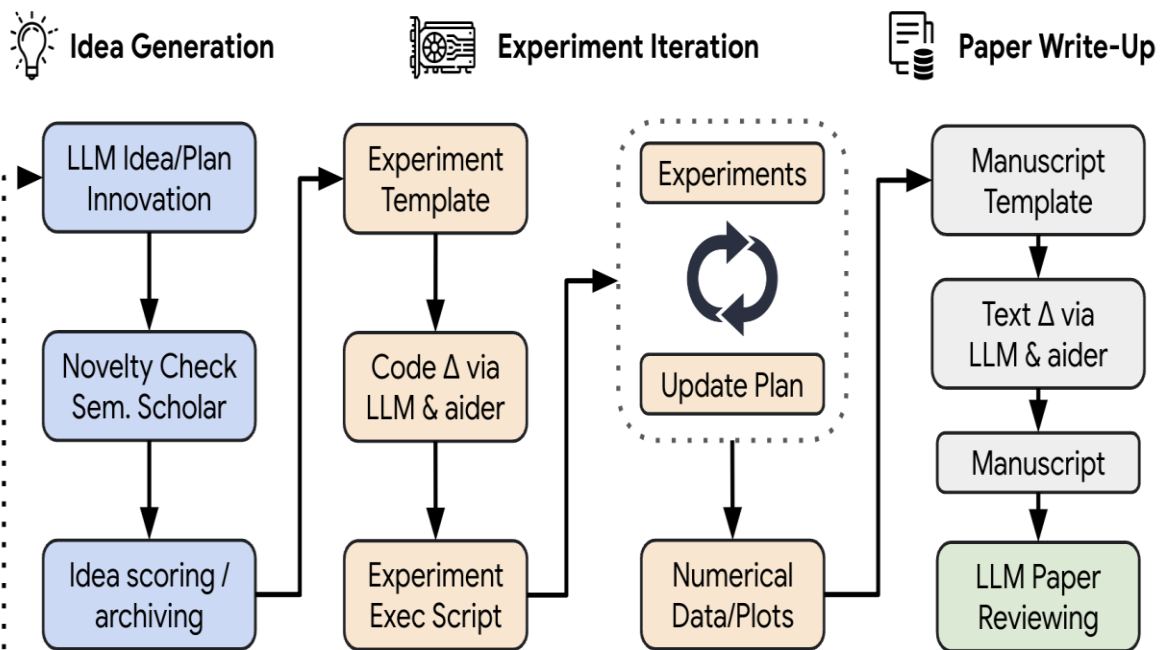
March 12, 2025



Under review as a workshop paper at ICLR 2025

## COMPOSITIONAL REGULARIZATION: UNEXPECTED OBSTACLES IN ENHANCING NEURAL NETWORK GENERALIZATION

Anonymous authors  
Paper under double-blind review



A paper produced by The AI Scientist-v2 passed the peer-review process at a workshop in a top international AI conference.

# FOUR RULES FOR CO-INTELLIGENCE

**듀얼 브레인**  
AI 시대의 실용적 생존 가이드

# DUAL BRAIN

이선몰릭 지음 신동숙 옮김

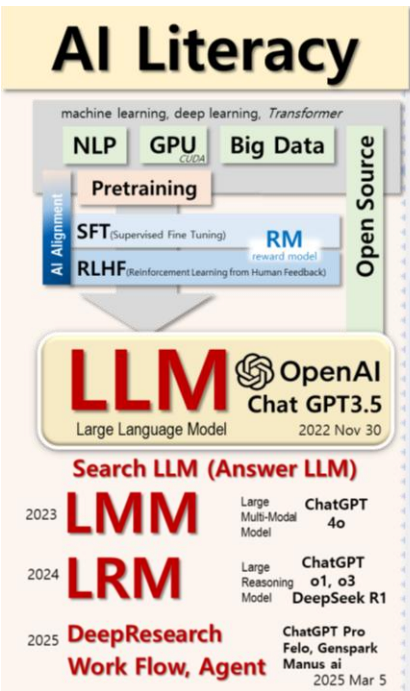
★★★★★  
〈뉴욕 타임스〉  
베스트셀러

〈이코노미스트〉  
선정 2024년  
올해의 책

아마존 선정  
2024년 과학 분야  
올해의 책

2025-03-19

- Principle 1: Always invite AI to the table. **작업할 때 항상 AI를 초대한다.**
- Principle 2: Be the human in the loop. **인간이 주요 과정에 계속 개입한다.**
- Principle 3: Treat AI like a person (but tell it what kind of person it is).  
**AI를 사람처럼 대하고, 어떤 유형의 사람인지 AI에게 알려 준다.**
- Principle 4: Assume this is the worst AI you will ever use.  
**지금의 AI를 앞으로 사용하게 될 최악의 AI라고 생각한다.**





REVIEW ARTICLE

MEDICAL EDUCATION

# Educational Strategies for Clinical Supervision of Artificial Intelligence Use

Raja-Elie E. Abdulnour, M.D.,<sup>1</sup> Brian Gin, M.D., Ph.D.,<sup>2</sup>  
and Christy K. Boscardin, Ph.D.<sup>3,4</sup>

# 3 types of “AI Definition” in AI literacy



## Technical

**AI systems are defined based on their underlying computational frameworks**

**Rule-based symbolic** systems that use predefined algorithms like decision trees and regression – sometimes referred to as “good old-fashioned AI”

**Deep learning** techniques that use neural networks to interpret and make predictions from complex data such as narratives and images

**Generative models** such as large language models (LLMs) and diffusion models capable of producing novel outputs (such as text and images)

**Mixed models** combine multiple techniques and agents.

## Capability-based

**AI systems are defined by their ability to perform tasks typically requiring human intelligence**

**Knowledge retrieval:** search engines, literature databases, retrieval-augmentation generation (RAG)

**Classifiers and predictors:** clinical decision support (CDS) tools, longitudinal assessment prediction, admissions models

**Summarizer:** ambient scribes, learner performance dashboards, letters of recommendation, narrative grades

**Virtual agent\*:** virtual patients, AI providers, AI tutor

**Machine vision and spatial reasoning:** surgical simulators, visual diagnosis support

## Relational

**AI systems are defined by their impact on human reasoning and practice**

**Turing test:** AI is “achieved” when it is impossible to judge whether an interaction was between two humans or a human and a computational system

**AI interaction:** a moment when a human receives a judgment from a computational system that impacts their reasoning and cannot be traced, prompting a leap of faith to trust this system

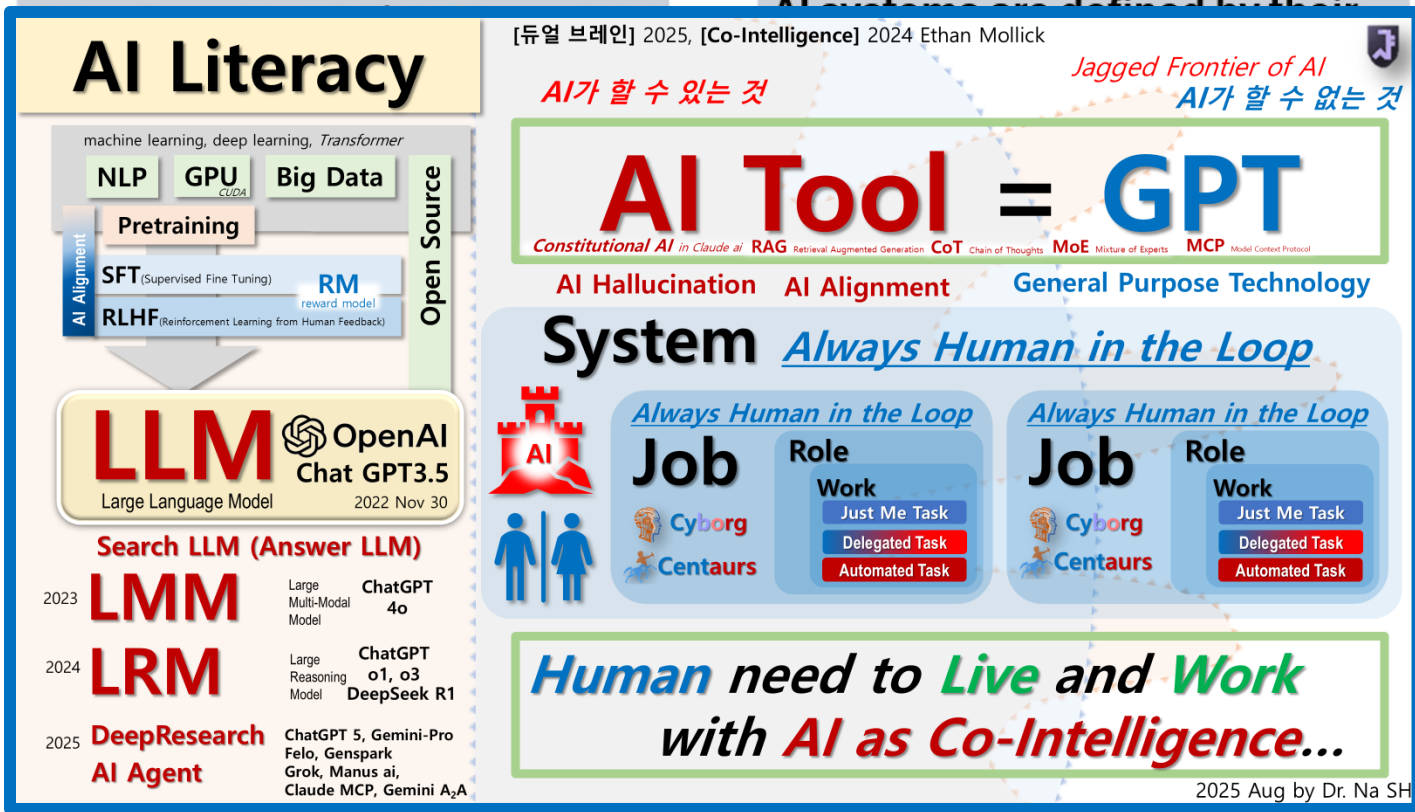
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## Capability-based

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techniques and agents.

surgical simulators, visual diagnosis support

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The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

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### Relational

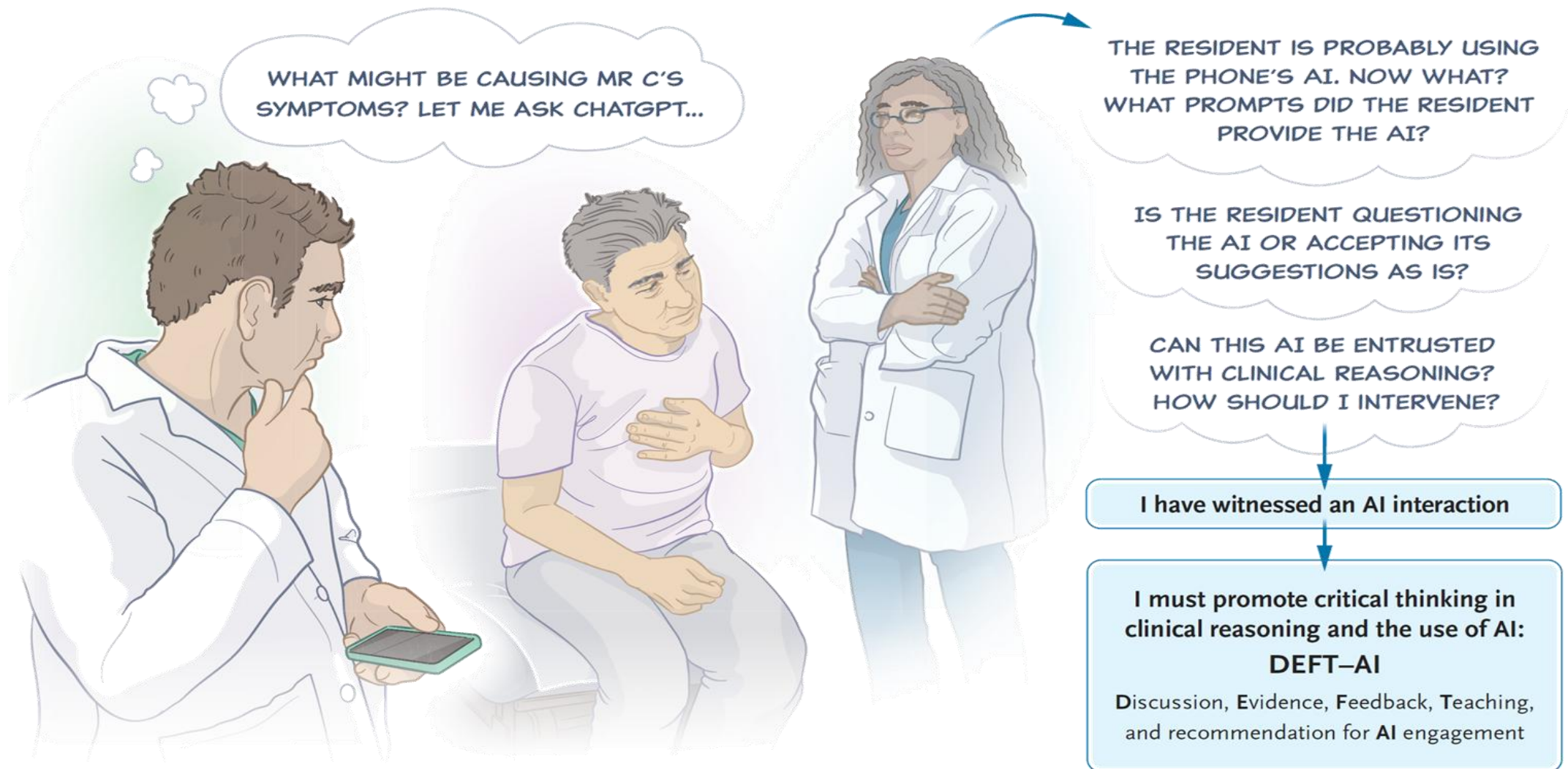
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**AI interaction:** a moment when a human receives a judgment from a computational system that impacts their reasoning and cannot be traced, prompting a leap of faith to trust this system

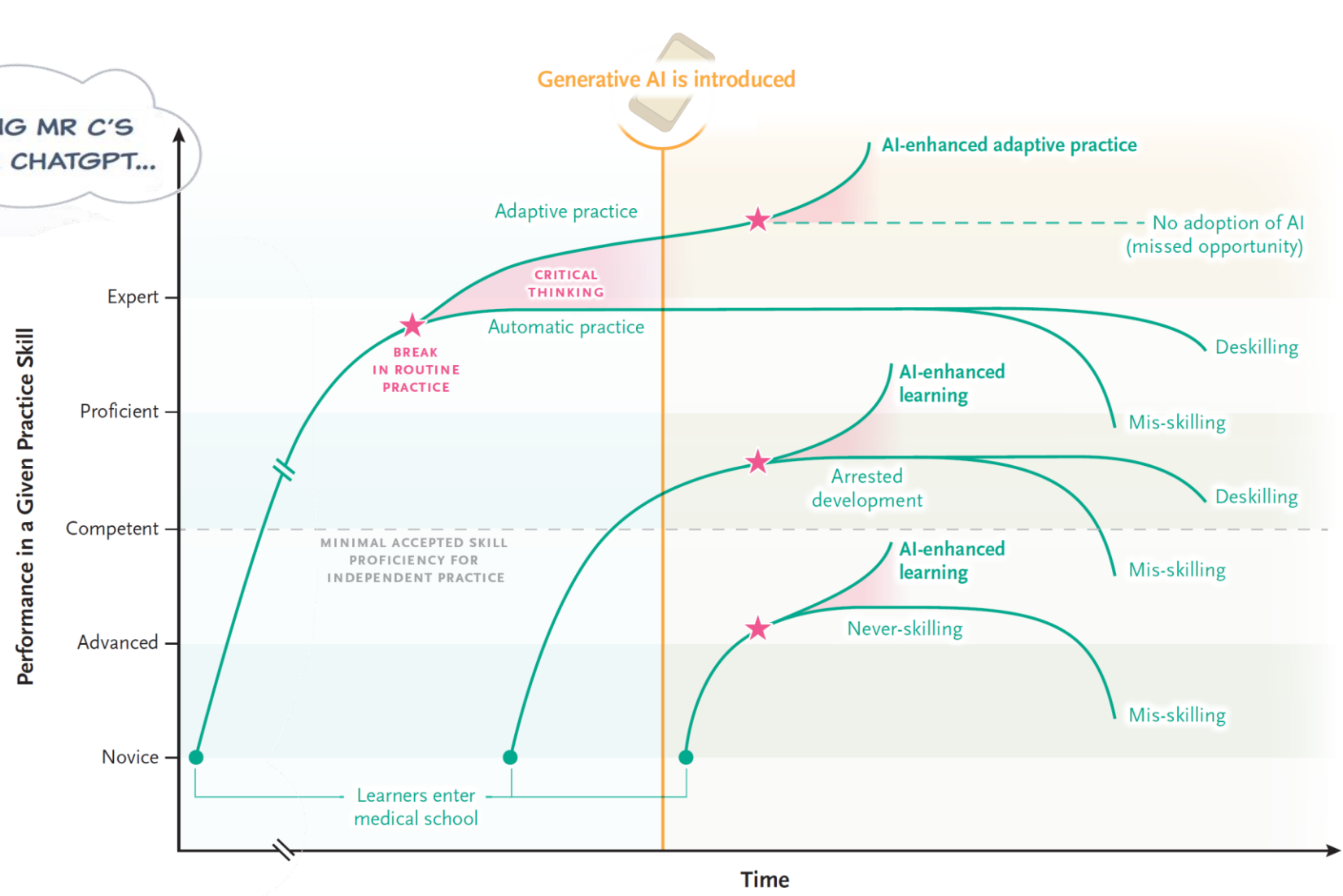
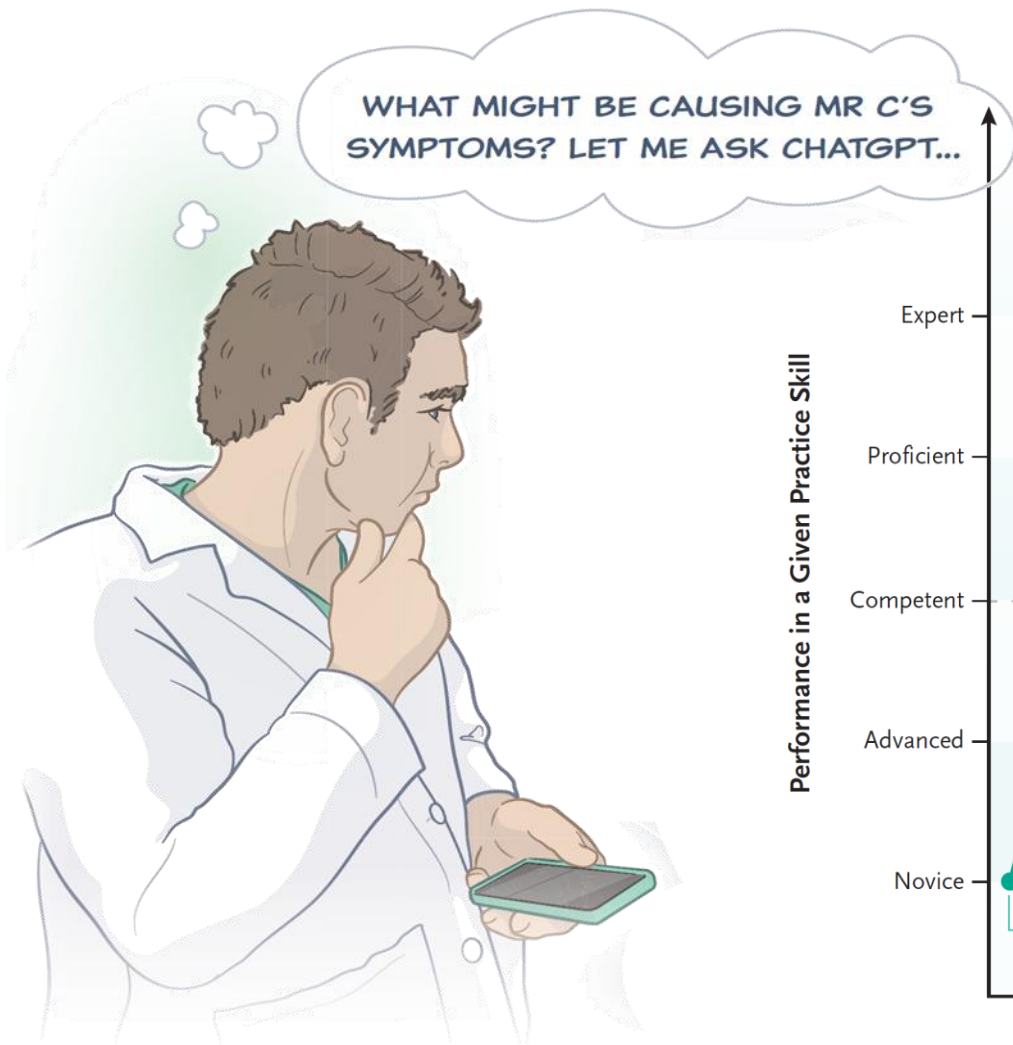


# Educational Strategies for Clinical Supervision of AI Use



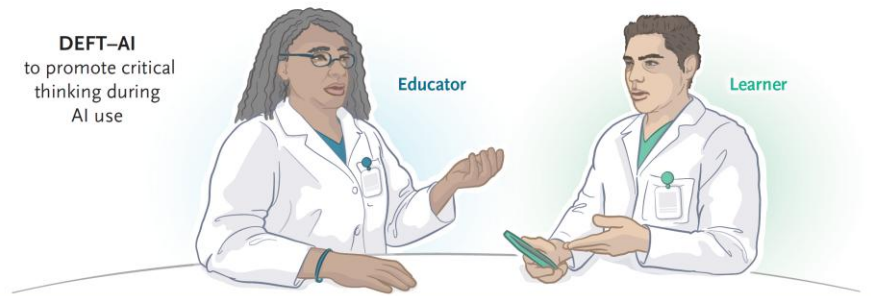


# Educational Strategies for Clinical Supervision of AI Use





**DEFT-AI**  
to promote critical thinking during AI use



**Diagnosis, Discussion, and Discourse** The educator asks for a description of the learner's specific use of AI.

- What specific AI did you use? I used the free version of ChatGPT on my phone.
- How did you use AI in this process? I just typed in, "What is the differential diagnosis for wheezing?"
- What prompts did you enter in the app? I asked it for the best diagnostic test and treatment strategy.

**Evidence** The educator asks for an evaluation of the learner's evidence-based use of AI

- How did you verify the AI-generated outputs? Hmm. I didn't. The answers seemed reasonable to me.
- Is the AI that you used shown to be accurate and safe? Yes. I keep seeing social media posts about how great it is at making diagnoses.

**Feedback** The educator asks the learner to reflect on growth opportunities in the use of AI.

- How do you evaluate your own use of AI in this case? I think I've become quite familiar at using ChatGPT. I use it all the time now.
- How can you improve your use of AI? I can't wait for an AI that can interpret ECGs and chest radiographs. I should verify the AI outputs next time.

**Teaching** The educator provides focused teaching points based on findings from the conversation and recommends whether, when, and how to use AI safely moving forward.

Use AI tools that are known to be effective. Look for peer-reviewed evidence of their accuracy and safety. Our institution may have adapted and validated a similar model on the basis of high-quality data.

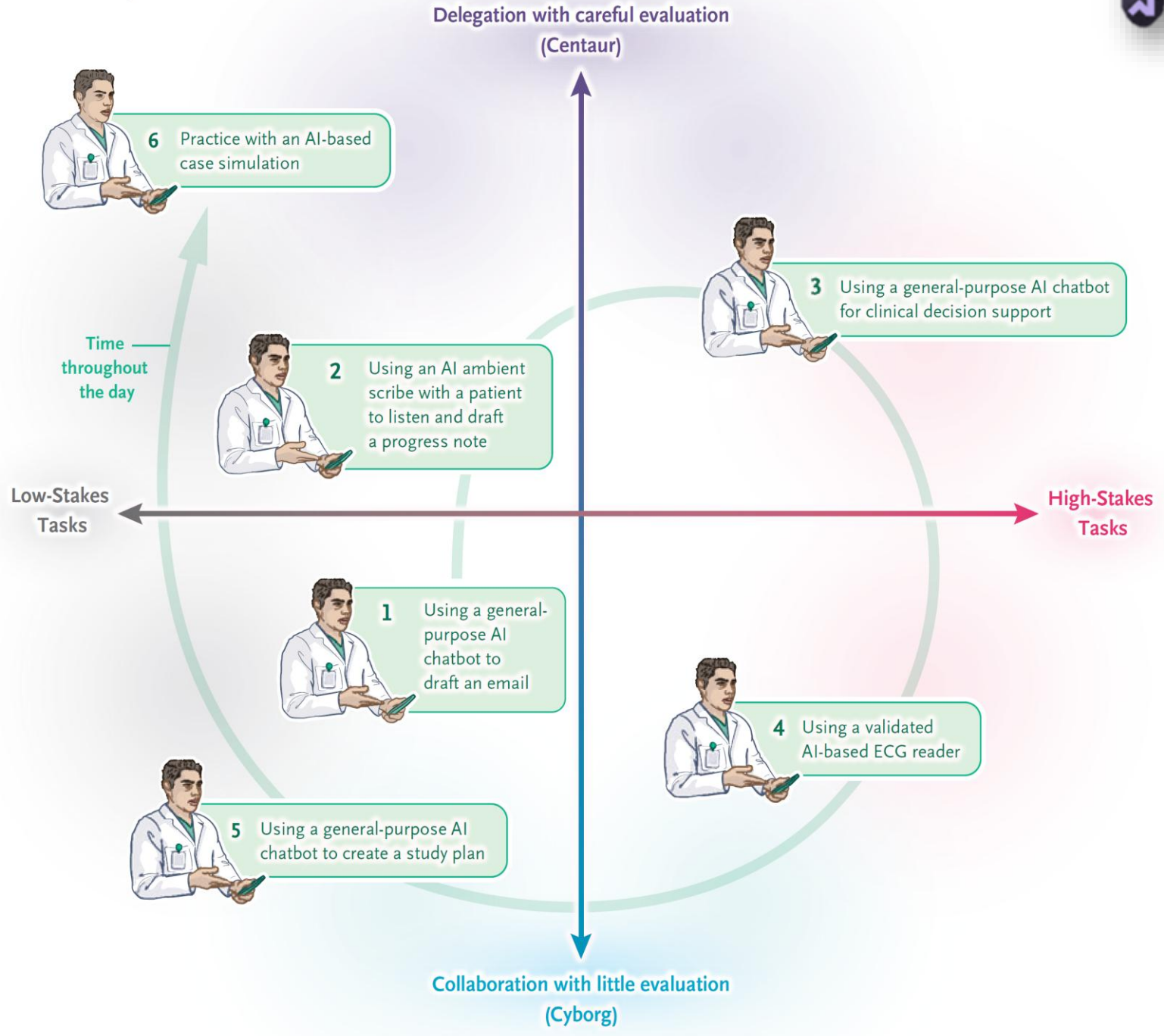
Prompting a chatbot is critical to generate valuable and accurate outputs. **Think of it as talking with a consultant:** provide enough specific information about the **Who** (the intended role of the AI and your role), the **Where** (description of the context), and the **What** (your goal and specific task or question). Always ask the AI to **explain its reasoning**, which improves its answers and lets you assess how it is thinking and how much to trust it. **One prompt is not enough:** have a conversation and give it feedback. Just like I did with you, you can also **ask it to engage in self-reflection and look for errors.**

AI is always prone to error and bias: always **verify and trust.** Make sure to check its answers against your knowledge, trusted sources of medical information, like publications from the NEJM Group, and your trusted peers, like me.

**Recommendation for AI engagement** The educator provides learner-specific recommendations for the safe use of AI.

Keep practicing using AI to inform your reasoning rather than replace it. AI outputs are your preliminary inputs, just like a preliminary radiology report or automated ECG interpretation: verify, **then** trust. **Know when you can rely on it (cyborg) and when you need to confirm the outputs (centaur).**

## Task-based Adaptive Use of AI





# Table S2: DEFT-AI

DEFT-AI Action	Area of focus	Educator Prompts	Learner Examples	Educator Insights
<b>Diagnosis, Discussion, and Discourse</b>	<b>Clinical reasoning</b>	<i>Can you describe your problem representation for this case? What is your differential diagnosis? What was your lead diagnosis? What are your next steps?</i>	<i>The problem representation is subacute dyspnea on exertion, cough, and lower extremity edema in an elderly woman. My differential diagnosis includes IPF, heart failure, and asthma. My lead diagnosis is heart failure. I want to order a chest X-ray and start diuretics.</i>	<i>The learner developed an effective problem representation, but there was no mention of weight change, and it was missing context, such as past medical history. The differential diagnosis is sound, but is missing life-threatening illnesses such as lung cancer.</i>
	<b>Use of AI</b>	<i>What specific AI did you use? How did you use AI in this process? What prompts did you use to interact with AI?</i>	<i>I used the free version of ChatGPT on my phone. I used AI to refine my differential diagnosis by entering my problem representation and prompting it to "give me five possible diseases and best diagnostic test and treatments."</i>	<i>They did not use an AI device that is approved for clinical use, potentially including personal health information in an unprotected manner. Their prompt strategy did not include a context or asking the AI to explain its reasoning. The learner did not independently check the AI recommendations.</i>
<b>Evidence</b>	<b>Clinical reasoning</b>	<i>How did you generate your differential diagnosis? What supports your lead diagnosis? Did you consider contradictory evidence? What evidence supports your management plan?</i>	<i>The problem representation reminded me of heart failure and asthma. The AI suggested IPF, and recommended diuretics.</i>	<i>Learner appears to favor system 1 reasoning (e.g., pattern recognition) rather than system 2 thinking (e.g., hypothetico-deductive reasoning, inductive reasoning, Bayesian reasoning). They did not demonstrate an evidence-based medicine approach to management.</i>
	<b>Use of AI</b>	<i>How did you assess the AI-generated recommendations? Is the AI that you used shown to be effective and safe?</i>	<i>I used clinical guidelines that the AI included in its answer. I did not check its responses or its references against a medical database. I am not sure if the AI is accurate, but I am reassured by its use of references.</i>	<i>They overly rely on AI-generated outputs and did not adequately assess the AI tool before using it, and they are unaware that LLMs confabulate references. Their AI literacy is still developing.</i>



Table S2: DEFT-AI

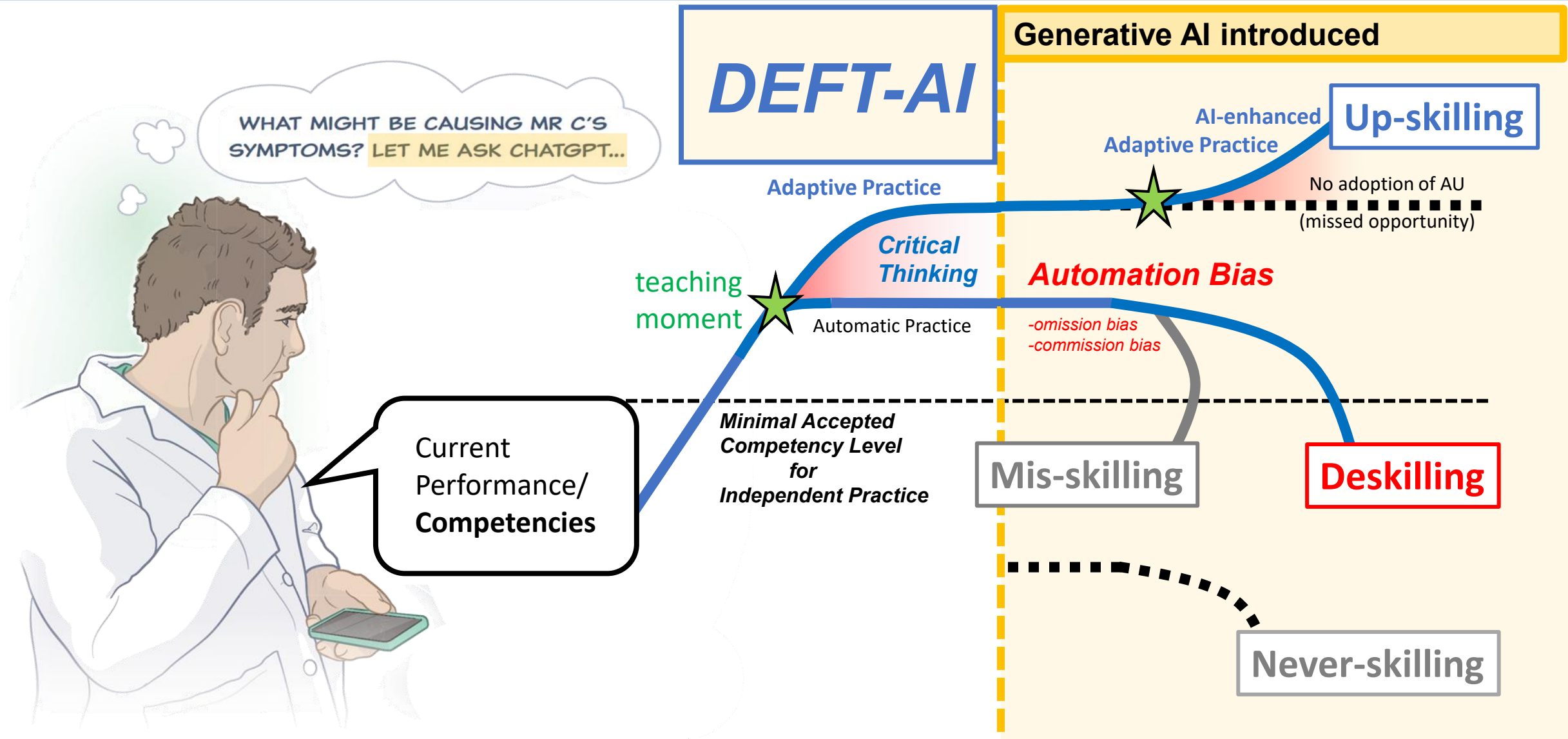
DEFT-AI Action	Area of focus	Educator Prompts	Learner Examples	Educator Insights
Feedback	Clinical reasoning	<i>What uncertainties did you encounter in your reasoning process? Were there any knowledge gaps?</i>	<i>I felt confident in my differential diagnosis. I could have spent a bit more effort and time: I didn't take a diagnostic pause.</i>	<i>Learner has an opportunity to further develop their critical thinking approach.</i>
	Use of AI	<i>How do you evaluate your own use of AI in this case? What areas do you feel need improvement?</i>	<i>I think I've become quite familiar at using ChatGPT. I use it all the time now. I may have over-relied on AI. I didn't consider an alternative differential since AI's suggestion seemed reasonable. I found the use of references by the AI useful.</i>  <i>I can't wait for an AI that can interpret ECGs and chest radiographs. I tried it with ChatGPT but it didn't work.</i>	<i>The learner's overreliance on AI has resulted in the AI replacing rather than informing their clinical reasoning: AI <b>as</b> reasoning rather than AI <b>for</b> reasoning. As a result, they do not seem to be thinking critically about their AI interaction.</i>

# Table S2: DEFT-AI



DEFT-AI Action	Area of focus	Educator Prompts	Learner Examples	Educator Insights
<b>Teaching</b>	<b>Clinical reasoning</b>	Suggest a more robust data-gathering approach and consider pertinent negatives. The DDX should contain common life-threatening illnesses such as cancer. Reinforce the principles of the diagnostics reasoning process, including dual process theory and the importance of system 2 thinking. Teach evidence based-medicine approaches to clinical-decision making.		
	<b>Use of AI</b>	<p>Use AI tools that are known to be effective. Look for peer-reviewed evidence of their accuracy and safety. Our institution may have adapted AI model using high-quality data and with rigorous testing.</p> <p>Discuss the need to approach most AI tools critically, including all LLM tools. Learners need to recognize an AI interaction and the necessity of an EBM-based approach (Sackett's 5-step model) to determine if the AI and its outputs are trustworthy. In the absence of good evidence for new AI tools (for example, evidence for the use of LLM-based CDS in the workplace is very limited), learners can develop prompt engineering skills to rapidly assess an AI.</p> <p>Prompting a chatbot is critical to generating valuable and accurate outputs. Think of it as talking with a consultant: provide enough specific information about the Who (the AI's intended role and yours), the Where (description of the context), and the What (your goal and specific task or question). Always ask the AI to "explain its reasoning," which improves its answers and lets you assess how it is thinking, and how much to trust it. One prompt is not enough: have a conversation and give it feedback. Just as we did, you can also ask it to self-reflect and identify errors.</p> <p>AI is always prone to error and bias: always "verify and trust." Make sure to check its answers against your knowledge, trusted sources of medical information like NEJM, and your trusted peers like me.</p>		
<b>AI engagement recommendation</b>	Keep practicing using AI to inform their reasoning rather than replace it. Remind learners that AI outputs are their preliminary inputs, just like a preliminary radiology report or automated ECG-interpretation: verify then trust. Refer to AI-literacy course. Encourage use of AI only with direct supervision. Know when you can rely on it (cyborg) and when you need to confirm the outputs (centaur).			

# How Can We Use AI in Medical Education?



# Always Human in the Loop

# Think **Smarter**, Not Harder

## Job

Work / Role

Just Me Task

Delegated Task

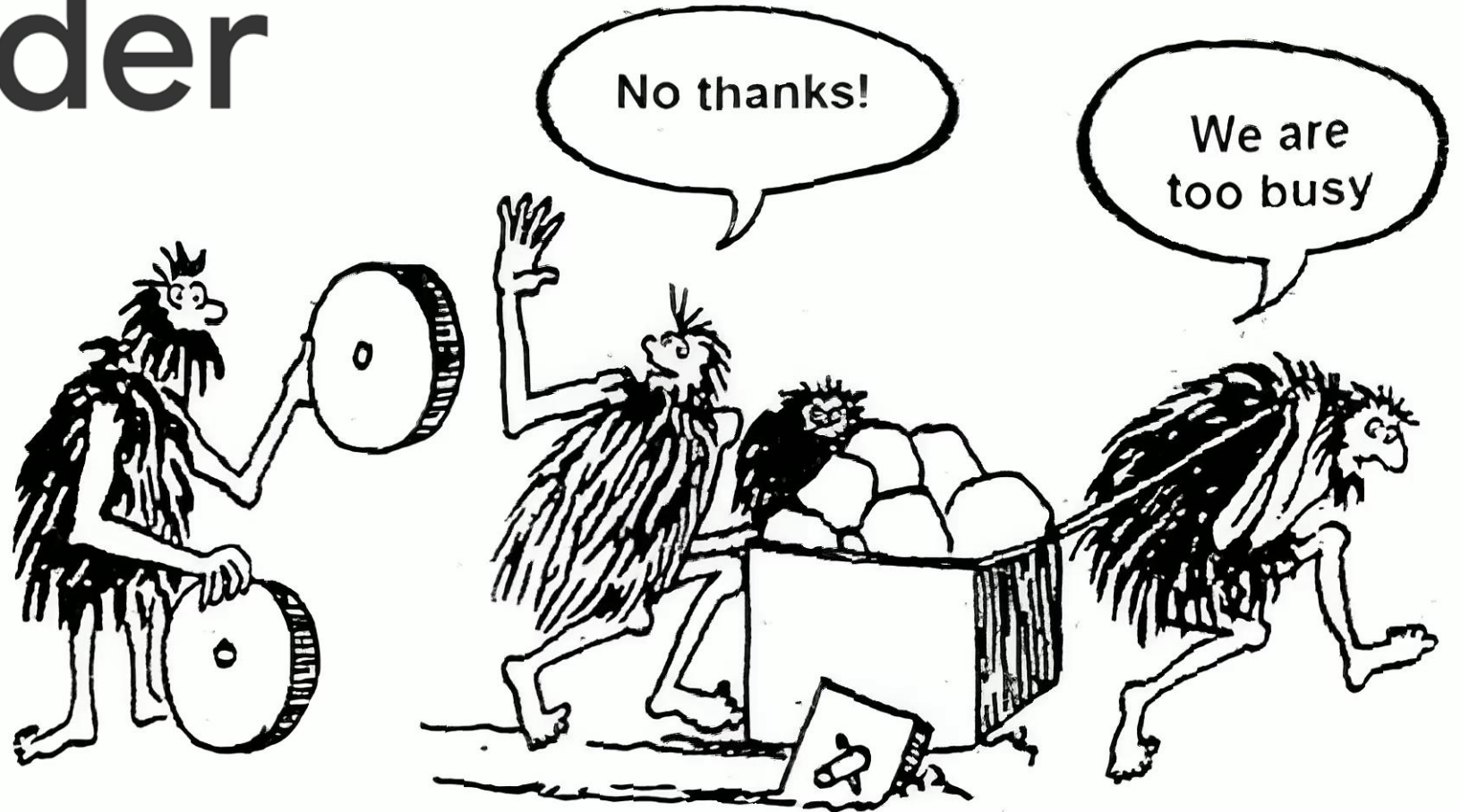
Automated Task



**Centaur**s



**Cyborg**



# 꼭 읽어보시기 추천하고 싶은 책들...

## 듀얼 브레인

AI 시대의 실용적 생존 가이드

# DUAL BRAIN

최신 업데이트를 반영한 2025년 3월판

5★

(뉴욕 타임스)  
베스트셀러

(워싱턴 포스트)  
2024년 2월 2024년  
올해의 책

4.5★

유비쿼터스  
2024년 과학 분야  
올해의 책

2025-03-19

- Principle 1: **Always invite AI to the table.** 작업할 때 항상 AI를 초대한다.
- Principle 2: **Be the human in the loop.** 인간이 주요 과정에 계속 개입한다.
- Principle 3: **Treat AI like a person (but tell it what kind of person it is).**  
AI를 사람처럼 대하고, 어떤 유형의 사람인지 AI에게 알려 준다.
- Principle 4: **Assume this is the worst AI you will ever use.**  
지금의 AI를 앞으로 사용하게 될 최악의 AI라고 생각한다.

### AI Literacy

[듀얼 브레인] 2025, [Co-Intelligence] 2024 Ethan Mollick Jagged Frontier of AI

NLP GPU Big Data

Pretraining SFT (Supervised Fine Tuning) RLHF (Reinforcement Learning from Human Feedback) RM (Reward Model)

Open Source

## AI Tool = GPT

AI Hallucination AI Alignment General Purpose Technology

System **Always Human in the Loop**

**Job**

Always Human in the Loop

Cyborg Centaurs

Just Me Task Delegated Task Automated Task

**Job**

Always Human in the Loop

Cyborg Centaurs

Just Me Task Delegated Task Automated Task

**Human need to Live and Work with AI as Co-Intelligence...**

2025 Mar by Dr. Na SH

### CO-INTELLIGENCE

Living and Working with AI

ETHAN MOLLICK

2024-04

### 비전공자도 이해할 수 있는 AI 지식

박상길 지음 | 정진호 그림

현직 전문가가 들려주는 'AI'의 실용과 미래. 'AI'는 당신을 대체하지 않는다. 'AI'를 이해하는 사람이 당신을 대체할 뿐이다.

5.0★ 10만 독자가 선택한 AI 분야 최고의 베스트셀러 교양서!

2023-04

### 비전공자도 이해할 수 있는 챗GPT

박상길 지음 | 정진호 그림

성공할 사람만 아는 사람 안에, 성공을 위한 모든 것. 챗GPT를 일상과 업무에 활용하기 위한 모든 기초 지식.

10만 독자가 선택한 AI 분야 베스트셀러 후속작!

5.0★ 10만 독자가 선택한 AI 분야 최고의 베스트셀러 교양서!

2025-05

CHATBOT

ALGORITHM

SEARCH ENGINE

MACHINE TRANSLATION

## 비전공자도 이해할 수 있는 AI 지식

박상길 지음 | 정진호 그림

NAVIGATION

CHATGPT부터 유튜브 추천, 파파고 번역과 내비게이션까지 일상을 움직이는 인공지능 이해하기

ALPHAGO

SMART SPEAKER

**10만 독자가 선택한 AI 분야 최고의 베스트셀러 교양서!**

“이제까지 나온 인공지능 책 중 가장 친절하다!”

- 임정욱, 중소벤처기업부 창업벤처혁신실장

5.0★ 10만 독자가 선택한 AI 분야 최고의 베스트셀러 교양서!

비즈니스북스

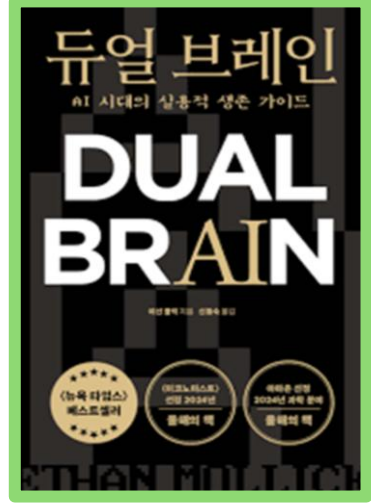
2024-10

# 2026년 읽어 보시기 추천하고 싶은 책들...

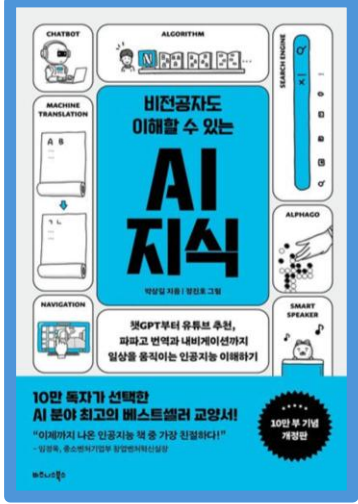
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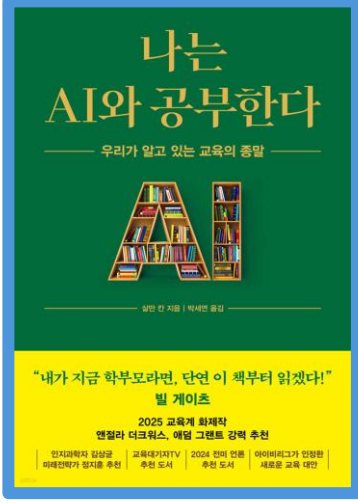
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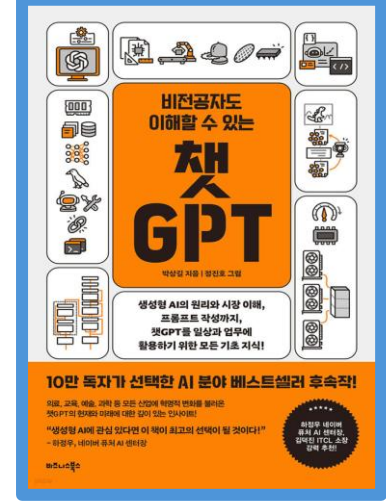
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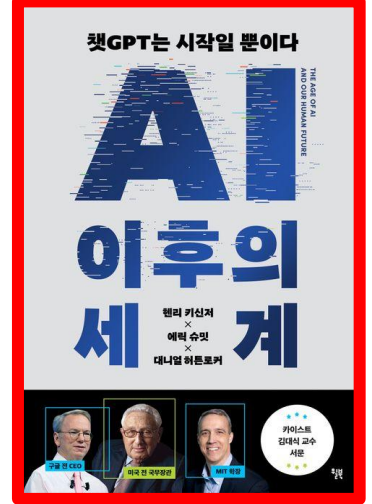
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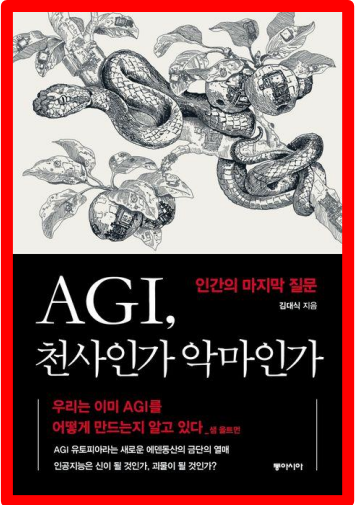
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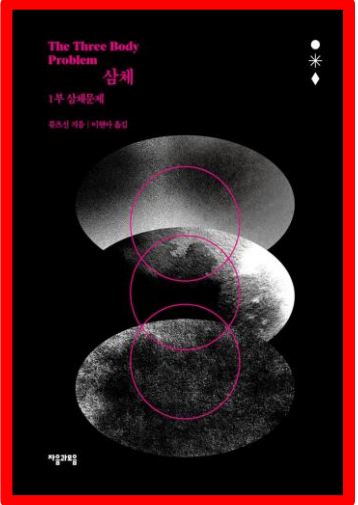
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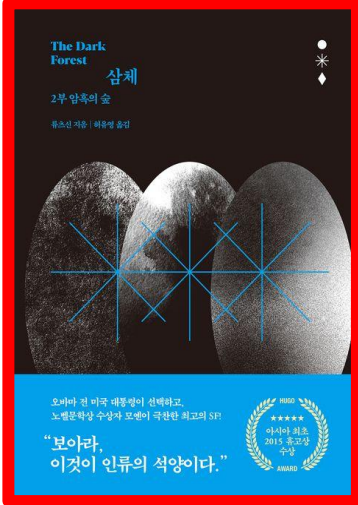
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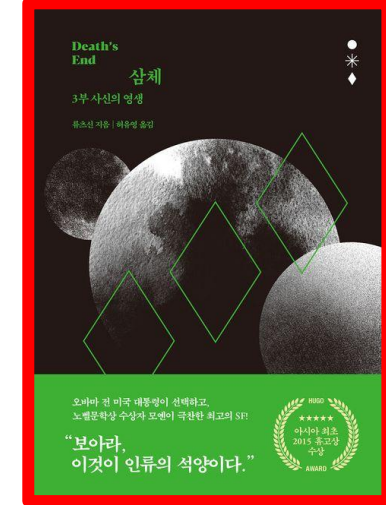
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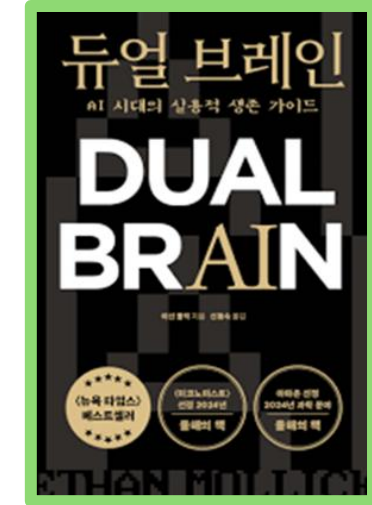
Oct



Nov



Dec





*Thank you for Your attention*