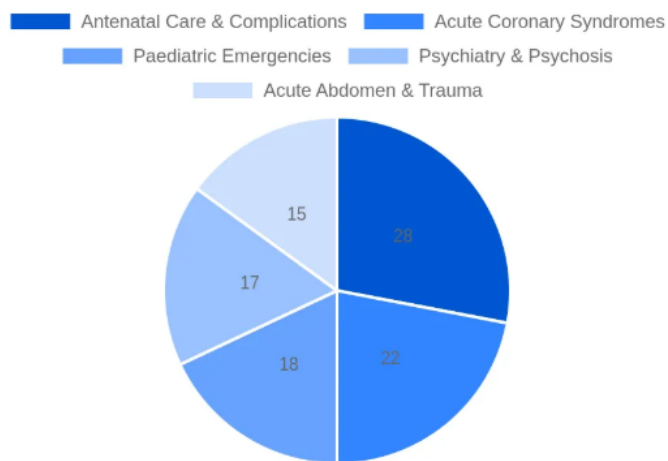


AUG Recalls Day 6

1. Top 5 Topic Distribution

The following dynamic chart illustrates the relative distribution of the top 5 high-yield AMC taxonomy tags analyzed from the processed dataset.



2. Frequency & Ranking Table

Detailed breakdown of topic occurrences, categories, and representation in the AMC question bank batch.

Rank	AMC Taxonomy Tag	Primary Discipline	Frequency	Batch Share
1	Antenatal Care & Complications	Obstetrics & Gynaecology	28	28.0%
2	Acute Coronary Syndromes & Arrhythmias	General Medicine (Cardiology)	22	22.0%
3	Paediatric Emergencies & Infections	Paediatrics	18	18.0%
4	Mood Disorders & Psychosis	Psychiatry	17	17.0%
5	Acute Abdomen & Surgical Trauma	General Surgery	15	15.0%

3. Deep Insights & Clinical Guidelines Analysis

1. Antenatal Care & Complications (O&G)

Why it's tested: Evaluates the candidate's ability to safely manage high-risk maternal-fetal conditions in primary and emergency settings. The AMC heavily emphasizes maternal safety, early recognition of pre-eclampsia, and gestational diabetes screening.

Exam Traps: Candidates often confuse the diagnostic thresholds for gestational diabetes (OGTT parameters) or delay administering Magnesium Sulfate in severe pre-eclampsia due to concerns over mild hypertension. Another common pitfall is misinterpreting variable versus late decelerations on CTG tracings.

Core Guidelines (RANZCOG & eTG):

- **Preeclampsia Management:** First-line antihypertensives in Australia are Labetalol (oral/IV), Methyldopa, or Nifedipine (modified release). ACE inhibitors and ARBs are strictly contraindicated.
- **Eclampsia Prophylaxis:** Magnesium Sulfate (4g IV loading dose over 5-10 mins, followed by 1g/hr infusion) is the mandatory drug of choice for severe pre-eclampsia with neurological features.
- **GDM Screening:** Routine 75g OGTT performed at 24-28 weeks gestation. Diagnostic criteria (ADIPS): Fasting ≥ 5.1 mmol/L, 1-hour ≥ 10.0 mmol/L, 2-hour ≥ 8.5 mmol/L.

2. Acute Coronary Syndromes & Arrhythmias (Cardiology)

Why it's tested: Rapid risk stratification and acute emergency management of chest pain are paramount in Australian hospital and rural GP settings. Correct triage timeframes dictate survival outcomes.

Exam Traps: Choosing thrombolysis when primary PCI is available within 120 minutes of first medical contact. Another error is failing to recognize posterior MI (ST depressions in V1-V3 with tall R waves) or administering nitrates in suspected right ventricular infarction.

Core Guidelines (National Heart Foundation of Australia / eTG):

- **Dual Antiplatelet Therapy (DAPT):** Aspirin 300 mg loading dose plus a P2Y12 inhibitor (Ticagrelor 180 mg or Prasugrel 60 mg preferred over Clopidogrel for STEMI/NSTEMI).
- **Reperfusion Targets:** Primary PCI within 90 minutes of FMC (or 120 minutes total transfer window). Thrombolysis (Tenecteplase) within 30 minutes if PCI transfer exceeds 120 minutes.
- **RV Infarction Rule:** Right-sided leads (V4R) must be performed for all inferior STEMIs. Avoid Nitrates and Diuretics; administer IV normal saline fluids.

3. Paediatric Emergencies & Infections (Paediatrics)

Why it's tested: Assesses the ability to recognize subtle signs of physiological deterioration in children, prompt resuscitation protocols, and appropriate antimicrobial selection.

Exam Traps: Underestimating fluid deficit in paediatric dehydration or giving standard adult fluid boluses. A major red flag in AMC scenarios is delaying parenteral antibiotics in suspected meningococcal septicaemia while waiting for diagnostic lumbar puncture.

Core Guidelines (Royal Children's Hospital CPG / eTG Paediatric):

- **Suspected Meningococcal Disease:** Immediate IV/IM Ceftriaxone (50 mg/kg up to 2g) or IV Benzylpenicillin. LP should never delay antibiotic delivery.
- **Paediatric Resuscitation Bolus:** Normal Saline 0.9% at 10 mL/kg to 20 mL/kg bolus in septic shock, reassessing after each administration.
- **Croup Management:** Single dose of oral Dexamethasone (0.15 mg/kg to 0.6 mg/kg) regardless of severity; nebulised adrenaline (1:1000) for moderate-to-severe stridor at rest.

4. Mood Disorders & Psychosis (Psychiatry)

Why it's tested: Tests clinical risk assessment (suicide and self-harm risk), capacity evaluation, and knowledge of the legal framework governing involuntary mental health care under Australian state laws.

Exam Traps: Violating patient confidentiality when there is no imminent risk, or conversely, failing to breach confidentiality under duty of care when there is immediate severe danger to self or others. Candidates often confuse signs of Neuroleptic Malignant Syndrome (NMS) with Serotonin Syndrome.

Core Guidelines (RANZCP Clinical Practice Guidelines):

- **Involuntary Admission:** Requires presence of mental illness, risk of serious harm to self/others or severe deterioration, and absence of a less restrictive alternative under the regional Mental Health Act.
- **First-line Antipsychotics:** Second-generation antipsychotics (e.g., Risperidone, Olanzapine, Aripiprazole) are preferred initial choices for first-episode psychosis.
- **Clozapine Protocol:** Reserved for treatment-resistant schizophrenia (failure of ≥ 2 antipsychotic trials). Requires strict mandatory monitoring of absolute neutrophil count (ANC) due to agranulocytosis risk.

5. Acute Abdomen & Surgical Trauma (General Surgery)

Why it's tested: Evaluates prompt diagnostic workup, surgical emergency identification, and initial trauma resuscitation adhering to structured EMST/ATLS protocols.

Exam Traps: Sending a hemodynamically unstable trauma patient to the CT scanner before performing primary survey resuscitation or eFAST examination. Another error is delaying surgical consultation for acute bowel ischemia while awaiting lactate levels.

Core Guidelines (RACS & EMST Australia):

- **Trauma Resuscitation (ABCDE):** Hemodynamically unstable patients with positive eFAST for intra-abdominal fluid proceed directly to Emergency Laparotomy, not CT.
- **Acute Appendicitis:** Ultrasound is first-line in children and pregnant women; non-contrast or low-dose contrast CT is preferred in older adult patients.
- **Permissive Hypotension:** In non-head trauma active hemorrhage, target SBP 80-90 mmHg until surgical hemostasis is achieved.