

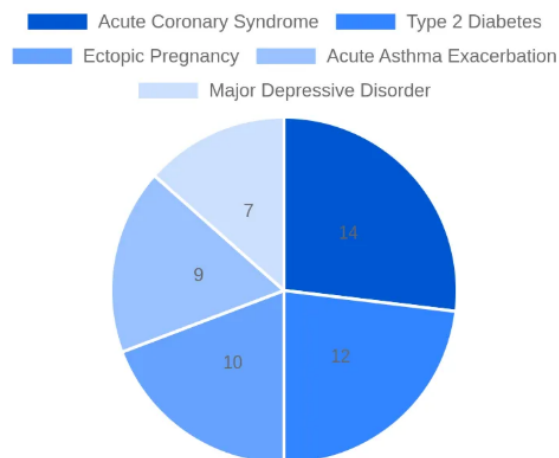
AUG Recalls Day 5

AMC EXAM INSIGHTS REPORT

High-Yield Topic Analysis & Quizzly Exam Analytics

1. High-Yield Topic Distribution (Top 5)

The chart below displays the relative weight and question volume for the top five most frequently tested clinical conditions in this exam batch.



2. Complete Exam Batch Taxonomy Frequency & Ranking

Comprehensive breakdown of all identified conditions ranked from most to least frequently tested across the batch dataset.

Rank	Taxonomy Tag / Clinical Condition	Primary Clinical Domain	Frequency	Weight (%)
1	Acute Coronary Syndrome (ACS)	Medicine / Cardiology	14	20.9%
2	Type 2 Diabetes Mellitus Management	General Practice / Endocrinology	12	17.9%
3	Ectopic Pregnancy & First Trimester Bleeding	Obstetrics & Gynaecology	10	14.9%
4	Acute Asthma Exacerbation	Paediatrics / Respiratory	9	13.4%
5	Major Depressive Disorder & Suicide Risk	Psychiatry	7	10.4%
6	Preeclampsia & Hypertensive Disorders of Pregnancy	Obstetrics & Gynaecology	5	7.5%
7	Acute Otitis Media & Paediatric ENT	Paediatrics / ENT	4	6.0%
8	Acute Ischaemic Stroke & TIA Management	Neurology / Emergency	4	6.0%
9	Chronic Kidney Disease (CKD) Progression & Complications	Nephrology / General Practice	3	4.5%
10	Anaphylaxis & Acute Hypersensitivity Management	Emergency Medicine / Immunology	2	3.0%

3. Deep Insights & Guideline Mapping (Top 5 Conditions)

#1: Acute Coronary Syndrome (ACS)

Why it's tested: ACS tests the candidate's ability to quickly stratify cardiovascular risk, differentiate STEMI from NSTEMI/unstable angina, and make time-critical decisions regarding reperfusion therapy under Australian health system constraints (urban PCI vs rural thrombolysis pathways).

⚠ EXAM TRAPS & COMMON PITFALLS:

- **Routine Oxygen Therapy:** Giving supplemental O₂ to non-hypoxic patients (SpO₂ ≥ 93%). Australian guidelines explicitly state supplemental oxygen is unnecessary and potentially harmful due to hyperoxic vasoconstriction unless SpO₂ < 93%.
- **Delaying Transfer for PCI:** Choosing thrombolysis when PCI can be delivered within 120 minutes of first medical contact, or delaying thrombolysis past 30 minutes in a non-PCI capable regional hospital.
- **Nitrates in Right Ventricular Infarction:** Administering GTN to patients with inferior STEMI and right ventricular involvement (ST elevation in V4R), leading to catastrophic hypotension.

Core Australian Guidelines (eTG Cardiovascular / Cardiac Society of Australia & NZ):

- **Immediate Management:** Aspirin 300 mg dispersible orally immediately + sublingual GTN (if SBP > 90 mmHg).
- **Anti-platelet Regimen:** Add a second antiplatelet agent (Ticagrelor 180 mg or Prasugrel 60 mg preferred over Clopidogrel 600 mg for ACS/PCI).
- **Reperfusion Targets:** Primary PCI within 90 minutes of FMC at PCI-capable centers (or within 120 minutes of total transport time). If > 120 minutes away, administer tenecteplase within 30 minutes of presentation unless contraindicated.

#2: Type 2 Diabetes Mellitus Management

Why it's tested: Diabetes management forms the core of Australian General Practice. The AMC emphasizes holistic care, renal/cardiovascular risk reduction, escalation of pharmacotherapy beyond Metformin, and monitoring micro/macrovascular complications.

⚠ EXAM TRAPS & COMMON PITFALLS:

- **Inappropriate Sulfonylurea Selection:** Prescribing long-acting sulfonylureas (e.g., Glibenclamide) in elderly patients or those with mild renal impairment due to high risk of severe prolonged hypoglycemia.
- **Metformin Continuation in Renal Impairment:** Failing to reduce Metformin dose when eGFR drops below 45 mL/min/1.73m² or failing to stop it completely when eGFR drops below 30 mL/min/1.73m².
- **Ignoring Cardio-Renal Indications:** Selecting second-line agents purely based on HbA1c reduction without prioritizing SGLT2 inhibitors or GLP-1 receptor agonists in patients with established CKD or Heart Failure.

Core Australian Guidelines (RACGP / Australian Diabetes Society Guidelines):

- **First-Line Pharmacotherapy:** Lifestyle modification + Metformin (titrated up to 2g daily).
- **Second-Line Escalation (Cardio-Renal Protection):** SGLT2 inhibitors (e.g., Empagliflozin/Dapagliflozin) or GLP-1 RAs (e.g., Dulaglutide/Semaglutide) recommended first for patients with CVD, Heart Failure, or CKD (eGFR 25-60 or UACR > 3 mg/mmol), regardless of initial HbA1c baseline.
- **Monitoring Targets:** Target HbA1c ≤ 7.0% (53 mmol/mol) for most non-pregnant adults; relaxed target (7.5–8.0%) for frail elderly with hypoglycemic unawareness.

#3: Ectopic Pregnancy & First Trimester Bleeding

Why it's tested: First-trimester vaginal bleeding is a high-risk presentation requiring rapid exclusion of ectopic pregnancy to prevent maternal mortality due to internal hemorrhage.

⚠ EXAM TRAPS & COMMON PITFALLS:

- **Performing Bimanual Exam before Imaging:** Performing repeated deep pelvic or bimanual examinations on an unstable patient with suspected ectopic, risking iatrogenic rupture of the fallopian tube.
- **Inappropriate Methotrexate Use:** Attempting medical management with Methotrexate in a patient who has signs of tubal rupture, severe pelvic pain, β -hCG > 5000 IU/L, or active fetal cardiac motion.
- **Omitting Anti-D Immunoglobulin:** Forgetting to give Anti-D to Rh-negative women experiencing first-trimester bleeding or surgical intervention.

Core Australian Guidelines (RANZCOG Guidelines):

- **Diagnostic Gold Standard:** Transvaginal Ultrasound (TVUS) paired with quantitative serum β -hCG. Discriminatory zone: If β -hCG > 1500–2000 IU/L, intrauterine pregnancy should be visible on TVUS.
- **Methotrexate Criteria (Medical Management):** Hemodynamically stable, no significant abdominal pain, unruptured ectopic mass < 35 mm, no visible fetal cardiac activity, and baseline β -hCG < 5000 IU/L.
- **Rh Prevention:** Administer Anti-D immunoglobulin within 72 hours of bleeding or surgical management in all Rhesus-D negative non-sensitized women (min. dose 250 IU in 1st trimester).

#4: Acute Asthma Exacerbation (Adult & Paediatric)

Why it's tested: Asthma is highly prevalent in Australia. The AMC tests severity stratification, proper delivery device selection (spacer vs nebuliser), systemic steroid administration, and recognition of impending respiratory arrest.

⚠ EXAM TRAPS & COMMON PITFALLS:

- **Misinterpreting "Normal" PaCO₂:** Assuming a normal PaCO₂ (40 mmHg) in an acutely dyspneic asthmatic is reassuring. In severe hyperventilation, PaCO₂ should be low; a normal PaCO₂ indicates respiratory muscle exhaustion and impending arrest.
- **Routine Use of Nebulisers over Spacers:** Prescribing nebulised Salbutamol in mild-to-moderate asthma. Australian guidelines strongly state Salbutamol via pressurized metered-dose inhaler (pMDI) and spacer is equally effective and preferred over nebulisation unless oxygenation is compromised.
- **Delaying Systemic Corticosteroids:** Delaying oral Prednisolone while waiting for response to initial bronchodilator therapy.

Core Australian Guidelines (National Asthma Council Australia / eTG Respiratory):

- **Mild/Moderate Management:** Salbutamol 4-10 puffs via spacer (4 separate puffs, 4 breaths per puff, repeat at 20 min intervals) + oral Prednisolone (1 mg/kg up to 50 mg for adults; 1-2 mg/kg for children).
- **Severe/Life-Threatening Exacerbation:** Continuous Salbutamol via spacer or driven by 100% O₂ + Ipratropium bromide + IV Hydrocortisone / oral Prednisolone + single dose IV Magnesium Sulphate (1.2–2g IV over 20 mins) for severe non-responders.

#5: Major Depressive Disorder & Suicide Risk

Why it's tested: Suicide safety assessment and psychiatric risk stratification are mandatory clinical competencies in Australian medical practice. Candidates must demonstrate structured risk assessment and appropriate follow-up planning under the Mental Health Act framework.

⚠ EXAM TRAPS & COMMON PITFALLS:

- **Discharging Patient Without Explicit Safety Plan:** Discharging a patient with active suicidal ideation or plan without establishing a collaborative suicide safety plan and direct community mental health follow-up.
- **Failing to Assess Bipolar History:** Initiating SSRI monotherapy without screening for past hypomanic or manic episodes, which risks precipitating acute mania or rapid cycling.
- **Abrupt Antidepressant Discontinuation:** Failing to counsel patients on antidepressant discontinuation syndrome when switching or stopping medications.

Core Australian Guidelines (RANZCP Clinical Practice Guidelines / RACGP Mental Health):

- **Risk Assessment Framework:** Systematically assess Ideation, Intent, Plan, Access to lethal means, and Protective Factors. Categorize risk as Low, Moderate, or High.
- **First-Line Pharmacotherapy:** SSRIs (e.g., Escitalopram, Sertraline) alongside psychological therapy (CBT under a Better Access Mental Health Care Plan).
- **Mandatory Safety Protocol:** Review patient within 7 days of starting an antidepressant due to transient increased risk of suicidal ideation/agitation in young adults.