

ANZCA Handbook for Training

Appendix 1 – IAACQ sample questions

Code	Learning outcome (IAACQ)	Possible questions
IT_GS 1.1	Outline the basic pharmacology of sedative/hypnotic agents (propofol, thiopentone, midazolam, ketamine), inhalational agents, opioids, muscle relaxants, reversal drugs and anti-emetic agents relevant to their clinical practice.	What type of drug is suxamethonium?
		What is most common indication for use of suxamethonium?
		Outline the potential side effects of suxamethonium?
IT_GS 1.9	Outline the physiological changes that occur with and the implications for anaesthetic management of the following patient positions: <ul style="list-style-type: none"> • Supine • Trendelenberg and reverse trendelenberg • Lateral • Lithotomy • Prone (also refer to Safety and quality in anaesthetic practice)	What changes will you potentially see on you monitors when you put a patient in the Trendelenberg position and what are the physiological changes that explain these?
		How will you modify your anaesthetic plan for a patient who is to be in the prone position?
IT_AM 1.2	Discuss the important features of history and examination that may identify a potentially difficult airway	How do you examine a patient in order to identify anatomical features that may make intubation difficult?
IT_AM 1.16	Describe the clinical features and outline a management plan for a patient with aspiration of gastric contents	What do you think the possible causes are of a patient coughing after you have induced them but not yet secured the airway? What other things will you look for to confirm this?
		How do you manage a patient who you think has aspirated on induction before you have secured the airway?
IT_RA 1.8	Describe the absolute and relative contraindications of a central neuraxial block	What are the absolute contraindications to central neuraxial block?
IT_RA 1.11	Outline the complications of a central neuraxial block	What risks of spinal anaesthesia do you discuss with your patients?
IT_PO 1.1	Outline the ASA physical status classification system and the implications for anaesthesia	What is “ASA” and how do you decide on a class for your patient?
		Why do we use ASA classification?

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IT_PO 1.4	<p>Outline the implications for anaesthetic management and perioperative risk of a range of medical conditions including but not limited to:</p> <p>Cardiovascular</p> <ul style="list-style-type: none"> • Coronary artery disease • Valvular heart disease • Cardiac conduction abnormalities/pacemakers • Left heart failure (CCF) • Hypertension • Cerebrovascular disease (embolic and haemorrhagic) • Peripheral vascular disease <p>Respiratory</p> <ul style="list-style-type: none"> • Chronic obstructive pulmonary disease • Asthma • Respiratory tract infection • Obstructive sleep apnoea • Chronic tobacco use <p>Metabolic/Endocrine</p> <ul style="list-style-type: none"> • Obesity (including morbid obesity) • Diabetes • Electrolyte and acid base disorders • Steroid dependence <p>Haematological/Immunological</p> <ul style="list-style-type: none"> • Anaemia • Thrombocytopenia • Thromboembolic disease (DVT/PE) • Coagulopathy/anticoagulant use • Immunocompromised patient <p>Gastrointestinal/Renal</p> <ul style="list-style-type: none"> • Renal impairment (acute and chronic) • Gastro-oesophageal reflux • GIT haemorrhage 	<p>What anaesthetic problems are you likely to encountering in providing a GA for a patient with a history of obstructive sleep apnoea?</p>
IT_PM 1.3	<p>Outline the basic concepts of multimodal analgesia and pre-emptive analgesia</p>	<p>What does multimodal analgesia mean?</p> <p>What are the advantages of pre-emptive analgesia?</p>
IT_PM 1.7	<p>Outline a protocol for the management of pain in recovery</p>	<p>Describe the analgesia you would normal prescribe for use in the Recovery ward/PACU for a patient who has undergone an acute laparoscopic appendicectomy</p>

Code	Learning outcome (IAACQ)	Possible questions
IT_RT 1.1	<p>Outline a systematic approach to identifying the cause and describe the initial management of the following, when occurring in association with anaesthesia or sedation:</p> <ul style="list-style-type: none"> • Dyspnoea • Hypoxia • Hypocapnoea/ hypocarbia • Hypercapnoea/ hypercarbia • Tachycardia • Bradycardia • Hypotension • Hypertension • High airway pressures • Oliguria/anuria • Failure to wake from anaesthesia (also refer to General anaesthesia and sedation) 	<p>An elderly patient who has undergone a hemiarthroplasty for a fractured neck of femur fracture under a general anaesthetic with an endotracheal tube fails to wake up at the end of the operation. What are the possible causes for this patient's failure to wake?</p>
IT_SQ 1.7	<p>Outline steps to minimise the risk of eye injury during perioperative care</p>	<p>How might a patient sustain a corneal injury whilst under general anaesthetic? How could you reduce the chances of this happening?</p>

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