ANZCA
FPM

Learning outcomes mapped to the Initial Assessment of Anaesthetic Competence (IAAC) MCQs

Airway management

Code	Learning outcome
IT_AM 1.1	Describe the basic structural anatomy of the upper airway including the larynx
IT_AM 1.2	Discuss the important features of history and examination that may identify a potentially difficult airway
IT_AM 1.3 IT_GS 1.3	Outline preoperative fasting requirements and the common measures employed to decrease the risk of pulmonary aspiration
IT_AM 1.4	Describe an appropriate airway strategy for anaesthesia taking account of patient and procedural factors in patients with a normal airway, including indications for rapid sequence induction.
IT_AM 1.5	Describe the indications for manual in-line stabilisation of the neck and the implications for airway management
IT_AM 1.6	Outline the equipment required to be immediately available for basic airway management and the ‘can’t intubate, can’t oxygenate’ (CICO) situation
IT_AM 1.7	Describe the optimal patient position for intubation
IT_AM 1.8	Describe the common complications of intubation
IT_AM 1.9	Describe preoxygenation, including its physiological basis
IT_AM 1.10	Outline an appropriate ventilation strategy suitable for routine elective and emergency patients
IT_AM 1.12	Outline the clinical features, possible causes, physiological consequences and management of perioperative upper airway obstruction
IT_AM 1.13	Describe a ‘can’t intubate, can’t oxygenate’ drill, including the technique for performing an emergency surgical airway
IT_AM 1.14	Describe and classify the view obtained at direct laryngoscopy according to a common grading scale (Cormack-Lehane)
IT_AM 1.15	Describe the features of oesophageal and endobronchial intubation and outline appropriate management
IT_AM 1.16	Describe the clinical features and outline a management plan for a patient with aspiration of gastric contents

IT_AM 1.17 IT_GS 1.11	Describe the clinical features that indicate a patient can be extubated safely.
IT_AM 1.18	Describe potential complications at extubation
IT_AM 1.19	Describe optimisation of the patient for extubation
IT_AM 1.20	Outline the important airway considerations in determining the suitability of a patient for discharge to recovery

General anaesthesia and sedation

Code	Learning outcome
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
IT_GS 1.4	Discuss indications for rapid sequence induction of anaesthesia
IT_GS 1.6	Calculate intravenous fluid requirements and choose intravenous fluid therapy appropriate to the clinical situation for low-risk patients having low-risk surgery
IT_GS 1.7	Describe the clinical situations when anxiolytic or sedative premedication may be indicated or contraindicated
IT_GS 1.9	Outline the physiological changes that occur with and the implications for anaesthetic management of the following patient positions: · Supine · Trendelenberg and reverse trendelenberg · Lateral · Lithotomy · Prone
IT_GS 1.10	Outline a strategy for the management of postoperative nausea and vomiting
IT_GS 1.13	Outline a strategy for the management of postoperative delirium
IT_GS 1.14	Outline a strategy for the management of postoperative analgesia for patients in their care (also refer to the *Pain medicine* clinical fundamental)

Pain medicine

Code	Learning outcome
IT_PM 1.1	Define pain, acute pain and chronic pain
IT_PM 1.4	Outline the basic pharmacology and clinical use of available analgesic agents
IT_PM 1.5	Outline clinical situations where the use of analgesic agents may be associated with increased risk to the patient and requires consultation with supervisors for the initiation of therapy
IT_PM 1.7	Outline a protocol for the management of pain in recovery
IT_PM 1.8	Outline a pain management plan for patients having day surgery procedures

IT_PM 1.9	Outline the risks associated with and the monitoring requirements for patients receiving patient-controlled analgesia (PCA), opioid infusions or continuous regional analgesia for acute pain management
IT_PM 1.12	Describe the advantages and disadvantages of patient-controlled analgesia (PCA), continuous infusion and intermittent prescription of opioids for acute pain management
IT_PM 1.13 IT_RA 1.6	Outline the management of hypotension associated with a central neuraxial block
IT_PM 1.14 IT_RA 1.7	Outline the management of 'high spinal' block
IT_PM 1.15	Outline a plan to transition patients with acute pain from parenteral to oral analgesic therapies (in low complexity cases)

Perioperative medicine

Code	Learning outcome
IT_PO 1.1	Outline the ASA physical status classification system and the implications for anaesthesia
IT_PO 1.2	Outline the functional assessment of patients based on exercise capacity and performance of activities of daily living
IT_PO 1.3	Outline how functional assessment is used in perioperative risk assessment

Regional and local anaesthesia

Code	Learning outcome
IT_RA 1.2	Outline the pre-operative assessment of the patient necessary before performing any regional technique
IT_RA 1.3	Describe the sterile technique necessary for the performance of regional anaesthesia
IT_RA 1.4 IT_SQ 1.6	Outline the skills required for the safe performance of regional blockade, including: · Confirming and marking site of surgery and site of regional technique · Positioning of patient · Identification of anatomical landmarks · Use of aseptic technique · Selection of appropriate needle · Selecting, checking, drawing up, diluting, and labelling of drugs for injection · Checking for inadvertent intravenous and intraneural administration
IT_RA 1.8	Describe the absolute and relative contraindications of a central neuraxial block
IT_RA 1.9	Describe how to assess the adequacy of a regional technique
IT_RA 1.11	Outline the complications of a central neuraxial block

Resuscitation, trauma and crisis management

Code	Learning outcome
IT_RT 1.1 IT_GS 1.12	Outline a systematic approach to identifying the cause and describe the initial management of the following, when occurring in association with anaesthesia or sedation: · Dyspnoea · Hypoxia · Hypocapnoea/hypocarbia · Hypercapnoea/hypercarbia · Tachycardia · Bradycardia · Hypotension · Hypertension · High airway pressures · Oliguria/anuria · Failure to wake from anaesthesia
IT_RT 1.2 IT_RA 1.5	Outline the clinical features and describe the initial management of patients with the following life-threatening conditions: · Cardiac arrest · Respiratory arrest · Shock · Cardiac tamponade · Acute myocardial ischaemia · Acute pulmonary oedema · Arrhythmias causing haemodynamic compromise · Aspiration of gastric contents · Severe bronchospasm · Tension pneumothorax · Massive haemoptysis · Coma · Raised intra-cranial pressure · Prolonged seizures · Local anaesthetic toxicity · Anaphylaxis (refer to endorsed guidelines by ANZAAG *Anaphylaxis Management Guidelines)* · Malignant hyperthermia (refer to endorsed guidelines on *Malignant Hyperthermia Crisis Management*) · Pulmonary embolism · Coagulopathy in association with surgery or trauma · Hyper/hypokalemia
IT_RT 1.5	Describe techniques for the immobilisation of patients with spinal injuries during transport and transfer

Safety and quality in anaesthetic practice

Code	Learning outcome
IT_SQ 1.1	Outline and apply the College guidelines and recommendations for standards of safe practice: · Perform a level two and three check of the anaesthetic machine and related equipment. Refer to College professional document *PS31 Recommendations on Checking Anaesthesia Delivery Systems* · Apply appropriate monitoring for each case. Refer to College professional document *PS18 Recommendations on Monitoring* · Safely draw up, label and store drugs. Refer to College professional document *PS51 Guidelines for the Safe Administration of Injectable Drugs in Anaesthesia* · Demonstrate safe handover of care during and after anaesthesia. Refer to College professional document *PS53 Statement on the Handover Responsibilities of the Anaesthetist* · Outline and apply the surgical safety checklist (including time-out procedure). Refer to *endorsed guideline WHO Surgical Safety Checklist Australian and New Zealand edition*
IT_SQ 1.2	Describe safe transfusion practices including: · Protocols for checking prior to transfusing
IT_SQ 1.3	Outline measures to minimise the risk of injury or complications resulting from the use of a tourniquet
IT_SQ 1.7	Outline steps to minimise the risk of eye injury during perioperative care
IT_SQ 1.8	Outline measures to minimise the risk of injury or complications resulting from the following patient positions: · Supine · Trendelenberg and reverse trendelenberg · Lateral · Lithotomy · Prone