

## ANZCA Handbook for Training

### Appendix 5 – 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"> <li>• Supine</li> <li>• Trendelenberg and reverse trendelenberg</li> <li>• Lateral</li> <li>• Lithotomy</li> <li>• Prone</li> </ul> <p>(also refer to Safety and quality in anaesthetic practice)</p>	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?

Code	Learning Outcome (IAACQ)	Possible Questions
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 ?
IT_PO 1.5	<p>Outline the implications of the following for anaesthetic management and perioperative risk:</p> <ul style="list-style-type: none"> <li>• Respiratory infection</li> <li>• Chronic obstructive airways disease</li> <li>• Obstructive sleep apnoea</li> <li>• Pulmonary embolus</li> <li>• Congestive cardiac failure</li> <li>• Arrhythmias and conduction abnormalities</li> <li>• Pacemakers</li> <li>• Thromboembolic disease</li> <li>• Electrolyte abnormalities</li> <li>• Acid base abnormalities</li> <li>• Chronic renal impairment</li> <li>• Steroid dependence</li> <li>• Transient ischaemic attacks and stroke</li> <li>• Pseudocholinesterase deficiency</li> <li>• Haematemesis</li> <li>• Anaemia</li> <li>• Thrombocytopenia</li> <li>• Coagulopathy</li> <li>• Anticoagulant use</li> <li>• Immunocompromised patient</li> <li>• Rheumatoid arthritis</li> <li>• Tobacco use</li> </ul>	What anaesthetic problems are you likely to encountering in providing a GA for a patient with a history of obstructive sleep apnoea?
IT_PM 1.3	Outline the basic concepts of multimodal analgesia and pre-emptive analgesia	What does multimodal analgesia mean?
		What are the advantages of pre-emptive analgesia?
IT_PM 1.7	Outline a protocol for the management of pain in recovery	Describe the analgesia you would normal prescribe for use in the Recovery ward/PACU for a patient who has undergone an acute laparoscopic appendicectomy

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"> <li>• Dyspnoea</li> <li>• Hypoxia</li> <li>• Hypocapnoea/ hypocarbia</li> <li>• Hypercapnoea/ hypercarbia</li> <li>• Tachycardia</li> <li>• Bradycardia</li> <li>• Hypotension</li> <li>• Hypertension</li> <li>• High airway pressures</li> <li>• Oliguria/anuria</li> <li>• Failure to wake from anaesthesia (also refer to General anaesthesia and sedation)</li> </ul>	<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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