## ANZCA Handbook for Training

### Appendix 1 – IAACQ sample questions

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<th>Code</th>
<th>Learning outcome (IAACQ)</th>
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| 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:  
- Supine  
- Trendelenberg and reverse trendelenberg  
- Lateral  
- Lithotomy  
- Prone  
(also refer to Safety and quality in anaesthetic practice) | What changes will you potentially see on your 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| Outline the implications for anaesthetic management and perioperative risk of a range of medical conditions including but not limited to:  
**Cardiovascular**  
• Coronary artery disease  
• Valvular heart disease  
• Cardiac conduction abnormalities/pacemakers  
• Left heart failure (CCF)  
• Hypertension  
• Cerebrovascular disease (embolic and haemorrhagic)  
• Peripheral vascular disease  
**Respiratory**  
• Chronic obstructive pulmonary disease  
• Asthma  
• Respiratory tract infection  
• Obstructive sleep apnoea  
• Chronic tobacco use  
**Metabolic/Endocrine**  
• Obesity (including morbid obesity)  
• Diabetes  
• Electrolyte and acid base disorders  
• Steroid dependence  
**Haematological/Immunological**  
• Anaemia  
• Thrombocytopenia  
• Thromboembolic disease (DVT/PE)  
• Coagulopathy/anticoagulant use  
• Immunocompromised patient  
**Gastrointestinal/Renal**  
• Renal impairment (acute and chronic)  
• Gastro-oesophageal reflux  
• GIT haemorrhage                                                                 | 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? |
<p>| 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 |</p>
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| IT_RT 1.1 | 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 (also refer to General anaesthesia and sedation) | 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? |
| IT_SQ 1.7 | Outline steps to minimise the risk of eye injury during perioperative care               | How might a patient sustain a corneal injury whilst under general anaesthetic? How could you reduce the chances of this happening? |