

**A-1222** Room H, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Cancer Pain Education: The Use of a Structured Clinical Module (SCIM) to Teach Hospice Nurses** Paul A. Sloan, M.D.; Pat A. LaFountain, RN; Margaret A. Plymale, RN; Mitzi M. Johnson, Ph.D.; Janet Snapp, Ph.D., *Anesthesiology, University of Kentucky, Lexington, KY, United States.* 25 Hospice nurses completed a novel clinical course on cancer pain management, improving on each of the 8 items ( $p < .001$ ).

**A-1223** Room H, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Enhancing Educational Experience for Anesthesia Residents during Obstetric Anesthesia Rotation** Kittiphong Sujirattanawimol, M.D.; Gary Vasdev, M.D.; Chris James, M.D.; Lori Dangler, M.D.; Edwin Rbo, M.D., *Anesthesiology, Mayo Clinic, Rochester, MN, United States.* This study examines the impact of an obstetric anesthesia fellow on resident education.

**A-1224** Room H, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Competencies for Anesthesia Practice in the Changing Health Care Environment: Residents' Views on Adequacy of Residency Training** Sbermeen B. Vakbaria, MD; Enrico M. Camporesi, MD, *Anesthesiology, SUNY Upstate Medical University, Syracuse, NY, United States.* The survey reveals curricular inadequacies in the teaching of competencies deemed important for the emerging health care system.

**A-1225** Room H, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**11-Year Evolution of a World Wide Web System for Evaluation of Residents in Training** John M. Watkins-Pitchford, FRCA, *Anesthesiology, Yale University School of Medicine, New Haven, CT, United States.* Objective reports of performance are essential to a training program. Our system encourages reporter compliance, and validation of data including detection and removal of biases.

**A-1226** Room H, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Stress with Simulated Trauma Management Measured by Salivary Amylase** Y. Xiao; D. Via; R. Kyle; C.F. Mackenzie; P. Burton, U. of Maryland, +USUHS, \*Army Res. Lab., Baltimore, Bethesda, and Aberdeen, MD, United States. Salivary  $\alpha$ -amylase tests indicate that the participants were stressed on arrival at the simulator and over the course of the simulation of trauma management.

**A-1227** Room H, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Is There a Lack of Consensus in the Perioperative Decision Making Process?** J. Yarmush, MD; G. Panagopoulos, PhD; G. Apergis, MS; J. Koka, MD; J. SchianodiCola, MD, *Anesthesiology, NY Methodist Hospital, Brooklyn, NY, United States.* There are important differences between Anesthesiologists, Internists, and General Surgeons during the perioperative decision-making process.

**A-1228** Room H, 10/17/2000 2:00 PM - 4:00 PM (PS)  
**Patient Simulation Improves Medical Student Understanding of Cardiovascular Pathophysiology** David A. Zvara, M.D.; Michael A. Olympio, M.D.; Drew A. MacGregor, M.D.; Sylvia Y. Dolinski, M.D.; Daniel J. Kennedy, M.D., *Dept. of Anesth., Wake Forest Univ. Sch. of Med., Winston-Salem, NC, United States.* Patient simulation improves medical student satisfaction with and understanding of cardiovascular pathophysiology.

### Practice Management & Patient Safety: Renal Effects of Inhalation Anesthetics, Carbon Dioxide Absorbers

**A-1229** Room 310, 10/16/2000 9:00 AM - 10:30 AM (PD)  
**Sensitive Markers of Renal Injury after Low-Flow-Sevoflurane and Isoflurane in Patients with Preexisting Renal Insufficiency** Peter Conzen, M.D.; Stephan Czerner, M.D.; Florian M. Reichle, M.D.; Gaby Groeger, CRA; Klaus Peter, M.D., *Department of Anesthesiology, Ludwig-Maximilians-University, Munich, Germany.* Sensitive markers for renal injury were not elevated after low-flow Sevoflurane.

**A-1230** Room 310, 10/16/2000 9:00 AM - 10:30 AM (PD)  
**Sevoflurane Low-Flow-Anesthesia in Patients with Renal Insufficiency: A Multi-Center, Randomized, Comparative Study** Stephan Czerner, M.D.; Evan Kharasch, M.D.; Florian Reichle, M.D.; Alan Artru, M.D.; Peter Conzen, M.D., *Dept. of Anesthesiology, Ludwig-Maximilians-University, Munich, Germany.* Sevoflurane low-flow-anesthesia does not further deteriorate renal function in patients with renal insufficiency.

**A-1231** Room 310, 10/16/2000 9:00 AM - 10:30 AM (PD)  
**Long-Duration Low-Flow Sevoflurane and Isoflurane Effects on Postoperative Renal Function** Evan D. Kharasch, MD, PhD; Edward Frink, Sr., MD; Thomas Ebert, MD, PhD; Wallace Nogami, MD; Alan Artru, MD, *Anesthesiology, University of Washington, Seattle, WA, United States*

**A-1232** Room 310, 10/16/2000 9:00 AM - 10:30 AM (PD)  
**Are There Clinically Significant Changes of Creatinine and Blood Urea Nitrogen in Patients with Renal Insufficiency after Low-Flow-Sevoflurane ?** Florian Reichle, M.D.; Alec Rooke, M.D. PhD; Stephan Czerner, M.D.; Evan Kharasch, M.D.; Peter Conzen, M.D., *Dept. of Anesthesiology, Ludwig-Maximilians-University, Munich, Germany.* Low-flow Sevoflurane anesthesia does not further impair renal function.

**A-1233** Room 310, 10/16/2000 9:00 AM - 10:30 AM (PD)  
**Comparison of Carbon Dioxide Absorption Capacity and Compound A Production in Different Soda Limes** Florian M. Reichle, M.D.; Stephan Czerner, M.D.; Gaby Groeger; Peter Conzen, M.D.; Klaus Peter, M.D., *Department of Anesthesiology, Klinikum Grosshadern, Munich, Germany.* Compound A production and carbon dioxide absorption capacity of commercially available soda limes are positively linked.

**A-1234** Room 310, 10/16/2000 9:00 AM - 10:30 AM (PD)  
**Carbon Dioxide Absorbents Containing KOH/NaOH Produce Much Higher Concentrations of Compound A from Sevoflurane in Clinical Practice** Michiaki Yamakage, MD, PhD; Shigeyuki Yamada, MD; Xiangdong Chen, MD; Sohsbi Iwasaki, MD; Akiyoshi Namiki, MD, PhD, *Anesthesiology, Sapporo Medical University School of Medicine, Sapporo, Hokkaido, Japan.* An absorbent without KOH/NaOH does not produce compound A.