

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 α -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.