



Franklin Dexter, MD, PhD, FASA

Director, Division of Management Consulting
Professor, Departments of Anesthesia and
Health Management & Policy
University of Iowa College of Medicine
Iowa City, Iowa 52242-1009
Tel 319-621-6360
E-mail Franklin-Dexter@UIowa.edu
Consulting FranklinDexter.net

Alternatives to the Intensive Course

An [intensive course](#) with continuing medical education (CME) credit is given by [internet live course](#) and at hosted sites. The [course brochure](#) includes hyperlinks to studies of the curriculum and its utility for teams solving hospitals' perioperative analytics problems. Specific course dates are listed on the registration pages. There are 20-hours of independent statistics review and reading followed by 35-hours of class time. For lectures and cases, go to FranklinDexter.net/education.htm. Dr. Dexter's financial disclosure, curriculum vitae, etc., are at: FranklinDexter.net/Contact_Info.htm. Participants learn how to apply operations research to problems in operating room and anesthesia group management, including descriptive, predictive, and prescriptive analytics.

Alternative #1 is an internet live course with 2 to 5 participants; the software used is [Zoom](#). There is flexibility in the start times daily if participants are coming from ORs. [The course](#) is setup as 7 half-days. For example, the schedule can (a) match that of the on-site course; (b) 1 weekend and 3 afternoons; (c) 4 afternoons, a 1-week break, and then 3 afternoons; (d) 2 to 3 afternoons or mornings per week for 3 weeks; or (e) successive weekends. CME credit is provided. The University's charge is \$10,000, with the agreement: FranklinDexter.net/Contracts/ContractHourly.docx. A prior participant who attended an internet live course or in-person course can serve as a learning assistant. Dr. Dexter manages a team of 2 or 3 participants and supervises the learning assistant with a team of 2 to 5 participants.

Alternative #2 is an in-person or internet live course, 8 AM to 1 PM with breaks. The [turnover time lecture](#) is presented first, followed by the [use of ordered-priorities for decision-making on the day of surgery](#). This course option is suitable for anesthesiologists, managers, and nurse anesthetists aiming to learn enough to decide whether they want to pay attention to OR management science. This is not a course in operations research or analytics, but in the basic principles of OR management. No prerequisite knowledge is assumed. Participants will need to read two review articles ahead ([click here](#) and [click here](#)), learning [the vocabulary](#). The review will take approximately 6 hours. No CME credit is available. The University's charge is for 0.5 days presenting and 1.0 days preparation and travel: \$3750, plus travel expenses, based on using the [above agreement](#). When this alternative is given as an internet live course, there can be an unlimited number of participants simultaneously; charge \$2500.

Alternative #3 is an internet live course given using [Zoom](#) over one day, 8 AM to 7 PM. The topics are (1) Decision-making on the day of surgery and (2) Case duration prediction including patient arrival time and add-on case scheduling. [Click here](#) for the lectures. This option is suitable for OR and PACU nursing staff who need to follow decisions. This option also is suitable for anesthesiologists, nurse anesthetists, and anesthesiology residents who want to understand decision-making at the end of the workday. [There is trust](#) in the manager's evidence-based decisions. This one-day option is not the first day of the full course. The prerequisite is having taken any introductory statistics course in any discipline and reviewing many such statistical word problems ahead of time. During the [statistics review](#), participants essentially relearn the material that they once knew. The review matches that required for the American Society of Anesthesiologists' BASIC examination. A [review article](#) is learned ahead, as well as a [second article](#) showing application of these topics to working late. This preparation takes approximately 12 hours. In the course, the first 5 of the [cases](#) are used to learn how to apply the knowledge of basic statistics. Participants receive immediate, adaptive feedback from an Excel workbook; for details, [click here](#) and see Table 2, Figure 2, Appendix, and associated text. No CME credit is available. The University's charge is for 1.0 days presenting and 0.5 days preparation, \$3750, based on the [above agreement](#). There can be up to 5 participants or up to 8 with a learning assistant

who has previously taken the [full course](#). These counts can be doubled with each computer “participant” being a pair of people seated shoulder to shoulder. A pair shares a unidirectional microphone, full size keyboard, mouse, and 2 large screens.

Alternative #4 is a two-day internet live course given using [Zoom](#), 8 AM to 7 PM. The course also can be four half-day periods. The topics are (1) Decision-making on the day of surgery, (2) Case duration prediction including patient arrival times, add-on case scheduling, etc. [\[click here\]](#), (3) [Planning staffing for existing cases](#), (4) [Reducing turnover times](#), and (5) [Surgeon blocks](#). This option is suitable for participants interested in decision-making on the day of surgery and wanting to understand why decisions need to be made as they are made on the day of surgery. The course is suitable for anesthesiologists and nurse anesthetists who have little institutional responsibilities in OR management but know that they have to follow rules and occasionally explain why they are doing what they are doing on the day of surgery (e.g., when taking call at night). This option is not the first two days of the full course, because of its lack of focus on operations research and analytics. [Unlike the full course](#), this option does not satisfy the eight core components of the ACGME systems-based practice competency. From an organizational perspective, it is important to understand that the people with this knowledge should not be ones who then need to “think” about implementation or talk about it publicly, other than for decision-making on the day of surgery. Material skipped includes anesthesia and hospital agreements (i.e., labor costs) and implant/ disposable costs (i.e., supply costs), which are the principal drivers of organizations’ decision making on a long-term basis (e.g., annually). The second day of this alternative #5 has extensive discussion of different “what if” scenarios that arise on the day of surgery. The prerequisite is having taken any introductory statistics course in any discipline and reviewing many such [statistical word problems](#) ahead of time. In addition, review articles for lectures [1 and 2](#) and for lectures [3 and 4](#) are learned ahead, along with corresponding [vocabulary](#) (e.g., using the provided dictionary file). This preparation work will take approximately 15 hours. In the course, the first 6 of the [cases](#) are used to learn how to apply the knowledge of lectures #1-#4 and readings. Participants receive immediate, adaptive feedback from an Excel workbook; for details, [click here](#) and see Table 2, Figure 2, Appendix, and associated text. No CME credit is available. The University’s charge is 2.0 days presenting and 1.0 days arranging: \$7,500, based on using the [above agreement](#). There can be a maximum of 5 participants for this internet live course or 8 with a learning assistant. These counts can be doubled with each computer “participant” being a pair of people seated shoulder to shoulder. A pair shares a unidirectional microphone, full size keyboard, mouse, and 2 large screens.

If your hospital’s or company’s goal is for participants to learn together and then implement as a team, start with the full course, Alternative #1. The participants learn the science. Then, a few days to two weeks later, have in person 1-day session to plan implementation. Learning sufficient for deciding on organizational change is eased by participants having two screens, and full concentration toward learning. Choosing implementation is open ended and unplanned, a facilitated meeting together in the same physical room.