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Intensive Course

An [intensive course](#) with continuing medical education (CME) credit is given at the University of Iowa in Iowa City, at hosted sites, and online. Specific course dates are listed on the registration pages. There are 15-hours of independent statistics review and reading followed by 35-hours of class time. For lectures and cases, go to www.FranklinDexter.net/education.htm. For Dr. Dexter's financial disclosure, curriculum vitae, etc., go to www.FranklinDexter.net/Contact_Info.htm.

The course can be hosted by a hospital or organization for 2 to 18 participants. Budget 0.5 days for preparation, 3.5 days for the course, and 1 day for travel to/from the site. At \$1250 per ½ day, the University charge is \$12,500, plus Dr. Dexter's travel expenses. A participant (or two) may attend the preceding course in Iowa complementary (excluding travel), provided the participants manage setup at the host site and proctor groups. They pay the University the regular fee and then that cost is deducted when the hosted course is complete. Detailed specifications are sent for the room's setup, forms for CME credit, projector requirements, etc., to be arranged by the host. When given at a hotel, and if the host prefers, registration will be added to the [course brochure](#), monthly announcements, and CME web postings. Download www.FranklinDexter.net/Contracts/ContractHourly.docx.

Alternative #1 uses web conferencing to a single site with a team of 2 or 3 participants. The course is available electronically for 2 such sites, provided the corporation has dedicated technology professionals and all course participants use the technology daily and work together routinely. 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; or (d) 2 to 3 afternoons or morning per week for 3 weeks. The University's charge is \$10,000, with the same agreement used: www.FranklinDexter.net/Contracts/ContractHourly.docx.

Alternative #2 is [the course](#) presented over 2 two-day periods. The course and CME credit for each presentation are identical. The periods could be 2 sequential Friday/Saturday or Saturday/Sunday. The University's charge for teaching remains the same: 3.5 days for the course and 0.5 days for preparation. However, the travel time is not 1.0 days for 1 round-trip, but 2.0 days for 2 round-trips. The University charge, therefore, is \$15,000 plus travel expenses, based on using the [above agreement](#).

Alternative #3 is 8 AM to 1 PM with 4 ten-minute breaks. The [turnover time lecture](#) is presented first, followed by the [use of ordered-priorities for decision-making on the day of surgery](#). This option is suitable for anesthesiologists, managers, and nurse anesthetists aiming to learn enough to decide whether they want to start paying attention to OR management science. 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 travel: \$3750, plus travel expenses, based on using the [above agreement](#). This alternative can be given using web conferencing to an essentially unlimited number of sites simultaneously, provided a producer is provided.

Alternative #4 is 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. 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. In addition, a [review article](#) is learned ahead. This preparation work takes approximately 12 hours. In the course, the first 4 of the [cases](#) are used to learn how to apply that knowledge. Teams 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. There can be a maximum of 18 participants (i.e., 6 teams of 3). The University's charge is for 1.0 days presenting, 0.5 days preparation, and 1.0 days travel: \$6250, plus travel expenses, based on the [above agreement](#). This alternative can be given to a single site (i.e., team of 2 or 3 participants) remotely; charge \$3750.

Alternative #5 is two days, 8 AM to 7 PM. 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. [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 publically, 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 that knowledge. Teams 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, 1.0 days arranging, and 1.0 days travel: \$10,000, plus travel expenses, based on using the [above agreement](#).