SUGAR Rush: How an Open-Source Curriculum Led to Crowd Sourced Spin-Offs

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On Behalf of the SUGAR Spin-Off Investigators
Disclosure Slide

SUGAR receives grant support for the dissemination of the curriculum from:

- UW Health Clinical Simulation Program
- University of Minnesota’s African Studies Initiative
Share the story of our curriculum roll-out as a model for rapid dissemination, scale-up, and expansion
Background: What is SUGAR and why was it needed?
Of 198 U.S. Pediatric Residency Programs

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<th>Characteristic</th>
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<tbody>
<tr>
<td>GH Track</td>
<td>49 (24.7%)</td>
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<tr>
<td>GH Faculty Lead</td>
<td>131 (66.1%)</td>
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<tr>
<td>International Field Experience</td>
<td>115 (58.1%)</td>
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<tr>
<td>Domestic Field Experience</td>
<td>96 (48.5%)</td>
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<tr>
<td>Pre-travel Preparation*</td>
<td>84 (66.1%)</td>
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<tr>
<td>GH Lectures</td>
<td>107 (54.0%)</td>
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<tr>
<td>Scholarly Project</td>
<td>77 (38.9%)</td>
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Butteris et al *Pediatrics* 2015
Today’s Lecture:
Malaria 101
Difficulty in handling the emotional obstacles encountered abroad is frequently discussed in post-trip debriefing, yet this is rarely addressed in pre-trip preparation.
Could we use medical simulation to prepare global health residents for common emotional challenges encountered abroad, rather than just medical preparation?
Turning an F into an A

Frustration
“I know what I would do back home to manage this disease, but I don’t have the ability to do it here.”

Ex: DKA without an insulin drip

Floundering
“I don’t know what to do with the disease or where to find information that could help me.”

Ex: Lymphocytic Interstitial Pneumonitis
Turning an F into an A

Failure

“I thought I knew how to make this patient better, but I am making them worse. What is different about this patient in this environment?”

*Ex: Management of shock in severe acute malnutrition*

Futility

“Why does everyone seem so complacent with death here? Am I the only one who cares? What will happen to this patient if we ‘save’ her.”

*Ex: Prolonged resuscitation of a neonate without access to a ventilator*
Successful Multi-Institutional Pilot

Now what?
Traditional Dissemination

IDEA

PILOT

PUBLISH RESULTS/PRESENT

RELEASE “HOW TO”

HOLD HOSTAGE
Our early stated goal:

*If the idea works, make it as easy as possible for others to use it and adapt it*
Facilitator Training

Step 1: Watch the Overview Video

Step 2: Familiarize Yourself with the SUGAR and Debriefing Literature

In order to best understand the framework for SUGAR and the importance of skilled debriefing, we recommend you read at least the following two articles:


Additional recommended reading is located in the Resources Section

Step 3: Download Case Example

Download this sample case to follow along in the facilitator training videos.

Step 4: Understand how to use the SUGAR Case Handouts

These three short tutorials (3-4 minutes each) provide an overview of how to use the SUGAR Case Handouts and Debriefing Script.
140 Facilitators, 85 Institutions
6 Countries
Dozens of spin-off projects underway with leads from new institutions
SUGAR PEARLS
(Procedural Education for Adaptation to Resource Limited Settings)

SUGAR CANE
(Cases about Non-Medical Events)

SPICE
(SUGAR: Practical Insights from Core Educators)

New Cases
(Ob, Family Medicine, Surgery, Immigrant Health, Med Students, Nurses, Clinic)
Lessons Learned

Pilot

Publish/Present

Public Release/Promote

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