

The **Infusion U** self-infusion program is a structured, face-to-face intervention designed to provide opportunity for education, skill development and practice in a way that addresses many of the significant barriers to learning self-infusion while taking advantage of the adolescent's need for socialization and independence.

PROGRAM FORMAT

Many studies in cognitive psychology have demonstrated that spacing out repeated encounters over time will lead to more long-term learning than repetitions that are massed together. The five-session format of the program allows larger, perhaps overwhelming goals to be broken down into smaller manageable segments. Five sessions requires significant commitment and emphasizes the importance of the endeavor—much like soccer or music lessons—and offers enough repetition to acquire skills with ample time between sessions for practice.



For more information:

INFUSION U

SELF-INFUSION INSTRUCTION PROGRAM



GAIN CONFIDENCE
+ MASTER SKILLS

CLASS OUTLINE

Infusion U was designed to address both education and skill development.

Each session begins with a review of the previous week's lesson and homework assignment. Weekly homework assignments are given to reinforce content and encourage accountability.

Discussion of principles in the context of daily life brings an element of real life to learning. Students are encouraged to share infusion experiences and discuss successes and challenges faced during the week.

Providing too much information at once can be overwhelming. Presentations are brief and focus on 5-6 new concepts each week, allowing ample time for informal discussion. Involving all staff members in the presentations emphasizes the importance of the program and shows support.

Following the presentation, students work on learning infusion skills. Using a demonstration arm and the skills checklist, an infusion is first demonstrated by the nurse while describing each step of the process—offering both visual and verbal instruction. When a student is able to correctly perform all parts of the infusion on the demonstration arm—preparation, infusion, recording and clean up while verbalizing the steps, he is allowed to attempt an infusion on himself.

Students are asked to do as many parts of their infusions at home during the week as possible, recording their progress on the infusion checklists and bringing them back to class the next week to review with the nurse. The program is structured to allow a one-week break between sessions 4 and 5, allowing plenty of time for practice at home before conclusion of the program.

LOCATION/SCHEDULING

Physical space can affect the way information is given and received. Clinical spaces can be intimidating and are often associated with painful procedures and exams. The program should be offered in a space where adolescents feel comfortable. An offsite location may allow staff to be more fully

engaged without the distractions of pagers, ringing phones or crowded waiting rooms.

The goal of home infusion is to enable patients to incorporate a complex medical procedure into daily life. Scheduling classes at a time that does not require missing school or other important activities reinforces this idea.



PARTICIPANTS

Preparing adolescents for transition to the adult health care system should start in early adolescence and must include ongoing skills development. The group should be small enough to allow focused instruction. A smaller group will encourage engagement, discussion and perhaps the development of friendships.

PARENTS

Parents are an important part of the transition process and often struggle with how to help their child achieve successful transition. Transition to self-infusion requires parents to move out of the caregiver role and into the role of coach. A concurrent session for parents is held during the first session to provide support and help parents understand how to help their child achieve a successful transition.

A sense of independence is critical to an adolescent but can be hindered by the presence of

parents. We recommend that the classroom and practice areas are “no parent” spaces, allowing uninhibited time and space for the students to ask questions, practice and share experiences.

MEAL

Providing a meal during the program may help prevent distraction by hunger, meeting a basic need so students can learn, and sharing a meal encourages a sense of connectedness. The mediating effects of serving a social food that is associated with fun, family and friends, like pizza, may help lessen anxiety.

QUESTIONNAIRES

Educational programs are often based on the health care team's assessment rather than specific needs identified by the patient. A questionnaire completed by parents prior to program enrollment may provide additional insights, allowing interventions to be tailored.

CERTIFICATES

Mastering a task is rewarding and instills pride and self-confidence. A graduation certificate is a symbol of this milestone; each successful participant receives a certificate the completion of the program.

FOLLOW-UP

A final celebration a few months after program completion offers an opportunity for students to reconnect with each other, share stories and get a final chance to infuse under the direction of a staff member.

