When a patient wanted to change to the Newton IQ cycler with IQcard (Fresenius Medical Care, Bad Homburg, Germany), several barriers to training presented: fear of training, limited memory, and language barrier.

During demonstrations, the nurse spoke slowly and observed body language for cues before introducing the next piece of information. Day 1 featured interruptions by other patients; the patient in training became noticeably nervous and verbalized a fear of learning. Day 2 training was conducted in a more secluded area to ensure privacy. The patient's body language was more open, and recall of information from the previous day was better. On day 3, the patient asked for written instructions in Korean for reference; she chatted more and shared information about her family. On day 4, the patient was animated when greeted by the nurse with a Korean phrase; she practiced setting up the cycler independently.

To enhance communication when language is a barrier, provide training in a quiet area free of disruptions; encourage the patient to make notes in the primary language to reinforce and provide written reminder for reference at home; and provide training videos or DVDs to support and enhance instruction. Sensitivity to the patient's culture shows respect and builds trust during training encounters.

Key words
Communication, language, PD training

Introduction
Training patients in self-care peritoneal dialysis (PD) presents numerous challenges for the PD nurse. The nurse must assure that the patient has mastered several aspects of medical care, new knowledge, and skills to provide a level of safety once the patient is at home and performing self-care on an ongoing basis. Principles of asepsis, rudimentary knowledge of anatomy and physiology, medication usage, diet, identification of signs and symptoms of infection, and technical competence to perform the PD exchange are all critical elements that must be delivered by the nurse to provide a setting for the patient's success.

Patients have varying degrees of difficulty in mastering the necessary information because of their previous learning experiences, their capacity to learn and replicate techniques, their level of uremia at the time of training, their comorbid complications and level of fatigue, and their existing health beliefs. When a PD training candidate also speaks a primary language other than that of the training nurse, the task is further complicated. The nurse must find ways to communicate effectively and in a culturally competent manner to improve the likelihood of success and to establish a trust relationship with the patient. Cultural competency is intended to optimize the likelihood that individuals from all cultures, ethnicities, and races will receive appropriate and sensitive care.

Just such a challenge recently presented when a Korean-born female patient in her late 40s requested a transfer from her current cycler therapy to the Newton IQ cycler with IQcard capability (Fresenius Medical Care, Bad Homburg, Germany). The nurses expressed concern about this patient’s ability to achieve mastery of the new cycler given the extreme difficulty they had experienced in completing her initial training. However, the patient was highly motivated in her desire to switch cyclers, citing several features of the Newton IQ and the Stay•Safe technology (Fresenius Medical Care) that would reduce her exposure to and potential for infection. Additionally, the IQcard feature would simplify record-keeping and offer more comprehensive treatment records, and the nurses could more easily monitor the patient’s adherence to the prescribed therapy. The enhanced therapy option provided by the “pause” function of
the cycler gives a midday exchange, thereby replacing the need for manual exchanges and reducing the types of supplies and equipment required. The built-in mobility of the Newton IQ is also an advantage, because it eliminates the need for an additional table dedicated to the cycler.

This patient was not naïve about the fact that she had difficulty learning, and in fact, she expressed her fear of training. Although she spoke English, had lived in the United States for many years, and was raising her children to speak English and Korean, she processed thought in her native language, which affected her ability to learn effectively. Even though the patient was highly motivated, the nurses were equally challenged about how to adapt this training situation.

Materials and methods
To facilitate the training, a variety of educational materials and PD supplies were used. The goal was to provide adequate supplies for the patient to have multiple opportunities to practice the Newton IQ setup, including multiple solution bag connections, and to practice with the Stay•Safe continuous ambulatory PD (CAPD) equipment that would serve as a back-up system. Supplemental training tools included Newton IQ and Stay•Safe CAPD training DVDs, procedure cards, and an Operator Instruction Manual that were provided to the patient.

Discussion
Training was scheduled in the main training room: a large room that incorporates the training area and the nursing desk, with computer, telephones, and fax machine. The lab preparation area is also located in this room. Several interruptions by other patients occurred during the first day. Some patients needed to have unscheduled discussions with the nurses about new clinical issues; others wanted to see the Newton IQ cycler, because it was unfamiliar to them.

During the initial demonstration, it was critical that the nurse speak slowly to the patient and, before introducing the next piece of information, observe for facial expressions and body language that would provide cues to the patient’s understanding of the information already delivered. Because of the numerous interruptions, the patient became noticeably nervous at the lack of privacy and again verbalized fear of learning. Her body language was closed; she rarely spoke and never smiled. She practiced using the equipment under direct verbal support and direction, but never independently. As a result of this interaction, it was clear that another, more private, location would be required for successful and effective training of this patient.

The second training day took place in a more secluded area of the clinic to ensure privacy. Cycler setup was reviewed, and it quickly became apparent that the patient had very little recall from the previous day. Staying on this topic, the nurse celebrated with the patient the aspects that had been remembered from the initial training. The patient’s body language opened up, including occasional smiles as she was able to recall information from the previous training. To help cement the knowledge, personal copies of all the training materials were given to the patient to review with her family and to serve as a future reference.

During the third training day, the patient was asked to write instructions for herself, in Korean, in her Operators’ Manual to serve as a personal reference at home. She eagerly completed this task, and her conversation increased as she became more comfortable with the situation. Clearly the patient was developing a sense of self-worth because she was contributing to the learning process. She displayed more confidence as she repeated the cycler set-up and operation, referring back to her handwritten notes. To ensure that the patient had translated the information correctly and in the proper order, she read her Korean notes back in English.

By the fourth and last training day, the patient was animated when greeted with a Korean phrase, being impressed that the nurses had taken time to learn some phrases from her native language. She eagerly began to practice the set-up independently, and by the end of the day, she had amended some of her notes based on her better understanding of the requirements. Additionally, she was able to verbally describe various system components, troubleshoot, and answer questions about the Newton IQ correctly. She was ready to move to home self-care with the Newton IQ.

Conclusions
When a foreign language is a barrier to learning, it is critical to enhance communication by providing training in a quiet area free of disruption and distraction. The mental and emotional environment can be influenced by the physical environment in which classes are
conducted (2). With a motivated patient and a nurse willing to work with that patient to overcome learning barriers, much can be achieved.

Provision of additional training support materials (DVDs or videos, users’ manuals, picture guides, and procedure cards, for instance) reinforce and enhance the instruction. Encouraging the patient to make notes in the primary language strengthens the lesson, provides a written reminder for reference at home, and shows respect for the patient’s culture. Sensitivity to the patient’s culture demonstrates respect and builds the basis for a trust relationship and can foster improved communication.

References

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