



1

a. Work in small groups and find out four things you have in common. Also think of something which is unique about each group member. Tell the class about your findings.



2

b. Complete the following sentence, "If I could have dinner with any person, living or dead, it would be ... because ..."



3

c. Write two to three statements about yourself on a card. Don't tell anybody what you have written. Collect all cards together and shuffle them. Choose one card, read out the statements and try to guess who the writer is.



4

d. Truth or lie? Write down three statements about yourself. One of these statements should be false. Read out your statements and let the others guess the lie.



5

Talk about the pictures

- What situations do they show? Who is meeting who?
- Do the pictures show situations you have experienced? Describe your experiences. Were they good or bad, pleasant or unpleasant, funny or serious, interesting or uninteresting, exciting or boring, difficult or easy?

Interaction

A Work in small groups. Choose one of the situations you have spoken about and do a short role-play. How do you start the conversation? How do you introduce yourself to the group or person?

B Sometimes, people use icebreakers to get to know each other and "break the ice" when a new work team comes together. Look at the icebreakers in the chart above and choose one to do with your group.

Meet Helen and Tom

Hi, my name is Helen.

I'm 17 years old and I live in Manchester. I live with my father Brian and his wife Corinne. My parents are divorced. We live in a large flat with a balcony in the city centre and I have my own room. I have a stepbrother called Kevin. He is ten years younger than me. My mother Sandra, her husband and Kevin live in London. I often visit them. I love to go shopping in London, but also here in Manchester with my best friend Sandra. When I'm in London, I take the chance to do something with Kevin. We visit the zoo, go to the cinema, play games, or draw pictures. Art is my favourite subject, but I also like biology. I believe working with children is something I could do. I have never had problems with Kevin and I do a lot of babysitting for my neighbours. I like swimming and every year I join an inclusive summer camp at the seaside. I really love these holidays and I always look forward to them. From my experience at summer camp, I know that working with children with special needs is something I want to do in future.



Hello, my name is Tom

and I'm 19 years old. My family originally comes from South Africa. Now I live in Manchester with my parents and my sisters Mona and Ronda. My granddad also lives with us. Our house is large enough for all of us and it has a big garden. I finished school last year and right now I'm a social volunteer in an old people's day care centre. I have already had a lot of experience with my grandfather who lives with us. He is a wheelchair user and needs regular care. I help my mother to care for him, and maybe this is why I think that working with old people is something I would love to do as a future job. My year as a social volunteer also gives me the chance to gain some more experience. I enjoy spending time with older people. I love listening to their stories and their warm welcome every morning. At the weekend, I like to meet my friends and we go to a disco, or we just hang around. I've always enjoyed sport, and nowadays I go to the gym and work out twice a week. You need to be strong to work with old people.



Working with the text

A Are these statements true or false?

Correct the false statements.

1. Helen lives in London but Tom lives in Manchester.
2. Tom is older than Helen.
3. Helen's stepbrother Kevin is 4 years old.
4. Both Helen and Tom have some experience with old people.
5. Tom's grandmother lives with his family.
6. Helen has some experience with children with special needs.
7. Tom is doing on the job training in an old people's home.

B Look at the text again and complete the following sentences.

1. Helen believes that she can work with children because ...
2. Her yearly summer camp holidays help her to be sure about her future work plans because ...
3. In the future, Tom wants to work with old people because ...
4. He thinks he has already had a lot of experience with old people because ...
5. He thinks it's good to work out regularly because ...

Two care workers speak about their problems and stress at work

Sonja – a home care worker

Very often I work 10 days without a break and getting out of bed is a real struggle for me. Even after a long night's sleep I do not jump out of bed feeling refreshed. But there

5 is no time to feel ill. There are 6 people waiting for me to get up and dressed. In order to stick to my schedule, I rush into and out of my clients' homes as quickly as possible. Despite all that hurry, I'm always behind schedule, which means that I run into my noon call's home, prepare a cup

10 of tea and microwave her lunch, and run out without having chatted to her or monitored her food intake. A lot of my clients don't eat properly. All this makes me feel very guilty.

Timekeeping is a constant problem and there are clients who get angry with me. I have to apologise again and again. I also wish my home-care office would consider people's wishes

15 instead of packing my schedule with as many calls as possible. For example, I arrive at the first job on my schedule at 7:15a.m but that lady actually wants a 9a.m call. She refuses to let me in and shouts at me.

In the evening, the situation can be worse. Today I have three meal calls, a catheter bag to empty and four people to undress and get to bed, and "only" two medication prompts.

20 Very often, people don't get the care and support they need and I feel extremely disheartened. Many of my clients have very little social contact and they beg me not to leave but I have to because there is always someone else waiting. We are always overburdened with calls. As a consequence this way of working has become the norm. There are days when I consider getting another job with a better salary and regular breaks.



Melissa – a nurse

I often cry because I'm so exhausted. There are lots of nights I lie awake because the decisions I always have to make are going around my head. I'm in charge of a hospital ward and as a registered nurse I am responsible for everything. Sure, I can ask the doctors for advice, but they

5 are overwhelmed by their operations. I get yelled at for asking questions and they tell me to stop calling so much and to try to manage on my own. Most of the time I am

10 run off my feet. There is medication to give, vital checks to do, patients who've had operations, admissions and discharges all at once and of course lots of paperwork and doctors shouting orders at me. When I arrive I immediately start giving medication and monitoring vital signs.

I chart them and make sure I'm aware of any changes. But again and again I have to stop because

15 I get calls from patients who need my help or doctors ask me to treat a patient. I'm constantly on the go, and there are still total care patients who haven't been turned in over 2 hours. I'm utterly ashamed of this. When we complain about the lack of trained staff they blame nurses for their poor time management skills. People have to pay a lot for their health insurance, so why can't we have enough nurses? They are pretty much the core of the health care system. I wanted to be a

20 nurse to be able to comfort patients, hold their hands and explain everything to them without being under constant time pressure. It's high time things changed!



D. Disorientation of time and place

It's normal to forget a date but people with dementia forget about their children's and their own birthdays. Some have no idea if it is day or night. Getting lost in (11) ... places is something which happens to everyone but people with dementia get lost in places they know like their own (12) ...

E. Lack of hygiene

People who have dressed very (13) ... may start wearing dirty clothes and forget about their (14) They stop brushing their teeth, combing, or bathing and can't remember how to dress correctly.

F. Personality changes

People's personalities can change a bit with age but a person with dementia shows extreme changes in character. They become passive, (15) ... or uncommunicative. They also have sudden (16) ... from calm to tears to anger without a (17) For example they may become fearful and (18) ... of people, even of family members or they are suddenly rude to the people around them.

G. Odd behaviour

Everyone searches for a lost (19) ... sometimes but those who suffer from dementia place objects in wholly (20) ... places like a comb in the fridge, or shoes in the dishwasher.



B Work in pairs and read Melissa's story again.

With the help of the list of warning signs, explain which symptoms of dementia her mother showed before she had to go into a nursing home.

Interaction / Production

Hands-on task

The first step to diagnose dementia is to use a questionnaire. This investigates what typical symptoms the patient is showing. This is the beginning of a questionnaire which Melissa was asked to fill in. Work in small groups and create a complete questionnaire. Decide whether you want to design one for the patient or the relative. Compare your results in class.

Diagnosing questionnaire dementia: Observed Behaviour Checklist				
Your name:	Melissa Sandrino			
Name of family member:	Eva Mays			
Family member's date of birth:	2/11/...			
Your relationship to family member:	daughter			
Does this person live with you?	Yes () No (X)			
Behaviour	Not at all	Sometimes	Frequently	Does not apply
Does he / she repeat stories / sentences / the same questions again and again?				

Look at the method card "How to design a questionnaire" on page 138.

The eatwell plate

Fruit and vegetable

Bread, rice, potatoes, pasta



Meat, fish, eggs, beans

Foods and drinks high in fat and / or sugar

Milk and dairy foods

What are healthy eating habits?

Hands-on task

Inter Interaction

Sit in five groups and choose one of the food groups you see on the “eatwell plate”. Design a poster with different types of food which belong to that food group. Make sure you tell your classmates the English words for the food on your poster.

A Why do you think is this plate called an “eatwell” plate?

B Talk about your eating habits.

1. What food do you like to eat?
2. What do you never eat at all?
3. How many meals do you eat in one day?
4. Is the food you eat healthy?
5. Do you think you should change some of your eating habits?

Unit 10 Food and Care

What are healthy eating habits?

eating habits	Essgewohnheiten
food	Essen, Nahrung
foods	Nahrungsmittel

Some basic rules

nourishment	Ernährung
wholegrain	Vollkorn-...
dairy products	Milchprodukte
fruit	Obst
balanced	ausgewogen
diet	Ernährung, auch: Diät
vegetables	Gemüse
starchy	stärkekaltig
French Fries / chips	Pommes Frites
peanuts	Erdnüsse
crisps	Chips
(to) contain	beinhalten
ingredient	Inhaltsstoff, Zutat
(to) avoid + ing-Form	vermeiden
fresh	frisch
organic	biologisch

A healthy and balanced diet ...

fibre-rich	ballaststoffreich
oats	Haferflocken
peas	Erbsen
lentils	Linsen
digestion	Verdauung
fibre	Balaststoff
iron-rich	eisenhaltig
lean	mager
meat	Fleisch
pulses	Hülsenfrüchte
oily	ölig, ölhaltig
calcium-rich	kalziumreich
bones	Knochen
density	(Knochen-)Dichte
fracture	Knochenbruch
soya beans	Sojabohnen
(to) raise	heben, steigern
overweight	übergewichtig
underweight	untergewichtig
(to) lose appetite	den Appetit verlieren
nutrient	Nährstoff
preferably	möglichst
thirsty	durstig
(to) dehydrate	austrocknen
diluted juice	mit Wasser verdünnter Saft
caffeine	Koffein

(to) ensure	sicherstellen
proper	richtig, angemessen
Advocat	Eierlikör-Marke
(to) chew	kauen
herbal butter	Kräuterbutter
pancake	Pfannkuchen
whipped cream	Schlagsahne
rice pudding	Milchreis
raspberry syrup	Himbeersirup
cottage cheese	Hüttenkäse
boiled egg	gekochtes Ei
fried potatoes	Bratkartoffeln

How to feed ...

(to) feed	füttern
mealtimes	Mahlzeiten
blindness	Blindheit
disability	Behinderung
stroke	Schlaganfall
lying down	liegend
sleeping position	Schlafposition
food going the wrong way	sich verschlucken
upright	aufrecht
meal tray	(Essens-)Tablett
towel	Handtuch
straw	Strohalm
numbness	Taubheit, Gefühllosigkeit
numb	taub, gefühllos
(to) experience sensations	Empfindungen wahrnehmen
vision problems	Sehstörungen
amount	Menge
(to) choke	ersticken
(to) swallow	schlucken
on your own pace	im eigenen Rhythmus
(to) stir	(um)rühren
bowl	Schüssel
napkin	Serviette
(to) spoil	verderben
bite	Biss
slice of bread	Brotscheibe
cutlery	Besteck
roast pork	Schweinebraten
mashed potatoes	Kartoffelpüree
(to) reduce	reduzieren
attentive	aufmerksam
sensible	vernünftig



Die Aussprache der blauen Vokabeln finden Sie auf der Audio-CD 16712

Talking to patients and new residents

Mit Patienten und neuen Heimbewohnern sprechen

• Persönliche Begrüßung und Eröffnung eines Gesprächs

Begrüßen Sie den neuen Patienten / neuen Heimbewohner mit einem Händedruck und stellen Sie sich persönlich vor. Nennen Sie dabei nicht nur Ihren Namen, sondern auch Ihre „Funktion“ (Beruf, Zuständigkeitsbereich).

Die non-verbale Körpersprache spielt dabei eine wichtige Rolle, denn mit einem Lächeln, Blickkontakt und einer offenen Körperhaltung vermitteln Sie dem Patienten / Heimbewohner, dass Sie sich um ihn / sie kümmern.

Hallo Mr / Mrs (name). My name is (name) and I'm the new trainee. My name is (name) and I'm training to be a (job).	Nice to meet you, my name is (name). My name is (name) and I'm in charge of (zuständig sein für ...). Welcome to our home Mr / Mrs (name).
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• Mitteilen, warum man mit dem Patienten / dem Heimbewohner Kontakt aufnimmt.

I'm here to check your pulse. Mr / Mrs (name) I'd like to help you with your dinner. I'm your nurse / nursing assistant and I want to make sure everything is fine / okay.	I need to check your blood pressure. I'm going to take some blood. Mr / Mrs (name), we haven't met yet. I'm (name) and I'm here to bring you your medicine.
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• Offene Fragen stellen, die den Patienten / den Heimbewohner dazu „einladen“, mehr von sich / dem Gesundheitszustand / den eigenen Gefühlen zu erzählen.

Stellen Sie Fragen möglichst **nicht** so, dass der Patient / der Heimbewohner nur noch ja oder nein antworten kann oder so suggestiv, dass die Antwort vorgegeben wird. ("Don't you think I should open the window?") Fragen können geschlossen sein, wenn man nach einem konkreten Sachverhalt fragen möchte, „Do you take a sleeping pill every night?“. Bei jeder Frage sollte der Patient / Heimbewohner genügend Zeit haben, in Ruhe zu antworten. Nutzen Sie immer auch Höflichkeitsfloskeln.

Can you tell me what medication you take? Could you please answer some questions about your health for me? Where does it hurt? How do you feel? How bad is the pain? How can I help you? Can you describe your symptoms / pain, please? Don't hesitate to tell me what I can do for you. Is there anything else you need / you want me to do?	Können Sie mir bitte sagen, welche Medikamente Sie nehmen? Würden Sie mir bitte einige Fragen zu Ihrem Gesundheitszustand beantworten? Wo tut es weh? Wie fühlen Sie sich? Wie schlimm ist Ihr Schmerz? Wie kann ich Ihnen helfen? Können Sie bitte Ihre Symptome / Ihren Schmerz beschreiben? Zögern Sie nicht, mir zu sagen, was ich für Sie tun kann. Brauchen Sie noch etwas? / Kann ich noch etwas für sie tun?
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