



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.

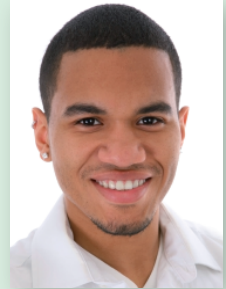
I'm 17 years old and I live in Manchester. I live with my father Brian and his wife Corinne. My parents are divorced. We live in a large flat with a balcony in the



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 older 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 older 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 older people.

Working with the text

A Are these statements true or false?

Correct the false statements.

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

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

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

B Reconstruct the following sentences

1. every – bed – takes – morning – and – out – Henry – jumps – shower – a – of – he
2. seven – arrives – at – call – about – his – o'clock – he – at – first
3. Mr – night – Miller – in – pain – at – is
4. in – for – fetches – Mr – Henry – Miller – at – painkillers – pharmacy – afternoon – new – the – the
5. hot-boxes – Henry – at – 11am – the – into – packs – lunches – the
6. delivery – Hollander – is – day – lunch – of – the – Mr – last – the

Grammar box: Genitive – Genitiv

s-genitive

→ bei Personen, Tieren

Henry's clients

- Mr Jones' record of care
- people's health
- the clients' medication
- the dog's bone

of-genitive

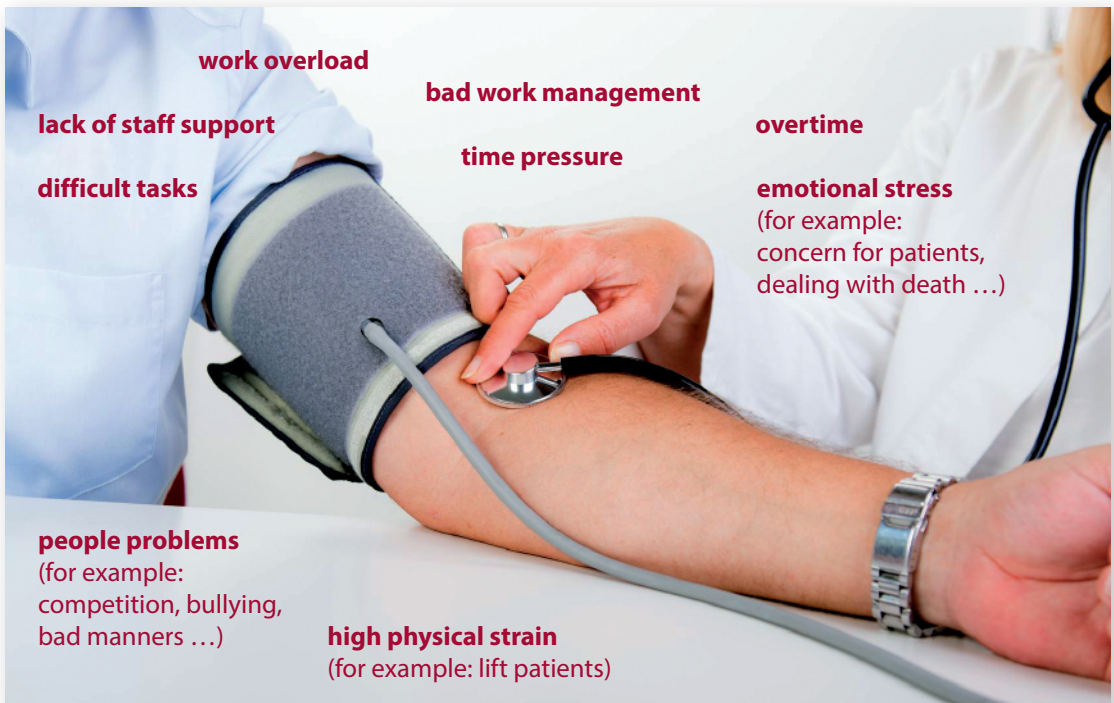
→ bei Sachbezeichnungen

- the new colour **of** the uniform
- the pages **of** the work report

C Write the s- or of-genitive.

- | | | |
|--|--------------------------------|---------------------------|
| 1. (Mr Miller) record of care | 4. (home care workers) uniform | 7. (doctor) prescription |
| 2. (Mrs Morrison) thrombosis stockings | 5. (Henry) schedule | 8. (clients) tablet boxes |
| 3. (cup) tea | 6. (home-care service) office | 9. (my cat) toy |

Stress factors in care work



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 hos-
5 pital ward and as a registered nurse I am responsible for everything. Sure, I can ask the doctors for advice, but they 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 medica-
tion 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!

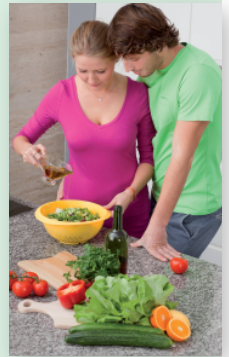


How to keep fit and healthy

Staying fit and healthy is surely something everyone wants. We all know how important health is. Here are some basic rules to stay fit and healthy.

1. Eat healthy food and keep your weight under control.

- 5 Being overweight increases the risk for diseases like diabetes, high blood pressure, certain cancers and heart disease. Therefore, it's important to eat healthy food. Eat a lot of vegetables and fruit and avoid eating fatty food. Say no to fast food. It's full of fat and will only make you put on weight. Also watch the amount of sugar in the food you eat. Not eating too much
- 10 sugar is also important to maintain good health.



2. Exercise regularly.

- You need to exercise twice a week. Go to the gym, go jogging or play ball games with your friends. All these kinds of activities can make you fitter. But even if you don't have any
- 15 time to exercise, try to move as much as you can. For example, go by foot instead of taking the car, go for a walk or do some gardening. Even small, everyday changes can improve your strength and fitness.



3. Don't smoke.

- 20 Smoking kills. That's a fact, so just don't start. If you already smoke, stop. Even smoking a few cigarettes a day affects your health. It affects your heart and can also cause cancer, particularly lung cancer.

4. Don't take drugs.

- 25 Even legal drugs are unhealthy. For example, drinking too much alcohol damages your liver. Only drink alcohol in moderation.



5. Reduce stress.

- 30 Some stress can be positive, but too much stress is bad for your health. It makes you feel nervous and causes sleep problems. It is also responsible for headaches, stomach pains and not being able to concentrate. Stress also weakens your immune system. It is very important to relax regularly. Try to do something which you like and which can take off your
- 35 mind from work and worries. How about taking a long, hot bath; listening to music; reading a book; meeting friends; laughing, or doing yoga. All these activities are good stress busters.



6. Be clean & hygienic.

- 40 Good hygiene is not only important in times of high infection like in winter. Wash your hands regularly and free your body from bacteria by taking a bath or shower regularly, wearing clean clothes and keeping your teeth clean and healthy.



- 45 **If you follow these six rules, you will have a long and healthy life!**

Working with a family album

A Here is one of the photos taken from Mr Miller's family album. Mr Miller loved talking about the day it was taken. To document the most important information and to keep up the dialogue Tom asked some questions. Here are Mr Miller's answers. Can you think of the questions Tom asked?

1. This was my wife Gertrude right on the day my daughter was born.

2. The girl was from our neighbourhood.

3. She brought some flowers and wanted to have a look at the baby.

4. She did not buy the flowers but picked them from a meadow nearby.

5. We lived in a small flat at that time. Later we had our own house with a garden.

6. My daughter Sarah is lying in the cradle.

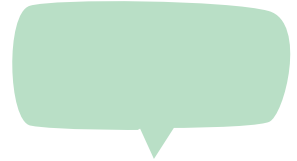
8. I was really nervous and of course very proud on that day.

7. I took the photo.



B Here are two more photos Mr Miller talked about. Work in pairs and think of a story behind the photo. Then work out a dialogue between Tom and Mr Miller.

Interaction



C Have a look at your family photos. Choose one and present it in class.

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.

Hands-on task

Interaction / Production

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?

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 | Essen anreichen |
| 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 | Strohhalbm |
| numbness | Taubheit, Gefühlllosigkeit |
| 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 in den Audio-Dateien DA0901055

Living with borderline personality disorder



My name is Debbie, I'm only 22 years old but I have already experienced depression several times. I have overdosed on pills several times, have gone on lots of alcohol binges, have struggled with bulimia, have had lots of sexual relationships and have self-harmed countless times. As my mother has always told everyone, "She is mad and moody, better leave her alone!". Today I know that I have borderline personality disorder – BPD.

I have always been searching for someone who loves me. My dad went away when I was 3 and I never saw him again. At about age 10, I started telling myself that only my dad loves me. I searched for someone I could love instead. I had lots of teddy bears, later pets, and as a teenage girl of 14 I started sleeping with boys.

I have always had strange feelings of emptiness and tension deep inside me. At 15 I began self-harming. I cut deep into my arms

and legs. Even today I still have rapid mood changes. I can feel very sad or extremely angry. When this happens there is a voice in my head repeating: "Hurt yourself" While I'm self-harming, I feel like I'm outside my body and watching someone else. It's like another person has taken over my body and I have no control of what is going to happen next. All this is scary but self-harm releases my tension, so I continue. This habit stops whenever I'm in a happy relationship but I fall back into it as soon as something goes wrong and I feel bad or under stress. Then it becomes a part of my routine at night. I wash my face, brush my teeth and self-harm. At 16 I felt that I couldn't stop this habit and I stole my mother's tranquilisers and tried to commit suicide for the first time. I was transferred to a psychiatric ward and started therapy for the first time. But I overdosed 6 more times before I was 19. Then suddenly, at 20, I started vomiting up everything I ate. I felt very ill for a number of weeks and my mother took me to a doctor. He gave me some medicine but the vomiting kept on. Several weeks passed and no physical reason was found. Doctors talked of bulimia. Again I went into a psychiatric ward, but this time I was diagnosed with BPD. Up to now there hasn't been a clear answer why I have borderline personality disorder, but I think that my unfulfilled wish for real love plays a role. My mother has never understood my feelings. She abused me emotionally when I was a teenage girl, calling me "my lunatic girl". Now I'm in a special therapy programme for women with BPD. Meeting and talking to the other women was a real turning point. When I saw how much we have in common I could accept my bipolar personality. I try to live a normal life but life with borderline personality disorder will always be a life on the edge!

Talking to patients and new residents

Mit Patienten und neuen Bewohnern sprechen

• Persönliche Begrüßung und Eröffnung eines Gesprächs

Begrüßen Sie den neuen Patienten / neuen Bewohner 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. | Nice to meet you, my name is (name). |
| My name is (name) and I'm training to be a (job). | My name is (name) and I'm in charge of (zuständig sein für ...). |
| | Welcome to our home Mr / Mrs (name). |

• Mitteilen, warum man mit dem Patienten / dem Heimbewohner Kontakt aufnimmt.

| | |
|---|--|
| I'm here to check your pulse. | I need to check your blood pressure. |
| Mr / Mrs (name) I'd like to help you with your dinner. | I'm going to take some blood. |
| I'm your nurse / nursing assistant and I want to make sure everything is fine / okay. | Mr / Mrs (name), we haven't met yet. I'm (name) and I'm here to bring you your medicine. |

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