

Language training for caregivers, nurses and doctors



- Analysis of the situation
- Demands,
- Guidelines for learners and teachers
- Methods
- telc-Tests
- telc-Materials

- Discussion

Wir haben Arbeitskräfte gerufen und es sind Menschen gekommen.

We wanted workers to come and help us but people came.

Max Frisch 1911-1991. ‚Siamo Italiani – Die Italiener. Gespräche mit italienischen Arbeitern in der Schweiz‘. Zürich 1965

Situation today:

- Steadily increasing demand for qualified caregivers, nurses and doctors
- ca. 180 000 foreign employees in the German health system (Caritas 2014)
- 150 000 up to 200 000 legal and illegal caregivers in private homes and ambulant care
- ca. 25% of inhabitants in West German cities with a migrant background
- immigrants of the 50s and 60s reaching retirement age
- 200 000 medical ‚tourists‘ p.a. from all over the world in Germany
- German doctors and German medical equipment top export ‚goods‘
- More than 200 agencies involved in recruiting medical staff

Germany, Austria and Switzerland call for ten thousands of caregivers, nurses and medical staff p.a.

Foreign Caregivers, nurses and doctors

- learn German
- prepare for the specific language exams B 2 oder telc B1/B2 Pflege or B2/C1 Medizin
- Non-EU-migrants need to obtain recognition for their vocational or professional qualifications
- get acquainted with their tasks in clinics, homes for elderly or private homes
- should improve their language skills and adapt to the new situation

And what happens then?

- In many cases they don't have the necessary support and mentors
- This leads very often to frustration, resignation and return to their countries

Who cares for the caregivers?

What are the demands in the fields of language learning, teaching and testing for nurses?

Schwester Monika: Könnte ich mal mit jemand auf der Station sprechen, der Deutsch spricht?

*Nurse Monika: **Could I please speak to someone on the ward, who speaks German?***

Schwester Ana: Da müssen Sie schon mit mir sprechen. Im Moment sind wir zwei ausländische Pflegerinnen im Dienst.

*Nurse Ana: **You have to speak with me. At the moment we are only two foreign nurses in charge on the ward here.***

Question: Who has to learn something here?

Problems and conflicts

- Deficits in language skills
- Limited opportunities to improve skills
- Limited learning resources
- Differences in vocational training
- Cultural and religious differences
- Different social standards
- Incorrect preinformation through agencies and schools
- Dubious, illegal work contracts
- Understaffed clinics and homes
- Personal problems with partners, family, loneliness, problems in living quarters, ...

are opportunities

- Relief for the local teams
- Help for care for foreign patients and people with migrant background
- Assistance when admitting foreign patients
- Help local colleagues become more sensitive to their perception of others
- Preparation for the time when local staff will be a minority
- Strengthen international cooperation

The goal is to improve language and transcultural skills for both sides

Who is speaking here?



What are they speaking about ...?

Who is speaking here?



What are they speaking about ...?

Who is speaking here?



What are they speaking about ...?

Who is speaking here?



What are they speaking about ...?

Who is speaking here?



What are they speaking about ...?

Which requirements face caregivers and nurses?

- They should have a good general command of the language
- They need a specific vocabulary in their professional work
- They should know and use the right tone when speaking with patients, clients, colleagues, doctors and relatives of the people they care for
- They should have a basic awareness of cultural differences, prejudices when handling conflicts
- They must cope with their migrant situation and homesickness, different social standards
- They should have a basic knowledge of the German health system

No one single teaching method fits all needs

Examples of lessons for nurses



sich selbst vorstellen und jemanden begrüßen

- Guten Morgen, ich bin Schwester Ana / ich bin Pfleger Rui.
- Guten Morgen, ich bin Frau Hofer, Gesundheits- und Krankenpflegerin hier auf Station.
- Hallo, ich bin Schülerin/Lernschwester Susanne.

- speaking about typical situations, expectations, fears and hopes
- task-based teaching conception
- using formulaic phrases and prefabricated chunks (instead of grammatical encoding procedure)
 - e.g. ,Wie geht's?'
 - not ,*How goes it you?*
- reduced code
- fluency practice

Medical vocabulary? A German problem?



- Internationally used terms/words for medical terms differ from terms used by the patients e.g. **appendix** German: der ‚**Blinddarm**‘
- Permanent code switching
- words used in the general language have a different meaning in medical contexts e.g. ‚**Werte**‘ = **values** or med.: **vital signs**
- abbreviations and reduced codes refer sometimes to international terms ‚**p.o.**‘ ‚per os‘ but German **WW** for ‚Wechselwirkung‘
- different standards in different places/clinics

What does this mean?

*‚FEM‘ ‚freiheitsentziehende Maßnahmen
‚custodial measures‘*

Written and non-written regulations and laws

What should a nurse or caregiver know about

- Laws and legal regulations
 - the social and the health system
 - the application of these regulations in the place they work
 - the non-written laws and dealing with these
 - dealing with the better informed patients and relatives
- ... their own ability to cope with unfamiliar circumstances

Pflegestärkungsgesetz

Fallpauschale

*Arzneimittelbeschränkungs-
gesetze*

Zwangsbehandlungsverbot

PRG Patientenrechtegesetz

Packungsgrößenverordnung

Eingliederungshilfe

Gibt es hier eine Kaffeekasse? Do you have a coffee kitty?



Texts can be used for

- reading comprehension
- research and reading of official regulations e.g. work contracts
- talking about symbols e.g. pig as ‚Glücksschwein‘ (lucky pig)
- talking and learning of phrases, quotations and aphorisms
- role play

**‚Da hab‘ ich Schwein gehabt.‘
‚I was lucky.‘**

‚Nur eine kleine Aufmerksamkeit für die lieben Pfleger‘ Die Kaffeekasse im Schwesternzimmer. Lesen Sie die Aussagen verschiedener Personen zum Thema „Kaffeekasse“.

Manche Patienten oder Angehörige wollen sich bei den Pflegekräften für die gute Betreuung bedanken und Ihnen etwas schenken. Sie sind aber unsicher, ob das erlaubt oder normal ist. Und wie viel Geld ist hier angemessen?

Frau E.: Im Grunde ist es doch Quatsch, Geld dazulassen. Aber okay, ich habe es auch schon gemacht. Allerdings machen sie ihren Job. Fährt mich ein Busfahrer gut ans Ziel, gebe ich ihm beim Aussteigen auch kein Trinkgeld..... ..Man sollte sich also auf sein Gefühl verlassen, dann macht man nichts falsch.

Herr M: Während meines dreiwöchigen Klinikaufenthalts ist mir aufgefallen, wie genervt die Schwestern manchmal waren, so viel Stress, nervige Patienten, nörgelnde Ärzte...) Eben das volle Programm. Es ging ihnen sofort besser, wenn man sich ihnen mit Respekt und Freundlichkeit gegenüberstellte und vielleicht auch mal ein Kompliment machte. Ein dickes Dankeschön in Form von Worten bedeutet mehr als ein Geldschein. Das sehe ich als Anerkennung.

Herr F.: Es reicht doch, dass man sich bedankt, vielleicht noch ein paar Blumen dalässt Die kann man sowieso nicht alle mit nach Hause nehmen.

Top-Ten der Ärgernisse am Arbeitsplatz. Was sollte man besser nicht machen?
Die Firma „Regus“ hat in einer Studie gefragt, was Menschen an ihren Kollegen am meisten stört. Gibt es für Sie ebenfalls eine Top-Ten-Liste der Ärgernisse am Arbeitsplatz?
1 Lesen Sie die Top-Ten der Bürosünden (Liste A) und dann machen Sie eine eigene Liste (Liste B), mit dem, was Sie am meisten stört.

A: Die Top-Ten der Bürosünden allgemein	B: Die Top-Ten der Ärgernisse in D A CH in Kliniken oder Senioreneinrichtungen	C: Die Top-Ten der Ärgernisse in meinem Heimatland
1. Rauchen, Saufen, Müffeln Kollegen, die zu viel rauchen, trinken oder schlecht riechen, stören sehr.	1.	1.
2. Dreck Unsaubere Personaltoiletten oder alte Lebensmittel im Kühlschrank	2.	2.
3. Unpünktlichkeit Kollegen, die oft zu spät kommen	3.	3.
4. Laute private Telefonate	4.	4.
5. Lästern und Tratsch Weißt du schon, die	5.	5.
6. Fehler abstreiten Jeder Mensch macht einmal einen Fehler, aber dann muss man dazu stehen.	6.	6.
7. Überlaufende Mülleimer Der Müll wird nicht weggeräumt.	7.	7.
8. Radiomusik am Arbeitsplatz	8.	8.
9. Kopierstau Der Kopierer ist unbenutzbar.	9.	9.
10. Selbstgespräche Der Kollege spricht oft mit sich selbst und kommentiert alles.	10.	10.

Mit freundlicher Genehmigung der Firma Regus, Düsseldorf

2 Vergleichen Sie Ihre Liste mit den Listen Ihrer Kollegen.

Was stört Sie persönlich am meisten? _____

Gibt es eine gemeinsame Top-Ten-Liste? _____

Was stört die Gruppe am meisten? _____

3 Denken Sie an Ihr Heimatland. Wie würde dort die Top-Ten-Liste (Liste C) aussehen?

4 Was glauben Sie – sind die Listen eher kulturell oder eher individuell geprägt?

5 Wenn Sie etwas am Arbeitsplatz sehr stört, sprechen Sie es an! Die folgenden Redewendungen helfen Ihnen:

- Entschuldigung, aber das stört/verärgert mich. ...
- Das/es stört bei der Arbeit, wenn
- Das hat mich verletzt/gestört
- Entschuldige, wenn ich das anspreche, aber
- Bitte nehmen Sie mir das nicht übel, wenn/aber
- Bitte respektieren/beachten Sie,
- Bei uns ist es üblich/nicht üblich
- Bitte denken Sie daran,

6 Sicher gibt es etwas, das Sie positiv überrascht. Was ist das? _____



The top-ten of annoyances in offices and clinics

Speaking about anger, misunderstandings and hidden conflicts

- What makes you really angry?
- About what do you really want to speak with your colleague?
- Why do I not understand, why my colleague is angry?

Can be used as survey, reading vocabulary training phrases and chunks
role play

H. Funk: 'Learning is basically the construction of meaning'.

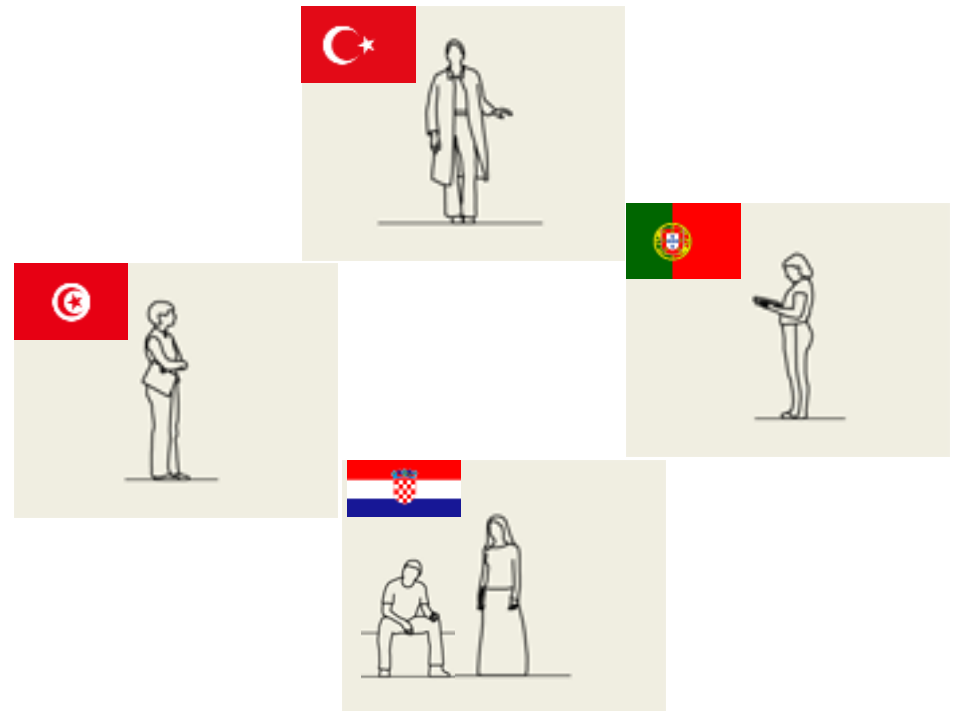
Do we all think and act in the same way?

- Health and illness are different in different cultures.
- Szenario: A Turkish couple brings their fifteen year old daughter to the emergency room where there is a Russian doctor, Croatian nurse, German receptionist.
- Working in international teams is an issue today.
- Make a role play.
- How do the partners react?
- How do you feel in your role?



Do we all think and act in the same way?

- What happens now?
- Szenario: A single Croatian mother brings her son after alcohol abuse to a female Turkish doctor, Portugese nurse in the emergency room. The receptionist is from Tunisia.
- Do all persons react only medically rational?



Playful activities with partially open outcomes can promote an active interest for the production of early (emotional) output for more than just the production of language.

„We are family!“ or not - in Germany?

13 Soziale und berufliche Kontakte am Arbeitsplatz



Kontakt aufnehmen und Small talk

- Hallo Michael, wie geht's?
- Anna, wie war dein Wochenende?
- Freut mich, Sie/dich kennen zu lernen. Ich heiÙe Svetlana. Und Sie/du?

- What happens after work?
- Let's have a drink after work!
- Do you really have summer in Germany? And what comes after?
- From Southern Italy to Oberpfalz
- Do we forget the caregivers in the private homes?
- Projects e.g.
- Mimi – Migranten helfen Migranten
- ‚migrants help their fellow countrymen‘

And Grammar? ‚Auf Station‘ or ‚auf der Station‘?

- A **good basis of general grammar A2+** is essential
- **Different groups** of learners have a **different approach**, for some learners grammatical encoding hinders communication
- People **learn a language best when using it** to do things rather than through studying how a language works and its rules (Jay Richards)
- **Fluency and understandability** are more important - before accuracy - for the work flow with colleagues and clients
- Knowing how to use **language for a range of different purposes** and functions and settings is essential in the field of care and nursing
- Language learning should facilitate **inductive and discovery learning**, the focus should not be on forms but rather express meaning even with (prefabricated) forms and chunks
- LL is a gradual process of **trial and error**, errors are normal

Conclusion

Planning and design of course books and LT should:

- Working with words and structures in task-based contexts (focusing on content)
- Practice in lexical items/phrases and embedded grammar/chunks of language (automatization 1)
- Raising language and cultural awareness (focussing on grammar and language structures, working situation, perceptions, beliefs, laws)
- Target task processing and transfer (automatization 2)
 - (s.a. Hermann Funk 2012)

telc The European Language Certificates



- Subsidiary of the German Association of Adult Education DVV
- more than 250 000 exams p.a.
- 3000 examination centers
- 80 tests in 10 languages
- Development of examinations for e.g. Deutsch Pflege B1/B2 in 2013
- qualification of trainers
- Dispatch of training and exam materials
- Evaluation of results

telc language tests are aligned to the Common European Framework of Reference for Languages CEFR

C 2
Proficient user

C 1

B 2
Independent user

B 1

A 2
Basic User

A 1



telc LANGUAGE TESTS		Common European Framework of Reference: Listening, Reading, Speaking, Writing		
	A1	B1	C1	
	A2	B2	C2	
	A1	B1	C1	
	A2	B2	C2	

A1
Listening: I can understand familiar words and very basic phrases when people speak slowly and clearly.
Reading: I can understand familiar names, words and very simple sentences, for example on notices and posters and in catalogues.
Speaking: I can interact in a simple way. I can use simple sentences to describe where I live and people I know.
Writing: I can write a short, simple postcard, for example sending holiday greetings.

B1
Listening: I can understand the main points of speech on matters of work, school, leisure, etc. I can understand radio or TV programmes if people speak clearly.
Reading: I can understand everyday texts on personal or work matters. I can understand descriptions of events and wishes in personal letters.
Speaking: I can take part in conversations on family, hobby, work, travel and current events.
Writing: I can write simple texts on familiar topics. I can write personal letters describing my experiences and impressions.

C1
Listening: I can understand extended speech. I can understand television programmes and films without too much effort.
Reading: I can understand long, complex factual and literary texts and appreciate distinctions of style. I can understand specialised articles and longer technical instructions.
Speaking: I can express myself fluently and spontaneously and with precision. I can present detailed descriptions of complex subjects, rounding off with an appropriate conclusion.
Writing: I can write about complex subjects in letters, essays or reports. I can select the appropriate style for these.

A2
Listening: I can understand very basic information. I can understand the main point in short, clear, simple messages and announcements.
Reading: I can find specific information in simple texts (advertisements, menus and timetables) and can understand simple personal letters.
Speaking: I can communicate about simple, routine tasks. I can use a series of sentences to describe my private life and my job.
Writing: I can write short, simple notes and messages. I can write a very simple personal letter, for example thanking someone for something.

B2
Listening: I can understand extended speech and lectures and most TV and current affairs programmes and films.
Reading: I can read articles and reports in which the writers adopt particular attitudes or viewpoints. I can understand contemporary literary prose.
Speaking: I can interact with native speakers and take an active part in discussions.
Writing: I can pass on information in reports and essays giving reasons for or against a point of view.

C2
Listening: I can understand specialised lectures or presentations employing a high degree of colloquialism, regional usage or unfamiliar terminology.
Reading: I can understand abstract or specialised texts structured in a complex way, such as handbooks, academic articles or works of literature.
Speaking: I can give a talk in clear, smoothly-flowing speech on a complex subject and can deal with expressing implications and allusions.
Writing: I can summarise information from different sources, reconstructing arguments and accounts in a coherent presentation of the overall result.

Design and specifications of the test Deutsch Pflege B1/B2



- Dual-level-test
- Condition for recognition of foreign vocational training
- Recognised and valid

- **Test with 5 subtests**
- Listening with 4 parts - 25 min.
- Reading with 4 parts - 60 min.

- Language elements
- Writing - 30 min.
- Speaking with 3 parts - 15 min.

- **Target:**
- Communication in professional situations
- With patients, clients, colleagues and relatives of clients
- Knowledge of specific vocabulary
- Familiarity with cultural implications

Materials and topics

- Mock exam 1 Altenpflegehilfe (Carers)
 - Mock exam 1 und 2 Deutsch Pflege B1/B2
 - Manual for trainers and examiners
 - Tipps for learners
 - Framework and Handbook Deutsch Pflege
 - Test specifications
 - Flyers
 - Posters
 - Learnboxes for vocabulary
 - 24 training units with workbook, audio CD and teacher manual
 - **Equivalent materials available for doctors**
- 1. Körper- und Mundpflege
 - 2. Sich als Mann oder Frau fühlen
 - 3. Ausscheidung
 - 4. Essen und trinken
 - 5. PEG-Sondenernährung
 - 6. Hygiene
 - 7. Pflegeanamnese und Biographiearbeit
 - 8. Hilfsmittel
 - 9. Arzt- und Pflegevisite
 - 10. Übergabegespräch
 - 11. Anleitungsgespräch
 - 12. Zusammenarbeit mit anderen Berufsgruppen
 - 13. Sturz
 - 14. Dekubitus und Wundversorgung
 - 15. Prophylaxen
 - 16. Demenz
 - 17. Vitalfunktionen und Notruf
 - 18. Aufnahme – Entlassung – Überleitung
 - 19. Medikamentengabe
 - 20. Infusion und Transfusion, Blut abnehmen
 - 21. Betreuung, Freiheitsentziehende Maßnahmen
 - 22. Feiern
 - 23. Palliativpflege und Patientenverfügung
 - 24. Psychisch kranke Patienten

We need a better ‚welcoming culture‘ for foreign caregivers, nurses and doctors - including the locals!

What can we do?

- Design and provide new and specific language training methods, materials and teacher training
 - Provide better training and information in the home countries
 - Take Telc-tests Deutsch Pflege B1/B2 and Medizin B2/C1 as a model
 - Offer language and transcultural training for people working in clinics, homes for elderly and ambulant services
 - Train mentors and arrange ongoing coaching for foreign and local staff
- Integration is not a one way street
but a process for all involved**

Many thanks to all nurses, caregivers, colleagues and others!



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Thank you very much for your attention!
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