

This supplementary material related to the activities provided by the ESP-XR application is downloadable from the following link: www.esp.xr.eu. This handout complements the main content by offering an in-depth exploration of key aspects of each unit. It includes the objectives for each conversation, cultural insights with useful information, a brief glossary, and a section on the Use of English. Reading it beforehand is recommended to better understand key concepts.

MEDICAL COMPANION¹

UNIT 1

At the general practitioner's office

LEAD-IN: Brainstorming ideas on how to deal with patients or which procedure to follow in GP clinics (based on students' experience)

VOCABULARY: Digestive system, digestive diseases, basic medical procedures and instruments, basic diagnostic procedures.

ESP-XR:

1. MED1.1_ At the general practitioner's office
2. MED1.2_ At the general practitioner's office

1.1 IN THIS ACTIVITY YOU WILL LEARN:

In this activity, you will learn how to conduct an initial consultation at a general practitioner's office. You will practice engaging in a conversation where you assess the patient's symptoms and gather important medical information. This includes using medical terminology to describe the body parts and understanding how to ask detailed questions to diagnose the problem

1.2 IN THIS ACTIVITY YOU WILL LEARN:

In this activity, you will learn how to manage a follow-up consultation at a general practitioner's office. You will practice asking the right questions to evaluate the progress of the patient's condition, such as identifying new symptoms or confirming the effectiveness of previous treatments. This includes using the correct medical terms for procedures like endoscopy and understanding how to explain these procedures clearly to patients.

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CULTURAL INFO BOX²

THE UK HEALTHCARE SYSTEM: AN OVERVIEW

The National Health Service (NHS) is the United Kingdom's healthcare system. Funded in post-World War II reconstruction, the NHS was officially launched on July 5, 1948, marking a transformative moment in social and healthcare policy. The system was the vision of Aneurin Bevan, a former miner who became the Minister of Health, guided by the principles of universality, equity, and accessibility free at the point of delivery. Financed through taxes and national insurance contributions, the NHS prioritized need over the ability to pay. The NHS is the UK's largest employer, engaging over 1.3 million staff members, and the largest public sector employer. Most importantly, the NHS remains a cornerstone of the UK's social fabric, embodying the ideals of equitable healthcare access and public welfare.

STRUCTURE AND GOVERNANCE

The NHS operates through three main levels of care: **Primary Care**, which includes general practitioners (GPs), dentists, pharmacists, and community care providers. **Secondary Care** comprises hospital-based services accessed through GP referrals. **Tertiary Care** encompasses specialized medical services such as those provided in specialist hospitals.

The healthcare system is divided into separate systems for each country, with England, Scotland, Wales, and Northern Ireland managing their respective NHS structures. Each country designs its healthcare services to align with unique health needs and local priorities. While the broad framework remains consistent across the UK, specific operational and organizational approaches differ. In particular, England's NHS is directed by the Department of Health, with local-level oversight traditionally provided by Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs). In Scotland, NHS Boards replace Trusts, fostering an integrated approach to strategic direction, performance, and clinical governance. Wales employs Local Health Boards (LHBs) to deliver area-specific healthcare services, complemented by NHS Trusts for specialized services. Northern Ireland operates under a unified Health and Social Care Board overseeing regional delivery. These structures have evolved with reforms aimed at decentralization and enhancing patient-centred care.

INNOVATIONS IN PREDICTIVE, PREVENTIVE, AND PERSONALIZED MEDICINE (PPPM)

Predictive, Preventive, and Personalized Medicine (PPPM) represents a cornerstone of the NHS's modern healthcare strategy. Preventive medicine, already well-established, includes services such as cancer screening, immunization programs, and cardiovascular risk assessments. Programs tailored to address obesity, smoking, alcohol abuse, and mental health also form part of the NHS's broader public health initiatives.

Personalized and predictive medicine are new approaches, which leverage advanced technologies to diagnose diseases and predict patient responses to treatments, optimizing outcomes. The NHS supports these initiatives through entities like the National Institute for Health Research (NIHR), which invests heavily in PPPM-enabling research. For example, predictive blood tests for conditions such as diabetes and tuberculosis highlight the NHS's commitment to integrating cutting-edge medical advancements.

Source: https://pmc.ncbi.nlm.nih.gov/articles/PMC3405352/pdf/13167_2010_Article_50.pdf

² This section provides a focused overview of selected aspects of one or more cultural systems.

VOCABULARY LIST

TERM	DEFINITION
Anatomical Model	A medical skeleton model used for educational purposes to demonstrate human anatomy.
Biopsy	A procedure where a small tissue sample is taken during an endoscopy to examine for signs of disease, such as ulcers or tumours.
Blood Collection Tubes	Devices used to store blood samples for testing after they have been drawn from the body.
Endoscope	A medical instrument with a long, flexible tube and a camera, used to view internal organs and cavities. It allows doctors to examine areas like the stomach and intestines.
Local Anaesthesia	Anaesthesia applied to numb a specific area of the body where a procedure will be performed, reducing discomfort during the process.
Sterile Needle	A needle that has been disinfected and sealed in a sterile environment to ensure it is free from contaminants.
Stethoscope	A medical instrument used by healthcare professionals to listen to internal sounds of the body, such as the heartbeat and lung sounds.
Syringe	A medical device with a barrel and plunger, equipped with a needle. It is used to draw blood, administer injections, or inject fluids into the body.
Thermometer	A device used to measure temperature, whether of a person's body, objects, or the environment. It detects and displays the degree of heat.
Tourniquet	A band, usually made of elastic material, that is tied around a patient's upper arm to temporarily restrict venous blood flow and make veins more prominent.

USE OF ENGLISH

TALKING ABOUT BODY PARTS: PATIENTS VS. DOCTORS

When discussing body parts in a medical setting, patients and doctors use different expressions. Patients typically use possessive pronouns like *my*, *his*, or *her* to describe their symptoms, such as:

"I'm having pain in my shoulder", or "I've been feeling tightness in my chest."

DESCRIBING THE RADIATION OF PAIN

When talking about pain that spreads to other parts of the body, patients often describe this by saying where the pain starts and where it moves, using phrases like:

"The pain starts in my chest and moves to my arm" or "It spreads from my back to my legs".

In addition to describing the radiation of the pain, it is helpful to include details about the intensity, type, and frequency of the pain. For example, doctors could ask patients to explain the intensity of the pain by using terms like *mild*, *moderate*, or *severe* or rate it on a scale of 1 to 10. To describe the type of pain, they can use words such as *sharp*, *dull*, *burning*, or *throbbing*. Frequency can be indicated with adjectives or expressions such as *constant*, *comes and goes*, or *every evening/morning/afternoon*.