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SESSION 2018

UE 12- ANGLAIS APPLIQUÉ AUX AFFAIRES

Durée de l'épreuve: 3h – Coefficient 1

Matériel autorisé : aucun matériel (agendas, calculatrices, traductrices) ni dictionnaire n'est autorisé.

Le sujet comporte 5 pages numérotées de 1/5 à 5/5.

Document 1

Telemedicine is a game changer. I'm glad the NHS is embracing it

Today, the UK's National Health Service announced that it was launching a new service where patients can speak to a physician through their mobile devices via video call or text. The service called GP At Hand is available countrywide and as is the case with most NHS services, is free at the point of delivery.

And I'm not even slightly surprised. Telemedicine is a growing sector in the UK, with services like the Manchester-based PushDoctor becoming increasingly popular. These work on the same lines, but you're typically charged either a subscription fee, or by the minute. Most services charge you for private prescriptions and sick notes, too.

I've used PushDoctor previously — largely because I was too lazy to make an appointment with my registered GP, and partly because I wanted something new. The on-demand economy has spoiled me, and if I can order a pizza or a taxi with the press of a button, why not see a physician?

At first, I was sceptical. But overall, I found the service to be pretty good. I spoke to a UK-based doctor, didn't have to wake up at the crack of dawn to make a same-day appointment, and because I was paying for the doctor's time, I didn't feel like I had to rush.

I can't remember how much it cost me. I can't find the invoice, but I think it was roughly £70 (near $100). I remember I was able to reduce this by signing up to the company's monthly premium subscription service. Was it pricey? Sure. The biggest issue with the current incarnation of telemedicine in the UK is that it's the preserve of those with means, and I'm conscious of the fact that I'm very privileged that I was able to use such a service.

But I'm also confident that telemedicine can thrive in the NHS, especially as it faces the combined challenges of a rapidly ageing population, and a government that seems to be unwilling to pump any additional cash into the system.

By Matthew Hughes*, thenextweb.com/uk*, 7 November 2017

Document 2

Is 2017 The Year Of Telemedicine?

By definition, telemedicine is the practice of delivering medical care remotely using communications technology. Although it sounds like a modern advent, the foundation of this practice has been around since the invention of the telephone when doctors used to call their patients directly. By using more sophisticated technologies like videoconferencing, telemedicine will only continue to get more sophisticated as technology grows.

Three things are causing telemedicine to increase in popularity: faster Internet connections, the near universal adoption of smartphones and tablets as personal devices, and the emergence of commercial software platforms that support the real-time scheduling and billing of videoconferences between doctors and patients.

74% of patients stated that they would use a telemedicine service if available. This means the demand is there. Now it's up to doctors, hospitals, and other healthcare providers to work on the supply side. According to a recent survey by the American Academy of Family Physicians, 78% believed the use of telemedicine improved both access to healthcare and quality. Additionally, 68% said that continuity of care was improved by telemedicine. But only 15% of doctors had used telemedicine technology. So now it's up to doctors' offices and hospitals to close the gap between supply and demand for telemedicine services.

There are many benefits to telemedicine, for both patients and doctors:

For doctors, costs are lower. The office overhead for virtual practices – rent, salaries, utilities, and more – is very low compared to supporting a brick-and-mortar business. True, today telemedicine is mostly supplementing existing physical practices, but there are some doctors and clinics establishing 100% virtual practices. This is going to be a major trend in the future given the projected shortage of primary care physicians in coming decades – especially for rural populations that live far from established medical practices.

Patients don't need to take off work or leave their household duties to see a doctor, and doctors can work from anywhere, at anytime convenient to them. Add in doctors sending files, records or even MRIs and X-rays (which typically had to be sent in the mail) and you can see how the convenience benefits all concerned.

It is even arguable that doctors can provide holistically better care through telemedicine. Minor matters can be resolved via virtual visits, giving doctors more time to focus on urgent issues that require an in-person visit. Follow-up care after an operation or procedure can be easily accomplished with telemedicine, promoting better adherence to doctors' orders.

Doctors can easily communicate with other healthcare professionals, which can help with patient referrals, continuing education and advanced consultations.

By La Plante Alice 20, *Forbes*, January 2017

Document 3

Telehealth Services Going Mobile Has Its Benefits And Pitfalls

Telehealth on the mobile has made it easier for providers to communicate and engage with patients. Due to the mobility it offers, it helps providers manage their time better and also see more patients. For patients, mobile video consultations and telehealth services are an effective time and cost-saving means of communicating with their doctors, between clinic visits.

On the other hand, it requires a reasonably strong and reliable mobile internet connection for the video consultation to go smoothly. This may be a concern in areas with limited or poor network connection.

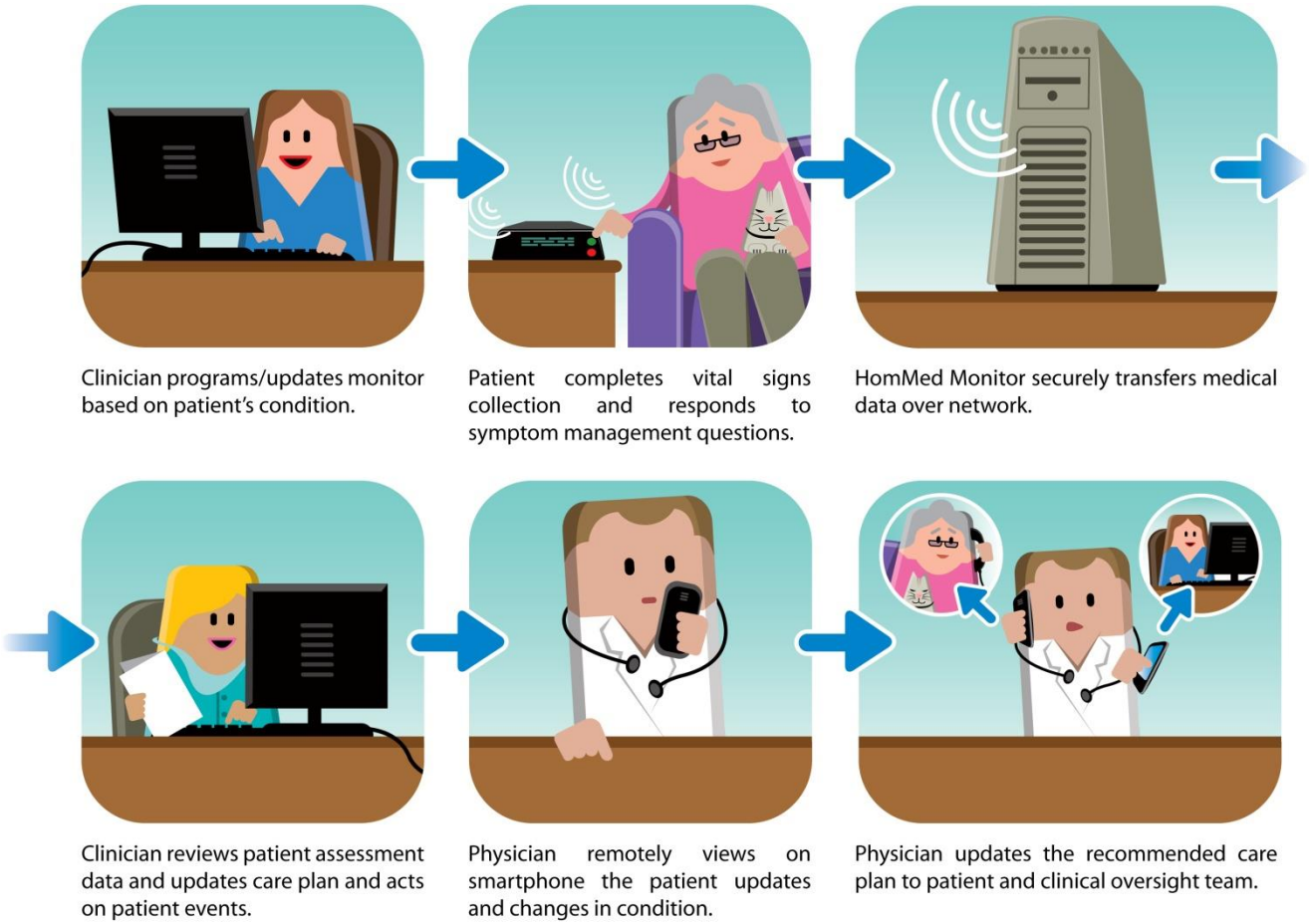
It can be argued that telehealth services reduce human interaction and that assurance that comes from a doctor's touch.

Mobile telehealth is preferable between providers and their existing patients. It is easier for doctors who have an understanding of the patient's history to provide treatment suggestions.

It's important to have a quiet environment without any background disturbances to be able to properly communicate with patients. This can be difficult sometimes for video consultations on the mobile.
The size of the mobile screen sometimes makes it a challenge for providers to properly view and assess their patients and review their health records.
Insurance coverage for video consultations and telemedicine has still been a matter of debate. It is still unclear whether patients can claim reimbursements for mobile telehealth services.

On the website ContinuousCare, 8 February 2017

Document 4



Ad published on *businesswire.com*

Travail à faire

Le dossier qui vous est proposé comporte 4 documents :

Document 1 : un article rédigé par Matthew Hughes le 7 novembre 2017 publié sur le site *thenextweb.com/uk.*
Document 2 : un article publié par le magazine *Forbes* écrit par Alice La Plante le 20 janvier 2017.
Document 3 : un article publié le 8 février 2017 sur le site *ContinuousCare*.
Document 4 : une publicité publiée sur le site *businesswire.com*.

I/ Compréhension (10 points)

En vous appuyant sur les documents fournis, vous rédigerez une note de synthèse **en français** qui rendra compte de la problématique du dossier.
250 mots (+ / - 10%). Vous indiquerez le nombre de mots.

II/ Expression en langue anglaise (10 points)

1. **Comment on document 4.**

150 words (+ / - 10%). Vous indiquerez le nombre de mots.

2. **Write an e-mail.**

Vous êtes John Well / Mary Well, secrétaire du docteur Hiccup. Vous rédigez un courriel à l'intention d'un patient, Mr Sicko, afin de lui expliquer que le docteur propose maintenant des consultations à distance. Vous insisterez sur les bénéfices de ce nouveau système pour ce patient.

Présentation et formules d'usage.

150 mots pour le corps de l'e-mail (+ / - 10%). Vous indiquerez le nombre de mots.