

THỰC HÀNH

Y HỌC GIA ĐÌNH TẠI CANADA



John Weales

TS. BS. NGUYEN QUANG BINH

- ❖ **TỐT NGHIỆP ĐẠI HỌC Y KHOA CANADA**
- ❖ **TỐT NGHIỆP BSGĐ CANADA**
- ❖ **GIẢNG VIÊN ĐẠI HỌC Y KHOA UBC CANADA**
- ❖ **HỘI VIÊN Y SĨ ĐOÀN USA**
- ❖ **USA: CALI**
HAWAI
VIRGINIA
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OVER VIEW

- History of family physicians in canada
- Education and training
- Relationship between Family doctor and other specialist
- Benefits of Primary Care and Family Medicine
- What makes family medicine unique?
- What career opportunities will be available to me as a family physician?
- Conclusion..



HISTORY

- The college of General Practitioner
(Founded in 1944)
- The College of Family Physicians of
Canada's Board of Directors (Founded in
1954)



CANADIAN PHYSICIAN STATISTIC – 2012

- **PHYSICIAN SUPPLY**

- **1 physician for every 492 people.**

- **52% are family physicians**

48% are specialists of other disciplines.

40% (28,782) are aged 55 or older.

36% are female;

64% are male.

Over 67% of family physicians under age 35 are female.

75% graduated from a Canadian medical school;

24% graduated from a foreign medical school.



Prospective Family Physicians

- More than **90%** of Canadians indicate that a family physician is the first person they would turn to in order to address their medical problems
- **66%** of Canadians believe family physicians are the most important health professionals they see
- On average, 1 additional family physician per 10,000 people is associated with a 5.3% reduction in mortality



A career as a family physician

- **53%** of Canadian physicians are family physicians or are in general practice.
- Average work week: 49.8 hours
- Average time spent on patient care/week: 29.8 hours (with an additional 3.6 hours spent on patient care in conjunction with teaching activities)
- Average time away for personal leave/year: 4.4 weeks
- **31%** practiced in small towns, rural areas, or geographically isolated regions
- **33%** worked in community hospitals,
- **23%** in emergency department
- **11%** practiced obstetrics, delivering infants
- **51%** were in group practice, 23% were in interprofessional practice



2010 Canada

- **Number of Physicians in Canada : 70 000**
- **Number of Family Physicians : 35 000**
- **Average Family Doctor Income \$239,000**
- **Average Specialist Income \$341,000**



- Benefits of Primary Care and Family Medicine
- Education and Training of Family Physicians
- Scope of medical practice in the specialty



INTERNATIONAL COMPARISON

Canada has 2.4 physicians per 1000 population (including residents) compared to the OECD average of 3.1 (Organization for Economic Co-operation and Development)



Training, education



MD Program Admissions : 2012 Canada

- Traditional lectures and laboratory sessions, much of the preclinical education involves small group problem-based learning.

Therefore, students must be good self-directed learners

- The applicant pool is highly competitive.

However, the application process is fair. Our goal is to recruit intelligent, dedicated and well rounded students, therefore we apply equal weighting to academic and non-academic achievements.



WHY INTERVIEW ?

About **1/3** of all applicants are invited for an **interview**, A composite value derived from university course grades.

SELECTION:

1. **MCAT scores,**
2. **Non-academic activities**
3. **the interview score,**
4. **Reference letters are also taken into consideration.**

We recognize that many well-qualified applicants with strong academic records and impressive achievements in the non-academic sector will not be granted an interview or an offer of admission.



First Year

- Orientation to the Medical

A general introduction to the Medical and Dental Schools, including beliefs and values embedded within the curriculum.

- Principles of Human Biology (14 weeks)
- Foundations of Medicine (55 weeks)
- Doctor Patient and Society

This multidisciplinary course examines critical issues in health care. Plenary sessions and small group tutorials address themes such as the social determinants of health, health care systems, evidence-based medicine,

epidemiology, prevention,

ethics and law,

multiculturalism



Clinical Skills

Year I

Students are introduced to and develop:

1. basic skills in communication,
2. components of health history,
3. basic medical instruments
4. the physical examination.



Family Practice Continuum

- Year I:
 - First year basic medical and *behavioural sciences are correlated to the Family Practice setting.*
 - Principles and skills of patient interviewing,
 - history-taking and physical examination are practised under supervision in office, home, hospital and community settings.
 - *OSCE Exam*



Year 2



Foundation of Medicine Blocks

- Blood and Lymphatics (2 weeks)
- Gastrointestinal (4 weeks)
- Musculoskeletal and Locomotor (4 weeks)
- Endocrine and Metabolism (5 weeks)
- Integument (1 week)
- Brain and Behaviour (9 weeks)
- Reproduction (4 weeks)
- Growth and Development (5 weeks)



Doctor Patient and Society

- This multidisciplinary course examines critical issues in health care.
- Plenary sessions and small group tutorials address themes such as:
 1. The social determinants of health,
 2. Health care systems,
 3. Epidemiology,
 4. prevention,
 5. Ethics and law,
 6. Multiculturalism and marginalized populations.



Clinical Skills

Year II

Students further develop:

1. General and specific communication skills,
2. Additional history and physical examination skills.
3. The advanced application of medical and behavioural sciences to family practice is examined.

OSCE Exam.



Year 3



Rural Family Practic Clerkship

Students are introduced to a clinical practice setting in order to participate in the practical aspects of life and medical practice outside the context of urban tertiary institutional settings.



YEAR 4



Elective Selection Year 4 Schedule

At least 4 weeks must be in a primary care setting

(e.g., Family Medicine, Community Health, Emergency Medicine, etc.)

- At least one 4-week rotation in the UBC programme (anywhere in BC)
- A maximum of four 2-week rotations.
- No more than 8 weeks in any discipline – CaRMS entry position
- At least 4 weeks must be surgical based
- At least 4 weeks must be medical based.



Residency Program Of Family program (2 – 3 years)

- The first 2 years

Residents at all sites are required to spend a minimum of *8 weeks in a rural family practice* setting during their second year.



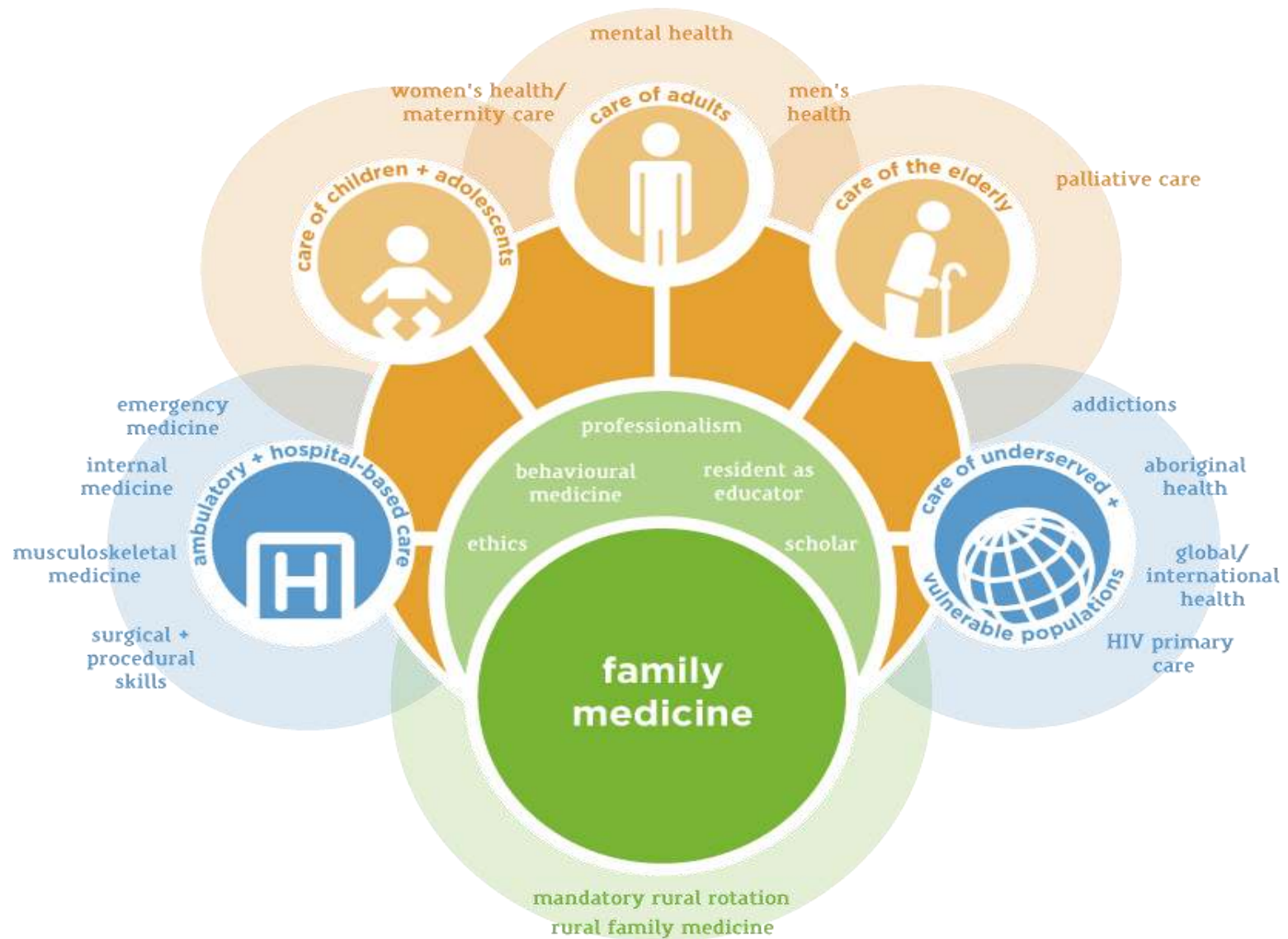
Third year positions are also available in :

- Emergency Medicine,
- Research,
- Anaesthesia,
- Family Medicine
- Care of Children + Adolescents
- Women's Health
- Maternity Care
- Mental Health
- Men's Health
- Care of the Elderly
- Palliative Care



- Emergency Medicine
- Internal Medicine
- Musculoskeletal Medicine
- Surgical + Procedural Skills
- Addiction Medicine
- Aboriginal Health
- Global + International Health
- HIV Primary Care
- Mandatory Rural Rotation for Urban Residents
- Rural Family Medicine
- Ethics
- Behavioural Medicine
- Professionalism
- Resident as Educator

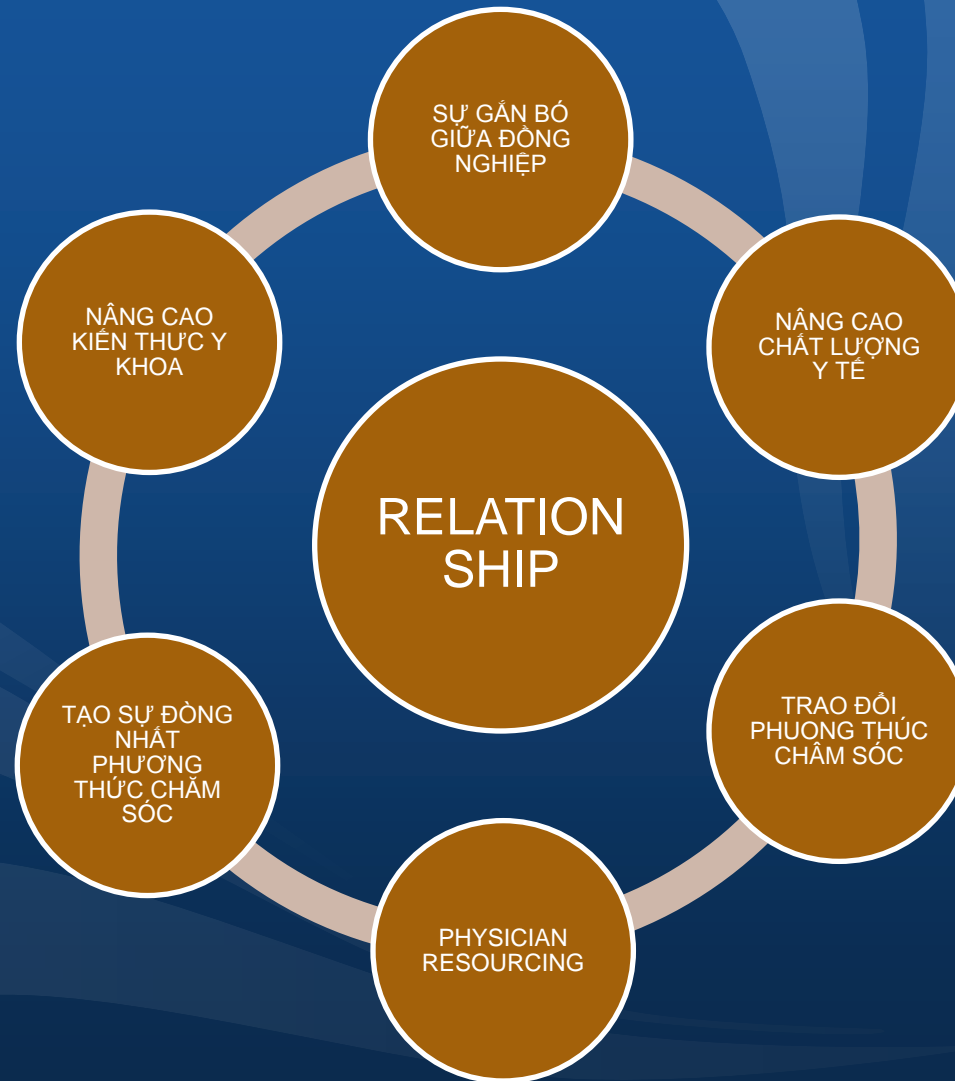








MỐI LIÊN HỆ GIỮA BS GĐ VÀ CÁC BS CHUYÊN KHOA



DR. QUANG BINH NGUYEN, MD
3369 FRASER STREET, SUITE 208
VANCOUVER, BC V5V 4C2
TEL: (604) 876-5430 FAX: (604) 876-5204

Date: 23 SEP 2009
Referral to Dr.: FABER Appointment: FRI OCT-23-2009
at 10:45 am.
Re: HUYNH, Quyet PHN: 9850 757 028
DOB: OCTOBER-10-1965 Male () Female ()
Tel: 604-502-7168 (Home) 604-512-5089 (Cell)

Chief complaint: pterygium on bilateral eye
uncomfortable
redness vision (d)

Past medical history: ARTHRITIS CAN resident zoo?
Family history: NIL

Medications: NO SPECT GOGGLES

Allergies: NO

Findings:

Investigations:

Comments: please remove the bilateral pterygium

Thank you for seeing this patient

Sincerely,

Quang Binh Nguyen, MD.

PIERRE FABER M.D., F.R.C.S.(C)
875 KENNEDY & SURREY
MEDICAL SERVICES INC.

875 - 8505 WILLOW STREET
VANCOUVER, B.C. V5Z 3H8
TEL: 679-9211 FAX: 679-8876

October 23, 2009

Dr. Quang B. Nguyen
208-3369 Fraser Street
Vancouver, BC
V5V 4C2

Dear Dr. Nguyen,

RE: HUYNH, Quyet
DOB: October 23, 2009

Thank you for letting me see Mr. Huynh, who was seen today for pterygium in both eyes. He has had pterygium surgery in Edmonton. The visual acuity in the right eye is not as good as his left eye vision.

ON EXAMINATION he sees 20/40 in the right eye and 20/20 in the left. Slit lamp examination shows evidence of an old pterygium scar in the right eye with evidence of some conjunctival hyperemia medially in the right eye. In the left eye he has a rather large pterygium extending towards the visual axis.

DIAGNOSTIC IMPRESSION:

HE HAS A SIGNIFICANT PTERYGIUM.

I have arranged for him to have this removed. I will place a mucous membrane on this area and use Timolol.

Thank you again for letting me see this patient.

Yours sincerely,

PIERRE FABER, M.D., F.R.C.S.(C)
Chairman, Department of Ophthalmology
Providence Health Care
Clinical Associate Professor
University of British Columbia

Pfau

Marshall Dahl
BSc, MD, PhD, FRCPC, cert Endo
Endocrinology



Clinical Associate Professor
Division of Endocrinology
University of British Columbia

2775 Laurel Street Room 4145
Vancouver, BC, Canada V5Z 1M9
Telephone: 604 875 5577
Fax: 604 875 5188

Dr. Q. B. Nguyen
208 - 3360 Fraser Street
Vancouver, BC V5V 4C2

Re: **BUI, Huu Van**
PHN: **9852 856 761**
D.O.B. **1 January 1954**

Date: June 29, 2007

Dear Dr. Nguyen:

Thank you for asking me to see your patient and for the helpful referral note. There was a sufficient language barrier so I wasn't able to gather a lot of information but it is clear his blood sugars are so high that we need to take action.

Diabetes Summary:

Current Age: 53 | Type: 2 | Year of Diagnosis: 1997

Chief Concerns:

Blood sugars at home readings are between 20 and "high" which is above 30. He feels very poorly.

Current Therapy: Metformin 1000 bid, glyburide 1.0 bid

Other Medications: None. No extended medical coverage.

Drug Allergies: None

Diabetes Teaching: Never

Diabetes Control:

A1c: Unknown

Logbook trends: See above. Random sugar today 22.7

Complication Status:

Ophthalmic	None. Last ophthalmology assessment 7
Cardiac	?
Cerebrovascular	?
Peripheral Vascular	?
Renal	Creatinine 89 eGFR 78 Albumin:Creatinine (ACR) 7
Neuropathic	?
Feet	?
Other	?

Re: **BUI, Huu Van**
Page 2
Date of Visit: June 29, 2007

Cardiovascular Risk Factors:

Hypertension	?				
Family History	?				
Tobacco Use	?				
Weight	Lean				
Activity level	?				
Lipid Profile	?				
Date	Total Chol	LDL	HDL	Ratio	Triglycerides
May 2007	6.1		1.5	4.7	5.0

Medical History:

Medical	?
Surgical	?
Other	None

Family History:

?

Personal History:

Relationship Status	?
Living Situation	Vancouver
Employment	Not working
Substance Use	?

Review of Systems:

?

Physical Examination:

Height	169	Weight	89	Pulse	76	BP	117/72
General	Very polite, likable man who was working very hard to try to communicate.						
HEENT	Normal fundi, oropharynx clear, thyroid not palpable						
Respiratory	Chest clear to auscultation						
CVS	Carotid upstrokes normal. No carotid bruits. Dorsalis pedis pulses full. Heart sounds normal without added sounds or murmurs.						
Abdomen	Nontender. Liver, kidneys, spleen, abdominal aorta and masses not palpable.						
Neurologic	I couldn't do sensory testing.						
Feet	Good colour. No calluses. Good nail care.						
Skin	No important lesions.						



Re: BUI, Huu Van
Page 3
Date of Visit: June 29, 2007

Impression:

Diabetes: Blood sugars are quite high and will be causing symptoms. This is occurring despite maximum doses of the two oral agents. I have a sense that finances are a problem. He needs to take insulin and so we will simply use Humulin 30/70, 25/0/15/0 for a starting dose and increase in 5 unit increments as required to at least bring sugars under 10 for a start. I will ask the Diabetes Centre if they would be kind enough to contact him and see if they can arrange a Vietnamese interpreter which would probably be very important. I have given him some Vietnamese language dietary information as well.

Suggested Follow-up:

He awaits a phone call from the Diabetes Centre at Vancouver Hospital for insulin training.

Thank you for asking for my opinion.

With ~~best~~ regards,



Marshall Dahl,
BSc, MD, PhD, FRCPC, cert Endc

cc: VH Diabetes Centre

MD (a)

Marshall Dahl
BSc, MD, PhD, FRCPC, cert Endc
Endocrinology



Clinical Associate Professor,
Division of Endocrinology
University of British Columbia

2775 Laurel Street Room 4145
Vancouver, BC, Canada V5Z 1M9
Telephone: 604 875 5577
Fax: 604 875 5168

Dr. Q. B. Nguyen
208 - 3369 Fraser Street
Vancouver, BC V6V 4C2

Re: BUI, Huu Van
PHN: 9852 856 761
D.O.B. 1 January 1954

Date: June 29, 2007

Dear Dr. Nguyen:

Thank you for asking me to see your patient and for the helpful referral note. There was a sufficient language barrier so I wasn't able to gather a lot of information but it is clear his blood sugars are so high that we need to take action.

Diabetes Summary:

Current Age:	53	Type:	2	Year of Diagnosis:	1997
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Chief Concerns:

Blood sugars at home readings are between 20 and "high" which is above 30. He feels very poorly.

Current Therapy:	Metformin 1000 bid, glyburide 10 bid
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Other Medications:	None. No extended medical coverage.
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Drug Allergies:	None
------------------------	------

Diabetes Teaching:	Never
---------------------------	-------

Diabetes Control:

A1c:	Unknown
------	---------

Logbook trends:	See above. Random sugar today 22.7
-----------------	------------------------------------

Complication Status:

Ophthalmic:	None. Last ophthalmology assessment: ?		
Cardiac:	?		
Cerebrovascular:	?		
Peripheral Vascular:	?		
Renal:	Creatinine 89	EGFR 78	Albumin:Creatinine (ACR): ?
Neuropathic:	?		
Feet:	?		
Other:	?		

OPERATIVE REPORT

Name of Patient: PHAN, DUNG T
Medical Record Number: 000-366-30-71
Date of Birth: 01/11/1965
Personal Health Number: 9137853089
FY1612 Job 000910714
D: 06/10/2009
T: 07:10/2009 1:46 P
DICTATED BUT NOT READ
Farrah Yau (Res), MD
Anthony Papp, MD

By: Quang B Nguyen, MD
Anthony Papp, MD

Surgeon: Anthony Papp, MD Date of Procedure: 06/10/2009
Assistant(s): Farrah Yau (Res), MD Anesthetist: C.B. Warriner, MD

ANESTHESIA: General anesthetic.
PRE-OP DIAGNOSES: 1. Laceration of right D5 flexor digitorum superficialis and flexor digitorum profundus tendons.
2. Laceration of right D5 ulnar digital nerve.
3. Laceration of right D4 flexor digitorum profundus tendon.
POST-OP DIAGNOSES: 1. Laceration of right D5 flexor digitorum superficialis and flexor digitorum profundus tendons.
2. Laceration of right D5 ulnar digital nerve.
3. Laceration of right D4 flexor digitorum profundus tendon.
4. Laceration ulnar slip FDS right D4 tendon.
PROCEDURE(S) PERFORMED: 1. Repair right D5 flexor digitorum profundus and flexor digitorum superficialis tendons.
2. Repair of right D4 flexor digitorum profundus tendon.
3. Repair of right D5 ulnar digital nerve.

COMPLICATIONS
None.

BLOOD LOSS
Minimal.

COPY -- SEND TO: Quang B Nguyen, MD



VERTLIEB DOSANJH

BARRISTERS & SOLICITORS

ART VERTLIEB, Q.C.
ADEEN P.S. DOSANJH
PAUL P. DOSANJH
BARBARA R. UHLM

AUG - 2 2005

TEL (604) 327-6361
FAX (604) 327-2903

302 - 4088 CHASE STREET
VANCOUVER, BC V6Z 2K8
Email: info@vertlieb.com

OUR FILE NO. : 11429-03

July 28, 2005

Via Legal Alternative

Dr. Quang Binh Nguyen
208 - 3340 Fraser Street
Vancouver, B.C. V6V 4C6

Dear Dr. Nguyen:

Re: **TRINH, Thi Bich Ngoc**
D.O.B. December 19, 1957
Claim #: L819074.4
M.V.A. January 2nd, 2003

We enclose for your information and records, the Medical Report of Dr. Anton dated 20 July 2005.

Dr. Anton made several suggestions with respect to treatment for our client. Some of the treatment recommendations of Dr. Anton include the following:

1. A diagnostic injection of local anaesthetic and corticosteroid into the subacromial of the right shoulder;
2. If Ms. Trinh's symptoms and range do not improve, the MRI of the right shoulder would be a reasonable next step;
3. Depending on the results of the MRI of the right shoulder, Ms. Trinh may require evaluation by a surgeon specializing in shoulder disorders;
4. An MRI Scan of the right knee in order to determine if Ms. Trinh suffered a torn meniscus or other type of injury in the motor vehicle accident; and
5. An assessment by an Otolaryngologist specializing in dizziness would be appropriate because of the persistence of dizziness after more than two (2) years after the injury.



July 20, 2005

Mr. Pavel Dosanjh
 Verteb Dosanjh
 302 - 4088 Cambie Street
 Vancouver, B.C.
 V5Z 2X8

Re: Ms. Thi Bich Ngoc TRINH
 MVA: January 3, 2003
 Your File No: H429-03

Dear Mr. Dosanjh:

Thank you for asking me to re-evaluate your client, Ms. Thi Bich Ngoc Trinh.

I previously evaluated Ms. Trinh on February 3, 2004 and prepared a medical/legal report based on that evaluation. I re-evaluated Ms. Trinh on May 9, 2005, at which time I performed a medical history and physical examination. I also reviewed a number of additional documents, which are listed in Appendix A. Where facts from those documents are included in this report, those facts have been emphasized in italics.

I am the sole author of this report and responsible for the opinions expressed.

PURPOSE

The purpose of this report is to provide an updated medical/legal opinion regarding Ms. Thi Bich Ngoc Trinh's injuries, current medical condition, activity limitations, disability, care and treatment needs, and risk for future complications related to a motor vehicle accident on January 3, 2003.

NOV 1 4 2005

INTERIM REPORT

Report Date:	November 10, 2005	Assessment Date:	October 6, 2005
Client:	<u>TRINH, Thi Bich Ngoc</u>	Sponsor:	ICBC
Birthdate:	Dec. 12, 1957		Ms. Mariam Roca-Pereira
Injury Date:	January 3, 2003		151 West Esplanade
Family Physician:	Dr. Quang Nguyen	Claim Number:	North Vancouver BC
	208-3309 Fraser Street	Lawyer:	V7L 1A4
	Vancouver BC		L219074.4
	V5V 4C2		Pavel Dosanjh
Occupation:	Esthetician		302-4088 Cambie Street
Work Status:	Not working		Vancouver BC
			V5Z 2X8

Treatment Summary

Ms. Trinh has attended the clinic for 16 out of 20 sessions, missing 2 days due to a physical capacity evaluation and 1 day to recover from the evaluation. Her sessions include postural and pain control exercises, stretches, and strength exercises; she has now begun work simulation activities. She has participated in individual and group education sessions on the nature of pain, the active recovery process, and hurt versus harm principles.

Analysis of Findings

Subjective Findings:
 Ms. Trinh reports feeling improved compared to intake. She notices increased energy, more shoulder mobility, and increased activity tolerance.

Objective Findings:
 Cervical range of movement remains mildly limited in side-flexion and rotation to both sides due to pain; rotation referred numbness to the right hand. Right shoulder range of motion is now full in flexion, abduction, and external rotation, with internal rotation unchanged so far. Scapular mechanics are improved. On palpation, there is general tenderness of the neck, right shoulder, and upper thoracic area; there is segmental restriction at C4-6 and chronic muscle spasm at T4-6 on the right.



**CBI Physiotherapy &
Rehabilitation Centre**

Providers of integrated rehabilitation solutions

NOV 01 2005

Functional Rehabilitation Assessment

Orthopaedic, Neurological, Functional and Behavioural Screens plus Treatment Plan

Report Date:	October 12, 2005	Assessment Date:	October 6, 2005
Client:	TRINH, Thi Bich Ngoc	Sponsor:	ICBC
Birthdate:	Dec. 12, 1957	Attn:	Marian Roza-Pereira
Injury Date:	January 3, 2003		
Family Physician:	Dr. Q.B. Nguyen	Claim Number:	L219074.4
		Lawyer:	Mr. Pavel Dosanjh
Occupation:	Esthetician		
Work Status:	Not working		

SUMMARY

Barriers to Return to Work and/or Recovery

1. Persistent neck and upper thoracic region pain.
2. Reduced formal neck and shoulder range of motion.
3. Reduced tolerance to activity.
4. Reduced tolerance to sustained neck flexion activities.
5. Reduced functional strength in lifting tasks.
6. Reduced endurance.
7. Presence of predictive factors for abnormal illness behaviour.
8. Submaximal effort on functional testing.

Treatment Plan

1. Establish pain control exercises and positions for patient self-management and increased perceived control over symptoms.
2. Education regarding tissue healing, hurt versus harm, reactivation pain.
3. Range of movement exercises to restore neck and shoulder mobility.
4. Graded strengthening exercises.
5. Graded work simulation exercises directed at increasing functional strength and tolerance for a safe and durable return to work.

Treatment will be comprised of functional rehabilitation for two hours per day for two weeks, then four hours per day for up to four weeks, being discharged on November 24, 2005. The full structured hours and compliance with the paced treatment regime is imperative to her functional and behavioural rehabilitation.

Regular phone calls and/or follow-up reports will be provided during the course of treatment to her family physician, lawyer and ICBC claims adjuster.

Suite 160, 5172 Kingsway, Burnaby, B.C. V5H 2E8
TEL: (604) 435-9151 FAX: (604) 435-9126 E-MAIL: burnaby@cbl.ca Web Site: www.cbl.ca

A Division of CCI Health



**CBI Physiotherapy &
Rehabilitation Centre**

Providers of integrated rehabilitation solutions

DISCHARGE REPORT

Report Date:	November 24, 2005	Assessment Date:	October 6, 2005
Client:	TRINH, Thi Bich Ngoc	Sponsor:	ICBC
Birthdate:	Dec. 12, 1957	Attn:	Ms. Marian Roza-Pereira
Injury Date:	January 3, 2003		151 West Esplanade
Family Physician:	Dr. Quang Nguyen	Claim Number:	North Vancouver BC
Physician:	205-3369 Fraser Street	Lawyer:	V7L 1A4
	Vancouver BC		L219074.4
	V5V 4C2		Pavel Dosanjh
Occupation:	Esthetician		302-4068 Cambie Street
Work Status:	Not working		Vancouver BC
			V5Z 2X8

Treatment Summary

Ms. Trinh has settled her claim with ICBC. For information regarding her recovery during her time in the program, please refer to the progress report dated November 10, 2005.

I trust this is the information that you require. If you have any questions or concerns regarding this report or your client's treatment, please feel free to contact our office.

Sincerely,

CBI Physiotherapy & Rehabilitation Centre (Burnaby)


Tim Hunt, B.S.R.(PT)
Registered Physiotherapist


Barry Tasciak, B.Sc. Kin.
Registered Kinesiologist

Cc: Dr. Q. Nguyen
Marian Roza-Pereira, ICBC
Mr. Pavel Dosanjh, Lawyer

Suite 160, 5172 Kingsway, Burnaby, B.C. V5H 2E8
TEL: (604) 435-9151 FAX: (604) 435-9126 E-MAIL: burnaby@cbl.ca Web Site: www.cbl.ca

A Division of CCI Health



Philip Teal, M.D. FRCPC (C)
Stroke and Geriatric Medicine Division
Division of Neurology

Vancouver Coastal Health
Promoting wellness. Ensuring care.



January 10, 2005

Nevin Fishman
Bernard & Partners
Barristers and Solicitors
1500 - 570 Granville Street
Vancouver, B.C.
V6C 3P1

Dear Mr. Fishman:

RE: MS. NGOC THI BICH TRINH
DOB: 12 DECEMBER 1957
MVA: 3 JANUARY 2003
YOUR FILE NO. 04330032

This medical-legal report was prepared at your request dated August 29, 2004 to provide an expert neurological opinion regarding the injuries sustained by Ms. Trinh when she was a pedestrian struck by a motor vehicle on January 3, 2003.

QUALIFICATIONS

I am a duly licensed physician qualified to practice medicine in the province of British Columbia since 1975 and also in the state of California. I hold Fellowships in the specialties of both Neurology and Emergency Medicine from the Royal College of Physicians and Surgeons of Canada. I am on Active Staff at the Vancouver General Hospital and maintain a busy Neurology consultative practice with a large component of tertiary neurological referrals. I am an Assistant Clinical Professor, Division of Neurology, Department of Medicine, University of British Columbia. I have additional subspecialty training and expertise in the field of Cerebrovascular Disease. I am actively involved in post-graduate medical education, resident and medical student teaching, clinical research, and academic endeavours. A list of my invited lectureships, publications, and articles is contained in my full C.V. I have had extensive experience with the emergency management of trauma in my initial career as an Emergency Physician. I commonly see the neurological sequelae of trauma in my consultative neurology practice.

ASSUMPTIONS AND BASIS OF REPORT

This report is based on my history and neurological evaluation conducted August 26, 2004. Additionally, I have reviewed the following medical records:

- 1. Vancouver General Hospital chart.
2. Radiological Consultation Report by Dr. Malfair dated November 27, 2003.
3. Medical Report by Dr. Anton dated February 27, 2004.

3610 - 730 West Broadway

Vancouver, BC, Canada V6Z 1H7

Tel: 604-675-5237 Fax: 604-675-2710

Vancouver Coastal Health
Promoting wellness. Ensuring care.

VANCOUVER GENERAL HOSPITAL

Cross-Cultural Psychiatry Outpatient Clinic
Ground Floor, Health Centre
715 West 12th Avenue
Vancouver, B.C. V5Z 1M9
Tel: 604-675-4115
Fax: 604-675-5586

Oct 26 2004

September 28, 2004

Dr. B. Nguyen
#208 - 3369 Fraser St.
Vancouver, B.C. V5Z 4C2

Dear Dr. Nguyen:

RE: TRINH, Ngoc Bich
DOB: December 12, 1957
VGH Med. Record No. 325-18-03

Thank you for referring this 46-year-old woman to our clinic.

She has been feeling depressed, with no energy, and feeling exhausted all the time since the MVA in January 2003. She became a completely different person and felt as if she was "walking in the dark" because of the pain and emotional difficulty she experienced after that accident.

She was admitted to VGH for four days from January 3rd to January 7th, 2003 and was sent home with a diagnosis of soft tissue injury. According to her old chart, her CT head and MRI spine were normal. There was no clear history of loss of consciousness according to the chart.

She describes constant pain over her right arm, which gets worse when she lies down. She also complains of pain in both shoulders radiating up to the occipital area, and low back pain radiating to both legs.

She said that her appetite is up and down, and she has gained about 3 lbs. since the accident. She has been taking Lemsipam to help her sleep, but is worried that she may become addicted to it. She also takes Tylenol 82 p.r.n. for pain, and requires 10 to 15 tablets a week.

She also describes several uncontrollable crying spells, and she sometimes thinks that life is not worth living.

She denied past personal and family psychiatric, and she has no past medical history. She said that the only time she has been in hospital was in 1992 because of a complicated pregnancy, at which time she spent four months in bed.

According to her, she was seen by several specialists (neurologists and rehabilitation medicine).

She left Vietnam and originally settled in Montreal, then moved to Vancouver. Prior to the accident she worked in a beauty shop doing manicures.

Promoting wellness. Ensuring care. Vancouver Coastal Health Authority

- What makes family medicine unique?
- What career opportunities will be available to me as a family physician?
- Is family medicine training good preparation for career in international medicine, frontier or wilderness medicine, or emergency care?



Services

- In general, Family Medicine will provide general care for all ages, as well as providing multiple procedures to create a complete health care solution. Family Practice will provide procedures including but not limited to mole removals, biopsies, and trigger point injections, and much more. We will also incorporate multiple modalities, such as cryotherapy, and excisional removal of lesions and biopsies. The costs will depend upon the materials used, the physician's time and the amount designated for each procedure.



Services

Gynecology

- PAP Tests
- Annual Women Exam
- Family Planning
- Acute Gyn Problems
- Deliver care

Pediatrics

- Newborn Care
- Infant Care
- Annual Physical examination
- Immunizations

Dermatology

- Removal of minor lesions, skin tags, moles and warts
- Skin lesion
- Biopsies of suspicious dermatological lesions and/or referral
- Allergy Testing and shots
- Sutures

Adult Medicine

- Preventative and Routine Services
- Diabetic, Hypertension, Hypercholesterol ..Teaching
- Nutritional/ Dietician Services
- Exercise and Obesity Counseling
- Cardiology ...
- Immunizations



**Minor
Surgery**

**Annual health
care check**

**International
enviroment**

**Emergency
room**

**Geriatric
oncology**

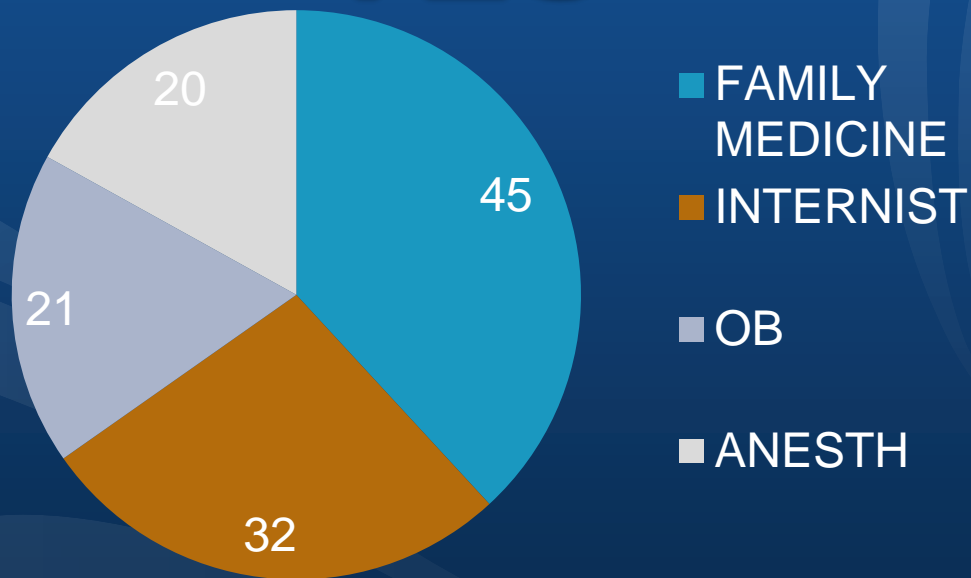


Difference between family physician vs Internists

	Family medicine	Internists
Adult care	+	+
Gynecology Obstetrics	+	0
Pediatrics	+	0
Oncology	+	0 +
Geriatrics	+	0 +
Hospital	+	++
Private office	++	+

- Are family physician in demand in the hospital?

YES



What about Viet Nam?



What is the future of Family medicine?

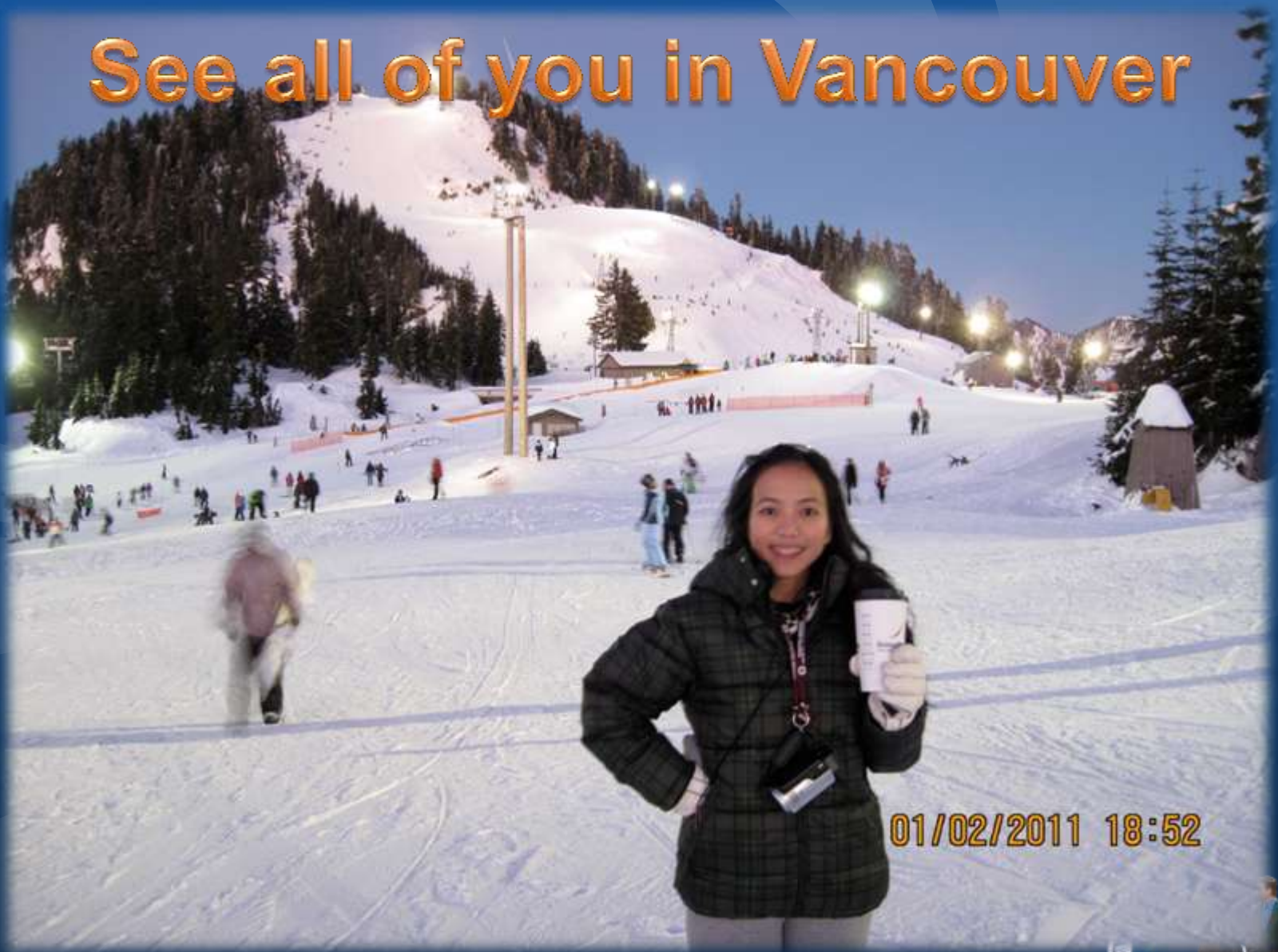
- In the future, family medicine will provide a model of care that is fully patient-centered





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See all of you in Vancouver



- THANK YOU AND The end!

