Research Theme
Family Medicine and Primary Care

Research Project Title
The Ecology of Medical Care in Singapore

Principal Investigator
Professor Helen Smith, LKCMedicine

Co-supervisor (if any)
To be advised.

Project Description

Background

The term ‘Ecology of Medical Care’ was conceptualised by Kerr White over fifty years ago. Using a series of nested boxes he diagrammatically depicted the proportion of persons using health care services, in a range of different settings, in an average month. This framework has subsequently influenced the organisation of health care, research and education in North America and European Family Medicine, and it has been depicted in many of the text books of General Practice. The beauty of this model is that it enables us to understand the actions taken by individuals in response to concerns, symptoms, ill health or disease. It indicates the proportion of people moving between self-care (perhaps using home remedies or ‘over the counter’ preparations) to the different levels of care provided within the formal health care system (primary, secondary or tertiary levels of care). These relationship data are in contrast to routinely available statistics which represents only cross-sectional data for an entire population, and commonly relates only to definitive diagnoses. However, in the context of Family Medicine, it is patient rather than the population that is the primary unit of concern and observation. Collecting individual patient-generated data to create a diagram similar to Kerr White would enable us to better understand the frequency with which people in Singapore seek help, and the health advisers they use (be it general practitioner, family physician, pharmacist, faith healer, traditional Chinese Medicine practitioner, specialist et cetera). Understanding of health seeking behaviour in Singapore is made more difficult as there is no
empanelment of patients to a family physician. Without primary care providers having responsibility for a defined population, the possibility of self-referral to a specialist, and the wide use of complementary and alternative therapies, including Traditional Chinese Medicine, the model developed is likely to be more complex than that described by Kerr White. It is likely that the patient journey will be better represented in a three, rather than two, dimensional model.

**Aim of Study:**
To use health diaries to understand patients’ patterns of health seeking behaviours care in Singapore.
To create a model of the ecology of medical care
To compare the model of care created from patient reported data specific to this study with the model that emerges based only the compilation of routinely collected population statistics.

**Research skills the student will gain:**
This doctorate program of work will enable the successful candidate to develop skills health services research relevant to Family Medicine, (formulation of research question, critique of literature, study design, survey design, validation of questionnaires, population sampling for community studies, quantitative data entry, and use of routine data sources, data analysis, data interpretation and representation). In addition the candidate will learn about research governance and ethics. The data collected will be predominantly quantitative. In addition to the collation of routine statistics there will be data collected from individuals in the community, who will maintain a health diary of symptoms and related health seeking behaviours and consultations. Analytical skills will be developed using SPSS. Writing skills will be developed in conventional academic writing (peer reviewed publications and abstracts) and also in the preparation of formal reports for policy makers and the ministries. There will be plenty of opportunities for the development of generic skills in communication, team working, oral presentation, leadership, time management and project planning.
Contact Us

To discuss this project further, please email the Principal Investigator.
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