- 1. What do you expect of your doctor/receptionist/patient?
- 2. What does the doctor/patient/receptionist expect of you?
- 3. Do the physical surroundings of the surgery matter?
- 4. What were your expectations from your doctor/practice and have these expectations changed?
- 5. How do you see the differences between National Health Service and private treatment?
- 6. How will you/a patient complain? How would you/the patient express this?
- 7. Are expectations different in the care of children?
- 8. What was your training? (doctor/receptionist)
- 9. How do you know if the patient is satisfied? (doctor/receptionist)
- 10. How do you see the role of doctor in the community?

The interview was recorded and later transcribed. The transcripts were then analysed. A total of 31 patients, 12 receptionists and 13 doctors were interviewed in four different group practices. To question 4 about expectations, there was a marked mismatch. Doctors and their receptionists thought that patients wanted to be cured and made better. Seventy per cent of all patients however, mentioned that they wanted to be listened to and taken seriously. It seems that patients were more interested in the process than the outcome. Interestingly, patients were right about what they thought doctors expected of them.

Receptionists tended to follow their doctor's views of patient expectations. However, no doctor had thought about what the receptionist expected of him; all the receptionists thought they wanted more support from the doctor. No patient thought that they had any responsibility to the receptionists, but receptionists expected patients to know the system and to abide by it.

There is other indirect evidence to suggest that patients think of the process of the medical encounter as equally or more important than the outcome. Klein in his book on patient complaints found that a high percentage of the complaints concerned the process of the medical encounter. Recently a patient sued an obstetrician and won her case — she is reported to have said afterwards that she only sued because he did not say he was sorry.

We believe that as part of the quality initiative each practice should discover for itself (preferably using outside help) what its patients and staff expect. It may also be important to explain to patients what staff and doctors expect of them.

Such an exercise has educational benefit
— it will also benefit patient care and

satisfaction should be improved to the benefit of all.

DONALD W. GAU GILLIAN S. GAU

The Simpson Centre Beaconsfield Bucks

References

- Locker D, Dunt D. Theoretical and methodological issues in sociological studies of consumer satisfaction with medical care. Soc Sci Med 1978; 12: 283-292.
- Steward M, Wankin J. Direct and indirect measures of patient satisfaction with physicians' services. J Community Health 1978; 3: 195-204.
- Treadway J. Patient satisfaction and the content of general practice consultations. J R Coll Gen Pract 1983; 33: 769-771.
- Ross Woolley F, Kane R, Hughes C, Wright D. The effects of doctor patient communication on satisfaction and outcome of care. Soc Sci Med 1978; 12: 123-128.
- Kaim-Candle P, Marsh G. Patient satisfaction survey in general practice. Br Med J 1975; 1: 262-264.
- Cartwright A. Patients and their doctors. London: Routledge and Kegan Paul, 1967.
- Cartwright A, Anderson R. General practice revisited. London: Tavistock Publications, 1981.
- Larsen D, Rootman I. Physician role performance and patient satisfaction. Soc Sci Med 1976; 10: 29-32.
- Ley P, Bradshaw P, Kincey J, Atherton S. Increasing patients' satisfaction with communications. Br J Soc Clin Psychol 1976; 15: 404-413.
- Roghmann K, Hengst A, Zastowny T. Satisfaction with medical care. Medical Care 1979; 17: 461-477.
- Kincey J, Bradshaw P, Ley P. Patient satisfaction and reported acceptance of advice in general practice. J R Coll Gen Pract 1975; 25: 558-566.
- Dimatteo M, Hayes R. The significance of patients' perceptions of physicians' conduct. J Community Health 1980; 6: 18-34.
- 13. Klein R. Complaints against doctors. C. Knight, 1973.

Monitoring of chronic disease

Sir,

In his address to the College Spring Meeting in 1985, the then Chairman, Donald Irvine, rightly stressed the importance of the general practitioner's role in chronic disease. Diseases such as hypertension, diabetes, asthma and rheumatoid arthritis provide a large part of this workload. In monitoring these conditions I have found the need for a flow chart. Previously drug companies used to supply cards for hypertension, which adapted for use in other diseases. However, this source has now ceased, and I have designed a universal flow chart, which Duphar Laboratories Ltd kindly printed for me. The front gives patient details and lists some investigations which are particularly useful in hypertension and diabetes. The reverse side (Figure 1) is the real flow chart, and should provide parameters to measure and record in all the chronic diseases mentioned. It can be adapted for other measurements such as blood urea and thyroid functions.

The card has been in use in my practice for the past six months, and few snags have arisen. The weight scale in stones does not show small differences very clearly, but by using kilograms these differences can be enlarged.

I wish to encourage other practices to use these cards which are intended for Lloyd George envelopes, although no doubt larger A4 sheets could be designed. They extract information which gets lost in the narrative of the continuation cards, as well as giving a much clearer picture of changes in the important measurements in chronic disease.

G.C. BRILL

Alresford Group Surgery Station Road Alresford Hampshire SO24 9JL

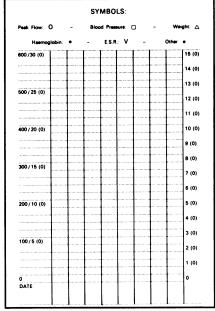


Figure 1. Reverse side of universal flow chart.

Characteristics of medical students wanting to become general practitioners

Sir,

We wish to present some data on the characteristics of medical students seeking a career in general practice compared with those opting for other specialties.

As part of a study into the development of student attitudes towards a career in psychiatry, 1 498 students in six medical schools completed a questionnaire which included questions on respondents' sex,