spection, the difference is more apparent than real. Before this system was initiated, a number of pharmacists were polled as to their acceptance of this form and all found it acceptable.

Since one writing generates two copies, there can be no error in transcribing. The time saved can be used to add the necessary information regarding the problem for which the medication was prescribed, and perhaps more time can be spent with the patient. The *medication list,* when properly generated, yields readily accessible information about the medication history of the patient in a form which requires very little reviewing of the record, thereby eliminating the possibility of overlooking medications previously prescribed. A pegboard system also facilitates recall of the reasons for administering medications.

The daily log allows the physician to evaluate his overall prescribing patterns, and it might assist him in identifying those drugs which he should study further. If desired, this log can also be used very efficiently to assist in eliminating prescription theft by potential drug abusers with sequentially numbered prescriptions. It also makes an excellent encounter form for input into a computer.

Patient Satisfaction in a Navy Family Practice Clinic

Jim L. Wilson, MD
Iowa City, Iowa

A survey of recent literature indicates that there has been no reported assessment of patient satisfaction with family practice in the military setting. This is understandable, since the development of family practice clinics and family practice residencies in military communities is a relatively recent innovation in the health-care delivery system. In 1972, the clinic in which this study was made was opened to patients and became the center for an approved family practice residency. Approximately 9,000 individuals representing 2,500 families were registered as patients at the time of this study.

In 1974, Dr. John Biehn reported that the following positive factors seemed to offset patients' negative attitudes in their evaluation of care received in a family practice setting: physician availability, an understanding attitude from the staff, and thoroughness on the part of the physicians.[1]

No formal attempt had been made to survey any part of the clinic practice before this study. The prime objectives were: (1) "to determine the degree of patient satisfaction with the Family Practice Clinic," and (2) "to determine positive aspects about the Clinic from the patient's viewpoint, as well as negative aspects." Widespread acceptance by patients of the concept of family practice was indicated in this evaluation; satisfaction was registered with the service provided by the clinic and the quality of care received.

Methods

A two-part questionnaire was devised and mailed to each family registered with a team of physicians, composed of a staff physician (the author of this paper) and one resident at each level of training. The first part pertained to convenience and courtesy, and patients were asked to indicate satisfaction or dissatisfaction with the clinic and its staff; the second part was an evaluation of the medical care being received at the clinic by the patients, including doctor-patient relationships and the patient's perception of the adequacy of his care. Participants were assured of confidentiality.

During the first week of May 1975, 382 questionnaires were mailed. Replies were accepted through June 30, 1975, by which time 241 completed forms (63 percent) had been returned, with about five percent returned as undeliverable.

Results

The results of the study are displayed in Tables 1 and 2.

Comment

In many cases, if a patient is unable to make medically-based judgments, the doctor's personality and the efficiency with which his office is run may be more important in judging the quality of medical care than the actual medical care itself.

Patient survey can be beneficial in helping the doctor correct existing problems, and also in serving as a source of information as to new services needed.

This study has indicated general satisfaction of the patients with the clinic, its staff, and the quality of medical care given by the doctor. However, since the number of families and doctors involved was small, broad generalizations cannot be made. To ensure continued patient satisfaction, follow-up studies would be desirable.

The author was formerly Director of Family Practice Residency, Naval Aerospace and Regional Medical Center, Pensacola, Florida, and is presently at the Department of Family Practice, University of Iowa, Iowa City, Iowa. Requests for reprints should be addressed to Dr. Jim L. Wilson, Department of Family Practice, University of Iowa Hospitals and Clinics, Iowa City, Iowa 52242.

Reference

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Table 1. Responses to Statements in Questionnaire Part 1: Convenience and Courtesy to Patients

	Always	Most Of The Time	Occasionally	Never	Don't Know
1. Regular office appointments can be made with little delay.	106(44%)	114 (47%)	14 (6%)	2 (1%)	0
2. In a sudden illness, it is difficult to get an immediate appointment with the doctor during regular office hours.	6 (2%)	18 (7%)	49 (20%)	100 (41%)	58 (24%)
3. The receptionist is unpleasant or impolite.	8 (3%)	1(0.5%)	26 (11%)	197 (82%)	2 (1%)
4. It is difficult to reach the nurse or receptionist on the telephone during clinic hours.	61(25%)	90 (37%)	51 (21%)	25 (10%)	5 (2%)
5. The receptionist or nurse tells the patient if the doctor is late and appointments are delayed.	81(34%)	55 (23%)	25 (10%)	19 (8%)	53 (22%)
6. It is difficult to find space in the parking lot.	42(17%)	120 (50%)	68 (28%)	23 (10%)	3 (1%)
7. It is difficult to see a doctor after regular office hours or on the weekend.	16 (7%)	21 (9%)	24 (10%)	36 (15%)	133 (55%)
8. The waiting room is uncomfortable or too crowded.	2 (1%)	8 (3%)	45 (19%)	176 (73%)	5 (2%)
9. The waiting room is neat and clean.	186(77%)	46 (19%)	2 (1%)	1(0.5%)	1(0.5%)
10. The patient is kept waiting too long beyond his scheduled appointment time.	3 (1%)	13 (5%)	127 (53%)	91 (38%)	3 (1%)
11. The patient sees the same doctor on successive visits to this office.	120(50%)	64 (27%)	9 (17%)	23 (10%)	11 (5%)
12. The nurses and corps personnel are pleasant and polite.	170(71%)	60 (25%)	1(0.5%)	0	0
13. The nurses are very good when giving medical advice over the telephone.	108(45%)	35 (15%)	6 (2%)	5 (2%)	70 (29%)
14. When laboratory tests or x-rays have been taken, arrangements are made for the patient to be informed about the findings.	99(41%)	52 (22%)	28 (12%)	20 (8%)	28 (12%)
15. Patients are told when their doctor is an intern or resident in a training program.	59(24%)	11 (5%)	2 (1%)	51 (21%)	113 (47%)

Table 2. Response to Statements in Questionnaire Part 2: The Doctor and Medical Care

	Always	Most Of The Time	Occasionally	Never	Don't Know
1. The doctor spends enough time with his patient.	205 (85%)	30 (12%)	1(0.5%)	0	0
2. The doctor is friendly and pleasant.	218 (90%)	19 (8%)	0	0	0
3. The doctor orders enough prescriptions for his patient.	137 (57%)	8 (3%)	5 (2%)	23 (10%)	54 (22%)
4. The doctor takes time to explain his patient's illness.	199 (83%)	34 (14%)	3 (1%)	0	0
5. The doctor seems to do a thorough examination.	196 (81%)	35 (15%)	5 (2%)	0	1(0.5%)
6. When explaining an illness to his patient, the doctor uses medical words which are difficult to understand.	1(0.5%)	1(0.5%)	53 (22%)	175 (75%)	4 (2%)
7. When patients are seen by a different doctor, the new doctor is aware of the patient's previous visits and illness.	59 (24%)	45 (19%)	16 (7%)	11 (5%)	101 (42%)
8. The doctor is sympathetic when a personal problem is being discussed.	159 (66%)	25 (10%)	5 (2%)	1(0.5%)	46 (19%)
9. The doctor orders enough x-rays or laboratory tests.	131 (54%)	10 (4%)	4 (2%)	15 (6%)	70 (29%)
10. When appropriate, the doctor asks for further information about home problems.	105 (44%)	28 (12%)	25 (10%)	11 (5%)	59 (24%)
11. The doctor allows enough time for his patient to talk about all of his symptoms or problems.	185 (77%)	37 (15%)	3 (1%)	2 (1%)	1(0.5%)