

**SPOTLIGHT
ON
SHOPWINDOW
STAFF**

1984
AHC

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**SPOTLIGHT ON
SHOPWINDOW
STAFF
a hospital manager's
checklist**

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First impressions, we are told, are all-important.

If this is so, then much of a hospital's reputation must lie in the hands of those members of staff who normally form the patient's first contact with the hospital. Telephonists, receptionists and hall or gate porters hold vital positions in the hospital's 'shop window' and are involved equally with patients, staff and the general public. They have certain pressures and problems of which others in the hospital may frequently be quite unaware. As one receptionist put it, 'You need the hide of a rhinoceros and the patience of a saint' to cope with the multifarious duties and pressures that fall to the lot of some of these staff.

That members of this sometimes forgotten sector of the hospital have much to offer towards improved services for patients has been clearly demonstrated in meetings for teams of hospital 'shop window' staff held by the King's Fund Centre during the past two years. Teams were drawn from the staff of 66 hospitals, including teaching hospitals, in the areas of three regional hospital boards.

For their follow-up reunions, some of these groups decided to invite their senior officers to join their discussions. 'We haven't done all we might', commented one senior administrator after the first joint meeting. 'This has given us something to think about'.

This check list has been prepared at the particular request of some of those senior officers. All the items have been raised and discussed by the 'shop window' staff members themselves. The balloon quotes come from their discussions. On reading the first draft, one team commented, 'If every hospital was run on the lines of this check list it would be an ideal place to work in, and staff problems would be non-existent'.

It is hoped that the list will prove helpful to senior officers and departmental heads in checking the effectiveness of this part of their services for patients.

It is appreciated that some of the items apply equally to staff other than 'shop window' staff, for example, notes on personnel management and general staff matters. Certain aspects of these broader issues have, however, been included because discussions showed that 'shop window' staff are sometimes overlooked or are not adequately made aware of the facilities available.

[illegible]

Do the following conditions exist?

- ## APPOINTMENTS

- ## CLINIC ARRANGEMENTS

- 5 Attempts are made to allocate clinics evenly throughout the week and to avoid overloading on any one day, particularly after a weekend.
- 6 A regular check is made on the time-lag in obtaining outpatient consultations.
- 7 Overbooking of clinics is avoided.
- 8 Regular checks are made on the starting of clinics and the reason for late starting.
- 9 When delays occur, the reasons are explained to patients.
- 10 A regular check is made on the length of time patients have to wait after the booked time of appointments.
- 11 Patients are supplied with an information leaflet, preferably before first attendance.

IT'S A
WONDERFUL
JOB!

**YOU'RE THERE
BECAUSE THE
PATIENTS ARE
THERE**

- | | Yes | No | Action |
|--|-----|----|--------|
| 12 Last minute cancellations of clinics are avoided as far as possible. | | | |
| 13 The hospital has a clearly defined policy on accepting and selecting patients which relieves 'shop window' staff of the responsibility of making this type of decision. | | | |
| 14 Staff dealing with patients and their enquires have adequate knowledge of the layout of the hospital and its departments, in order to direct patients correctly. | | | |

COMMUNICATION WITH GENERAL PRACTITIONERS

- | | | | |
|--|--|--|--|
| 15 There is close liaison between hospital medical staff and local general practitioners to avoid unnecessary referrals and consequent overloading of clinics. | | | |
| 16 A hospital bulletin is circulated to general practitioners giving details of services available and the current situation in the various clinics. | | | |

ACCOMMODATION

- | | | | |
|--|--|--|--|
| 17 Every effort is made to preserve the dignity of the patient as an individual, even in crowded conditions. | | | |
| 18 Personal details of patients are obtained in privacy. | | | |

IF YOU
DIDN'T ENJOY IT
YOU SHOULDN'T WORK
THERE

THE PATIENT
SHOULD BE THE
MOST IMPORTANT
PERSON

EQUIPMENT

- 19 There is sufficient basic equipment (for example, wheelchairs) available in the department to meet the needs of the heaviest session.
- 20 This equipment is regularly serviced.
- 21 The equipment is also regularly renewed.

STAFFING

- 22 Reception and clerical staffing is adequate to cover annual leave, sick leave and other absences without strain.
- 23 Receptionists have enough time to meet the patients' need for reassurance.

Yes	No	Action
-----	----	--------

IT IS NERVE-SHATTERING TO HAVE TO DEAL WITH PEOPLE UNDER PRESSURE

WE'RE EITHER DEDICATED OR DAFT

I'M SO STRETCHED IT DRIVES ME MAD

INPATIENTS

INFORMATION

- 24 Patients are supplied with an information booklet before admission, or, in the case of emergencies, immediately after admission.

CANCELLATIONS

- 25 Advance warning of possible last minute cancellations is included in the information booklet and/or admission letter in order to avoid distress to patients.

PATIENTS' RELATIVES AND FRIENDS

- 26 An explanatory leaflet is published and adequately distributed.
- 27 Signposting in the hospital is adequate.
- 28 The method of identification of wards (by letter, name or number) is clear, simple and unambiguous enough to avoid misunderstandings, particularly over the telephone.
- 29 There is a wide choice of visiting hours.
- 30 Parking facilities (if available) are adequately staffed at peak periods.
- 31 Adequate provision is made for the accommodation and supervision of children of visitors and/or patients if they are allowed to enter the grounds or certain parts of the hospital but not the wards.
- 32 Toilet and waiting room accommodation is adequately and clearly signposted.
- 33 Relatives of dangerously ill patients can be accommodated overnight.
- 34 Visitors can get light refreshments at all times (for example, vending machines when personal service is not available).

Yes

No

Action

WE'RE
IN HOSPITAL
TO HELP THE
PATIENT

WE'VE BEEN SO
MISUNDERSTOOD AND
UNDER-RATED IN THE
PAST

THE 'SHOP WINDOW' TEAM

Each group of 'shop window' staff has its own particular problems. Are the following points considered?

TELEPHONISTS

EQUIPMENT

- 35 The switchboard is adequate to carry the load of calls.
- 36 Regular visits are paid by the Post Office travelling supervisor.
- 37 When new equipment is installed telephonists are fully instructed in its use.

STAFF CALL SYSTEMS ('BLEEPS')

- 38 Adequate supplies of spare receivers and efficient servicing are always available.
- 39 Switchboard operators receive full cooperation from all members of staff issued with personal receivers.

WORKING CONDITIONS

Operators working alone have to remain at the switchboard for long periods. What arrangements are made for them?

- 40 Adequate reliefs are provided during each eight-hour period of duty.
- 41 Toilet facilities are situated within easy reach of the switchboard.
- 42 Facilities for making tea are available in the telephone exchange.
- 43 A full meal service at the switchboard is available for all telephonists requesting it.
- 44 Regular checks are made on overtime worked and off-duty periods of all telephonists.
- 45 Regular surveys are carried out on any additional duties undertaken by operators and their possible influence on efficiency assessed.

Yes

No

Action

HALF MY
JOB IS SMOOTHING
PEOPLE OVER

THE TELEPHONIST IS
A CITIZENS' ADVICE BUREAU
AND A SHOULDER FOR
EVERYONE TO CRY ON

- | | Yes | No | Action |
|-------------------------------|-----|----|--|
| INDUCTION AND TRAINING | | | |
| 46 | | | No newcomer is left to work on the switchboard alone until the supervisor is sure of his or her self-confidence and ability to cope adequately. |
| HELP FROM OTHER STAFF | | | |
| 47 | | | All hospital staff are made aware, and regularly reminded, of the various ways in which telephone lines can be kept clear for urgent calls. |
| 48 | | | When making outgoing calls, staff are encouraged to ring off and try again later if the number they require is engaged. |
| 49 | | | Definite regulations are agreed on the use of hospital telephones for private calls, and the methods of payment for such calls made clear. |
| 50 | | | Switchboard staff are adequately supported in the enforcement of any such regulations. |
| 51 | | | Staff provided with telephones which have open access to exchange lines are discouraged from asking the operators to obtain calls for them. |
| 52 | | | Staff are discouraged from applying to telephonists for information already available from other authorised sources, for example, doctors' duty rotas. |

IF YOU'RE TIRED
YOU NEED A BREAK
BUT WE DON'T GET TEA
OR COFFEE BREAKS

IT TAKES A LOT
TO BE LEFT ON
YOUR OWN

AFTER ALL,
YOU SOMETIMES HAVE
LIFE AND DEATH AT
YOUR FINGERTIPS

RECEPTIONISTS

TRAINING

- 53 Reception staff are given information and advice to help them understand something of human behaviour, and increase their skills in dealing with the anxiety and stress of patients attending hospital.
- 54 Reception staff receive training to provide them with an adequate knowledge of statutory and voluntary facilities in hospital, health and social services.
- 55 There are sufficient reception staff on duty to allow time to provide at least a minimum of reassurance for each patient, if required.

PATIENTS' CASE NOTES

— in records department

- 56 Missing case notes can be speedily traced.
- 57 Close and understanding relationships exist between receptionists, record clerks and medical secretaries.
- 58 Storage system for medical records is adequate.
- 59 There are mechanical means to assist junior clerks in carrying heavy case notes.
- in wards
- 60 Up-to-date information on transfers, changes of address and other information about patients necessary to the work is always available to reception staff.
- 61 Ward staff know the regulations regarding patients' entitlement to transport.

Yes

No

Action

YOU'RE FROWNED
UPON BY EVERYBODY
AND NOT NOTICED BY THE
SECRETARY, BUT YOU'RE
THE FIRST ONE THE
PATIENT MEETS

RECEPTION IS A
SMALL PART OF A
RECEPTIONIST'S
DUTIES

I FEEL RIGHT
AT THE BOTTOM
OF THE LADDER—
NECESSARY BUT NOT
IMPORTANT

PORTERS

TRAINING

- 62 Porters who work directly with patients are given the opportunity of training in basic first aid and correct methods of lifting.

OVERSEAS STAFF

- 63 When allocating staff to duties, attempts are made to pair foreign staff with English members to encourage proficiency in the language, and to increase work efficiency and staff relationships and understanding.

DUTIES

- 64 Duties are clearly delineated in order to save porters from possible involvement in activities outside their responsibility, particularly in respect of any nursing or medical procedures.

PERSONAL SAFETY

- 65 Porters are assured of support from management when facing difficulties in carrying out their duties, for example, abuse and physical violence from visitors and, sometimes, patients.

Yes

No

Action

IF YOU DO ANYTHING
WRONG YOU HEAR ABOUT
IT RIGHT AWAY; YOU
GET NO THANKS IF
EVERYTHING GOES
WELL

THEY GIVE
YOU JUST ABOUT
EVERYTHING
TO DO

I BELONG TO
THE BALANCE-
WHEEL SECTION OF
THE HOSPITAL

RELATIONSHIPS WITH OTHER STAFF

MUTUAL UNDERSTANDING

- | | Yes | No | Action |
|---|-----|----|--------|
| 66 Hospital staff of different grades and in different departments have opportunities to learn of the problems and difficulties of other workers in the hospital. | | | |
| 67 Senior staff are made aware of the position and problems of 'shop window' staff. | | | |
| 68 Staff are actively encouraged to visit each other's departments in order to meet colleagues and gain greater insight into their particular work and problems. | | | |
| 69 Articles appear in the hospital house journal describing the work of the various departments. | | | |
| 70 Induction courses for all new staff in the hospital include an explanation of the work of 'shop window' staff and visits to their departments. | | | |
| 71 All types of students visit the telephone exchange in addition to other sections of the hospital. | | | |
| 72 Effort is made to interest medical staff in the work and problems of 'shop window' staff, particularly the telephonists. | | | |
| 73 Telephonists have the opportunity to visit any new department to visualise circumstances under which staff in the department will be answering the telephone. | | | |

INFORMATION REQUIRED

- | | | | |
|--|--|--|--|
| 74 Information required <i>daily</i> by telephonists (for example, bed states, discharges, deaths, transfers) is accurate and supplied to them promptly. (Telephonists in particular can face most embarrassing situations when dealing with enquiries if their information is out-of-date or inaccurate). | | | |
| 75 Telephonists and receptionists are supplied regularly with details (for example, date, time and place) of all meetings to be held in the hospital. | | | |
| 76 Telephonists and receptionists are provided in good time with all details of proposed leave, absences, locums, changes in routine of medical staff and means of speedy contact with doctors when on call or in emergency. | | | |

YOU FEEL
SO DIFFERENT
IF YOU KNOW THAT
PEOPLE CARE

YOU NEED TO
MEET THE PEOPLE
YOU SPEAK TO ON THE
'PHONE, IT MAKES
YOU FEEL REALLY
WANTED

ONE WANTS
TO BE TREATED
LIKE A HUMAN
BEING

RELATIONSHIPS WITH MANAGEMENT

THE KEY FIGURE

- 77 Does the hospital secretary regularly visit all departments?

MANAGEMENT AND HOUSE COMMITTEES

- 78 Members of committees are known to staff.
- 79 Members of committees take a personal interest in staff.
- 80 Official visits are planned with a definite purpose in mind, and reports are discussed after visits.

PASS IT ON

- 81 The hospital's unity of purpose is strengthened by efficient communication of information and ideas upwards and downwards, and from department to department.

PRESS RELATIONS

- 82 The procedure outlined in HM (56) 58 is followed for dealing with enquiries from the press about individual patients.
- 83 A clear policy on relations with the press is laid down, and is known to all staff.

Yes

No

Action

THEY WALKED
IN, AND WALKED
OUT AGAIN: I FELT
LIKE A PIECE OF
FURNITURE

IF YOU'VE GOT
A GOOD HOSPITAL
SECRETARY YOU'RE
LAUGHING, BUT
IF NOT...

I DON'T THINK
I'VE EVER MET THE
HOSPITAL SECRETARY,
AND I'VE BEEN
THERE THREE
YEARS

INTERNAL COMMUNICATIONS

- LINES OF COMMUNICATION**
- 84 Lines of communication, both vertical and horizontal, are clearly defined and well understood by all staff.
- 85 Every member of staff knows clearly who is his/her own immediate superior.
- 86 All members of staff are aware of further action that can be taken in the event of receiving no satisfaction from their immediate superiors.

- MASS METHODS**
- 87 Notice boards are strategically placed and kept tidy and up-to-date.
- 88 House journals and/or news sheets are published regularly and issued free of charge to each member of staff.
- 89 Consideration has been given to the introduction of a staff suggestions scheme.

- REPRESENTATIVE CHANNELS**
- 90 There is machinery for direct discussion between representatives of the staff and the senior officers of the hospital:

Joint Staff Consultative Committee

informal consultation on a sectional basis.

- 91 These methods are effective in action.
- 92 Regular meetings of heads of departments are held.
- 93 Reports of these meetings are made to all staff in the departments concerned.
- 94 Consideration is given to the possibility of departmental heads being accompanied to these meetings by a member of their staff, as an aid to communication downward.

- AT DEPARTMENTAL LEVEL**
- 95 Formal or informal meetings of all staff in each department are held regularly.

Yes No Action

WE COMPLAIN
TO OUR SUPERIOR
OFFICERS BUT
NOTHING HAPPENS

WE HAVE
MEETINGS, TOO,
BUT NOBODY EVEN
ASKS US IF WE
HAVE ANY
PROBLEMS

SOME HEADS
OF DEPARTMENTS
THINK IT'S BAD FOR
US TO KNOW
TOO MUCH

CONSULTATION

PLANNING

- 96 When planning new departments or alterations or adaptations, the opinion of the staff who will have to work in these areas is sought and considered.
- 97 Staff are also fully consulted when administrative changes are proposed which will affect them or the work of their department.

INFORMATION

- 98 Staff are informed of developments and changes in the hospital and health services.
- 99 The relevant reports are readily available to staff.
- 100 Staff are told the reasons for changes, new appointments and new policies in the hospital.
- 101 Full explanations are given for changes in staff designations and duties, particularly at senior and departmental head levels.

Yes

No

Action

I WISH PEOPLE
AT THE TOP WOULD
LISTEN TO PEOPLE
AT THE BOTTOM

PEOPLE IN
HIGHER PLACES
DON'T MAKE IT
EASY FOR THOSE
BELOW THEM

IT'S JUST
THAT PEOPLE
DON'T LISTEN
TO YOU

THIS MAKES
YOU FEEL A MORE
INTEGRAL PART OF
THE HOSPITAL

GENERAL STAFF MATTERS

Yes

No

Action

ESTABLISHMENTS

- 102 Regular surveys are carried out to ensure that increases in workload do not outstrip staff establishments.
- 103 Consideration has been given to the appointment of 'floaters' in departments to cover emergencies.

STAFF APPOINTMENTS

ADVERTISING

- 104 Heads of departments are consulted before advertisements are issued.
- 105 All details of vacant posts are stated accurately.
- 106 Staff are kept aware of posts that are being advertised.

INTERVIEWING

- 107 Applicants are given adequate and accurate information regarding details of work and conditions of service.

APPOINTING

- 108 Long gaps between the departure of one holder of a post and the start of his/her successor's service are avoided.
- 109 Wherever possible, adequate 'handing-over' time is arranged.
- 110 A medical examination relating to the work to be done is undertaken before new entrants are confirmed in their appointments.

EMPLOYMENT OF TEMPORARY STAFF

particularly university and college students on vacation

- 111 Adequate procedures are in operation to ensure that the best use is made of temporary staff.
- 112 They are carefully selected, and records kept of the most satisfactory workers for future employment.
- 113 Their work is sufficiently supervised, preferably allocating each one to work with an older, regular member of staff.

PEOPLE AT THE
TOP ARE OUT OF
TOUCH WITH THOSE
WHO DO THE WORK

YOU'RE DOWN THERE DOING
THE WORK: THEY'RE UP THERE
PUSHING THEIR PENS

WHY DON'T THE
ADMINISTRATORS
GET ROUND ?

STAFF AT WORK

INDUCTION

- 114 On day of starting work, basic information only is given.
- 115 Detailed induction and visits to all sections of hospital are arranged for new staff a few weeks after beginning work.
- 116 Any omissions on the above are checked by follow-up.

INFORMATION

- 117 Staff are supplied with all the information required under the Industrial Relations Act 1972.
- 118 Each member is provided with an individual job description.
- 119 A general staff information booklet is given to all new entrants.
- 120 Written instructions on methods of carrying out certain procedures are available.
- 121 Departmental procedure manuals are provided and updated as required.
- 122 Staff are fully conversant with other relevant written material in use, particularly information for patients and visitors.

Yes

No

Action

YOU
JUST GET
TO KNOW

THROWN
IN AT THE
DEEP END

YOU CAN GET
IN AN AWFUL
SWEAT IF YOU'RE
NOT TOLD MUCH

I'VE NEVER
HEARD OF
INDUCTION
BEFORE

EVERYTHING IS
SO IMPERSONAL;
NOBODY TOLD ME
WHERE TO GO OR
WHAT TO DO

TRAINING

- | | Yes | No | Action |
|--|-----|----|--------|
| 123 All staff are given adequate training for their particular work. | | | |
| 124 Refresher inservice courses are arranged as required. | | | |
| 125 Supervisory staff have opportunities to attend training and refresher courses outside their own hospitals. | | | |

WELFARE AND AMENITIES

'The cobbler's children are often the worst shod.'

- | | | | |
|--|--|--|--|
| 126 The provisions of the Offices, Shops and Premises Act 1963 are observed (see HM (64)46; (65)17 and 50). | | | |
| 127 Abstracts of the Act (OSR 15) are publicly displayed or otherwise freely available to staff. | | | |
| 128 If there is no occupational health service in the hospital, adequate facilities for treating slight indisposition and accidents at work are available. | | | |
| 129 The existence of such facilities is well-known to staff. | | | |
| 130 The material well-being of staff is regularly reviewed (changing rooms, lavatories, facilities for meals and light refreshments, uniform and protective clothing). | | | |
| 131 Regular follow-up checks are made where appropriate and facilities are offered for protective mental and physical health measures, including immunisation against smallpox, poliomyelitis and influenza. | | | |

EVERYBODY
KNOWS IT NEEDS
DOING, BUT NOBODY
DOES ANYTHING

ONCE THEY
THINK YOU CAN
DO IT, THEY'RE HAPPY
TO LET YOU GO ON
DOING IT

YOU FEEL A
BIT OF A FOOL
IF YOU DON'T
KNOW

132 Policies for granting compassionate leave and extensions of sick leave have been defined.

133 Action is taken in cases of unsatisfactory attendance rates or extended absences.

134 Accurate records are kept of all staff absences and sick leave, and these are regularly reviewed.

135 All staff have access to a senior officer for advice over their personal problems and grievances.

CONDITIONS OF SERVICE

136 Copies of the appropriate Whitley Council conditions of service and any other relevant documents are freely available in a public place for all staff to consult at any time.

SUPERVISION AND SUPPORT

137 Supervision both at departmental and intermediate level ensures that a fair balance of work is achieved, and that good workers are not unduly imposed upon.

138 Adequate support is given regularly to staff who are expected to enforce hospital regulations under difficult situations (for example, with visitors and staff of higher grades) such as parking restrictions or other hospital rulings.

THE LANGUAGE BARRIER

In some areas hospitals experience difficulties in communicating adequately with non-English speaking *patients*. The problem is not only one of language but also of differing cultures, habits, religion and outlook, involving nationalities from all parts of the world.

Similar difficulties can arise from the employment of *staff* of all grades (professional, ancillary and student status) with inadequate comprehension of spoken English.

This is a large and complicated problem, some aspects of which are being explored. The basic points which particularly affect 'shop window' staff are included here.

Yes

No

Action

IT'S JUST
THAT LACK OF
NOTICING

IT'S NOT
ONLY THE BIG
THINGS THAT
MATTER

IF LOWER GRADES TRY
TO ENFORCE RULES FROM ABOVE,
PEOPLE TEND TO THINK THAT YOU
ARE ARROGANT

IF YOU DO A
JOB WELL, YOU'RE
LANDED WITH THAT JOB
FOR EVERMORE

139 A list is prepared of all staff able to interpret, giving name of individual, language, telephone extension number and name of departmental head to be contacted for permission.

140 This list is freely available in all departments of the hospital.

141 Arrangements are made locally with individuals and statutory and voluntary bodies to obtain the services of other interpreters or translators as required.

142 Consideration has been given to providing written information on customs, food and religion of non-English speaking patients and staff.

WRITTEN COMMUNICATIONS

143 Language translation cards, booklets and leaflets are provided and are easily available to all departments of the hospital.

Yes

No

Action

YOU NEED
SOMEONE TO BE
A GOOD LISTENER—
SOMEONE WHO
REALLY CARES

NOBODY UNDERSTANDS—
YOU NEVER GET PRAISED
WHEN YOU DO THE
RIGHT THING

IT'S NICE
TO KNOW THAT
SOMEBODY
CARES

REPORTS OF DISCUSSIONS

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HINKS, M.D. *The Hospital*,
vol. 67, no. 1. January 1971.
pp. 9-12. (THC Reprint no. 527)

- * More News from the
Shop Window
THC Reprint no. 560. May 1971.

- * Shop Window Calling!
THC Reprint no. 639.
February 1972.

- * Another Look at the
Shop Window
THC Reprint no. 641.
February 1972.

- * Receptionists: The Hospital
Shop Window
HINKS, M.D. *The Medical
Secretary*, no. 20. 1972.
pp. 6-8. (THC Reprint no. 672)

- * A Wonderful Job!
THC Reprint no. 686.
June 1972.

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WORRALL, C. *The Hospital
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vol. 68, no. 10. October 1972.
pp. 360-362.

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WILKINSON, L. *The Medical
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