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Patient Satisfaction with a Nurse Managed Lipid Clinic

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Abstract

The purpose of this study was to determine patient satisfaction with a nurse managed lipid clinic. This study investigated the effect of gender, age, level of education, and physical health on patient satisfaction. Measuring patient satisfaction has been regarded as the method of choice for obtaining patient views about their care. Fifty patients completed a survey rating various aspects of the lipid clinic. The results provided evidence that high level of satisfaction existed with the nurse managed clinic and there was no significant variation with gender, age, level of education or physical health of patients. Nurse Practitioners have been successfully treating and managing lipid disorders. No reported information was available on patients' views of their encounter with nurse managed lipid clinics.

Patient Satisfaction with a Nurse Managed Lipid Clinic

Cardiovascular diseases have accounted for more than 1 million deaths a year and it is the leading cause of mortality in people under the age of 75 years.¹ More than 50 years ago it was reported that lowering serum cholesterol would reduce the incidence of myocardial infarction and death. Fifty percent of the population in the United States could be defined as being hypercholesteremic as documented by the National Cholesterol Education Program (NCEP), a national consensus panel set up by the National Heart, Lung, and Blood Institute.² Guidelines set by the NCEP have classified hypercholesterolemia in adults over the age of 20 years as "high blood cholesterol" for values above 240mg/dL; "borderline high blood cholesterol" for ranges of 200 to 239mg/dL; and below 200mg/dL as "desirable blood cholesterol". Further recommendations included that the low density lipoprotein (LDL) values be below 130mg/dL and high density lipoprotein (HDL) values be above 45mg/dL.³

In 1986, the National Institute of Health conducted a descriptive study and found 87% of physicians agreed that elevated cholesterol should be treated. Only 59% of the physicians thought it was possible to achieve positive results in private practice. The study reported that many physicians did not have adequate time, interest, or financial incentive to effectively treat hypercholesterolemia. The results of the investigation documented that family physicians were not adequately treating patients who could have benefited with aggressive management.⁴ Dr. William Castelli of the Framingham Heart Study had predicted that "cholesterol reduction and risk management is the crusade of the nineties" in order to lower the incidence of coronary heart disease.¹

As the cost of care provided by physicians continues to rise, nurses have started playing a larger role in managing preventive care. Registered nurses and nurse practitioners have been successful in treating and managing lipid disorders following the guidelines set up by the NCEP. Traditionally, nurses have played a significant role in screening and health education programs for coronary heart disease.⁵ Nurses have provided safe and efficient care in cholesterol management resulting in more cost effective therapy. Nurse practitioners have adequately diagnosed and treated lipid disorders with a comprehensive preventive cardiology approach.⁶ Outpatient lipid clinics managed by nurses using a systematic

approach with aggressive treatment of lipid disorders have reduced progression of cardiovascular disease.⁷

Furthermore, patient satisfaction with health care has been receiving increased attention from administrators and practitioners as a consequence of the consumer movement. Patients' participation in the planning and assessing health services for their own care has been advocated. Patient satisfaction is related to health and illness behaviors. It is believed that satisfied patients comply with the practitioner's instructions and keep future appointments.⁸ An understanding of patients' concerns and interests have been the key to patient centered medicine.⁹ Thus incorporating patient views in decisions about changes in the organization and delivery of medical care has shown to be highly beneficial.

Purpose of the Study

The purpose of this study was to determine patient satisfaction with a nurse managed lipid clinic. Given the importance of effectively managing cholesterol level, increased concern regarding cholesterol level in the general population, and the fact that no literature addressed patient satisfaction with nurse managed lipid clinics, this study was undertaken. Numerous studies have shown that nurse managed lipid clinics are cost-effective and yield positive results.

Measuring patient satisfaction using a survey instrument has been regarded as the method of choice for obtaining patients' views about their care.¹⁰ Patients provide important information regarding health care delivery. Steiber and Krowinski¹¹ state the success of health service providers is placing the customer at the center of its organizational strategy. Patient satisfaction has been an important indicator of the quality of care delivered. Since patients are the receivers of the services, they are in a good position to judge the services provided.

Treatment of patients, with elevated cholesterol, by nurse practitioners using protocols and guidelines has been proven to be both effective and cost saving to the patients. Nurse practitioners have helped patients reduce risk factors that are controllable such as smoking, obesity, exercise, management of cholesterol, diabetes, and high blood pressure. Of course factors that are beyond patients control include; age, gender, and family history of heart disease.

Woodhead¹ had noted that the key to success of any health education program has been the relationship between the provider and the individual patient. Retaining motivation on a long term basis has not been an easy task. Nurses have been educated to holistically treat patients by including emotional, spiritual, and social factors. Together, the patient and the practitioner, must design a plan that can meet the patient's needs and obtain positive results.

Research Questions

Research Question

What is the level of patient satisfaction with a nurse managed lipid clinic? How does this vary between (a) gender, (b) age, (c) level of education, and (d) present physical health? Numerous studies have shown that nurse led lipid clinics are needed, efficient, and cost-effective.^{2,6,7} It has also been documented that measuring patient satisfaction has been an integral part of delivering quality care.^{8,9,10} However, even after an extensive literature review, no study was found regarding patient satisfaction with a nurse managed lipid clinic.

Literature has shown that consumer satisfaction has been the ultimate goal of providers of services and a measure of the outcomes. Medical care has been seen as a product similar to other marketable products where the wishes of the consumer are taken into account in the supply of goods and services.⁹ It has been good business practice to allow patients access to satisfaction surveys to let them know that the facility cares. Also, it has been an avenue by which a facility has been able to gather information to resolve any potential complaints.¹¹

Description of Variables

This study investigated patient satisfaction using a survey instrument developed by the author. The dependent variable, satisfaction, was being measured by the responses in the survey. Linder-Pelz's⁸ conceptual definition of patient satisfaction "individual's positive evaluations of distinct dimensions of health care", was used to elicit the independent variable, the nurse managed lipid clinic. Variables such as gender, age, level of education, and present physical health of the evaluator were correlated with responses in the survey.

Background/Literature Review

Avis et al.¹⁰ cite Donenabedian (1980), an expert concerning the subject of quality, stated:

Client satisfaction is of fundamental importance as a measure of the quality of care because it gives information on the provider's success at meeting those clients values and expectations which are matters on which the client is the ultimate authority. The measurement of satisfaction is, therefore, an important tool for research, administration and planning.¹⁰

Surveys measuring patient satisfaction have been a primary source of feedback for health care services. These surveys have provided patients' views concerning their expectations and experiences with health care services. These tools have been an indicator of the quality of nursing and medical care based on the belief that patient satisfaction has been an integral part of high quality care.¹⁰

The criticism of using questionnaire surveys for measuring patient satisfaction relate to the validity of the survey.¹² To assess the internal consistency of the survey used for this particular study, Cronbach's alpha was measured. The high alpha value of 0.82 demonstrated the internal consistency of the survey. The other areas of concern in the use of surveys have been in the clarity of the questions asked, the place where the survey takes place, the influence of the researcher on the participant, and the effects of time on recall. St. Leger, Schnieden, & Walsworth-Bell¹³ warn that the feeling of satisfaction may not be a good indicator of the service quality rendered. This may be due to the lack of technical knowledge of the patient.

Several studies argued for qualitative research on patient satisfaction involving open-ended questions.^{10,14,15} These studies concluded that pre-set questionnaires do not allow the patient to elaborate on specific issues and be spontaneous. Critical responses were elicited with qualitative studies. However, it has been also known that open-ended responses are time consuming making them unpopular for both the participants and the researchers. Answers to open-ended questions vary considerably in length and in detail from person to person thus making it difficult to analyze and summarize the data. Categories for responses must be created and responses coded in order to analyze them statistically. Coders need to be trained and coordinated to process the responses. The coding process can introduce errors in the

data. To determine coding reliability, frequently two or more independent coders are utilized and results compared.

Research concerning patient satisfaction with health care services has been conducted and reported in Great Britain.^{8,10,12,15,16,17,18} Numerous patient satisfaction studies were done with the British National Health Service between late 1980's to the mid 1990's. Unfortunately, limited number of studies were found concerning services provided in the United States in private practice.

Literature describing nurses in lipid management was found not only in nursing publications but also in those targeted to physicians. Gemson, Sloan, Messeri, and Goldberg¹⁹ concluded that the initial counseling by registered nurses following cholesterol screening at the worksite was enhanced when follow-up visits were provided. Patients showed statistically significant improvements in cholesterol levels, blood pressure, weight, smoking status, and frequency of exercise. Using nurse practitioners not only proved to be effective in lowering cholesterol but also in reducing other cardiovascular risk factors. This was attributed to both the time nurses spent with the patients as well as the education they provided.

Attitudes of primary care physicians and nurses play an influential role in the delivery of preventive services. It has been known that the way the practitioner delivers care has a direct effect on the success or failure of the patient in adhering to treatment recommendations.²⁰ Solberg, Brekke, and Kottke²¹ conducted a study that concluded attitudes were helpful, they do not affect the actual rate of delivery of services. Rather than changing attitudes of the providers, there is a need to provide them with effective tools such as a better understanding of the processes and reliance on data.

The research question investigating the level of patient satisfaction with nurse managed lipid clinic was guided by the theory of patient satisfaction by Linder-Pelz⁸ and Calnan's conceptual framework of lay evaluation of health care.⁹ Linder-Pelz⁸ defined patient satisfaction as "the individual's positive evaluations of distinct dimensions of health care". Perception and attitude variables such as expectations, values, entitlements, occurrences and interpersonal comparisons were identified. Calnan's⁹ conceptual framework outlined an approach to explain the way lay people evaluate health care. He identified four elements which shape lay evaluation of health care: (a) the goals of those seeking health care in each specific instance; (b) the level of experience of use of health care; (c) the socio-political

values upon which the particular health care system is based; and (d) the images of health held by the lay population.

Methodology and Procedure

Research Design and Survey

This non-experimental and descriptive study investigated the level of patient satisfaction with nurse managed lipid clinics. Quantitative data were sought. Approval from Human Subjects Institutional Review Board (IRB) at San Jose State University (Appendix A) and Valley Cardiovascular Consultants (Appendix A1) was granted before initiating the project.

A consent form (Appendix B) was given to patients prior to completing the survey and any concerns or questions were addressed. Anonymity and confidentiality of patients were maintained by having a closed drop off box for the completed surveys. Patients were not asked to write their names or identify themselves on the survey. Assurance was given to patients that participation was voluntary, was not going to effect them personally, and was being conducted to evaluate and improve the current level of service in the agency. Data were kept in a locked file drawer when not in use and destroyed at the end of the project. Cost for the study was self-funded.

The survey questionnaire (Appendix C) was developed by the author with recommendations from physicians and nurses from a cardiology practice for this study. The survey was revised several times to ensure the clarity of the questions and format. The internal consistency of the survey was tested by Cronbach's alpha. The Level of Patient Satisfaction with a Nurse Managed Lipid Clinic Survey had a Cronbach's alpha of 0.82. The alpha value was high indicating that this instrument had demonstrated internal consistency. A value of 0.70 or higher is considered to be an acceptable level of reliability.²²

A pilot study consisting of 10 participants was conducted to test the survey after IRB approval from San Jose State University was granted. Ten participants represented 20% of the total population for the final study. The group consisted of four office personnel, three male patients, and three female patients. Office personnel were selected for their technical perspective. To avoid gender bias both male and female patients were included. The six patients used in the pilot study were not included in the final study. The respondents were asked to think aloud as they completed the survey with the researcher

listening to their comments. This was done to ensure that they were correctly interpreting the questions. The participants in the pilot study believed that the questions were clear and did not need further changes. The researcher also believed that the questions were being interpreted correctly and consistently. Therefore no changes were made to either the instructions or the questions.

The survey consisted of eight items to determine the effectiveness and the satisfaction level with a nurse managed lipid clinic. The participants were asked to circle the answers on Likert type scale: 1 = "not at all", 2 = "a little", 3 = "some", 4 = "a lot". A short section asking demographic and health information was also included to enable the researcher to analyze variances amongst various sub-groups. St. Leger et al.¹³ cautioned against making surveys too long stating that lengthy ones increase refusal rate. The types of questions consisted of both self report and clinic evaluation.

Subjects and Sampling

The participants were a convenience sample of established male and female patients of the lipid clinic above the age of 35 years. Patients who were new to the clinic were not included as they may not have had enough time or contact with the clinic to have sufficient information to respond to the questions asked on the survey. To ensure that the sample surveyed was representative of the total population of the lipid clinic, all patients who were available during the time period of data collection, which was between February and April 1998, were given the survey. A sample size of 50 completed and returned surveys was sought. During the time period of the study, the clinic was closely following approximately 350 hypercholesterolemic patients on a regular basis. Fifty completed surveys represented approximately 15% of the total numbers of patients in the lipid clinic. The self-completion survey questionnaire was given to patients at the end of the scheduled lipid clinic appointment. Carr-Hill¹⁷ notes that there was less chance of recall bias if the survey was conducted immediately after the service is rendered.

Setting

The study was conducted at the Lipid Clinic of Valley Cardiovascular Consultants, a private cardiology practice in San Jose, California. Authorization was granted by Valley Cardiovascular Consultants to conduct research at the site. The lipid clinic nurse at the site with whom the participant

had the scheduled appointment solicited the patient to participate in the study at the end of the visit. Patients had the option of either remaining in the consultation room or moving to the waiting room to fill out the survey. Pontin and Webb¹² confirmed that there was a higher response rate with in-house participants than when conducted in the patients homes.

Analysis of Data and Results

Fifty completed surveys were collected from patients in the lipid clinic. Table 1 displays the items asked in the survey. Respondents were 60% males and 40% females. Ages ranged from 35-76+ years. Range of education level included High School 70%, Bachelors 20%, Masters 4%, and Doctorate 6%. Sixteen percent of patients reported health as excellent, 48% as good, 28% as fair, and 8% as poor. Responses were analyzed using SPSS/PC+ software. Statistical significance was defined as a P value of less than .05. This means that the odds are 19 to 1 that the conclusion the researcher makes on the basis of the statistical test performed on sample data is correct.

Figure 1 shows the mean score for each question for the entire population. The mean for all questions was 3.57 on a scale where maximum was 4.00. The results indicated high level of satisfaction with the nurse managed lipid clinic.

To understand influence of gender, age, education, and health on patient satisfaction further analysis was undertaken. Analysis of variance (ANOVA) was performed since there were multiple groups and the data were at the interval level. ANOVA tests difference of group means by considering the variation among all groups. Table 2 summarizes the mean responses for the various groups. Data were analyzed for satisfaction by looking at items one through eight to see what differences existed between gender, age groups, levels of education, and present health status. Mean values showed slight variation within groups but the significance (P) value was high indicating these variations were not statistically significant. Therefore, no conclusion could be drawn that gender, age, education, or health have influence on patient satisfaction.

Question 8 asked for overall satisfaction of the nurse managed lipid clinic. It was analyzed separately using ANOVA. As Table 3 shows, once again no significant differences in responses between gender, age, or health existed. However, education level did show statistically valid significance level of

.04. Mean values in all four cases were in the 3.33–4.00 range. The difference in the mean, though statistically valid, was slight. Also, sample sizes of respondents with Masters and Doctorate degrees were 4% and 6% respectively making it difficult to generalize.

Limitations of the Study

Several limitations existed in the study. The standard method of measuring patient satisfaction is questionnaire survey¹². The main criticism of the survey method is in the validity of the survey. Validity issues arise with the way questions are asked, the place where the survey is taken, the effects of time on recall, and the effect of researcher on the participant. In designing and administering the study, careful attention had been given to minimize these effects. However, two major limitations existed. First, patients may have been reluctant to criticize providers of care. Second limitation that existed was the population bias. The sample consisted of patients in a single clinic all of whom had health insurance. The clinic in the study did include patients from various socio-economic and education levels.

Criticism exists that satisfaction surveys traditionally yield results showing patients are satisfied with care received.¹¹ However, quantitative methods, as used in this study, remain best suited to answering questions about the degree of satisfaction with various aspects of services provided.

Conclusion

The responses on the survey validated that patients were satisfied with the nurse managed lipid clinic. The results also provided data indicating that patients felt that the clinic was effective in obtaining positive results. Most importantly, if given the choice, participants would like to remain as patients with the clinic. This study demonstrated the high level of patient satisfaction with a nurse managed lipid clinic.

A comparison of results between a multidisciplinary lipid clinic, led by a Master's Degree prepared nurse practitioner and a physician only General Internal Medicine Clinic was studied by Shaffer and Wexler.²³ They concluded that patients in nurse led clinics were four times more likely to reach lipid level goals set by the National Cholesterol Education Program than the group in the physician clinic. Both these studies proved the effectiveness and viability of nurse managed lipid clinics.

The concern regarding elevated cholesterol levels in the general population continues to increase and more and more primary care providers are managing lipid disorders. This provides nurse

practitioners a great opportunity to serve this expanding need. Nurse practitioners' holistic approach to patient care places them in an excellent position to provide this important primary preventive care in a cost effective manner.

Though this study confirms that patients are satisfied with nurse managed lipid clinics, further studies should be undertaken to overcome the limitations of this study. This should include a larger population of participants to further understand patient satisfaction within various sub-groups. Clinics in various geographic locations need to be included to understand cultural variation. Future study should be expanded to include HMOs and community clinics to understand the variation amongst service providers.

Glossary of Terms

Cholesterol- A fat like substance present in cell membranes and is a precursor of bile acids and steroid hormones. High levels in blood is associated with arteriosclerosis coronary artery disease.²⁴

High density lipoprotein (HDL)- A circulating lipoprotein that picks up cholesterol in the arteries and deposits in the liver for reprocessing or excretion. Also known as the "good cholesterol".²⁴

Hypercholesterolemia- The presence of excessive amounts of cholesterol in the blood.²⁴

Lipid- Fat like substance.²⁴

Lipid Clinic- Clinical practice devoted to managing and treating cholesterol disorders.²⁵

Low density lipoprotein (LDL)- A plasma protein that is the major carrier of cholesterol in the blood. High levels of LDL is directly correlated with risk for coronary artery disease. Also known as the "bad cholesterol".²⁴

Nurse Managed Lipid Clinic- Clinical practice led by Registered Nurses and/or Nurse Practitioners to evaluate, treat, and manage causes of cholesterol disorders in collaborations with physicians following protocols and algorithms recommended by the National Cholesterol Education Program.²⁵

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Table 1

Lipid Clinic Survey

	<u>Not at all</u>	<u>A little</u>	<u>Some</u>	<u>A lot</u>
1. Nurse managed lipid clinic has been effective for me overall:	1	2	3	4
2. My total and LDL cholesterol levels have dropped significantly during the time I have been a patient in the clinic:	1	2	3	4
3. I have an increased knowledge and understanding of lipid management since attending the clinic:	1	2	3	4
4. Routine appointments with a nurse are helpful in lowering my cholesterol:	1	2	3	4
5. During the visits I am encouraged to ask questions:	1	2	3	4
6. The nurse answers all of my questions:	1	2	3	4
7. I would like to remain a patient in the clinic:	1	2	3	4
8. Overall, my level of satisfaction with the lipid clinic is:	1	2	3	4

Patient satisfaction With Nurse Managed Lipid Clinic

Figure 1

Patient Satisfaction With Nurse Managed Lipid Clinic**Table 2**

ANOVA of Questions 1 - 8 Total Mean Score

	<u>N</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>P-value</u>
<u>Total Population</u>	50	3.57	0.42	
<u>Gender</u>				0.34
Male	30	3.61	0.47	
Female	20	3.50	0.34	
<u>Age</u>				0.74
35-45 yrs	2	3.75	0.18	
46-55 yrs	10	3.41	0.58	
56-65 yrs	14	3.60	0.40	
66-75 yrs	13	3.57	0.35	
76+ yrs	11	3.63	0.40	
<u>Education</u>				0.32
High School	35	3.63	0.33	
Bachelor	10	3.37	0.60	
Master	2	3.69	0.44	
Doctorate	3	3.42	0.63	
<u>Health</u>				0.50
Excellent	8	3.78	0.34	
Good	24	3.52	0.50	
Fair	14	3.57	0.30	
Poor	4	3.54	0.38	

Patient Satisfaction With Nurse Managed Lipid Clinic**Table 3**ANOVA of Questions 8 (Overall Satisfaction)
N=50

	<u>Mean</u>	<u>Std. Dev.</u>	<u>P-value</u>
<u>Total Population</u>	3.68	0.55	
<u>Gender</u>			0.41
Male	3.73	0.52	
Female	3.60	0.60	
<u>Age</u>			0.45
35-45 yrs	4.00	0.00	
46-55 yrs	3.50	0.71	
56-65 yrs	3.79	0.43	
66-75 yrs	3.54	0.66	
76+ yrs	3.82	0.40	
<u>Education</u>			0.04
High School	3.80	0.41	
Bachelor	3.30	0.82	
Master	4.00	0.00	
Doctorate	3.33	0.58	
<u>Health</u>			0.71
Excellent	3.75	0.46	
Good	3.63	0.58	
Fair	3.71	0.61	
Poor	4.00	0.00

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Appendix A

TO: Memuna Ali

FROM: Serena W. Stanford *Serena W. Stanford*
AVP, Graduate Studies & Research

DATE: February 19, 1998

The Human Subjects-Institutional Review Board has approved
your request to use human subjects in the study entitled:

**"The Level of Patient Satisfaction with a Nurse
Managed Lipid Clinic"**

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Serena Stanford, Ph.D., immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that all subjects need to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate, or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact me at

The California State University:
Chancellor's Office
Bakersfield, Chico, Dominguez Hills,
Fresno, Fullerton, Hayward, Humboldt,
Long Beach, Los Angeles, Maritime Academy,
Monterey Bay, Northridge, Pomona,
Sacramento, San Bernardino, San Diego,
San Francisco, San José, San Luis Obispo,
San Marcos, Sonoma, Stanislaus

Appendix A1

December 3, 1997

Valley Cardiovascular Consultants authorizes the use of our Lipid Clinic facility to Memuna Ali for her Master Degree project at San Jose State University. Memuna will be asking patients in the Lipid Clinic to volunteer in filling out questionnaires regarding the level of satisfaction with the services provided.

Sincerely,

Nancy W. Fulkerson, MD
Director, Clinical Operations

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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Director:
Dr. Bobbye Gorenberg

Appendix B

February 9, 1998

Research Project Consent Form-Lipid Clinic

Dear Participant:

I am conducting a nursing research study at the Valley Cardiovascular Consultant's Lipid Clinic as part of my Master's of Science Degree project in the School of Nursing at San Jose State University. The results of this study will benefit the patients at Valley Cardiovascular Consultant's Clinic and will increase the understanding of patient's views about the clinic.

Your participation in this study is voluntary and choosing not to participate in this study will not affect your relationship with Valley Cardiovascular Consultants. The results of the study will be published but all information that could result in your identification will remain confidential. You will not be identified in this study. All data collected will be kept in a locked secure file drawer at home with me when not in use and destroyed after the study is completed in May 1998. No risks to you are anticipated.

If you have questions about this study, I will be happy to talk with you. I can be reached at [REDACTED]. For any questions or complaints about the rights of research subjects, or in the event of a research related injury, please contact Serena Stanford, Ph.D., Associate Academic Vice President for Graduate Studies and Research, at [REDACTED]. Thank you for your participation in the study. Our goal is to provide you with the best of care.

Sincerely,

Memuna Ali, BSN, RN

Memuna Ali, BSN, RN

Participant's signature

Date

Appendix C

The Level of Patient Satisfaction with a Nurse Managed Lipid Clinic Lipid Clinic Survey

Female _____
Male _____
Age: 35-45 _____
46-55 _____
56-65 _____
66-75 _____
76 or Above _____

Highest education degree completed: High School _____
Bachelors Degree _____
Masters _____
Doctorate _____

Relative to other people your age, please rate your overall physical health:
Far exceeding others: Excellent _____
Same or slightly better: Good _____
Below others: Fair _____
Far below others: Poor _____

Please circle best choice:

	<u>Not</u> <u>at all</u>	<u>A</u> <u>little</u>	<u>Some</u>	<u>A</u> <u>lot</u>
1. Nurse managed lipid clinic has been effective for me overall:	1	2	3	4
2. My total and LDL cholesterol levels have dropped significantly during the time I have been a patient in the clinic:	1	2	3	4
3. I have an increased knowledge and understanding of lipid management since attending the clinic:	1	2	3	4
4. Routine appointments with a nurse are helpful in lowering my cholesterol:	1	2	3	4
5. During the visits I am encouraged to ask questions:	1	2	3	4
6. The nurse answers all of my questions:	1	2	3	4
7. I would like to remain a patient in the clinic:	1	2	3	4
8. Overall, my level of satisfaction with the lipid clinic is:	1	2	3	4