

Changing organizational structure of an interdisciplinary student-run clinic: A case study of Phillips Neighborhood Clinic

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As a clinic with limited resources, and operated solely by volunteers, the PNC has experienced many changes in its volunteer and leadership bodies. These changes occur usually during leadership transition and are often the result of volunteer initiative to expand the services and quality of those services offered at the clinic. Changes typically arise for one of four reasons:

- Future Oriented—changes to expand and improve the clinic
- Problem Solving—changes to adapt to challenges or issues
- Division of Responsibilities—changes to appropriately balance and designate responsibilities
- Volunteer Empowerment—changes to involve and empower more of the volunteer body

Changes from 2007-2008 to 2008-2009

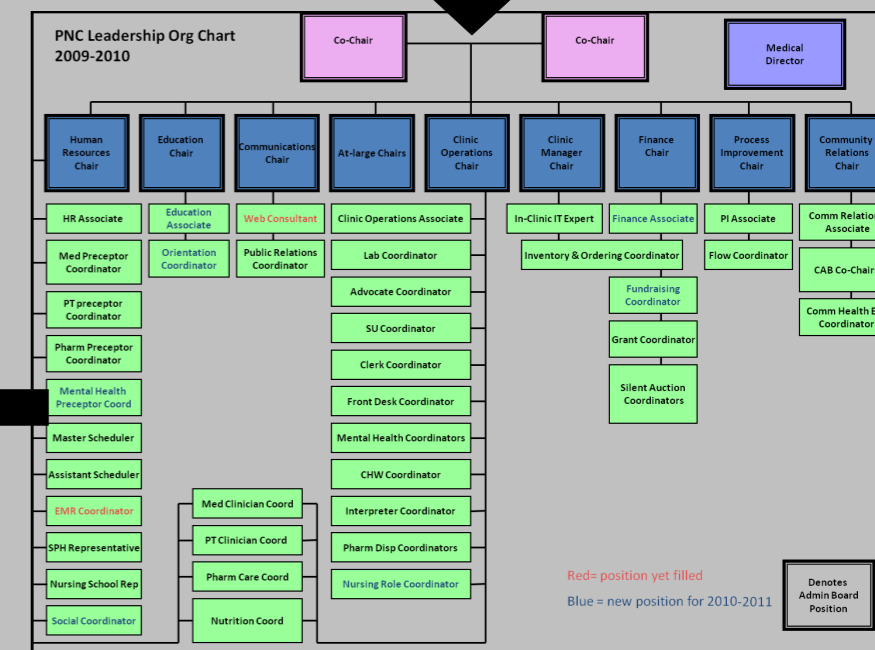
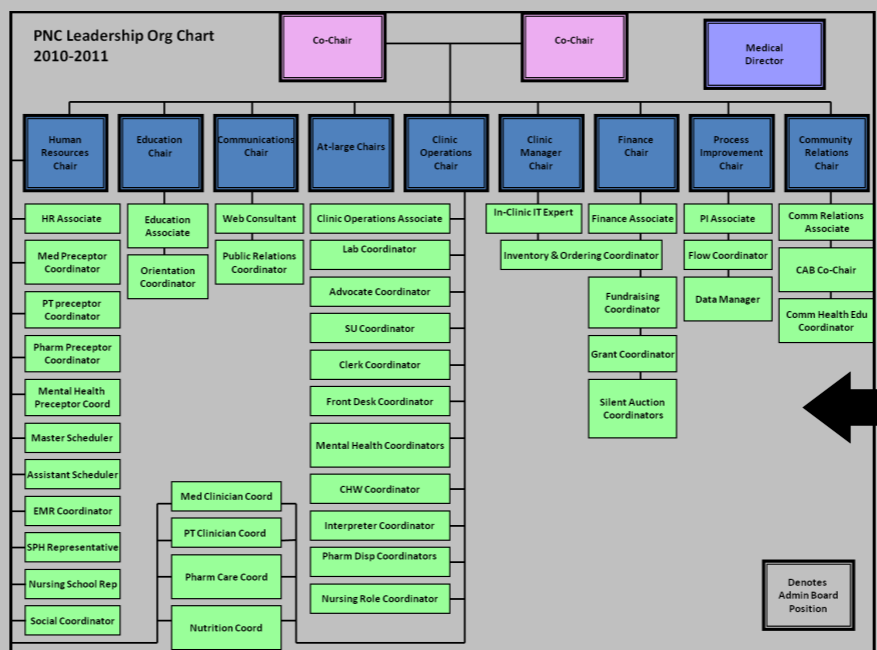
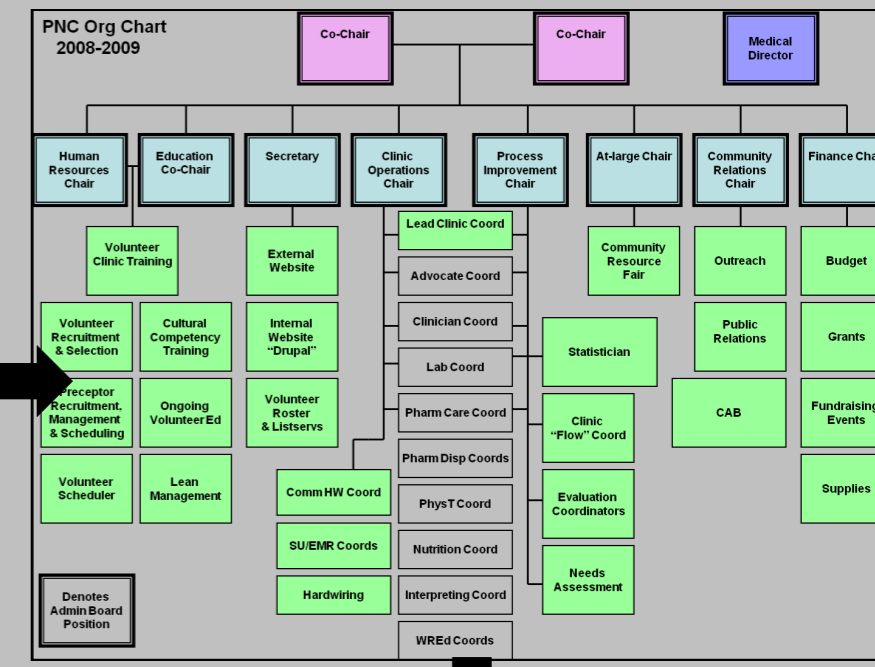
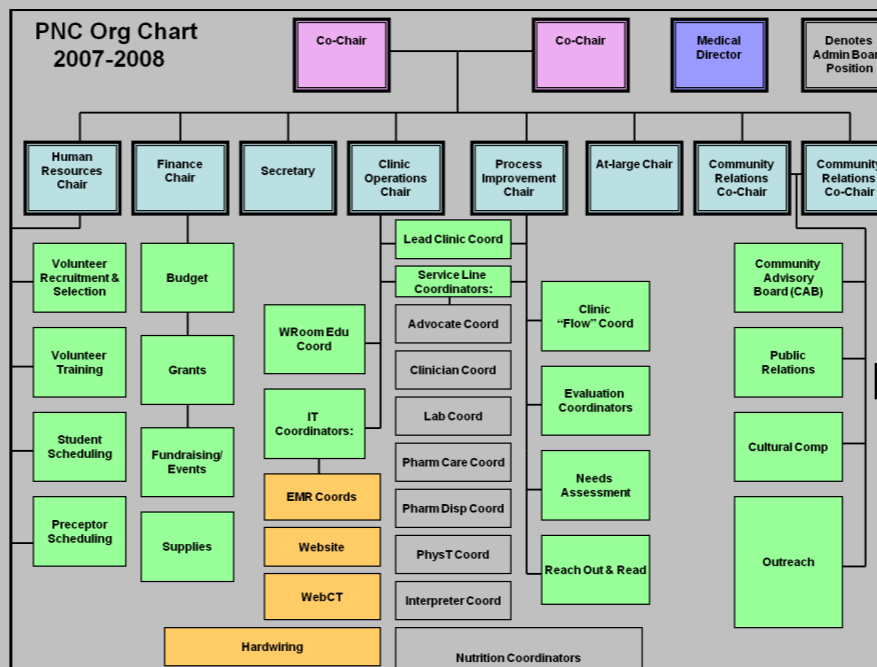
- Division of Community Relations Co-Chair into separate Community Relations and Education Chair
- Strong Collaboration between Education and Human Resources Chair
- Increasing responsibility of Secretary position
- Addition of Nutrition Coordinator
- At-large chair designated a project
- Development of second clinic night per week

Changes from 2008-2009 to 2009-2010

- Human Resources and Education Chair divide responsibilities
- Strong Collaboration develops between Human Resources and Operations Chair
- Serious division of Human Resources of subboard responsibilities (ex. Separate preceptor relation roles by school)
- Addition of Social Work School and Mental Health Role
- Addition of School of Public Health
- Addition of Nursing School and Intake Role
- Addition of Clinic Management Chair
- Addition of Silent Auction Coordinator added
- Public Relations subboard position moved from Community Relations to Community
- Process Improvement became more independent after separation from Operations
- Addition of Strategic Planning team

Changes from 2009-2010 to 2010-2011

- Addition of Nursing Education Role
- Communications Board Role expanded
- Addition of Data Manager subboard position
- Planning of a Public Health specific role
- Development of Pharmacy and Therapeutics Committee
- Development of Volunteer and Preceptor Appreciation
- Changes to in-clinic care teams



Conclusion

When looking at changes over time there are some trends that stand out. One is that the structure of the finance leadership team has remained fairly consistent over the past four years. Another is that there have been many efforts to try and better distribute the division of responsibilities so that no one role is overworked. This is especially important in a student-run clinic where all leaders are volunteers with time limitations. Since we already have annual turnover this is also important to try and prevent burn-out and early departure from leadership roles. Also, there has been substantial growth in the number of subboard positions. This has arisen to empower more volunteers and to accommodate the growing number of volunteers we have and the number of patients we see each night. Finally, there has been a shift from changes being made primarily to achieving organizational stability to changes being made to optimize clinic efficiency and volunteer utilization or in other words from being reactive to being proactive.

