TITLE: Back to the drawing board: Lessons in continuous improvement and reorganization from the first years of operation of a student-run free clinic.

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STUDENT SUBMISSION: Yes

TOPIC/TARGET AUDIENCE: Program developers and evaluatorsAcademic public health faculty

ABSTRACT: Context

As Bridges Clinic has been open for over a year, it became clear that we outgrew our original leadership structure. The distributive leadership model of 8 independent teams, which had been critical to opening a clinic, now impeded communication, decision-making and leadership sustainability.

Question:

How could Bridges Clinic leadership be reorganized to better allow for high-quality patient care, expansion, and volunteer retention?

Approach:

Volunteers, preceptors and patients were interviewed, findings were disseminated to stakeholders, and feedback was incorporated. Proposed reorganization is based on 2 independent pods comprised of individual roles: Expansion and Administration.

Conclusions:

This project exemplifies the plan-do-study-act cycle. By assessing our limitations, studying the results, and implementing changes, we were able to reorganize into a more efficient model. The pod model will improve communication, limit redundancy and enable flexibility in onboarding volunteers and tackling projects.

Implications:

The public health implications are the benefits of engaging in dynamic and effective management of volunteer-based public health programs. Improving internal systems allows for greater community impacts in service expansion and continuity of care by maximizing service-learning experiences and quality of care delivered.

OBJECTIVE(S): Compare a distributive leadership model and a pod-based leadership model, and highlight some benefits and limitations of each. Design a student volunteer model that provides consistent leadership, taking into account the variability of student schedules.Identify benefits and limitations of student-run, interprofessional clinical care.