

5-26-1961

A Co-operative Medical Clinic for Albuquerque, New Mexico

Gary Lee Vanderwood

Follow this and additional works at: https://digitalrepository.unm.edu/arch_etds



Part of the [Architecture Commons](#)

Recommended Citation

Vanderwood, Gary Lee. "A Co-operative Medical Clinic for Albuquerque, New Mexico." (1961). https://digitalrepository.unm.edu/arch_etds/58

This Thesis is brought to you for free and open access by the Electronic Theses and Dissertations at UNM Digital Repository. It has been accepted for inclusion in Architecture and Planning ETDs by an authorized administrator of UNM Digital Repository. For more information, please contact disc@unm.edu.

UNIVERSITY OF NEW MEXICO-UNIVERSITY LIBRARIES



A14429 096869

378.789
Un350v
1962
cop.2

A CO-OPERATIVE MEDICAL CLINIC FOR ALBUQ., N. MEX. - VAN DOREN WOOD

THE LIBRARY
UNIVERSITY OF NEW MEXICO



Call No.

Fine Arts

378.789
Un 350v
1962
cop.2

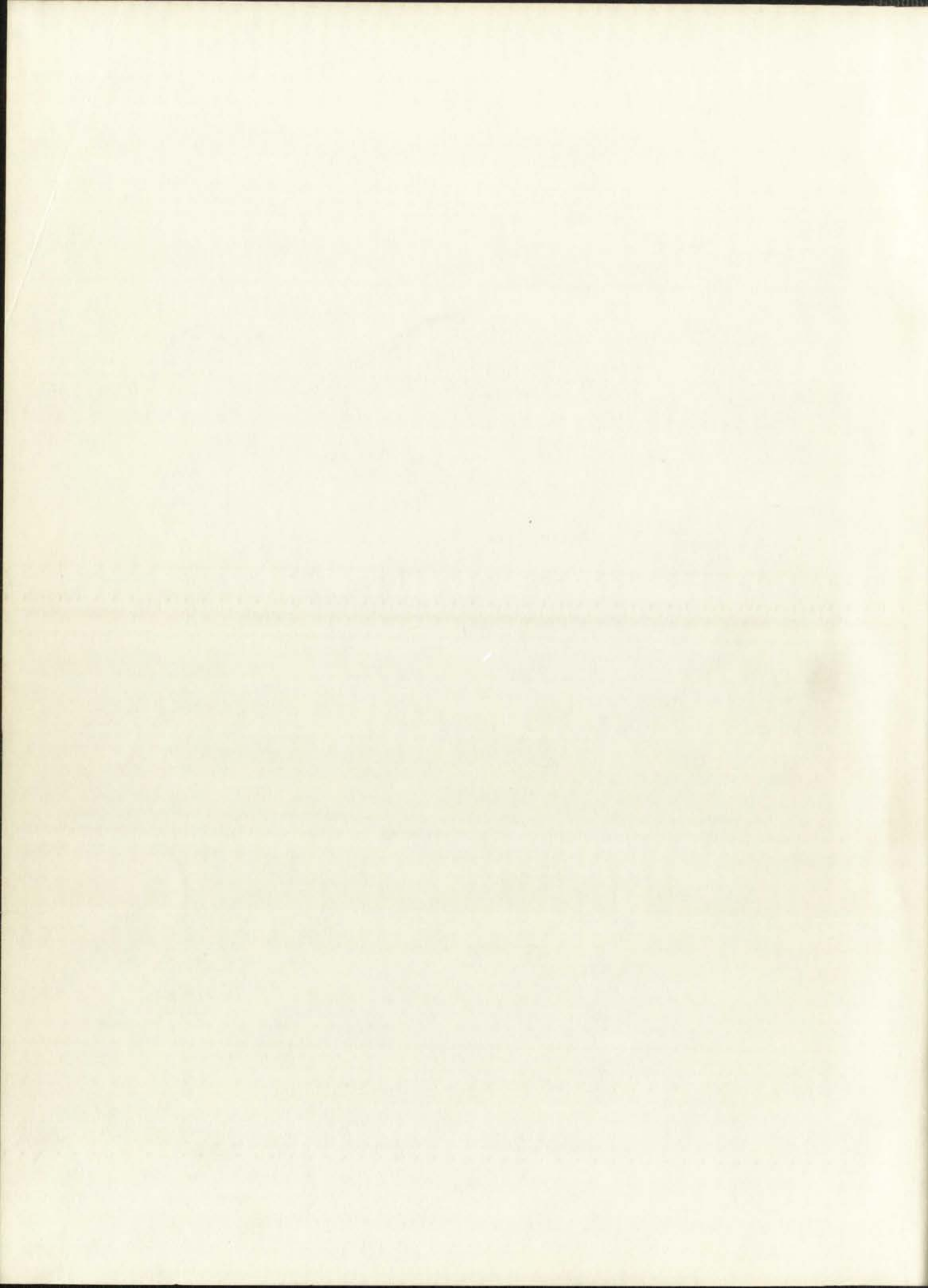
Accession
Number

362699

IMPORTANT!

Special care should be taken to prevent loss or damage of this volume. If lost or damaged, it must be paid for at the current rate of typing.

New Book Shelf		DATE DUE	
JAN 17 1966		SEP 29 1972	
APR 17 1968		DEC 21 1972 FA	
APR 25 1967 RECD			
MAY 26 1967		FEB 4 '75 2WEA	
MAY 15 1967			
FEB 20 1970		REC'D FA	FEB 12 '75
FEB 20 1970			
MAR 25 1970			
MAR 23 1970			
APR 6 1970			
APR 6 1970			
APR 30 1970			
MAY 3 1970			
JAN 18 1971			
FA JAN 21 1971			
MAR 5 1971			
FA MAR 3 1971			
GAYLORD			PRINTED IN U.S.A.



A CO-OPERATIVE MEDICAL CLINIC

for

Albuquerque, New Mexico

by

Gary L. Vanderwood

BACHELOR'S THESIS

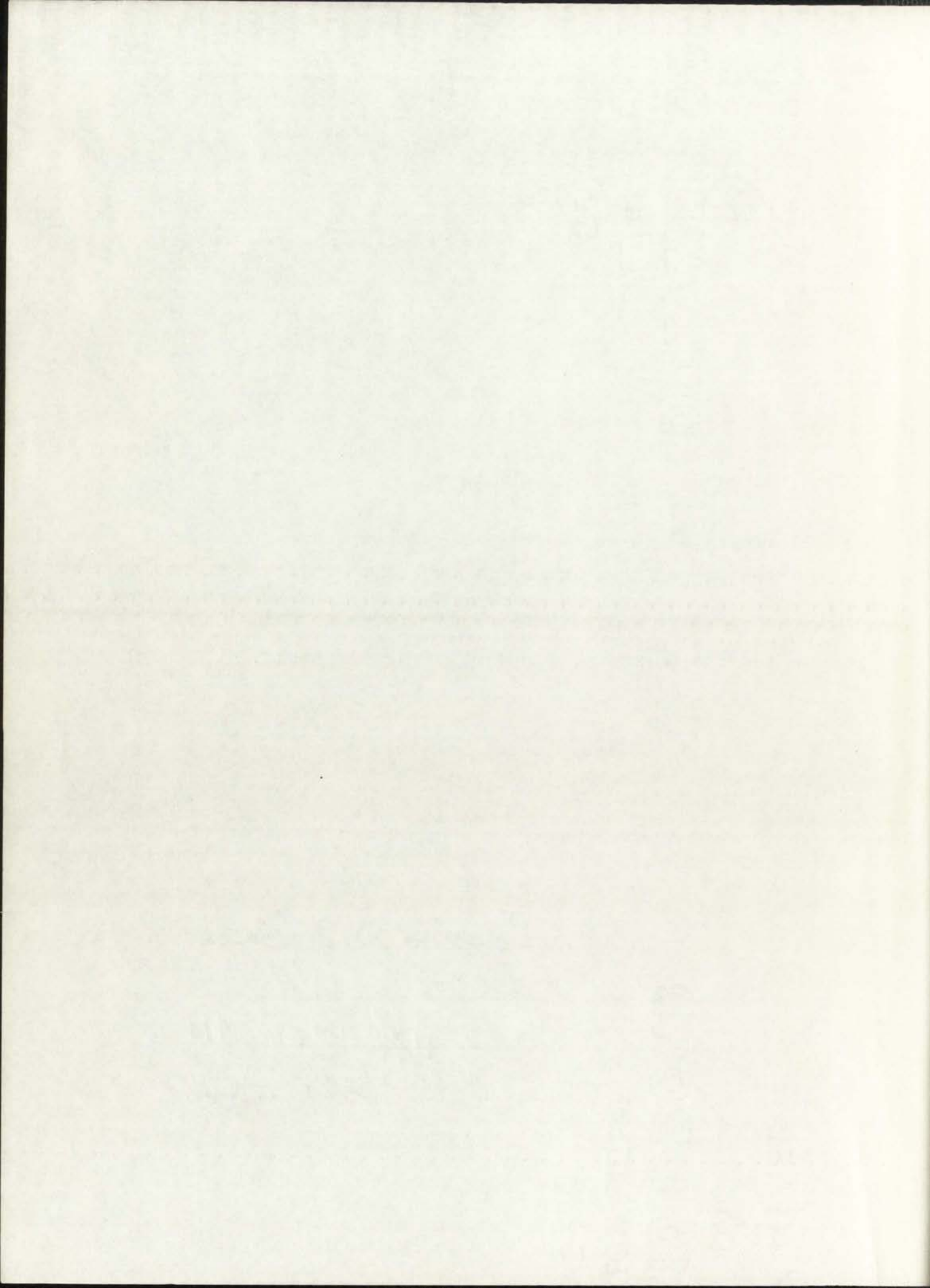
Presented to the Faculty of the Department
of Architecture, University of New Mexico,
in partial fulfillment of the requirements
for the degree of Bachelor of Architecture.

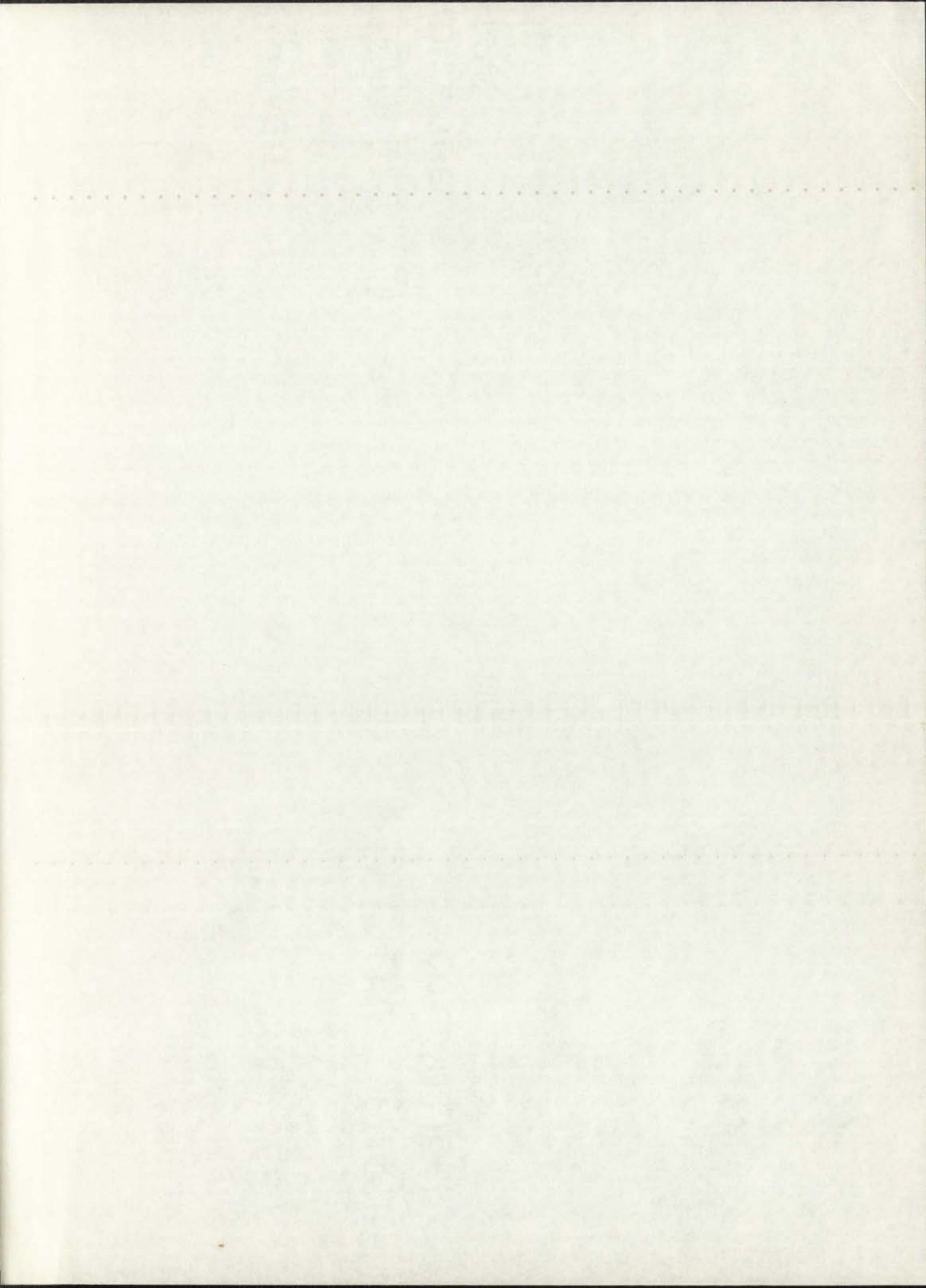
The University of New Mexico

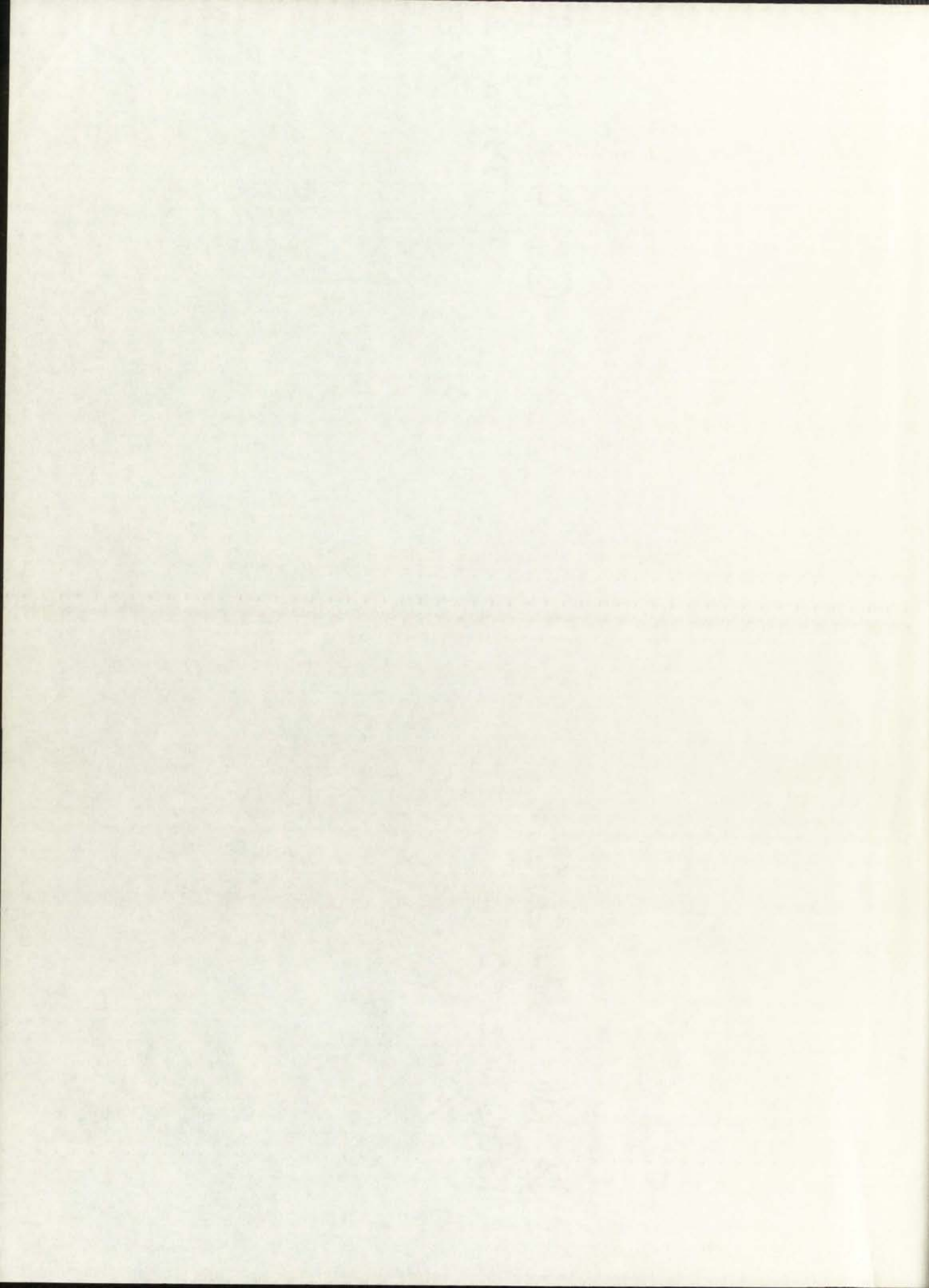
May 26, 1961

THESIS COMMITTEE:

Charles W. Juviler
George Wright
Roy H. Goddard, MD
John Mcenerick







BACHELOR'S THESIS PROPOSAL

by

GARY LEE VANDERWOOD

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 311

TITLE:

DOCTORS CO-OPERATIVE CLINIC

PURPOSE OF STUDY:

The object of this study is threefold; first, to study the feasibility of; second to suggest the location for; and third to design a health center housing comprehensive, co-ordinated services; complete diagnostic and treatment facilities to be owned co-operatively by the resident specialists.

LOCATION:

Albuquerque, New Mexico.

THESIS CONTENT:

The results of this study will contain the findings of the feasibility study and suggest the location of and design for an integrated medical center.

Approved



Chairman, Faculty Committee

Department of Architecture

The University of New Mexico.

PROCEEDINGS OF THE

PURPOSE OF STUDY

The object of this study is to determine the effect of the various factors mentioned above on the rate of growth of the plant. The results of the study will be compared with those of other workers in the field.

METHODS

The following methods were used:

RESULTS

The results of the study are given in the following tables. It will be seen that the rate of growth is affected by the various factors mentioned above.

DISCUSSION

The results of this study are in agreement with those of other workers in the field. It is concluded that the various factors mentioned above have a significant effect on the rate of growth of the plant.

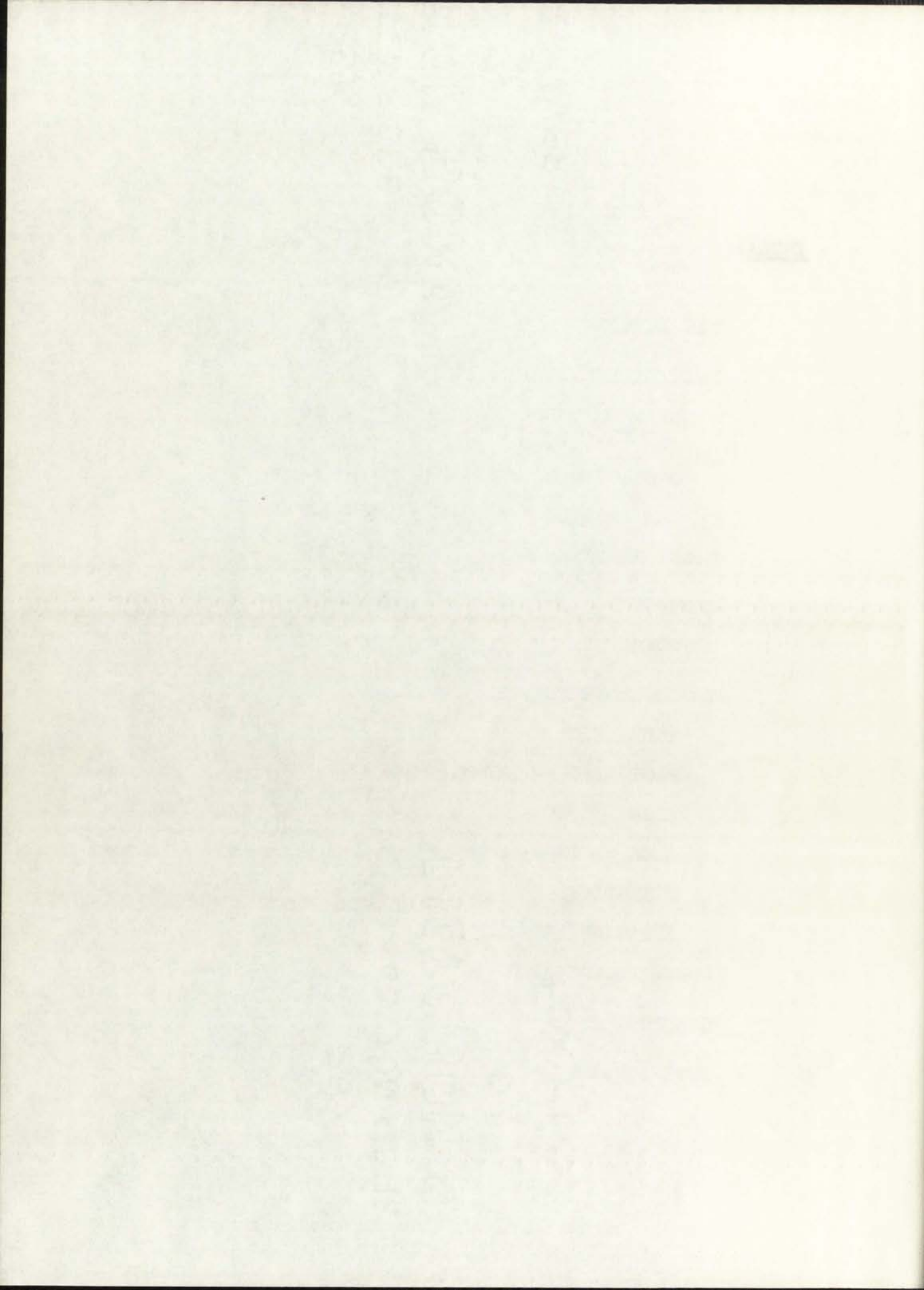
378.789
Un350v
1962
cop. 2

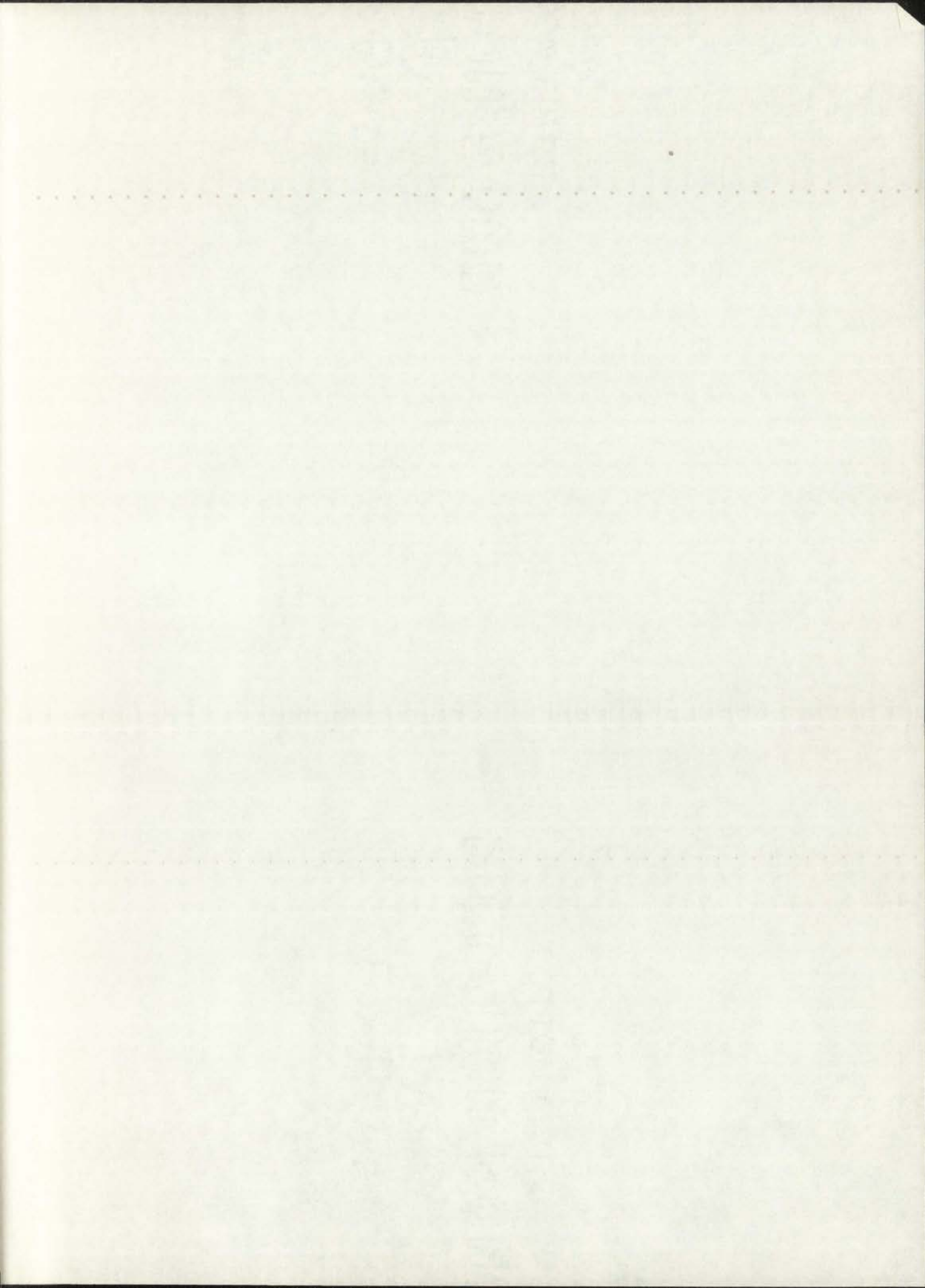
362699

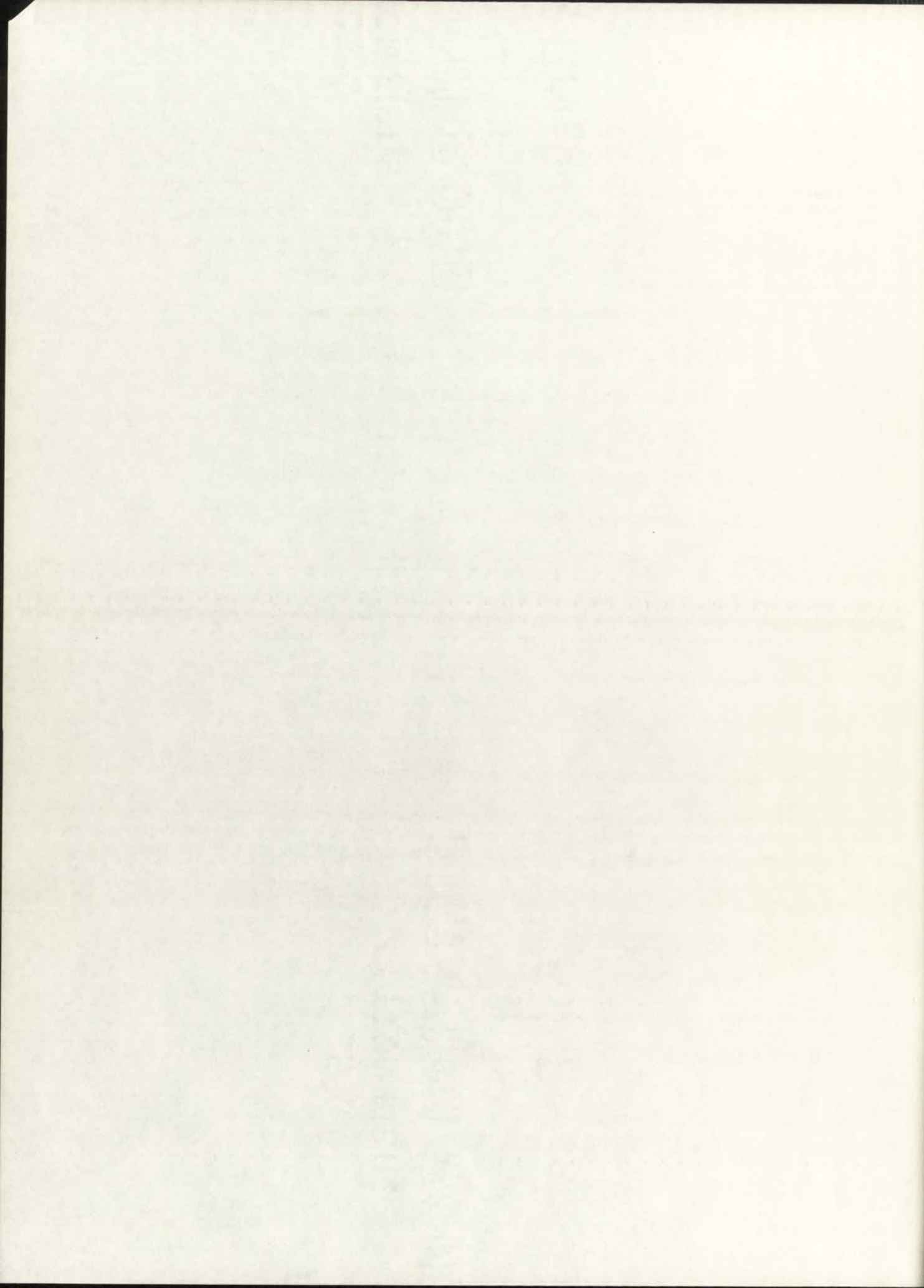
1917
1918
1919
1920

INDEX:

	Page No.
THE CLINIC	1 - 3
FEASIBILITY STUDY	
SITE LOCATION SITE MAPS	4 - 8
OWNERSHIP OF BUSINESS	8 - 9
THE PROGRAM	9 - 10
SPACE REQUIREMENTS	11 - 18
CONCEPT	19 - 20
APPROACH	21 - 22
DESIGN DRAWINGS	
SCHEMATIC	
PLOT PLAN -- INDEX PLANS PLAN	
AREA PLANS -- SECTIONS	
ELEVATIONS	
INTERIOR PERSPECTIVES	
MODEL PHOTOGRAPHS	
CONCLUSION	
BIBLIOGRAPHY	



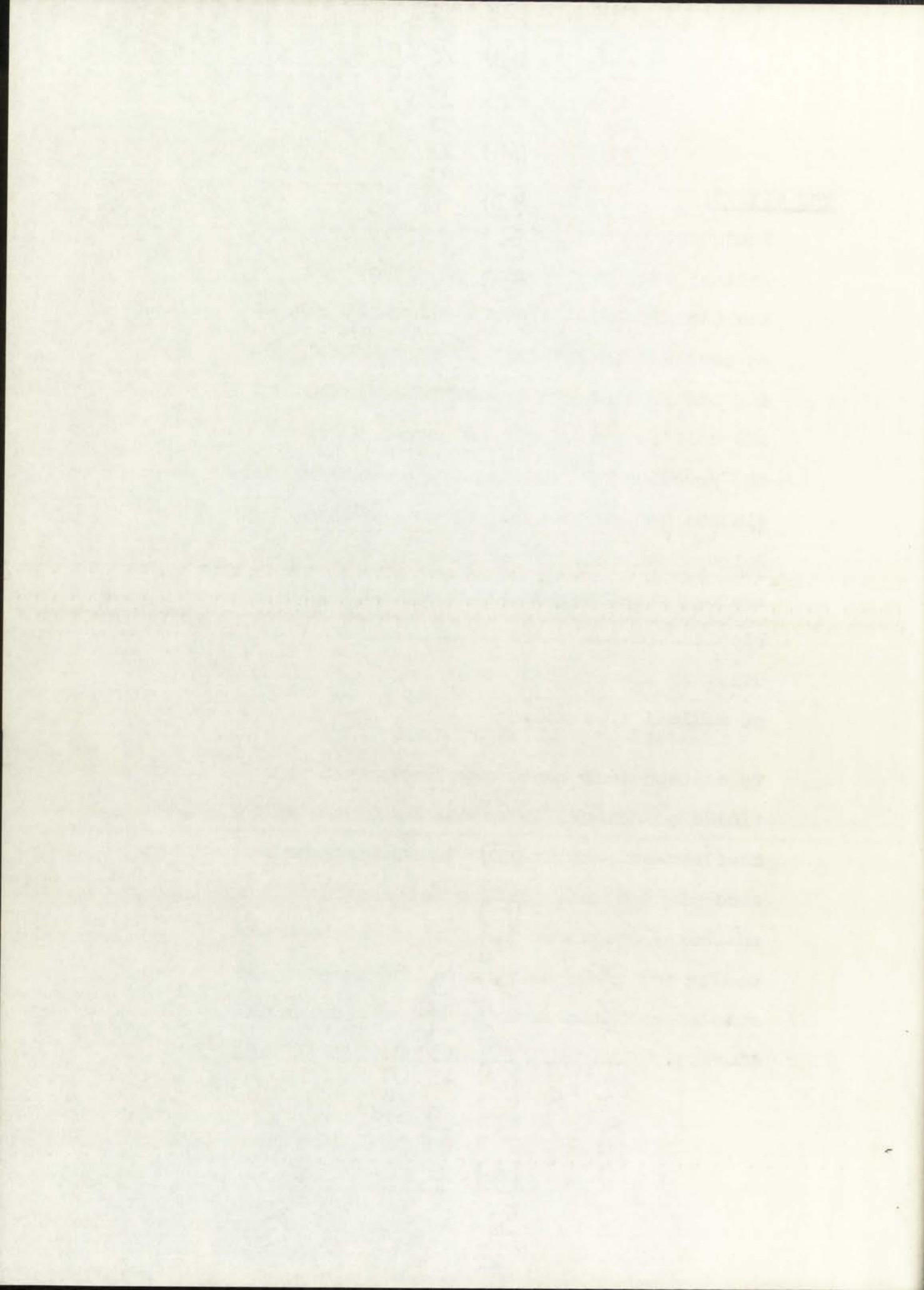




THE CLINIC:

Fundamental underlying principles of medical treatment remain the same, but the techniques of their application undergo constant improvement at a pace challenging the physician's capacity to assimilate and utilize them. The science and art of the practice of medicine are undergoing continuous metamorphosis. Radio isotopes, Geiger counters, cytodiagnosis, ultrasonic beams, anti-tuberculosis drugs and the antibiotics are but a few of the factors contributing to the constant alteration of the science of medical practice.

To contend that these developments in the fields of scientific medicine, in specialty development, and in prepaid medical insurance plans do not place great responsibility on the practitioner to provide quarters of beauty and efficiency, would be to shun the role of architecture as a major element in therapy. Certainly the art of medical prac-



tice is conditioned, as are any activities enclosed by structure by the character and relationship of the space or spaces, and the presence of certain textures and colors, in addition to all the other things that architecture is, and has been since man first started to build for the control of their environment.

Clinic practice, lying somewhere between such familiar surroundings as the individual doctor's office and the hospital, is one of the most important steps taken in medicine in the last fifty years. The family doctor is no longer the self-sufficient man he once was. Due, in part, to the great bulk of increasing scientific knowledge within the profession and, in part, to the changing attitude toward medicine and the patient, the physician has been forced into specialization. Medicine is no longer carried to the patient, in the little black bag of the family doctor, but rather, the patient must go to either one or

...is contained in the ...
...by structure in the ...
...of the case of ...
...of certain ...
...be all the other ...
...as ...
...to ...
...environment.

...
...each ...
...the most ...
...in the ...
...is no longer ...
...was ...
...existing ...
...location ...
...formed ...
...has been ...
...is no longer ...
...little ...
...rather, the ...

many physicians for the diagnosis of his case. This awareness of one another's attitudes and knowledge has brought about the rapid growth of the medical group clinic, a centralization of the medical services.

Not only is the clinic an aid to the patients, through the localization of services, it is also a convenience to the participating doctors who benefit from the efficiency and economy of shared personnel, medical, waiting and staff facilities, as well as, the availability of talent and knowledge for consultation and cross diagnosis. The group association of the physicians also allows the individual greater freedom in that he may refer his patients to any one of his resident colleagues, leaving patient records well at hand.

many physicians for the purpose of his
case. This movement of one another's
attitudes and knowledge has brought about
the total growth of the medical group
since, a continuation of the medical
services.

Not only in the clinic as well as the
patient, through the focalization of
services, it is also a convenience to the
physician and doctor who practice in the
efficiency and economy of clinical medicine,
medical, nursing and allied health, as
well as, the availability of talent and
knowledge for general action and more in-
crease. The group association of the regis-
tered nurse allows the individual practice to
know in that he may refer his patient to any
one of his staff in collaboration, focusing
patient records well as well.

FEASIBILITY STUDY

SITE LOCATION:

As this clinic is to be an entirely new venture formed by the participating physicians the site considerations are based not only on the existing population in the surrounding area and presence of competition but also on the future of the selected site, its growing power and potentiality.

The site selected is located in "Paradise Hills" and was based on many considerations.

The area west of the Rio Grande is virgin territory for the group medical practice. There are no medical clinics offering comprehensive medical services west of the river and further, the major area of north - west Albuquerque, Corrales and Alameda are served only by sparsely located resident physicians or very small group practices.

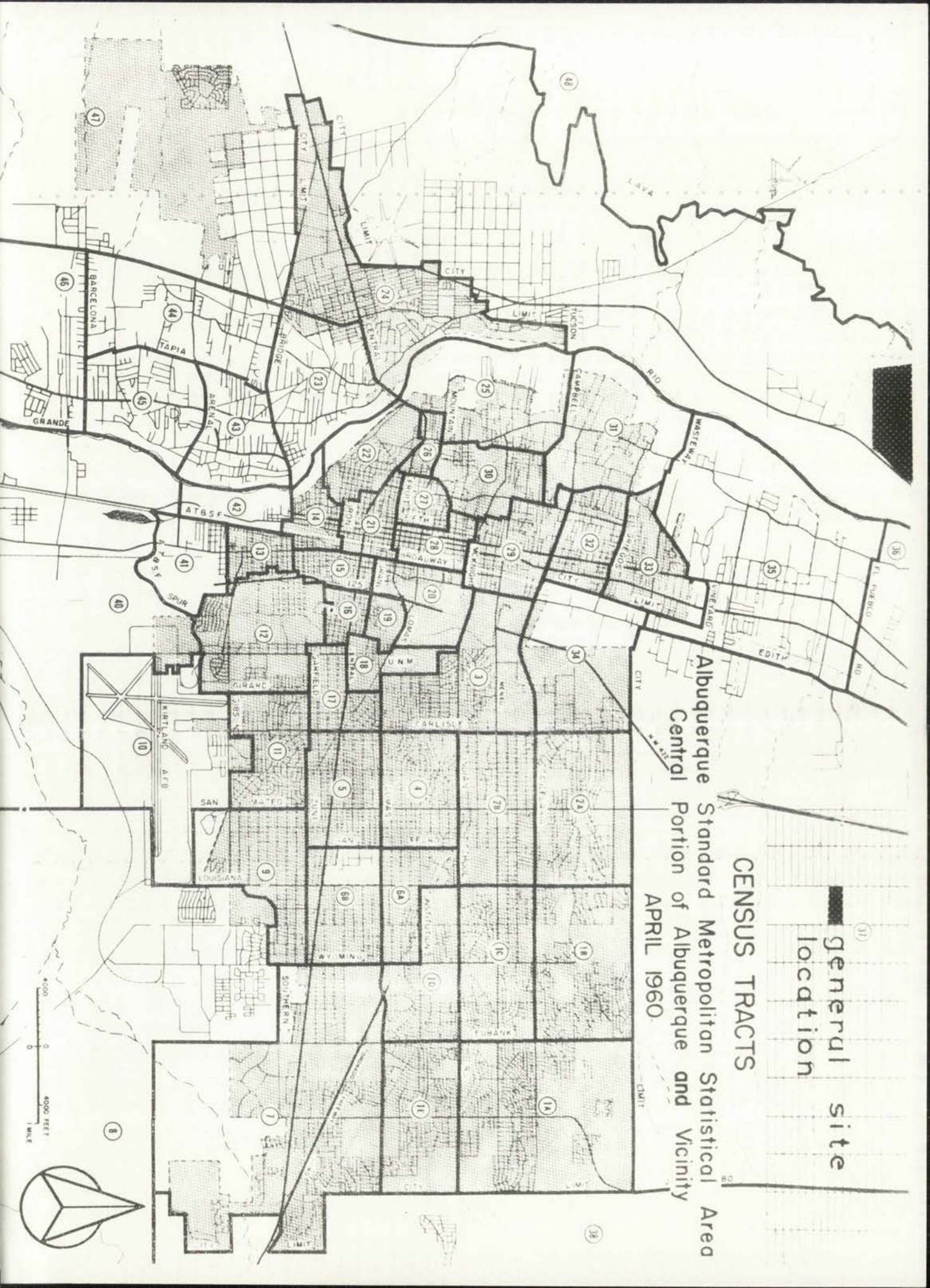
The selected site would at present draw from virtually the entire population of the west


1917

The first thing I noticed when I stepped out of the train was the cold. It was a sharp contrast to the warm, humid air of the South. I had heard that the weather in the North was harsh, but I didn't realize how cold it would be. The wind was biting, and the snow was falling in soft, heavy flakes. I pulled my coat tighter around me and tried to keep my hands warm. The train had stopped at a small station, and I was the only passenger. The conductor looked at his watch and then at me. "You're late," he said. "The train is supposed to leave in five minutes." I apologized and hurriedly got my things. I felt a bit out of place, but I had to go. The journey was long, and I was tired. I had to get up early in the morning to catch the train. The conductor was strict, and I had to be on time. I had to get up early in the morning to catch the train. The conductor was strict, and I had to be on time. I had to get up early in the morning to catch the train. The conductor was strict, and I had to be on time.

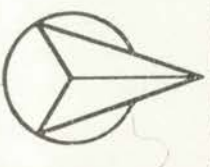
The first thing I noticed when I stepped out of the train was the cold. It was a sharp contrast to the warm, humid air of the South. I had heard that the weather in the North was harsh, but I didn't realize how cold it would be. The wind was biting, and the snow was falling in soft, heavy flakes. I pulled my coat tighter around me and tried to keep my hands warm. The train had stopped at a small station, and I was the only passenger. The conductor looked at his watch and then at me. "You're late," he said. "The train is supposed to leave in five minutes." I apologized and hurriedly got my things. I felt a bit out of place, but I had to go. The journey was long, and I was tired. I had to get up early in the morning to catch the train. The conductor was strict, and I had to be on time. I had to get up early in the morning to catch the train. The conductor was strict, and I had to be on time.

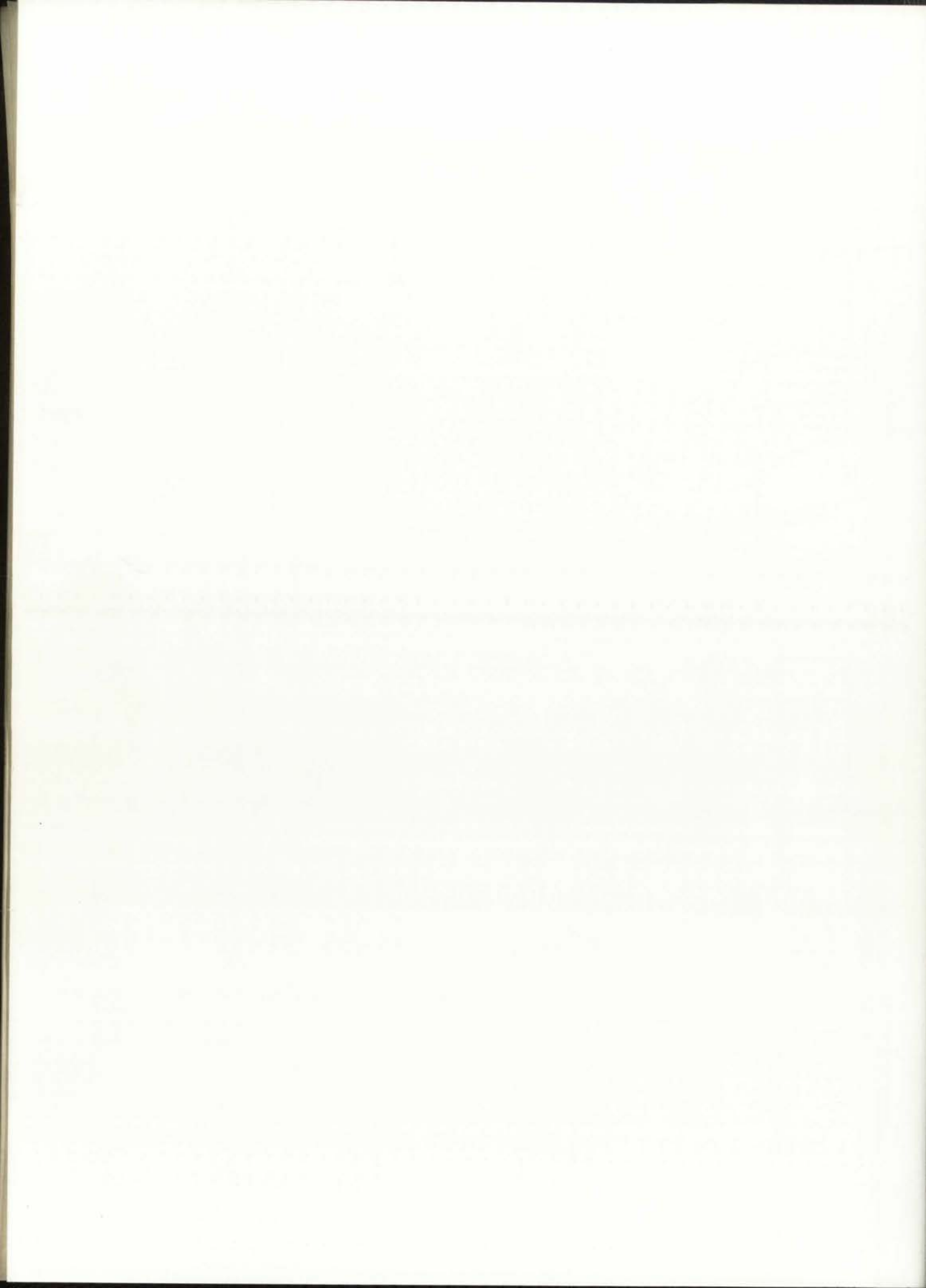
The first thing I noticed when I stepped out of the train was the cold. It was a sharp contrast to the warm, humid air of the South. I had heard that the weather in the North was harsh, but I didn't realize how cold it would be. The wind was biting, and the snow was falling in soft, heavy flakes. I pulled my coat tighter around me and tried to keep my hands warm. The train had stopped at a small station, and I was the only passenger. The conductor looked at his watch and then at me. "You're late," he said. "The train is supposed to leave in five minutes." I apologized and hurriedly got my things. I felt a bit out of place, but I had to go. The journey was long, and I was tired. I had to get up early in the morning to catch the train. The conductor was strict, and I had to be on time. I had to get up early in the morning to catch the train. The conductor was strict, and I had to be on time.



 general site location
CENSUS TRACTS

Albuquerque Standard Metropolitan Statistical Area
 Central Portion of Albuquerque and Vicinity
 APRIL 1960







P A R A D I S E H I L L S

site

Scale 1/4" = 100'
North Arrow
Legend

river area, Corrales, and due to its accessibility, the Alameda area. This drawing area encompasses a population of twelve thousand, eight hundred, ninety (12,890) persons taking north - west Central Avenue, Corrales, and Alameda as boundaries. Further, due to ease of access to the site, it is conceivable that a clinical set-up of this caliber would also draw from the thirty thousand (30,000) inhabitants of the area west of the Rio Grande and south of Central Avenue.

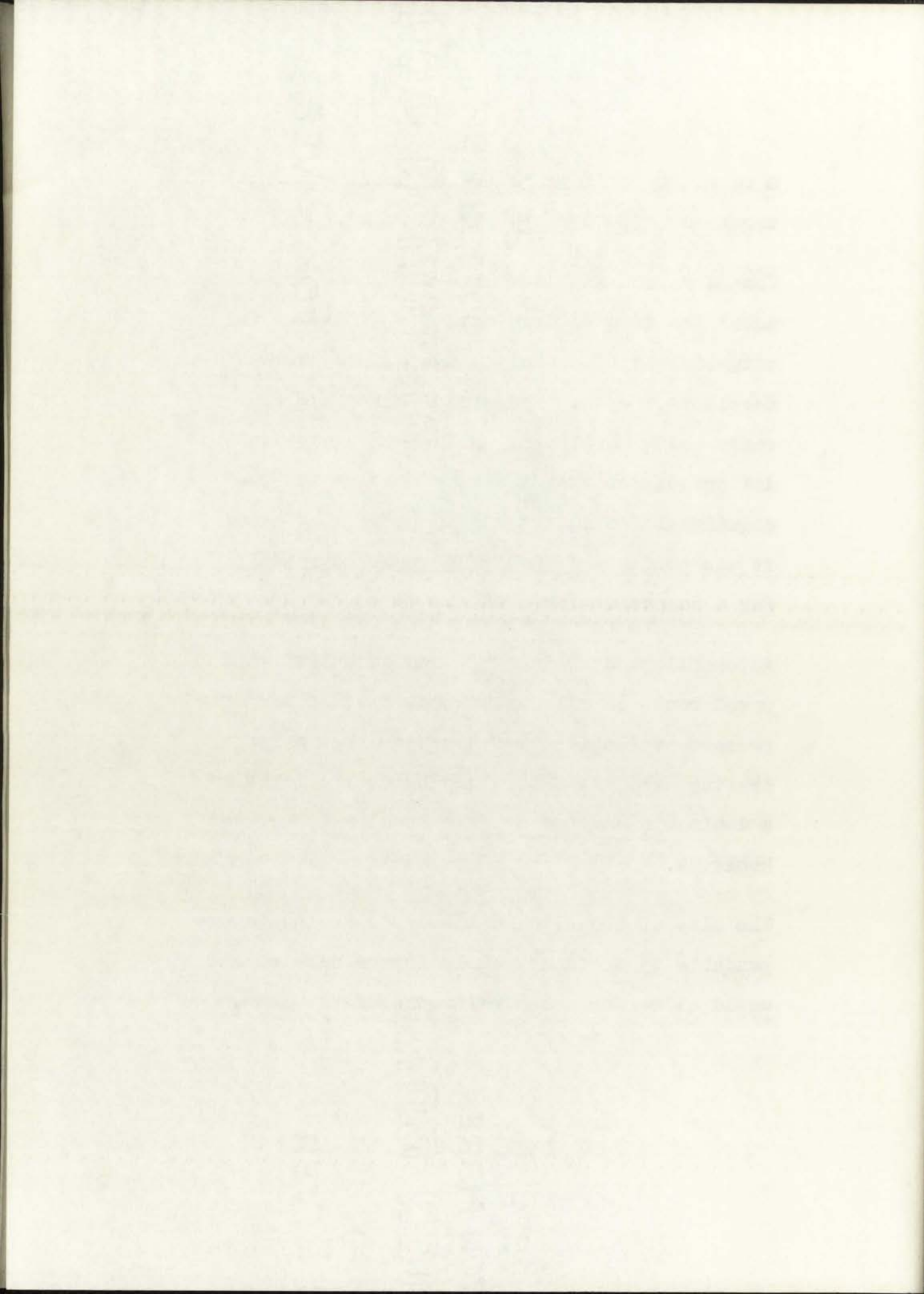
A projection of the growth and future of the area will show potentialities for it parallels to those of the City. A community is planned to include industrial, professional, and commercial services, and is being developed to eventually house seventy-five thousand (75,000) persons in its multiple and single unit residential areas. In addition to this area under development, Hoffman City, south - west of Central Avenue, is being planned for

a community of twenty-five to thirty-five thousand (25,000 to 35,000) persons.

Consideration was given the site, for its ideal location in this expanding area and its situation in a sensibly planned, projected development area. Industrial sites are already being developed, while future residential areas, schools, shopping centers and recreational facilities are to be well at hand, it was considered as having great potential for a comprehensive clinic.

Automobile access is easy, due to uncongested paved roads in all directions, facilitating the present availability of business from a large drawing area and the future holds the location a desirable one for a large local neighborhood business.

The size of the site is ideal for an innate expandable type clinic, while future development would allow for a centralized medical plaza,



grouping either additional mixed group clinics or specialized clinics in the area providing co-ordinated services to the neighborhood.

Taking medical figures as the assumption in this study for basing the needs of the area for physicians in the clinic, it shall be assumed that seven hundred, fifty (750) to one thousand (1,000) persons are the required normal for the support of each doctor in clinical practice regardless of specialty. Further, the drawing area shall be considered to be only that bounded by Central Avenue, Corrales, and Alameda or twelve thousand, eight hundred ninety (12,890) persons; leaving a sufficient buffer of patient potential in the outlying area. This assumption allows for fourteen (14) medical men of varying specialties a patient distribution of from six thousand, four hundred forty-five (6,445) to twelve thousand, eight hundred ninety (12,890) each divided according to practice, while at the same time permitting a distribu-

237
TOWNSHIP

growths which are found in the
 on a certain number of the
 co-ordinated activity of the
 taking motion. It is the
 this study for the purpose of
 for the purpose of the study, it
 suggest that even though the
 one thousand (1,000) cases are
 normal for the purpose of
 local position regardless of
 the degree of ability to
 that found by Central Avenue,
 state of Iowa, and the
 (1,000) persons living in
 patient present in the
 assumption allows for
 non of varying degrees
 tion of from six thousand
 five (5,000) to twelve
 ninety (12,000) cases
 case, while at the same

tion of over nine hundred (900) patients per doctor regardless of field or sufficient to meet medical requirements for financial remuneration.

OWNERSHIP OF BUSINESS:

The tendency is for medical groups to own their own buildings. The main difficulty to this, however, is that as the group expands and takes on new personnel, it does not usually want to limit its selection of new men to those who can invest a large sum in assets. Conversely, when a man is leaving the group, his time of departure should not be tied to the necessity of selling his share of the assets.

The ideal method of ownership lies in incorporation for the ownership of the building which would then allow all rent paid by the non-members to be deducted as a tax-free expense and allow payment of fairly low taxes on the income derived from rent; however, under the

tion of over nine hundred (900) patients per
doctor regardless of field or affiliation to
most medical requirements for financial re-
sponsibility.

OWNERSHIP OF BUILDINGS:

The tendency to let medical groups to own
their own buildings. The main difficulty is
this, however, is that in the group ownership
and since on new personnel, it does not
usually want to limit the collection of new
men to those who can invest a large sum of
money. Conversely, when a man is leaving the
group, the same of departure would not be able
to the necessity of selling his share of the
building.

The ideal method of ownership lies in intro-
duction for the ownership of the building which
would then allow all rent paid by the non-
members to be deducted as a tax-free expense
and allow payment of fairly low taxes on the
income derived from rent; however, under the

present tax laws such incorporation would be classed as a personal holding company and the income from rent would be taxed at a very heavy rate.

For this problem, incorporation shall be considered the most desirable method of ownership as the only rentable space shall be the dental suites and pharmacy---elements deemed necessary to compensate the corporation for upkeep to the premises. If, as expansion occurs, the corporation would desire to rent further space they could reincorporate taking in some non-practitioners as members of the new corporation, thereby realizing the greater tax break.

THE PROGRAM:

The following is a list of rooms and approximate areas needed by each which shall be provided in the medical clinic to house fourteen (14) physicians and associated occupants.

The needs are to be based on two (2) dentists,

present for these such information would be
disclosed as a general relating country and the
income from land would be taxed as a very heavy
rate.

For this purpose, information will be con-
sidered the most desirable method of deter-
mining as the only possible space shall be the
actual value and property--elements desired
necessity to compensate the corporation for the
loss to the business, all an extension of the
the corporation would desire to have the same
value they could reimburse the party in some
non-proportionate as a result of the new govern-
ment, thereby reducing the present tax level.

THE PROPOSAL

The following is a list of items and amounts
which shall be paid by each state which shall be pro-
vided in the federal plan to cover the
(1) ... and ...
the ... to be ...

two (2) general practitioners, one (1) ophthalmologist, one (1) optician and the following eight (8) medical specialists: (*)

- 2 Pediatricians
- 2 Obstetricians
- 1 Surgeon
- 1 Psychiatrist
- 1 Internist (Neurologist -
 Cardiologist)
- 1 Internist (Otolaryngologist)

plus a pharmacy, associated laboratories, work areas and related parking facilities for twenty-five (25) employees and sixty (60) patient automobiles.

(*) According to Dr. Roy F. Goddard, this particular ratio of specialists is a valid assumption for the population served and the character of the neighborhood which the clinic is to serve.

two (2) general practitioners, one (1) dental practitioner, one (1) optician and the following staff (1) medical practitioner (*)

2	Practitioner
2	General Practitioner
1	Surgeon
1	Dentist
1	Optician (Dentist)
1	Practitioner (Dentist)

plus a kitchen, equipped laboratory, some other civil services including a low twenty-five (25) employees and staff (20) patient consultation.

(*) According to Dr. J. J. Collins, this particular type of specialist is a valid description for the position and the character of the job which will be done in to serve.

PROGRAM -- SPACE REQUIREMENTS

Estimates for fourteen (14) Doctor Clinic*

Square footage

ADMINISTRATION:

Billing, punch carding,
bookkeeping:

1 Receptionist, 1 Cashier

1 Switchboard Operator

(to act as aide to receptionist and direct patients to proper area)

150

3 Records Clerks

office for three (3) central to above control unit.

225

3 Bookkeepers

office for three (3) plus necessary machines and storage (to include records vault)

400

(*) With qualities for expansion to a twenty (20) Doctor Clinic.

Estimated tax liability (1) before credits

Other taxes

AMOUNTS PAID

Income tax withheld

Refundable credits

Non-refundable credits

Other credits

(to be set off against the tax)

Amount of refund

(If refund is less than the tax, the balance is the amount of tax due)

Estimated tax

Other taxes (1) - normal

to above and of this

Estimated tax

Other taxes (1) - plus

necessary credits and

amount (to include credits

and other taxes)

(*) With qualified for exemption to a family

(2) before credits

SPACE REQUIREMENTS --(continued)

	Square footage
1 Manager or Administrator	
Private Office	120
Secretary's Office	100

GENERAL FACILITIES:

Patient Parking	18,000
(for 50 - 60)	
General waiting area	500
Toilets (4)	320
(located for convenience)	

MEDICAL SUITES:

NOTE: Doctors offices, which double as consultation rooms, small private waiting areas, a rest room, and needed storage facilities plus examining areas comprise the basic suite:

(Small private waiting areas are to be used as isolated waiting areas, friends waiting areas, etc.)

1940-1941

1. 1940-1941

1940-1941
1940-1941

1940-1941

1940-1941
(1940-1941)
1940-1941
(1940-1941)

(1940-1941)

1940-1941

1940-1941
1940-1941
1940-1941
1940-1941
1940-1941
1940-1941
1940-1941
1940-1941
1940-1941
1940-1941

SPACE REQUIREMENTS --(continued)

Square footage

MEDICAL SUITES: (continued)

2 General Practitioners:

Private Offices	200
Examining Rooms	400
Rest Rooms	40
Waiting Area	100

2 Obstetricians:

Private Offices	200
Examining Rooms	400
Rest Rooms	40
Waiting Area	100

2 Internists:

(1 Cardiologist and
1 Otolaryngologist)

Private Offices	200
Examining Rooms	500
Rest Rooms	40
Waiting Area	100

GRADE AND SURFACE - (continued)

Station 1000

(continued) - (continued)

2 General Location

100	General Location
100	General Location
100	General Location
100	General Location

3 General Location

100	General Location
100	General Location
100	General Location
100	General Location

4 General Location

(continued) - (continued)

1 General Location

100	General Location
100	General Location
100	General Location
100	General Location

SPACE REQUIREMENTS --(continued)

Square footage

MEDICAL SUITES: (continued)

1 Surgeon:

(located convenient to surgery
and other medical doctors)

Private Office	100
Examining Room	100
Separate Consultation	120
Waiting Area	100

2 Pediatricians:

Waiting Area for 10-15	300
Outdoor Play Area	200
Examining Rooms	500
Private Offices	200
Rest Rooms	150

1 Psychiatrist:

Private Office	120
Waiting Area	100
Consultation Room	120
Treatment Area	200

1900-1901

REVENUE (continued)

1900-1901

(Amounts available to state)

(and other available funds)

001

002

003

004

005

006

007

008

009

010

011

012

013

014

015

016

017

SPACE REQUIREMENTS --(continued)

Square footage

MEDICAL SUITES: (continued)

2 Dentists:

Private Offices	200
Examining Rooms	300
Small Laboratory	150
Waiting Area	100

1 Ophthalmologist:

Private Office	120
Examining Rooms	200
Waiting Area	100
Fitting Area	100

1 Optician:

Private Office	100
Laboratory	150
Waiting Area	100
Fitting Area	100

GENERAL MEDICAL FACILITIES:

Laboratory.

(EKG, BMR, related tests)	400
---------------------------	-----

STATE OF TEXAS

County of _____

IN PROBATE

Case No. _____

- 001 _____
- 002 _____
- 003 _____
- 004 _____
- 005 _____
- 006 _____
- 007 _____
- 008 _____
- 009 _____
- 010 _____
- 011 _____
- 012 _____
- 013 _____
- 014 _____
- 015 _____
- 016 _____
- 017 _____
- 018 _____
- 019 _____
- 020 _____

IN WITNESS WHEREOF

(Signature)

SPACE REQUIREMENTS --(continued)

Square footage

GENERAL MEDICAL FACILITIES: (cont'd)

Surgery:

Minor surgery, tonsillectomies
bone setting, etc. (sparkproof
outlets 5 feet above floor,
near emergency entrance)

Surgery Room

(with scrub-up sink) 150

Storage Room 150

2 Recovery Rooms 150

Bloodletting & Injections 100

Recovery Room 100

X-Ray

(near or convenient to
lab and surgery)

2 X-Ray Rooms 150

1 Dark Room 50

2 Dressing Alcoves 100

1 Storage Room -

control & viewing 150

1948-1949 (1948-1949)

1948-1949 (1948-1949)
1948-1949 (1948-1949)
1948-1949 (1948-1949)
1948-1949 (1948-1949)
1948-1949 (1948-1949)

1948-1949 (1948-1949)

1948-1949 (1948-1949)

1948-1949 (1948-1949)

1948-1949 (1948-1949)

1948-1949 (1948-1949)

X-ray

(see on conversion to)

(see on conversion to)

1948-1949 (1948-1949)

1948-1949 (1948-1949)

1948-1949 (1948-1949)

1948-1949 (1948-1949)

SPACE REQUIREMENTS --(continued)

Square footage

GENERAL MEDICAL FACILITIES: (cont'd)

Pharmacy

(to be supported solely by
resident physicians) 300

STAFF AND PERSONNEL FACILITIES:

1 Lounge with lockers 400

Rest Rooms 75

Kitchen

(To serve milk, coffee, etc.
to recovery rooms and to be
used by personnel for light
lunches) 150

Library

(Private medical library
close to conference room) 200

Conference Room 200

Staff Parking

(parking for 25) 5,000

(Continued) -- (continued)

Page 2 of 2

GENERAL INFORMATION

Name

(to be returned only to)

000

Address

STREET AND POSTAL ADDRESS

000

I have a letter

000

Post box

Station

(to give full details)

to receive form and to be

used by personnel for this

000

(number)

Name

(Private postal address)

000

Close to business hours

000

Confidential form

with holding

000

(returning form)

SPACE REQUIREMENTS --(continued)

Square footage

STAFF AND PERSONNEL FACILITIES (cont'd)

Utility

(Storage for linen, janitor,
mechanical and general)

800

SUB TOTAL

34,585

Waiting Areas

1,200

(plus 20% of building area
for circulation)

2,560

TOTAL SQUARE FOOTAGE AREA

38,345

(mirrored) - [faint text]

[faint text]

(mirrored) [faint text]

[faint text]

[faint text]

(mirrored) [faint text]

[faint text]

[faint text]

[faint text]

[faint text]

[faint text]

[faint text]

[faint text]

CONCEPT:

The Clinic in fulfilling its obligation should promote healing through an efficient, pleasing atmosphere. It should encourage visitation by the patients and help promote confidence in the participating physicians by adding to the prestige of the organization. The Clinic should encourage the free flow of patients from suite to suite, encourage exchange of diagnostic analysis and treatment ideas between participating physicians while at the same time allowing a quantity of individual identity and freedom to the specialist.

Clinical design is a relative new division of architectural design and therefore much expression seeking is being done today. I feel the Clinic should be representative of its participants and as nearly as possible integrate with its surroundings.

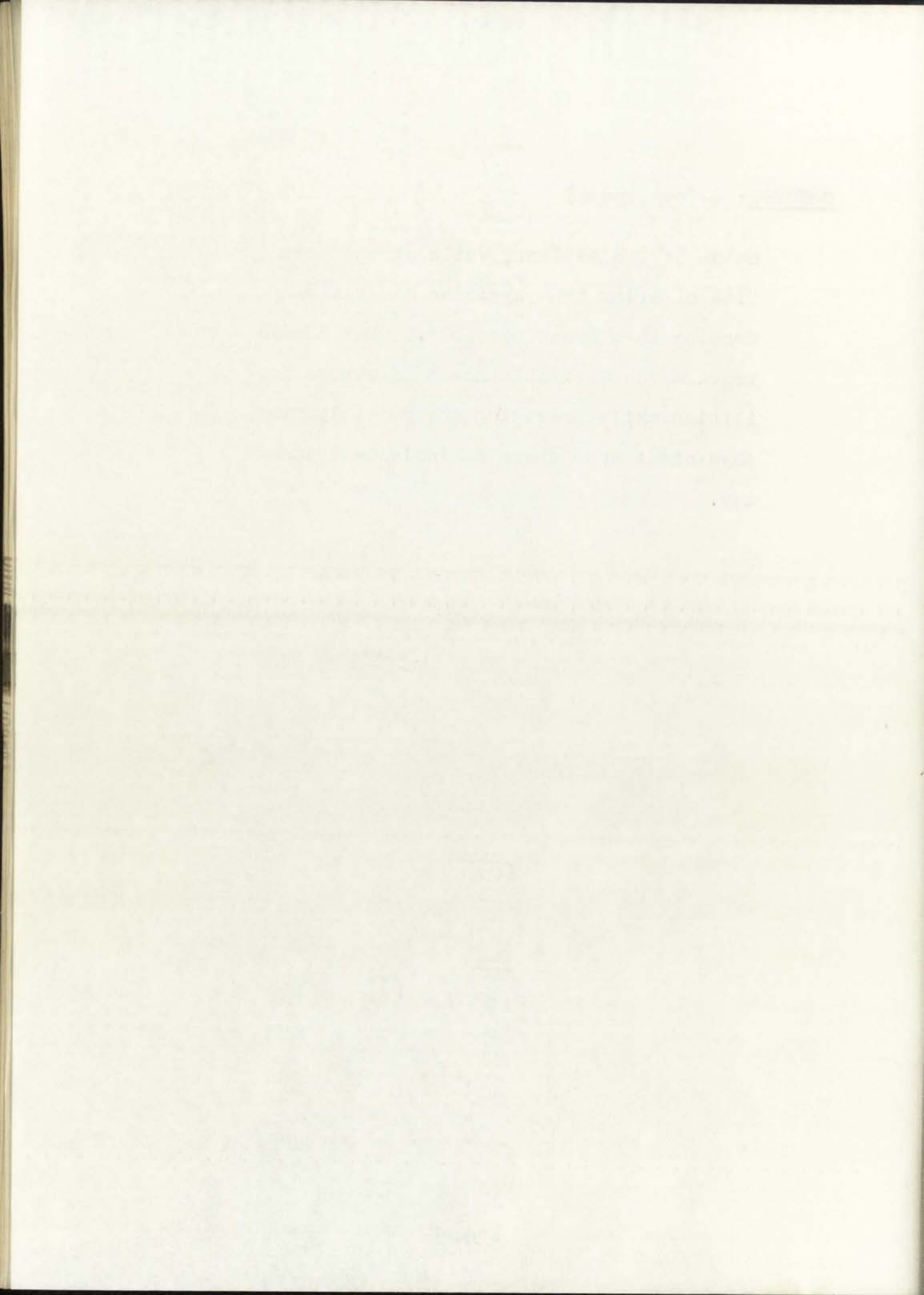
The most successful Clinics are a development of the problems involved within the function of the building. They answer the

The Office is fully aware of the importance of maintaining accurate records of all activities and is committed to ensuring that all information is properly documented and stored. This includes the collection, processing, and dissemination of data in a secure and efficient manner. The Office will continue to work closely with all relevant departments to ensure that our systems are up-to-date and that our personnel are trained to handle sensitive information with the highest level of care.

It is the policy of the Office to maintain the confidentiality of all information received from our sources and to protect it from unauthorized disclosure. This policy applies to all personnel and contractors who have access to this information. Any breach of this policy will be treated as a serious offense and may result in disciplinary action. The Office will take all necessary steps to identify and address any security vulnerabilities and to ensure that our information systems are protected against unauthorized access and data loss.

CONCEPT: --(continued)

needs of the patient, while at the same time allowing the physician his maximum freedom in a group possible. They should provide the desirable asset of shared facilities while providing the participating physicians some share of individual identity.



APPROACH:

The design of this Medical Clinic is based on a circulation pattern which will separate the staff from patient areas as much as possible until such time as the patient arrives within the confines of the physician's office in which he is visiting.

Patient waiting areas are to be divided so as to provide a more relaxed, serene atmosphere within the Clinic. Waiting areas are to be lighted as much as possible by natural light and are to be of a pleasant, pleasing nature of reasonable proportions.

A single building design is to be used in this problem due to its adaptability to a good central control system and allows for a greater number of conveniently located shared facilities. The design as a building may be adaptable to multiplication into a central medical plaza by the addition of similar structures.

Separate parking and access facilities are to be provided for staff and patients of the Clinic.

The review of this report shows that the data are not adequate for the purpose intended. The data are too general and do not provide the information needed to evaluate the situation. It is recommended that a more detailed study be conducted.

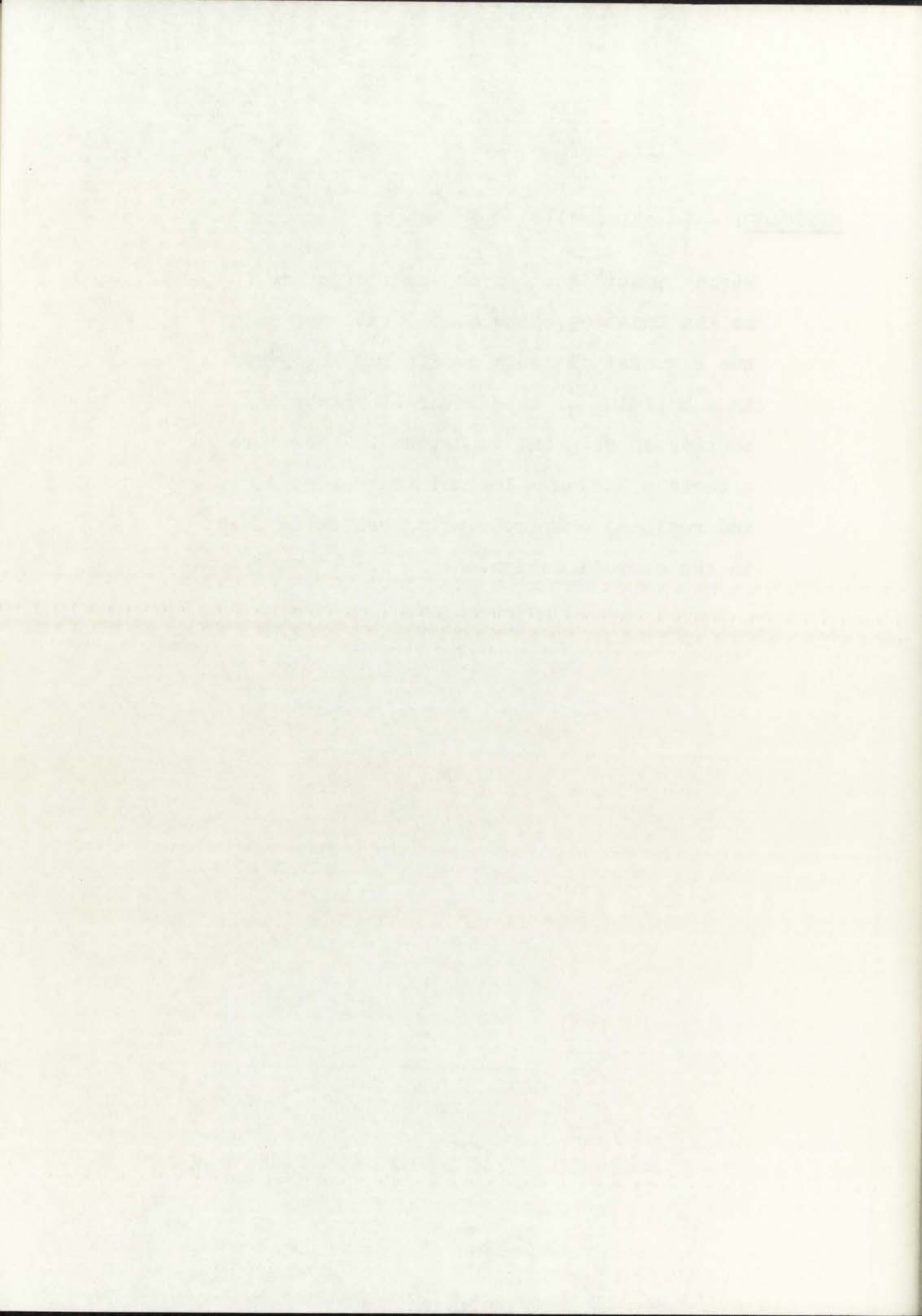
The study was conducted in accordance with the plan of work approved by the Board of Directors. The results of the study are set forth in the report. It is noted that the data are not sufficient to support the conclusions reached. A more comprehensive study is suggested.

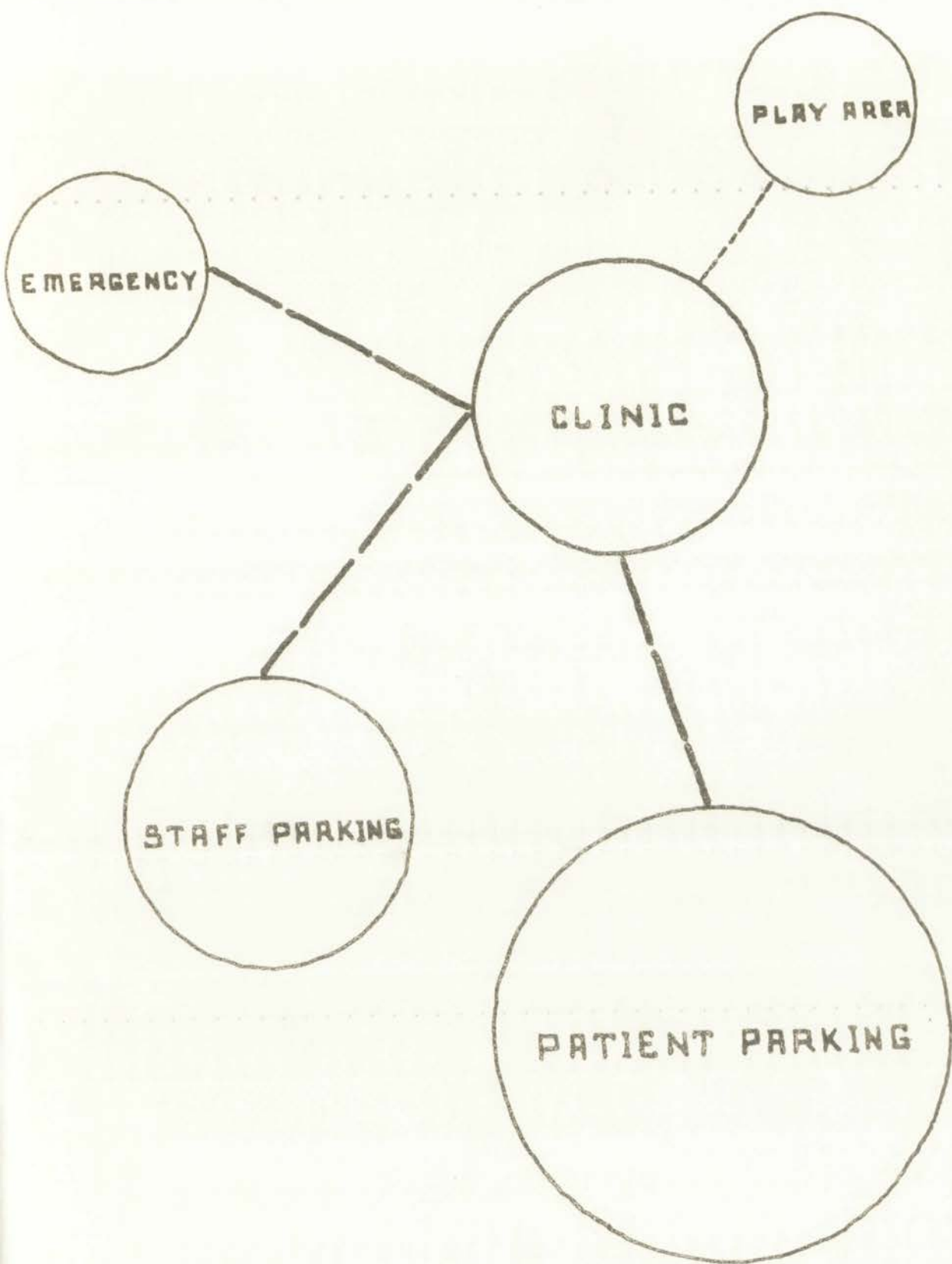
A single building design is to be used for all buildings. This is to be done in order to save money and to make the buildings more uniform. The design is to be based on the most economical and practical design possible.

The Board of Directors has approved the plan of work and the report. It is recommended that the plan be carried out as soon as possible. The Board also wishes to express its appreciation to the staff for their cooperation and assistance.

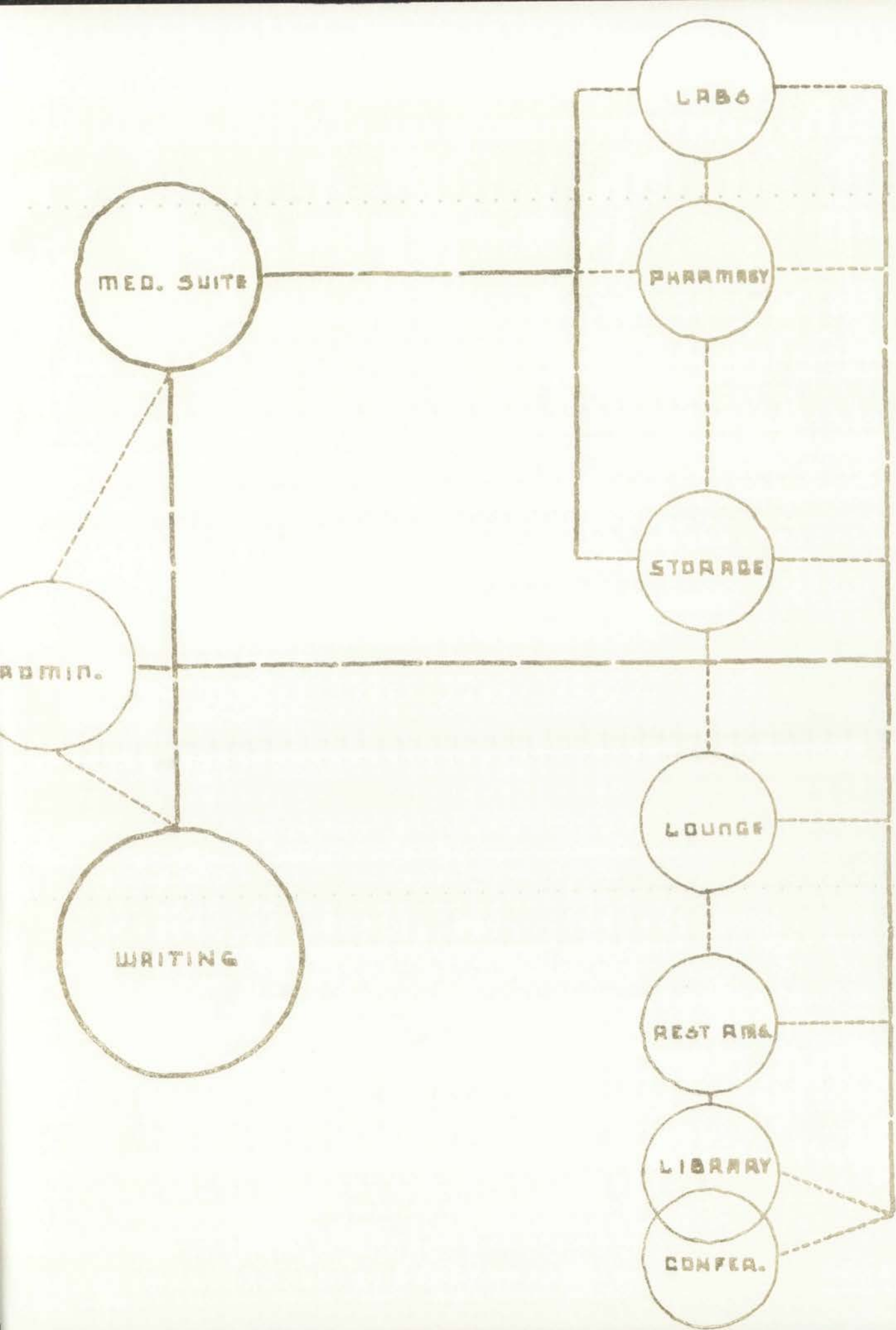
APPROACH: --(continued)

Strong considerations on the design are to be its location, site considerations, and the regional climatic conditions involved in a building of this nature. Upkeep is considered of great importance. Therefore materials having a low maintenance cost, and regional characteristics are to be used in the overall design.

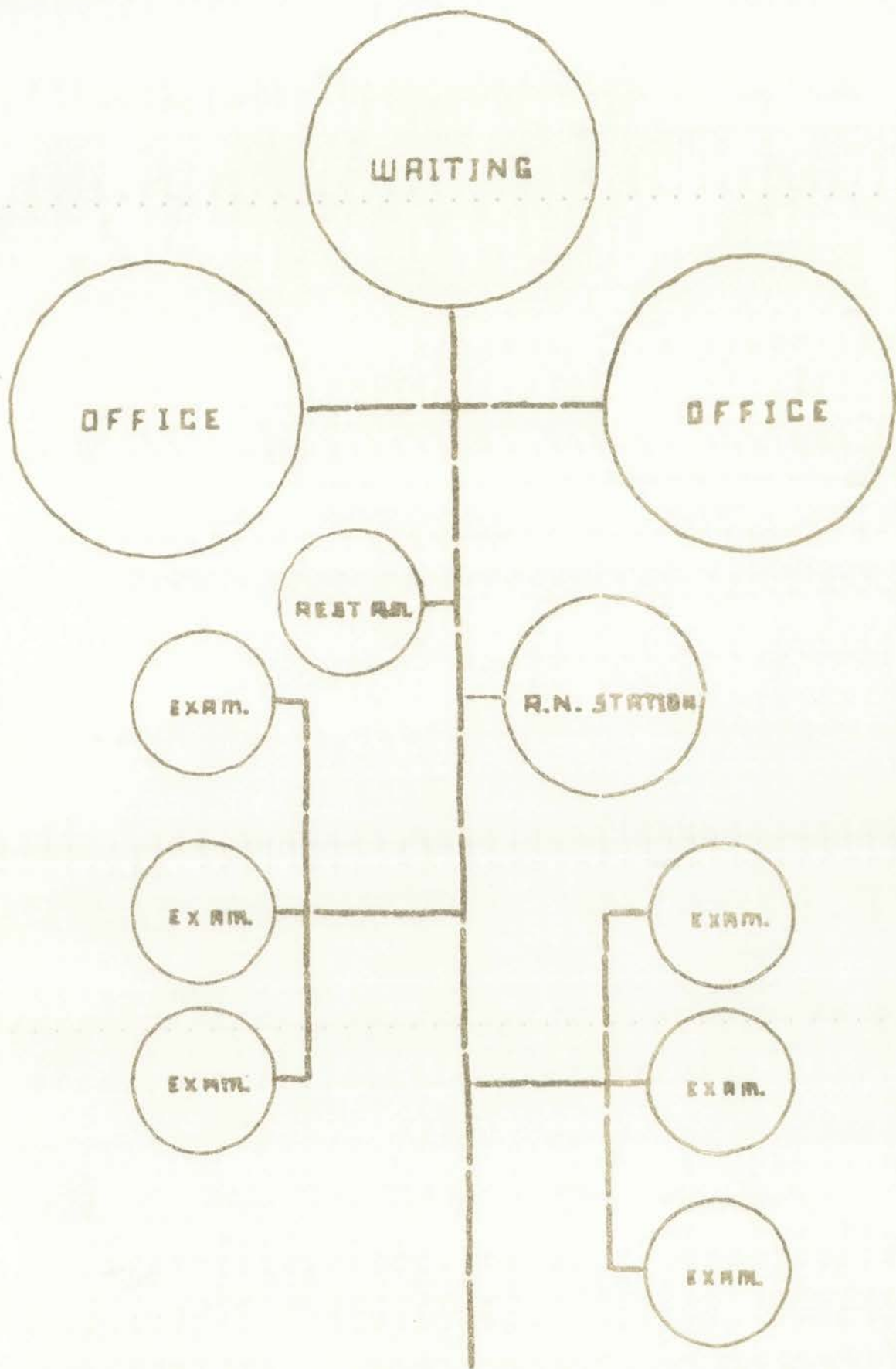






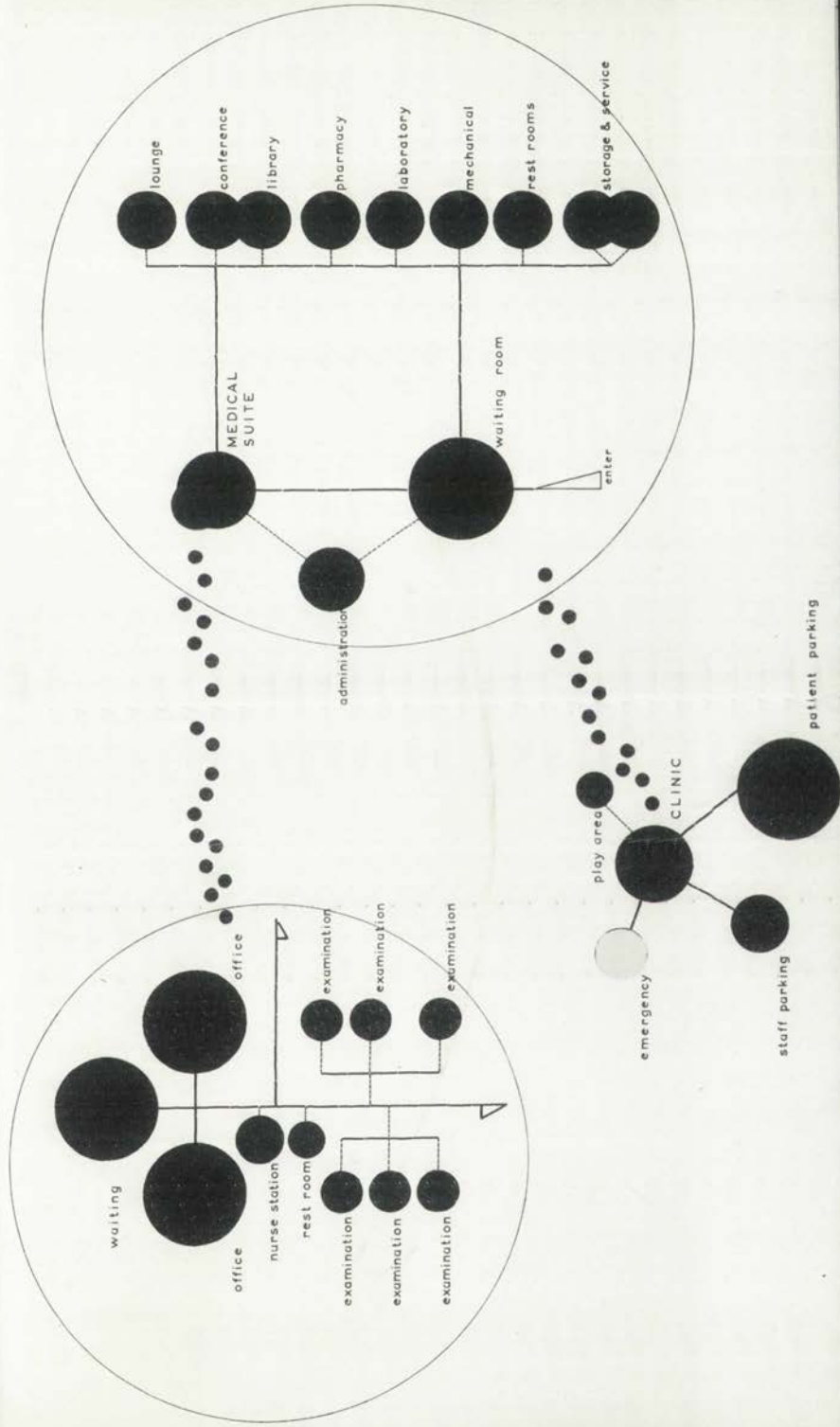






MAIN WAITING



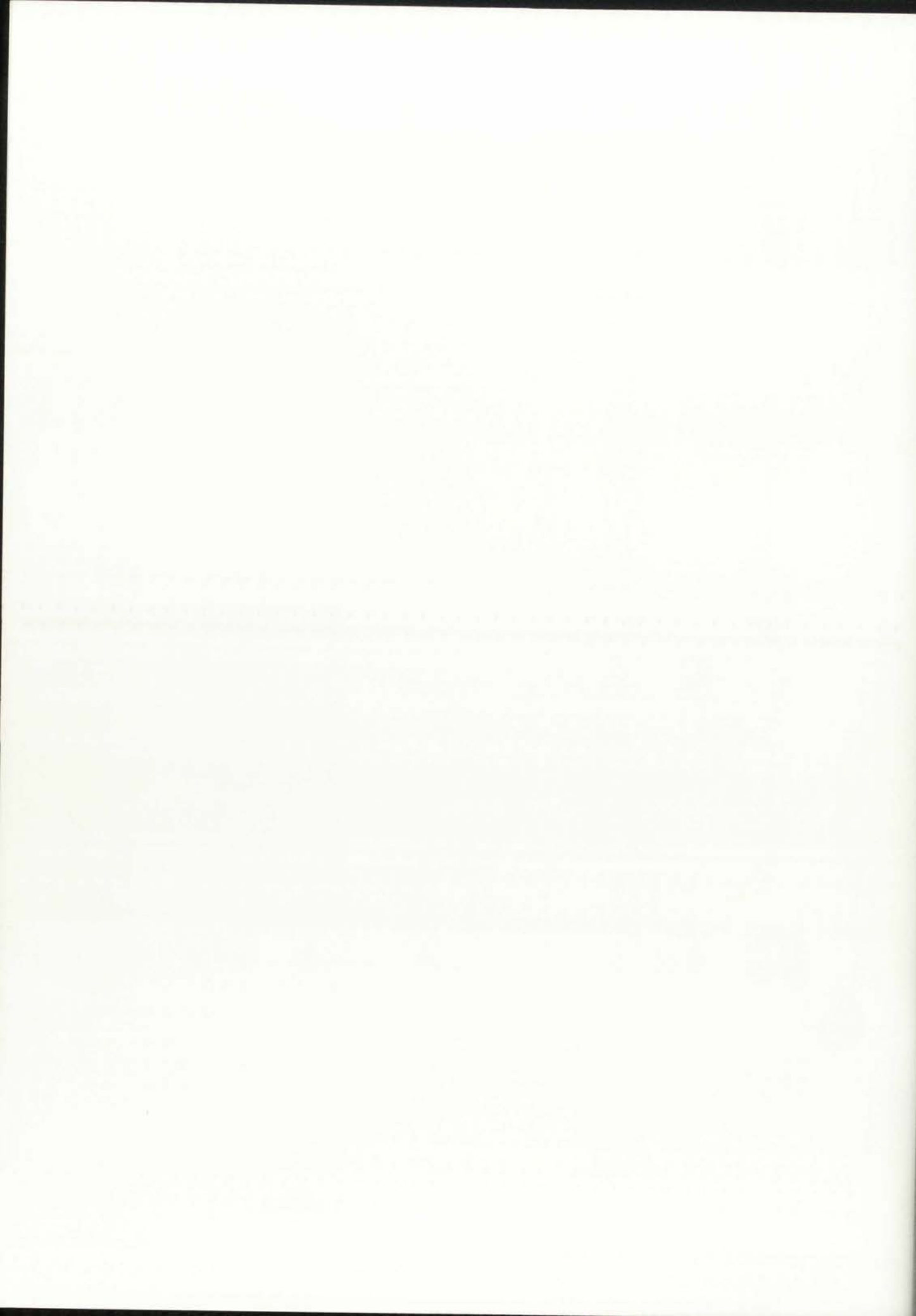


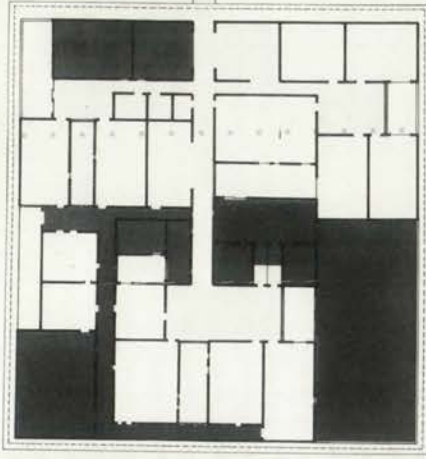
SCHEMATIC

A CO-OPERATIVE MEDICAL

for PARADISE HILLS

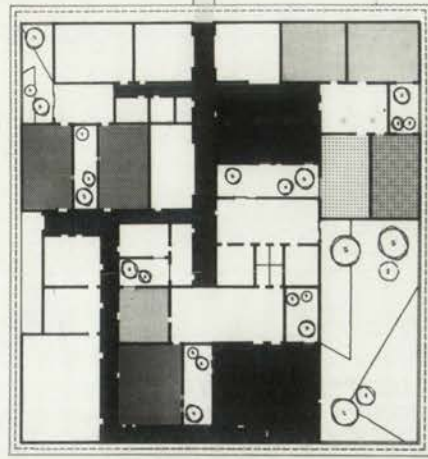
by G.





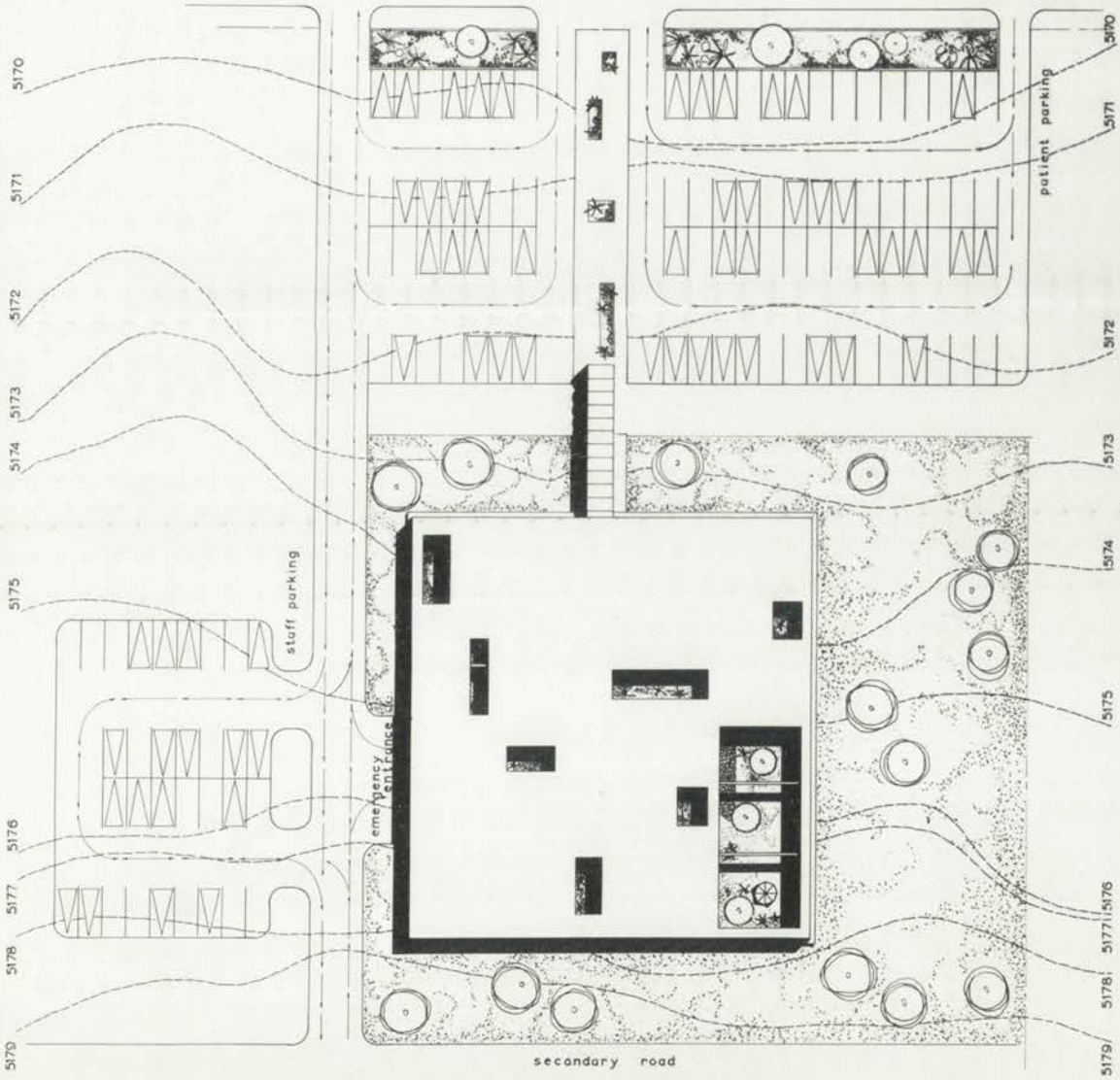
LEGEND

- ▨ pediatricians
- ▨ surgeon
- ▨ internist
- ▨ general practitioners
- ▨ obstetricians
- ▨ psychiatrist
- ▨ ophthalmologist
- ▨ optician
- ▨ dentist
- ▨ patient areas
- ▨ staff areas



SCALE 1"=20'-0"

INDEX PLANS



SCALE 1"=20'-0"

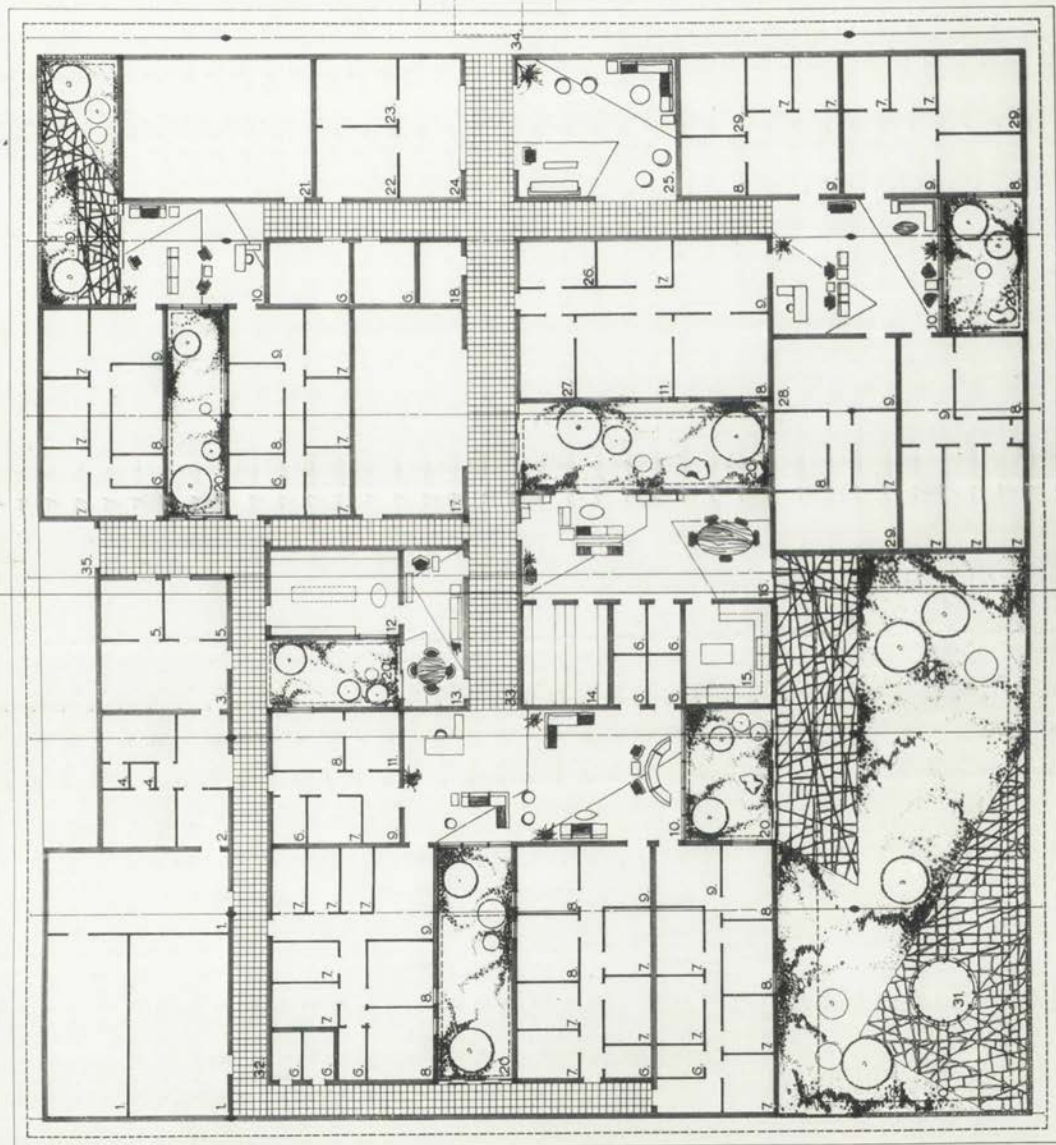
NORTH

PLOT PLAN

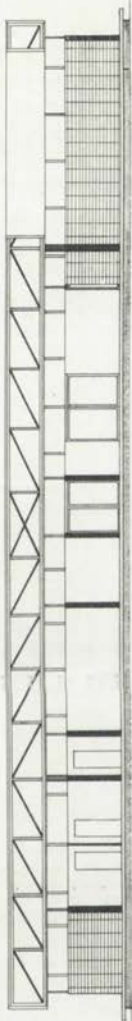


LEGEND

1. medical storage & lab
2. x-ray laboratory
3. surgery room
4. ready room
5. recovery room
6. rest room
7. examination room
8. office - consultation
9. private waiting area
10. general waiting
11. consultation room
12. library
13. conference room
14. locker alcove
15. kitchen
16. staff lounge
17. pharmacy
18. storage
19. childrens play-yard
20. enclosed court
21. mechanical equipment
22. business office
23. manager
24. central control
25. main waiting room
26. treatment room
27. storage
28. fitting area
29. laboratory
30. staff-recreation court
31. greenhouse
32. medical circulation
33. patient circulation
34. entrance
35. emergency entrance

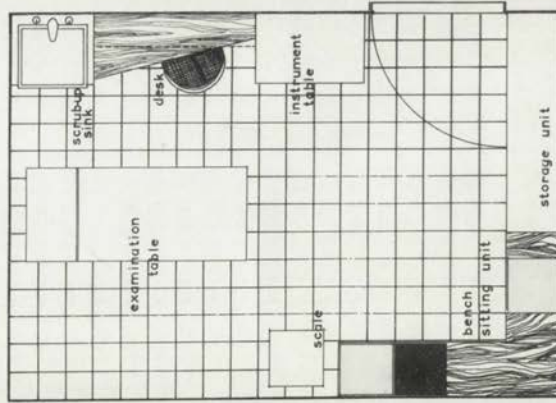






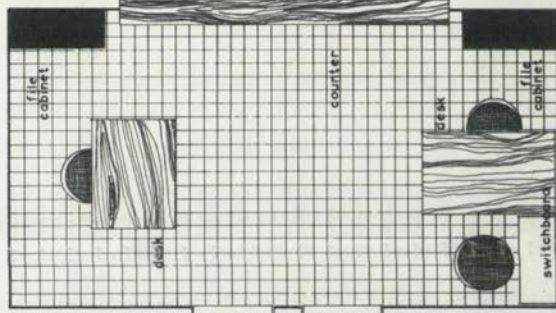
SCALE 1/8" = 1'-0"

SECTION A-A



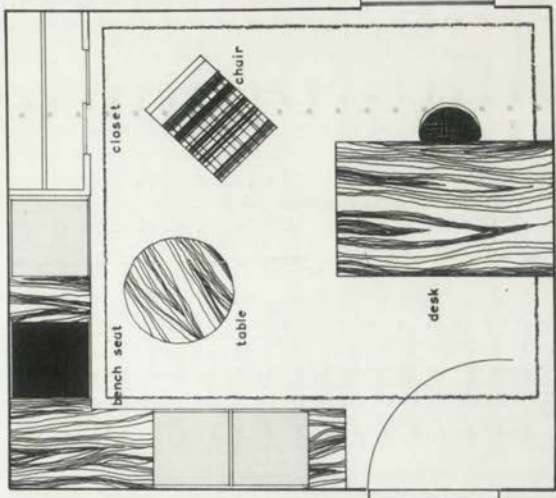
EXAMINATION ROOM

SCALE 1" = 1'-0"



CONTROL AREA

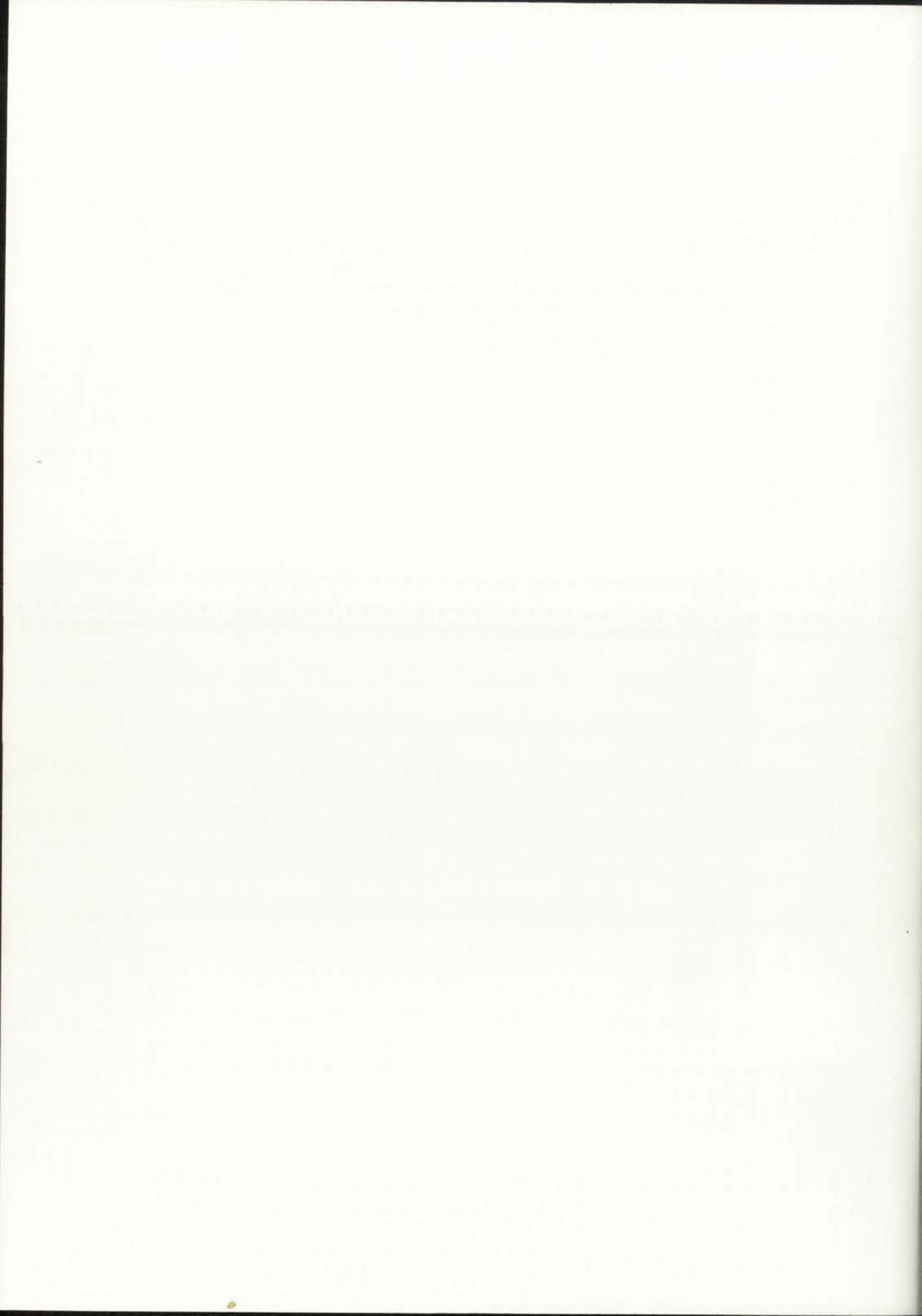
SCALE 1/2" = 1'-0"

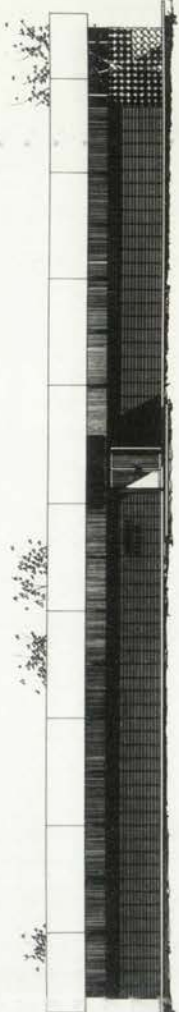


OFFICE CONSULTATION

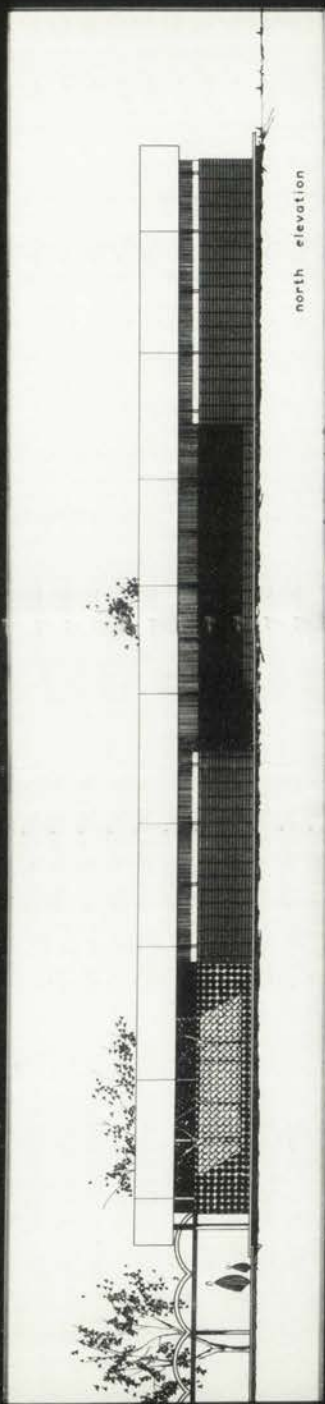
SCALE 1" = 1'-0"

AREA PLANS

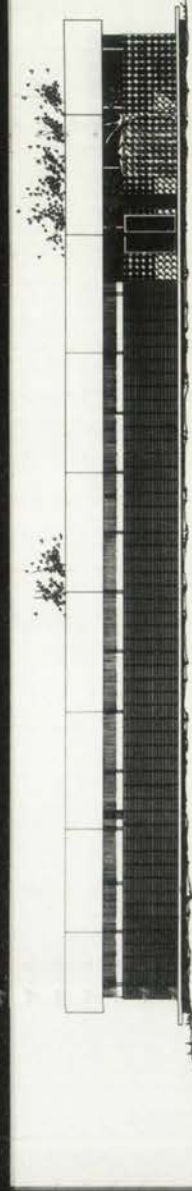




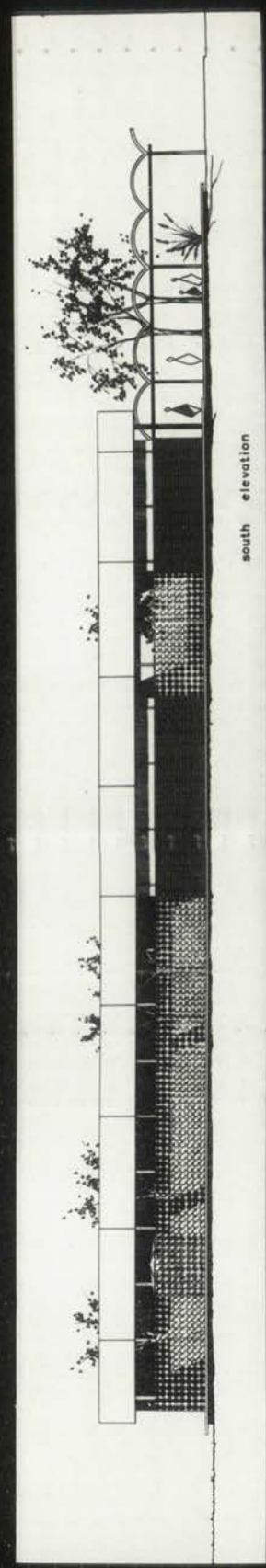
east elevation



north elevation

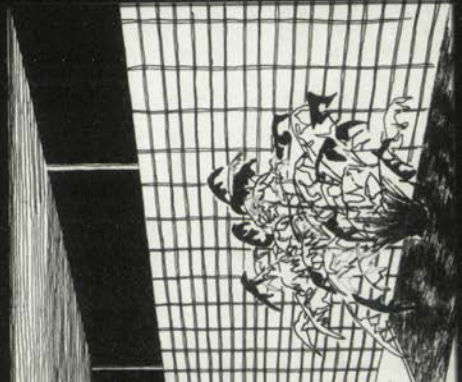
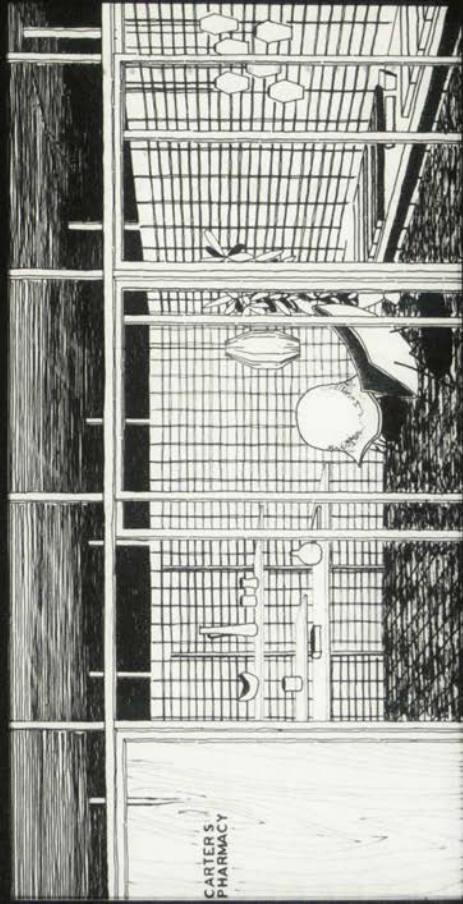


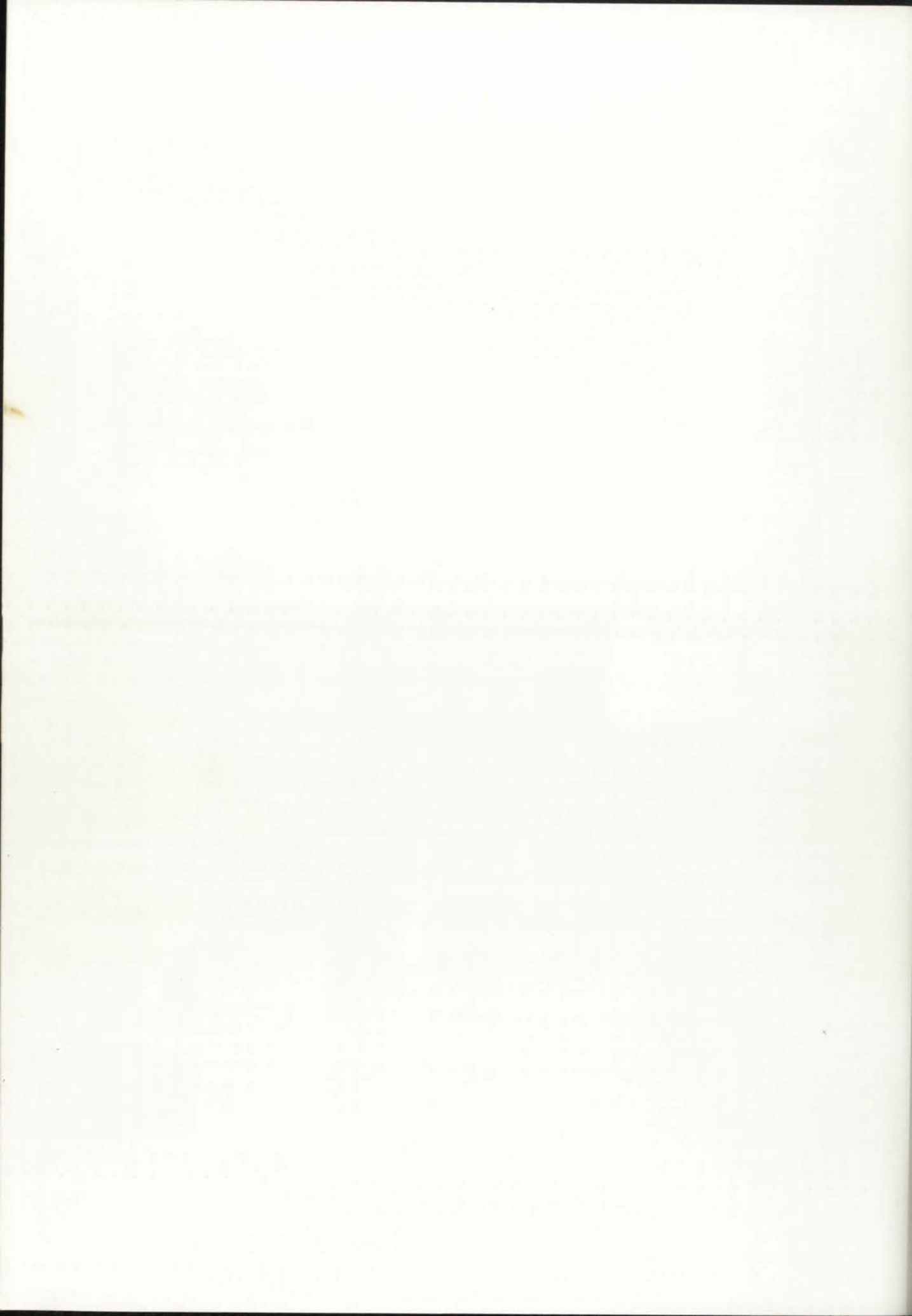
west elevation



south elevation

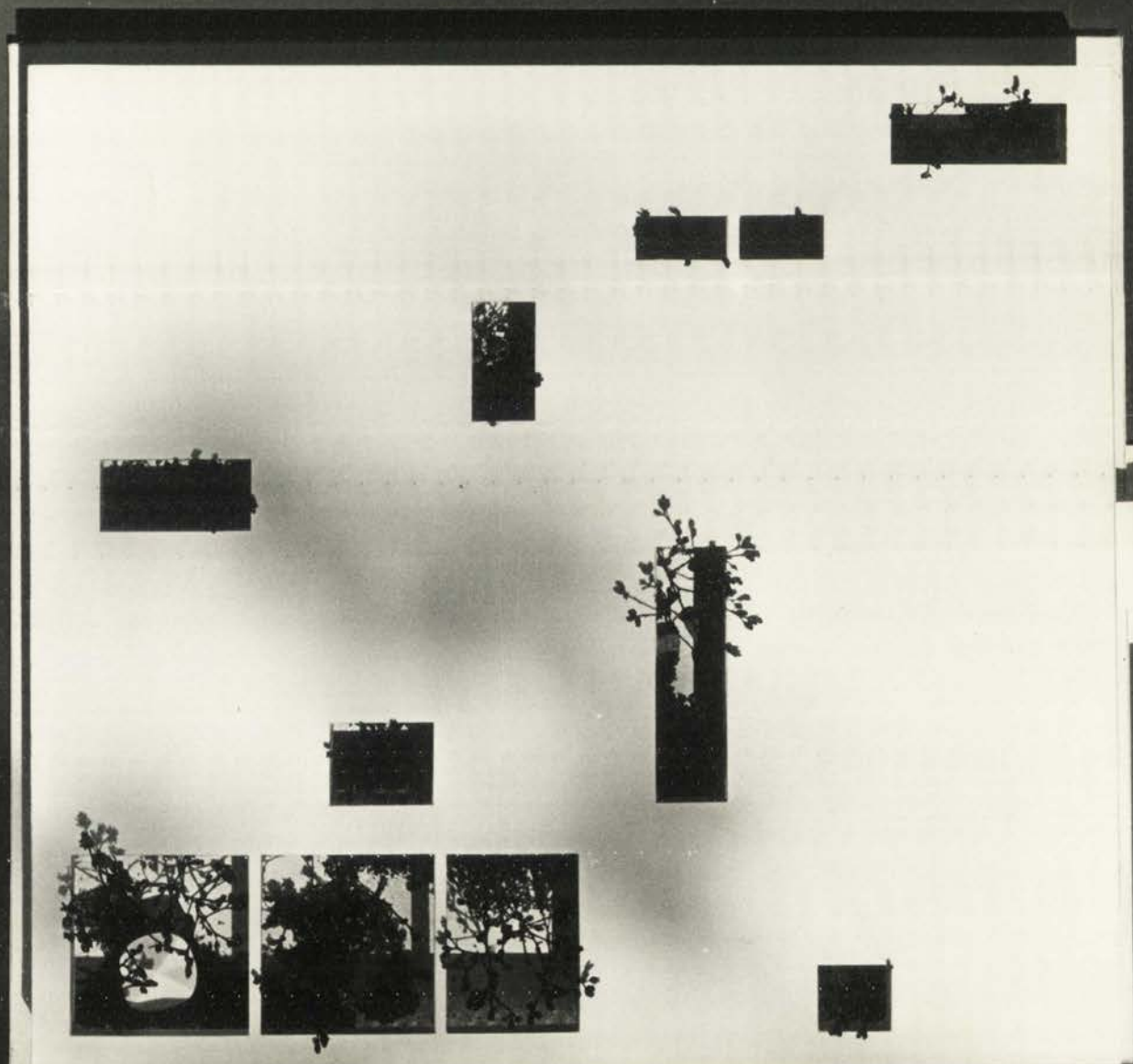


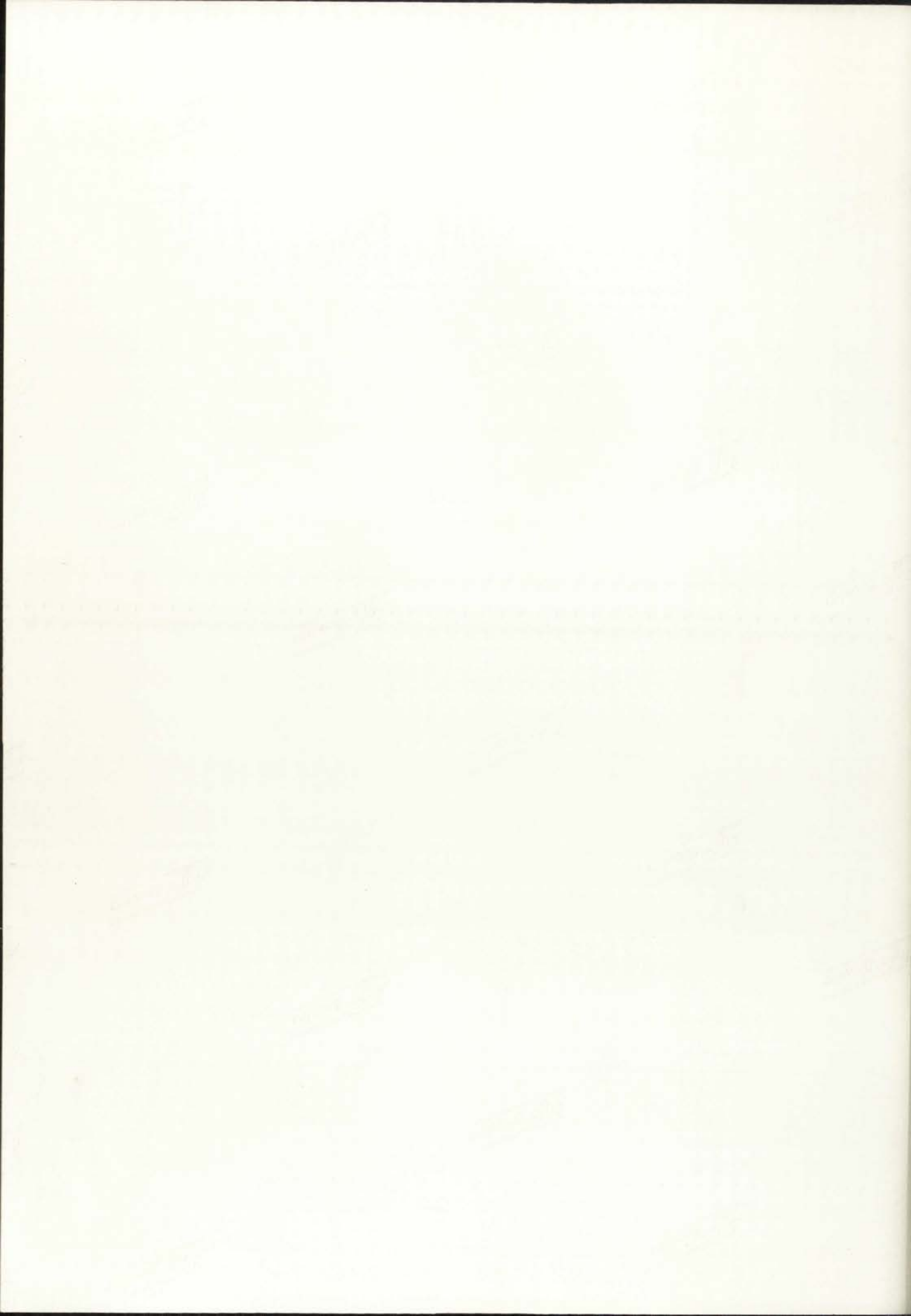


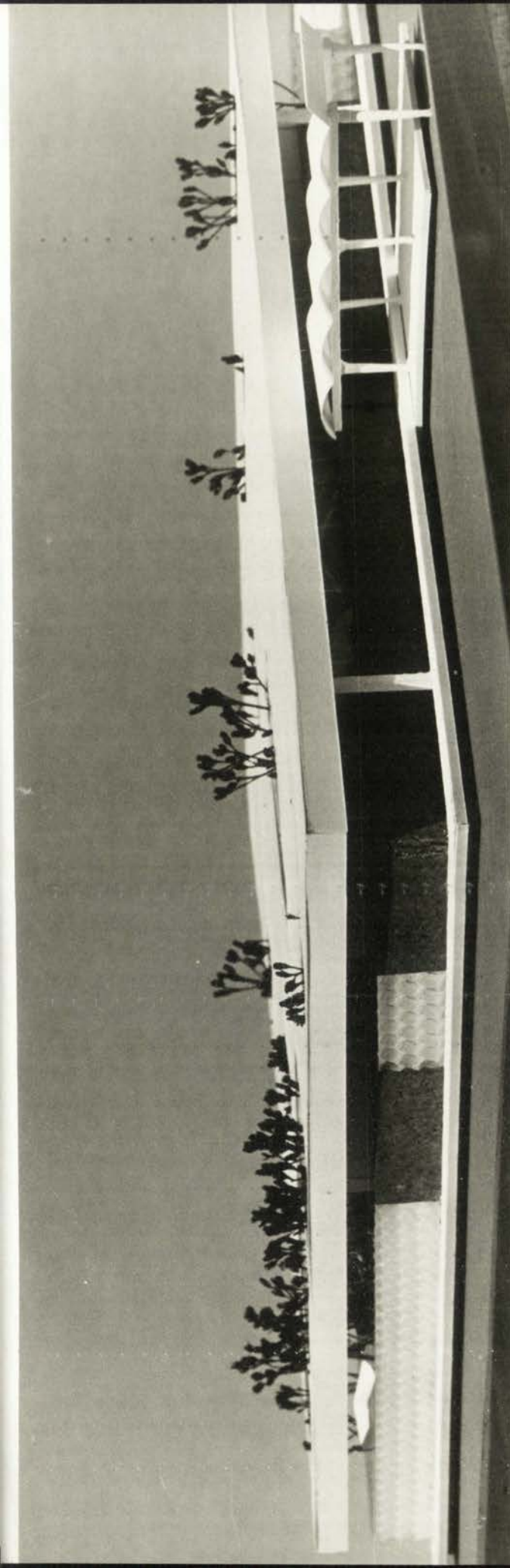


A MEDICAL CLINIC

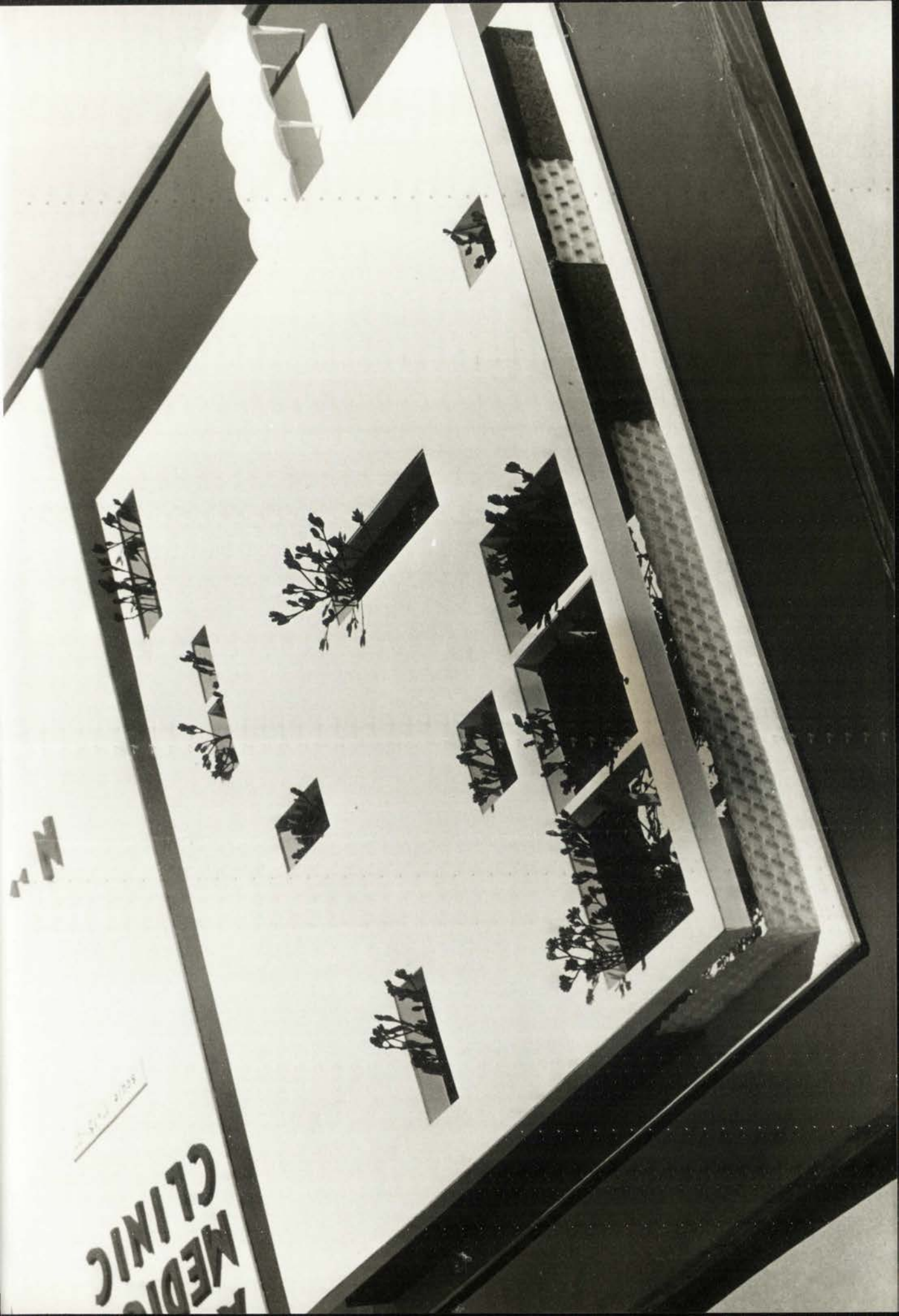
scale: 1" = 15' - 0"







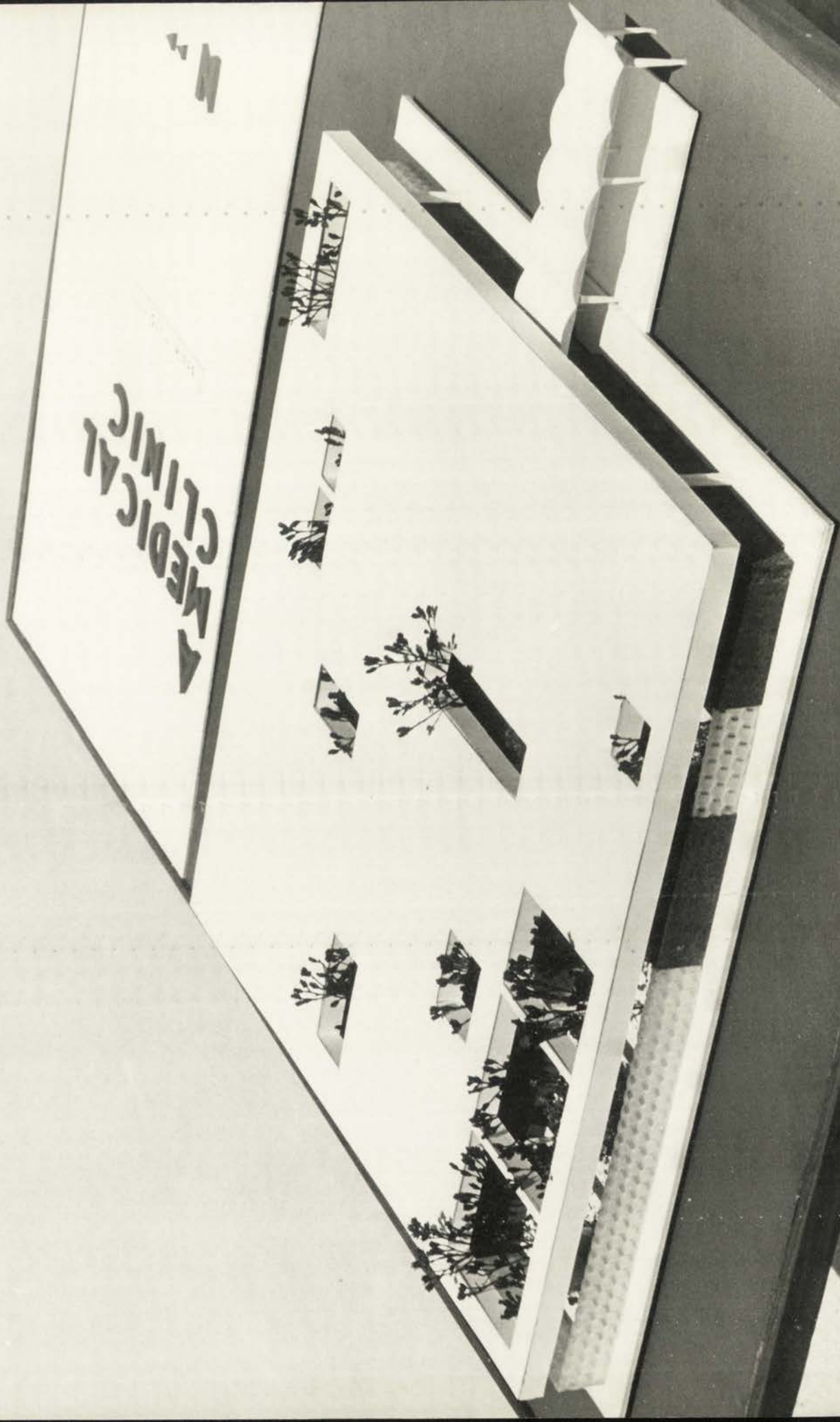




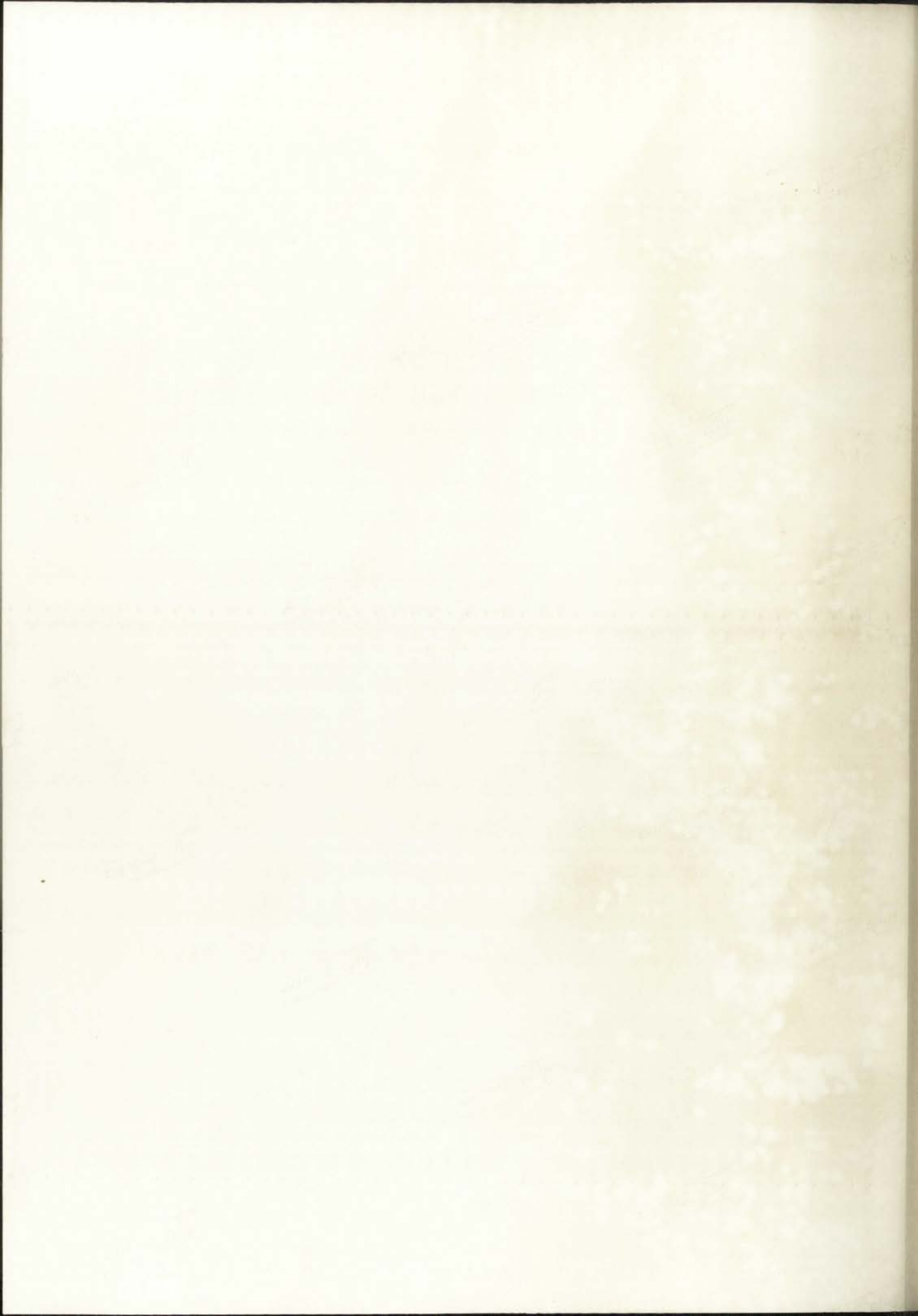
MEDICAL CLINIC

1958





MEDICAL CLINIC



CONCLUSION:

GENERAL:

Finally, in looking at the solution to the problem, several things should be noted about the overall design. Due to the selection of the site in a developing, but as yet still underdeveloped area, it was decided to create a completely closed or interior type design. All vistas are completely controlled and consist of small interior courts affording the building small pleasant facilities and natural light in office and waiting areas.

Patient circulation is rigidly controlled at the central control and business area, patients are dispersed at this area and go to grouped waiting areas. These waiting areas were derived through a study of the physicians need for the group facilities, laboratories, surgery, etc., and the type of patients that would gather in the waiting area. Therefore, the pediatrician section was given a waiting area of their own with a play yard directly connected to it, while at the same time they were given access

Summary

Finally, in looking at the evidence to
 the contrary, several things should be noted
 show the overall picture. One is the nature
 of the data in the laboratory. It is not
 still under debate, but it is clear that
 events a considerable amount of attention
 detail. All these are carefully controlled
 and positive, a single point of reference
 and the building is a logical possibility
 and natural light in order and without a doubt

Further evidence is a single point of
 the current evidence and laboratory work, which
 are discussed in the following. It is pointed
 out that there is a close relationship between
 through a study of the evidence and the
 from the laboratory, which is the basis
 and the type of evidence that would be
 the subject matter. However, the laboratory
 section was given a similar view of the
 with a very good ability. It is clear
 while at the same time they were a

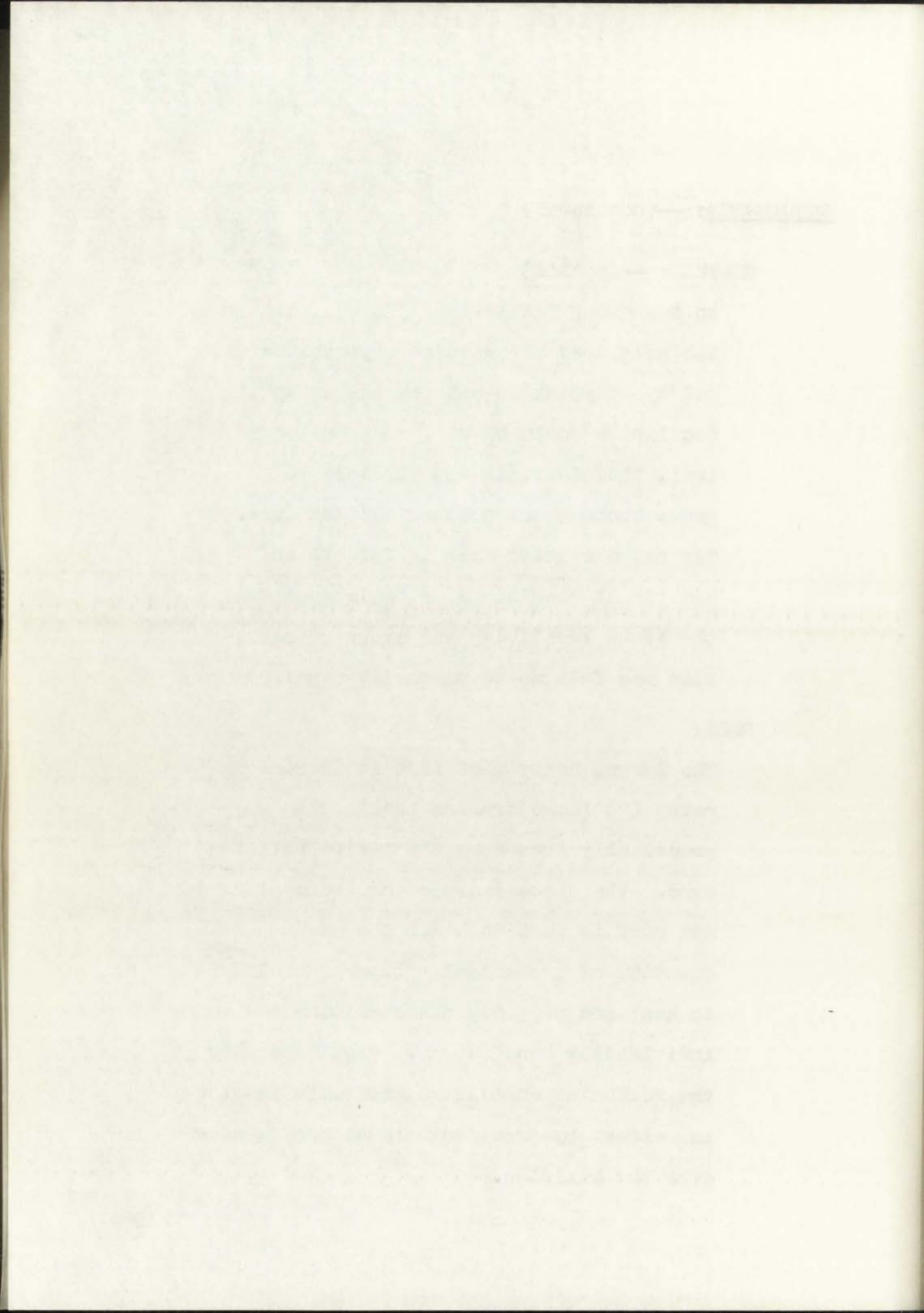
CONCLUSION: --(continued)

GENERAL: --(cont'd)

to the group facilities. It was felt the only need the dentists, psychiatrist, and eye physicians had for the group facilities would be at the central control, therefore, it was possible to group these about another waiting area. The third waiting area is for all the additional physicians as their need for the group facilities and cross-consultation was felt to be virtually equal.

ROOF:

The large, heavy roof line is created by seven (7) large trusses required to practically free-span the entire building area. The space enclosed by the ceiling and roof is used to house the great quantity of mechanical equipment needed to heat and properly air condition the individually zoned areas. Simultaneously the roof also supplies a desirable insulating effect by providing a dual roof system over the building.



CONCLUSION: --(continued)

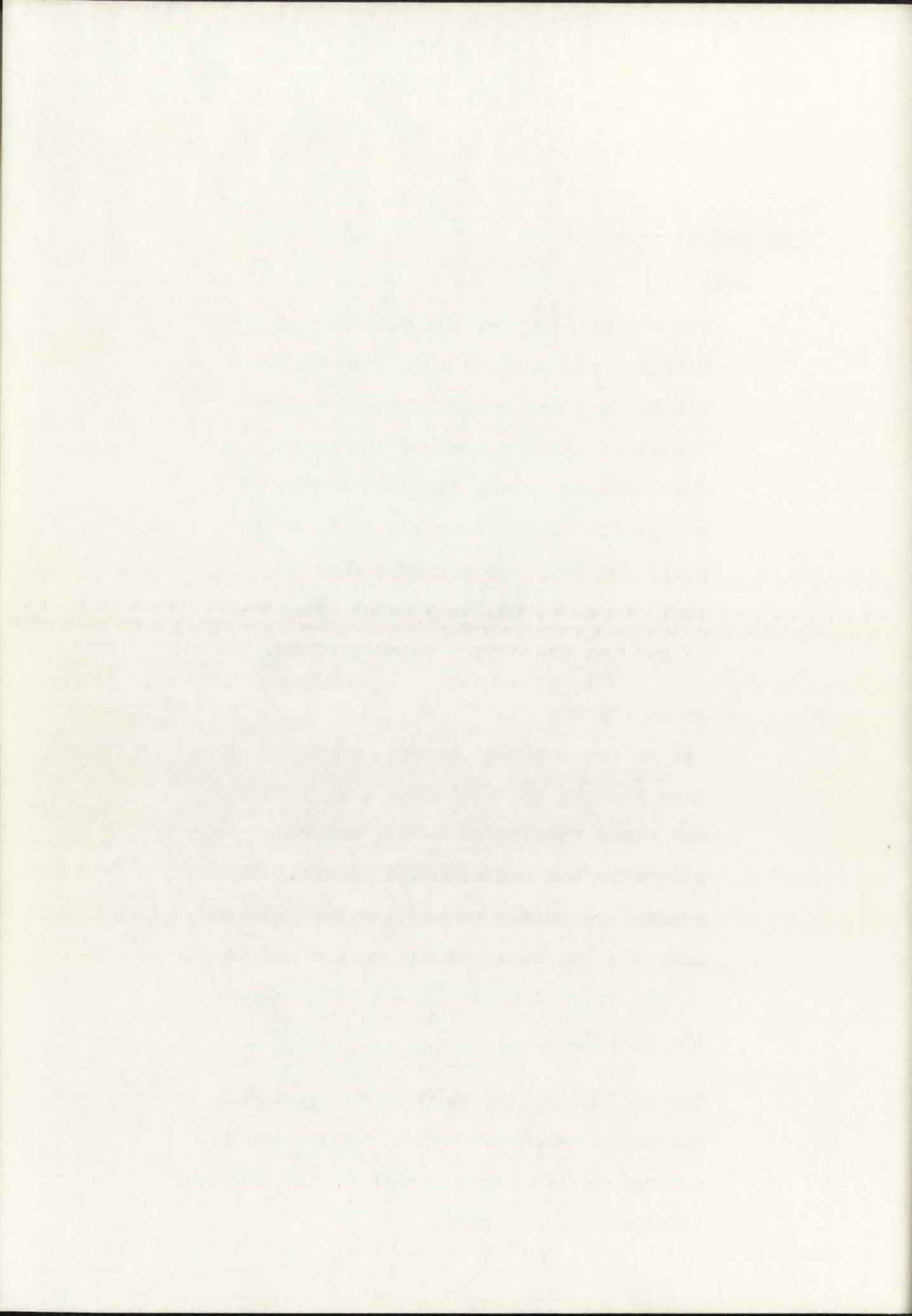
GLASS:

The use of glass on the exterior of the building was held to a minimum and used solely as a connection between the roof structure and the non-bearing walls, contributing to the floating effect of the roof. Since glass areas are kept small and only the narrow connecting strip is used, the only sunshading required was the slight roof overhang.

ENCLOSED COURTS:

All of the enclosed courts, with the exception of the childrens play yard and the staff recreation court, are completely closed to the patients and public. These courts are solely to admit natural light into the interior building areas and to create some pleasant visual areas within the building.

The childrens play yard is so located to encourage childrens use of it and provide control by the receptionist in the pediatrician waiting area.



CONCLUSION: --(continued)

ENCLOSED COURTS: --(cont'd)

The staff recreation area is provided solely for the use of the staff and is therefore directly connected to the staff lounge and separated from the central building. A greenhouse is provided in this area, to be used to provide plantings for the other courts and clinic area. The roof structure, trusses, continue over this area, and may be used at some later period to expand the clinic facilities, with a relative small additional cost.

All courts are provided with service entrances for upkeep and landscape purposes.

MASONRY SCREEN:

Masonry screening is incorporated into the building, not as a sun shading cliché, but merely to provide privacy and reduce upkeep with the court areas.

CONCLUSION: -- (continued)

ENCLOSED COURTS: -- (cont'd)

The staff recreation area is provided
solely for the use of the staff and is
therefore directly connected to the staff

lounges and separated from the central
building. A greenhouse is provided in
this area, to be used to provide plants

space for the other courts and plants
area. The roof structure, drainage, and
space over this area, and may be used at

some later period to expand the dining
facilities, with a relative small and
initial cost.

All courts are provided with service
entrances for space and landscape pur-
poses.

HARVEY BROWN

Harvey Brown is incorporated into
the building, not as a sun shading device,
but merely to provide privacy and reduce
space with the court area.

CONCLUSION: --(continued)

MASONRY SCREEN: --(cont'd)

The screening acts essentially as fencing, but was deemed more desirable due to its resistance to natural elements.

RAISED PLATFORM:

The entire building was raised and placed on a platform with a cantilevered concrete base for several reasons.

First, the base is used as a breaker between the landscape and the building. It will keep a quantity of debris away from the building proper, and cuts down cluttering of the screened facade.

In addition, the cantilever will cut down the encroachment of New Mexico reptiles into courts and the clinic proper.

CIRCULATION:

Circulation throughout the entire building is accomplished by means of two hallways. One primarily for patient circula-

CONFIDENTIAL -- (S)

CONFIDENTIAL -- (S)

The following information is being furnished to you for your information and is not to be disseminated outside your organization.

CONFIDENTIAL

The entire report is being furnished to you.

It is requested that you keep this information confidential.

Very truly yours,

Director

Between the 1st and 15th of the month.

It will be necessary to review the

from the initial report, and also to

disposition of the proposed plan.

In addition, the following information

from the above report is being furnished

to you for your information and is not to be

disseminated.

CONFIDENTIAL

Confidential information and other matters

are being furnished to you for your information

and are not to be disseminated outside your organization.

CONCLUSION: --(continued)

CIRCULATION: --(cont'd)

tion and central to the clinic proper, providing a building axis; and a second primarily for medical staff and control, with access to group facilities. The dual circulation system is tied together by means of a small hall, which also acts as a service corridor to the pharmacy.

STRUCTURE DIVISIONS:

The clinic proper is divided into medical suites, containing an individual or two physicians of like practice, by main masonry walls which act as sound barriers and are stationary, non-bearing divisions. These main divisions are then divided by flexible metal partitions which may vary to suit the individual needs of the participating physicians. Therefore, a physician coming into the clinic may vary the space to suit his particular practice.

SITUATION -- (cont'd)

tion and control of the clinic proper, providing a building staff and a second laboratory for medical staff and control, with access to group facilities. The dual circulation system is tied together by means of a walk hall, which also acts as a service corridor to the pharmacy.

REVENUE DIVISIONS:

The clinic proper is divided into medical units, containing an individual or two physicians of like specialties, by means of a room which act as second laboratory and are stationary, non-moving divisions. These main divisions are then divided by flexible wall partitions which may vary to suit the individual needs of the participating physicians. Therefore, a physician coming into the clinic may vary the space to suit his particular practice.

CONCLUSION: --(continued)

DESIGN:

The overall design was based on the dual circulation pattern involved in the building -- to separate staff from patient while permitting maximum control through the central business and control area.

The building was designed to suit its environment and climatic conditions without regard to regional eclecticism in design. Any possible regional quality the building might assume is derived completely from its materials and the answers to these afore-mentioned conditions.

DESIGN:

The overall design was based on the dual
circulation pattern involved in the building
-- to separate staff from visitors
while permitting maximum control through
the central business and control areas.

The building was designed to suit the
environment and climatic conditions with
due regard to regional considerations in
design. Any possible regional quality
the building might possess is derived and
plotted from the materials and the manner
to these above-mentioned conditions.

BIBLIOGRAPHY:

AIESEN, LEWIS ALBERT -

"The Physicians Responsibility as
a Leader"

CAXTON PRINTERS, LTD - 1952

CITY OF ALBUQUERQUE -

"Planning Department Report"

PLANNING COMMISSION - January 1, 1961

GROWTH OF ALBUQUERQUE -

ALBUQUERQUE PLANNING DEPT. - 1958

KIRK, STERNBURG -

"Doctors Offices & Clinics"

REINHOLD PUBLISHING CORP.

NEW YORK - 1955

MEARES, AINSLIE -

"Rehabilitation Center Planning"

CHARLES C. THOMAS, PUBLISHER - 1957

PROGRESSIVE ARCHITECTURE - July, 1954

"Group Clinic"

REINHOLD PUBLISHING CORP.

NEW YORK

1947

"The American people are

ready"

to support the

policy of the

administration

in the present

crisis of the

country.

1947

"The American people

are ready to

support the

policy of the

administration

in the present

crisis of the

country.

1947

1947

BIBLIOGRAPHY: --(continued)

PROGRESSIVE ARCHITECTURE - April 1958

"Psychiatric Group Clinic"

REINHOLD PUBLISHING CORP.

NEW YORK

PROGRESSIVE ARCHITECTURE - February 1960

"Clinics"

REINHOLD PUBLISHING CORP.

NEW YORK

PROGRESSIVE ARCHITECTURE - February 1960

"Acoustical Considerations for

Hospital Planning"

M. RETTINGER - REINHOLD PUBLISHING

CORP. - NEW YORK

PROGRESSIVE ARCHITECTURE - July 1960

"Health Facilities"

REINHOLD PUBLISHING CORP.

NEW YORK

SALMON & SALMON -

"Rehabilitation Center Planning"

PENNSYLVANIA STATE UNIVERSITY

PRESS - 1959

(continued) -- REVISIONS

PROGRESSIVE ARCHITECTURE - April 1960

"Togata Group Clinic"

REINHOLD PUBLISHING CORP.

NEW YORK

PROGRESSIVE ARCHITECTURE - February 1960

"Clinic"

REINHOLD PUBLISHING CORP.

NEW YORK

PROGRESSIVE ARCHITECTURE - February 1960

"Acoustical Considerations for

Medical Planning"

R. HERTNER - REINHOLD PUBLISHING

CORP. - NEW YORK

PROGRESSIVE ARCHITECTURE - July 1960

"Health Facilities"

REINHOLD PUBLISHING CORP.

NEW YORK

BAKER & GAINOR

"Rehabilitation Center Planning"

THE PENNSYLVANIA STATE UNIVERSITY

UNIVERSITY PARK - 1959

