

Looking To The Future: A Needs Assessment For The Student Wellness Initiative Towards Community Health (SWITCH)

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Executive Summary

As part of an applied anthropology course at the University of Saskatchewan, Edward Rooke and Christofer Molnar conducted a needs assessment for SWITCH. Key-informant interviews were used to identify client, staff, mentor, and volunteer perceptions of SWITCH and the services it offers. This information has been organized to illustrate where SWITCH excels and the challenges the organization faces. Recommendations believed suitable for the capacity and scope of SWITCH have been formulated.

Recommendation #1: Creation of a Dedicated Communications Position at SWITCH

- Improve communication with clients, mentors, staff, sponsors, and partner organizations

Recommendation #2: Optimizing Patient Care

- Ensure patients are informed about student involvement
- Encourage students and mentors to maintain a holistic approach to care, while keeping in mind the time concerns of patients
- Ensure a physician or nurse practitioner is present at each shift to improve consistency for clients and to facilitate access to interdisciplinary care
- Work to increase the presence of under represented colleges and their corresponding professional mentors

Recommendation #3: Optimizing Volunteer Experiences

- Foster impartiality, sensitivity, and time management skills in shift and category supervisors
- Facilitate cultural learning for interested students
- Incorporate clinical team volunteers into other SWITCH activities when not seeing patients
- Formalize a transition process for new SWITCH councilors

Recommendation #4: Optimizing Staff and Mentor Experiences

- Encourage staff and mentor participation in de-brief and SWITCH activities
- Ensure staff receive feedback from the SWITCH Council meetings
- Institute mentor meetings

Recommendation #5: Hours and Shift Availability

- Once resources are in place, consider extending the Saturday shift
- If a new shift is deemed appropriate, expand sequentially starting with food services

Recommendation #6: Food Services, Day Care, and Programming

- Continue to provide high quality food, day care, and programming for clients to facilitate community acceptance and access to other services
- Consider re-instituting selling produce during SWITCH hours

Recommendation #7: Further Investigations

- Instigate community based research to uncover real and perceived barriers to mentor, student, and client involvement at SWITCH
- Promote community participation in directing SWITCH
- Identify local organizations that provide health and social services to avoid duplicating services and to advise clients

Introduction

Saskatoon, the “Bridge City”, has many secrets. Many do not know that Saskatoon hosts cultural groups representing every major region of the world. Many do not know that art, culture, and business are alive and thriving in many communities in Saskatoon. Many do not know that 20th St. West hosts what some refer to as “Saskatoon’s best kept secret”. This secret is the Student Wellness Initiative Towards Community Health (SWITCH).

SWITCH is run out of the Westside Clinic, located in Pleasant Hill, just to the east of St. Paul’s Hospital. Pleasant Hill and surrounding neighbourhoods, such as Riversdale and Meadow Green, have historically been noted for lower socioeconomic status, decreased access to basic social, health, and food services, and a higher proportion of ethnic diversity compared to other neighbourhoods in Saskatoon. In 2008, a health disparities study comparing health indicators in high-income and low-income neighbourhoods in Saskatoon showed shocking discrepancies (Lemstra & Neudorf 2008). Although, this information came as a surprise to some residents of Saskatoon, SWITCH had already been conceived, designed, and implemented in Riversdale and was working to address these disparities.

The dream of an after-hours, student-run, interdisciplinary clinic, that would be flexible and cater to the needs of the downtown core community, first began in 2003. Based on a program running in Vancouver called CHIUS, a group of dedicated health sciences students took the necessary steps to make SWITCH a reality, starting by partnering with the Saskatoon Community Clinic, the University of Saskatchewan, and the Saskatoon Health Region. A needs assessment of the community showed that many services were lacking in the host community, especially afterhours¹. The doors of the Westside Clinic opened for the first SWITCH shift on October 12, 2005. For more detail on the neighbourhood, clients, and volunteers involved, see Appendix 1.

SWITCH has benefited from many sponsoring agencies in the Saskatoon community and would not have been able to function without the funding and in-kind services that they provided. For a full list of sponsors, see Appendix 2.

Operations are directed by the SWITCH Council, a board of elected students. Five staff positions are currently required to ensure smooth functioning of SWITCH, perform administrative duties, and support volunteers, mentors, and the SWITCH Council. Currently SWITCH operates Monday and Wednesday 5:00 pm – 9:00 pm and Saturday 10:30 am – 2:30 pm. For an overview of a SWITCH shift and volunteering categories see Appendix 3.

This student operated clinic and service centre has grown in many ways over the years. The volunteer base has expanded, the location has changed from Riversdale to Pleasant Hill providing more space, and a third shift has been added focusing on women’s health. An organization such as SWITCH has many stakeholders, partners, and groups to keep informed and satisfied. Taking the time to assess how the decisions over the last five years have impacted volunteers, staff, mentors, and most importantly, clients, can be very difficult to accomplish due to a lack of time and resources.

¹ An original copy of this assessment was not obtained. It was described to us during an interview

Believing that a needs assessment would be beneficial to the leadership at SWITCH, we decided to conduct such a needs assessment as part of our applied anthropology course work. We hypothesized that key-informant interviews would be the most useful source of information to understand how SWITCH is performing. During the fall of 2011, the SWITCH Council was approached with the needs assessment plan and their support and encouragement was freely granted.

This class project faced a few inherent challenges. Time was a major limiting factor as the project had to be conceived, submitted for approval by the necessary bodies, conducted, written, and turned-in, all within the fall university term. Interviews had to be limited (15 total) to allow sufficient time for the writing phase of the project. What we offer is an honest attempt to capture the experiences of people involved in SWITCH and transfer their wisdom onto paper in an accessible and useful way.

Orientation to SWITCH: Two Stories

To best explain what SWITCH is all about, we have constructed two student narratives. The first narrative is about someone who is just beginning their involvement with SWITCH. The second is that of a medical student who has been involved for a number of years and is currently volunteering on the clinical team. This section of the needs assessment is designed to familiarize readers with the inner workings of SWITCH and may be omitted by those who have insider knowledge of its operations.

Volunteering for the First Time

Imagine yourself in the second year of your degree in the college of arts and sciences. During the first week of the fall term, before a lecture, an enthusiastic woman strides to the front of your class. She has come to talk about SWITCH. You find out that SWITCH is a health and wellness clinic directed by student volunteers aimed at meeting the needs of community members on 20th street (a relatively impoverished area in Saskatoon). Students lead all initiatives and activities at SWITCH with the help of dedicated staff and community mentors. More than a simple walk-in clinic, SWITCH is open afterhours, focuses on interdisciplinary care, offers various educational programs (ex. life skills, nutrition, and parenting) to clients, and provides a safe place for community members to drink coffee and enjoy each others company. For clients seeking medical care or social services, students guide the consultation under the supervision of qualified professionals.

You remember being told by friends about their great experiences at SWITCH. They said that students from any college could volunteer and depending on your training, you could take on different roles. The first step is to attend an orientation session during a SWITCH shift. The woman who presented to your class writes her email on the blackboard so that interested students can contact her to set up an orientation session. You quickly send her an email.

Walking into the Westside Community Clinic building at 5:00pm on Wednesday night for your orientation session, you are greeted by a smiling face and directed to go upstairs for *pre-brief*. You find yourself in a room full of volunteers in maroon colored shirts and nametags. A cheerful person who refers to herself as the “shift supervisor” calls for

everyone's attention. The pre-brief begins with introductions and announcements. The shift supervisor asks who is there for the first time. You raise your hand and are told that after the pre-brief, you will be shown to another room for an orientation with some other new volunteers. The shift supervisor goes over the different volunteer categories. You learn that after your orientation, you will be part of category A, the outreach team. This group of volunteers is the largest and performs many key functions during a SWITCH shift including: food preparation and distribution, helping with educational programming, assisting in the daycare, and ensuring that the clients feel comfortable and welcome. The shift supervisor negotiates the role of volunteers during the shift with the help of the category A shift supervisor. The goal is to facilitate appropriate volunteer experiences based on their capacity and interest.

You learn that there is also a clinical team. This group is largely made up of students in their second to fourth years of professional training programs such as nutrition, social work, nursing, physiotherapy, kinesiology, public health, pharmacy, and medicine. These students work together to deliver holistic and interdisciplinary care to clients with the support of health care and social service professionals who work in Saskatoon.

At the end of pre-brief, the cultural support worker explains to the assembled volunteers and mentors that Aboriginal people following traditional spiritual practices believe that smudging helps people live harmoniously. Smudging facilitates attentive listening, learning, and helps people speak truthfully. The cultural support worker then offers everyone the opportunity to smudge before they start the shift.

The Westside administrator, volunteer coordinator and the cultural support worker conduct your orientation. You learn about the organization and policies at SWITCH, such as: liability, cultural knowledge, and the paper work needed before you can begin. A tour of the building gives you a bit of insight into how a shift runs and what roles you may be able to take on in the future. You see the clinical rooms, the kitchen, the child care space, the educational programming taking place upstairs, and meet some of the clients in the waiting area who are enjoying freshly made food and coffee.

On the intercom, you hear that it is time for *de-brief*. Once again, all the volunteers, staff, and mentors gather upstairs in the programming room. The de-brief is an opportunity for participants to share their shift experience with the group. Patients seen by the clinical team may allow students to discuss their "case" for learning purposes so long as it is anonymous. After everyone has had an opportunity to share, the shift supervisor ensures everyone has transportation home and calls the shift to a close.

As you walk out of the Westside Community Clinic building, your head is swimming with possibilities. At SWITCH you can learn more about issues of inequality in Saskatoon while at the same time actively contribute to building a stronger Saskatoon community. Also, you see the many opportunities to get involved with the organizational side of SWITCH and gain understanding of the different roles that health care providers play in an interdisciplinary setting. You realize this will help guide your future career goals and find yourself wondering, "why doesn't everybody volunteer at SWITCH?"

Volunteering on the Clinical Team

It is a sunny Saturday morning in September and you are volunteering with the clinical team for the third time this month. You first started volunteering with SWITCH while in undergrad and now that you are in your third year of medical school you are

volunteering with the clinical team (medical students can start volunteering for the clinical team in their second year). At the beginning of the shift, you gather with all the other volunteers, staff, and mentors in the programming room for pre-brief, announcements, and smudging. Afterwards, you and the other clinical team volunteers meet with the mentors in the clinical room. Introductions are made and you learn that in addition to the public health nurse, physician, and social work mentors that you had met during other shifts, there is also a dietitian, a reiki mentor, and a physiotherapist. The clinical team student volunteers for the day include two in social work, two in nursing, one in each of physiotherapy and pharmacy, and a second year medical student.

After a few minutes of getting to know your team, you hear a knock at the door. The shift supervisor enters, carrying two patient records with her. She briefly explains their medical concerns and leaves the team to consider the cases. The first patient is a fifty-five-year-old man who reports back pain after an accident and the other patient is a four-year-old boy with a rash who has been brought in by his father. Two clinical teams are negotiated. Your interdisciplinary team will see the man with back pain and will include the students from physiotherapy, pharmacy, and one from nursing.

The man you meet in the clinical exam room seems cheerful despite his obvious back discomfort. He assures you he does not mind working with students. Your team decides to share the responsibility of taking the history. You begin by taking the history of the back pain, the nursing student asks about past medical history and relevant family medical history, and the pharmacy student enquires about the patient's medications, allergies, and social history. For the physical exam, the physiotherapy student takes the lead, explaining to the team the different techniques being used.

The team returns to the clinical room to report the findings to the available mentors. It was discovered that the man has pressing issues beyond his back pain. He has been homeless for the last month, having been evicted from his apartment. He has high blood pressure and insulin dependent diabetes but has not been able to take his insulin regularly since being evicted. During the physical exam, you found him to be unsteady while walking with decreased sensation in both his feet.

The physician and physiotherapist mentors go to the exam room to ask a few more questions and confirm information presented by the student team. Back in the clinical room, you are engaged by group discussion about how to best help the man. The patient agreed to talk to the social work team about living arrangements and showed interest in reiki therapy for his back pain. Additionally, the physiotherapist will give the man strengthening exercises for his back. He also showed interest in the diabetic foot care program that will be running at SWITCH the following Wednesday evening.

Over the next two hours, there are seven other patients to see. The pace is busy and the discussions about care are stimulating. During de-brief, you tell the group about the patient centered and holistic care you were able to offer the man with back pain. You express to the group how satisfying it is to learn about and deliver health care in this setting.

Methods

A needs assessment is a study conducted to identify issues, challenges and solutions within an organization. Information for this study was collect by key-informant interviews with clients, staff, mentors, and volunteers. The long-time involvement of Edward Rooke with SWITCH was used to contextualize this information and to help construct appropriate recommendations. The interview protocols can be found in Appendix 4. For more details on the needs assessment methodology, see Appendix 5.

Findings

The needs assessment process was able to: discover what SWITCH does well, uncover areas that may benefit from adjustment, and provide recommendations based on the information collected. All participants disclosed insightful ideas and valuable experiences during their interviews. It was a formidable challenge to gauge the weight to be given to each idea or perspective. There was agreement on particular points in nearly all interviews, making a strong case for the validity of a perspective. In other situations, very astute observations were made, but in isolation. As mentioned above, Edward Rooke brought to this assessment over five years of experience with SWITCH and this allowed for an intimate understanding of presenting perspectives. This experience was called upon to help negotiate and weigh the importance of various topics discussed.

The quotations, opinions, and contextual explanations below, represent the impressions of a select group of volunteers, staff, mentors, and clients that were interviewed during three separate SWITCH shifts². We believe that the words of our participants should showcase this needs assessment. Hopefully these impressions are representative of the larger group of people who are directly affected by SWITCH and can therefore be seen as relevant feedback about the performance of the organization. If this is true, then the insights offered below may be used to reaffirm its mandate in the community, expose challenging areas of operation, and guide future decisions made by SWITCH Council and the committees that direct its operation. The section summaries may draw from perspectives that were not directly quoted in this assessment. In some instances, implied meaning is included. Some participants provided insightful comments that have been purposely omitted because they run the risk of identifying the speaker. The perspectives have been grouped into themes where possible.

²Two interviews were conducted outside of the SWITCH shifts.

What SWITCH Does Well

The interviews yielded strong support for SWITCH as a clinic, workplace, learning environment, and community organization. Understanding “what SWITCH does well” is important to keep in mind as the organization expands and matures.

Perspectives from Clients

Daycare

“More or less, so my son can play with some kids upstairs, because at home there is no one to play with ... I have some friends I usually (meet), because they have some kids too and then this is our chance. They’re upstairs and we yap down here usually”.

“There’s daycare, so I can bring my girls and do my program ... daycare is a must, sorry, but that’s a must”.

“He actually bugs me to come here ... he likes it up there, its good. They do a lot of stuff with the kids”.

Food Services

“I usually come just for something to eat, but a couple of times I came for the doctor”.

“And I also come here for the coffee, the food, the vegetables, soup, bannock and they have dinners here every year for Christmas”.

“Its also helpful for the people that are hungry ... Because they’re unhealthy right now and don’t plan and budget to buy food so this helps that way too”.

“Some places serve food, but not maybe as nourishing as it could be, whereas here you always know it’s very nutritious”.

“The food ain’t bad too, because you get tired of cooking at home all the time, so this is a good little break”.

Programming

“I’m on an unemployed basis right now and I try to take advantage of all the programs that are within my area”.

“They have me on for life skills, I need that, because I’ve never had that”.

Socializing

“This kind of helps me bring myself out of my shell ... having the interaction with people”.

“There’s some of the elder ladies there, it’s good to talk to them, you can learn a lot from them”.

“Yup communicating with people, associating with the volunteers. They come and talk to me and I talk to them, tell them how my day was or whatever. That’s what they’re here for... I appreciate that”.

“When I come down here there’s a lot of people that I don’t really see, on the street or whatever and sometimes you know you bump into them here”.

Context and Summary

The clients clearly indicated the services and features that they found most important. When asked, “why do you come to SWITCH?”, the three parents of young children immediately mentioned daycare. The quality daycare allowed parents time to relax and socialize. While the children are in daycare parents have the freedom to access other services, such as programming, medical care, and counselling. According to the parents, their children greatly enjoyed their time at daycare and looked forward to their time at SWITCH. Clients also expressed great interest in and appreciation for the programming.

One does not need to spend much time at SWITCH to realize that the food services draw community members through the front doors. The client interviews confirmed their appreciation for the good food prepared by SWITCH volunteers.

Socializing in a positive space is an important aspect of community development. When SWITCH is open, it provides a safe haven for residents in the area to come together. Meeting new people, mingling, and enjoying the company of others is embedded in the structure of SWITCH and is likely an important reason why SWITCH is accepted in the community and why its other services continue to be sought after.

The clients interviewed reported that they felt respected and accepted by the staff, mentors and volunteers. One client, who was asked if those facing profound health and social issues felt safe and welcome at SWITCH reported:

“I would say so, because, probably at their homes, they don’t have that... kind of like growing up without a mom, here they feel some of that nurturing ... some safety”.

Perspectives from Staff and Mentors

Job Satisfaction

“I also really love my job. It’s the best job I’ve ever had”.

"Well, because I like it! I mean I like working with the kids" (laughing).

"The experience of the mentors I think is pretty positive".

Working with Students

"Not just because of what we do at SWITCH, but also because I get to work with so many students. I find it very inspiring".

"I hear in debrief, well I talked to this person all night and heard his story or her story. I think it's opened the eyes of students".

"I like the teaching aspect of it, I think that's just another area that I want to grow in my practice set and of course giving back to the community and participating in our community"

"I think it's an amazing early clinical experience for them. To work along side the other professions, to work so closely with the preceptors, to get the kind of responsibility that they do, but with appropriate supervision and checks and balances... I think it's wicked".

"You're not just following me around if you're a student here. You're actually doing the work and I think it makes them better clinicians faster. It also makes them way better at understanding people who are coming from difficult contexts".

Support from SWITCH

"They're very receptive to my need and I try to be receptive to their needs so it's working out real good".

"I feel well supported by Council".

Context and Summary

The staff and mentors made it quite clear that working at SWITCH is more than a job. Not only do they greatly enjoy working at SWITCH, but they felt that working with students was very rewarding. The staff and mentors interviewed feel that teaching and guiding students was an important part of their professional development and a major reason why they enjoy their jobs. They feel that students, in all categories of volunteering, are receiving an excellent education at SWITCH that will improve their awareness of social issues and their abilities in their chosen professions.

Working at SWITCH also provides an opportunity for staff and mentors to fulfill their need to contribute to the community and to work towards a more equitable Saskatoon. Some recognized how much they learn from the clients and the students they work with. In addition to enjoying their jobs, staff felt supported and respected by the SWITCH Council.

Perspectives From Volunteers

Enjoyable Environment

"I guess I got hooked!"

"Oh yeah, I love coming here, for sure".

"I've met very few people who have left SWITCH unhappy".

Giving Back

"So I've definitely found the more you give, the more you get back from the community".

"And I thought 'what a cool organization' and I just wanted to get involved!"

Learning

"Experiencing the therapeutic communications that you do with clients, instead of getting just the medical history, you get the social history also; how they got there, so you can better understand their situation".

"I've learnt more from work here than my class in nursing on aboriginal culture".

"I really believe in what SWITCH is about. The inter-professionalism, the holisticness, the going down to the core and learning from the people there".

"Always good to get more practice doing my histories and physicals, because I definitely need lots of it".

Context and Summary

The sea of maroon "SWITCH" shirts in the pre-briefing room is evidence of the satisfaction that students get from their time at SWITCH. The teamwork atmosphere and social nature of the shift was often commented upon. SWITCH offers unique opportunities that service-learning oriented students avidly pursue. Volunteers are often aware of the disparities between Saskatoon neighbourhoods, but SWITCH gives many of them firsthand experience that is both humanizing and empowering. Building relationships with community members and knowing that SWITCH is providing needed services adds to volunteer satisfaction.

Many new "SWITCHers" start volunteering as a college requirement or to gain insight into the services that social work, medicine, nursing, physiotherapy, pharmacy, nutrition, and dentistry can offer in a primary care setting. These first experiences often keep volunteers coming back for years. Many deepen their involvement by joining committees, SWITCH Council, training as shift and category supervisors, and joining the clinical team.

Challenges and Suggestions from Participants

This section is dedicated to the areas that participants identified as less than perfect and to the thoughtful suggestions provided with the aim of improving SWITCH. It is difficult to say if these suggestions can be realistically acted upon under current constraints. For example, it will always be a challenge to attract students during the summer months and waiting times will always be longer in a clinical learning environment.

Perspectives from Clients

Clinical Visits

"It takes longer to see the doctor ... all those questions, why can't they sit in when the doctor's there and ask the questions? Then the doctor will know, because then you have to repeat everything again."

"Well yeah, the waiting. They have so many of them working here and everyone is just waiting".

"I heard people complaining about that (waiting for the doctor). Well I say, well they have to ask you questions, how else are they going to learn?"

"I didn't realize that (student clinic)! No, kind of irritated me. That's the last time too!"

"It would be nice to know what's involved in order to get to the doctor."

"I always try to tell them when they come that it's going to take a little longer, because they get so flustered, you know, if you don't tell them". (Staff speaking)

"Sometimes people don't stay to see the doctor because the wait is too long". (Staff speaking)

Communicating Services to the Community

"A lot of people don't really know about this place really, like they say, oh, 'where are you going?' 'Going to SWITCH'. 'What's that?' 'You just go there, you have something to eat or if you need to see like a doctor or anything'. You know?"

"95% people don't know... that there are students involved". (Staff speaking)

"I know a lot of people who live over here and they've never heard of it". (Volunteer speaking)

Services

"Maybe some kind of counselling to help me with my kids' behavior issues".

"I have a lot of problems with my toes and my feet so if they would do something like that, that would be beneficial too". (Client with diabetes)

"I would like to see that vegetable thing happen too, they sell vegetable... it hasn't been here since summer time ... it's a little bit cheaper".

Hours

"Well the evening is not so bad, but not long enough ... Two hours. Not long enough".

"Certainly to be open longer would be nice ... even just a couple times a week".

"No it's really good the way it is (hours)".

Context and Summary

The clients brought to light very interesting feelings and perspectives on the operations of SWITCH. Seeking medical care seemed to take a backseat or have secondary importance to the social and nutritional aspects of SWITCH. When the health care services were discussed with clients, it seemed to bring out a variety of emotions. Two clients expressed their frustration with the long wait times to see a physician. Staff have seen many patients walk out due to these long waits. On the other hand, the student involvement in health care did not seem to be an issue for some clients. One client felt the wait was not worth it when there are other "faster" walk-in clinics within the vicinity (likely referring to Saturday shifts only).

Some of the patient quotes reflect a lack of understanding of the procedures required to receive student-assisted clinical care. The communication gap does not stop at clinical care. Some of the comments regarding suggested services were added to show that clients are not aware of the services and programs that are currently offered, such as foot care for diabetics and parenting classes.

We were told by volunteers, staff, and mentors, that the primary means to spread information in the community is by "word of mouth". This might be true, but it may not be wise to assume it is the *only* effective way that information is shared. Two interviewees advised that many people are still unfamiliar with SWITCH; despite its location on the same street for over six years.

Clients gave mixed reviews about the current hours of operation. Slightly longer shifts were generally seen as beneficial. However, lengthening the evening shift was not encouraged by clients due to safety issues and the need to get children home to bed.

One client suggested that SWITCH re-institute the affordable produce program that was facilitated by Child Hunger and Education Programming.

Perspective from Staff and Mentors

Communication

"I really want to always be at de-brief, because I want to hear what the students are saying and that's when all the announcements are made about things that are happening in the community or if SWITCH is doing something then I'll find out about it".

"I think we could be better at bragging about what we do and that we could have a better profile in the community and that we could get more corporate money".

"I've brought things forward at a staff meeting and I don't see ... feedback or reasons why they're not going to be changed... The communication is not going full circle"

"I'm not really sure how things are run or how things are organized".

"I don't really get a chance to talk to the other mentors and I don't know what kind of things they are coming across or challenges they see in their teaching as well. So that might be something..."

Operations

"You can lose students if you don't have mentors and you can lose mentors if you don't have students".

"I think we could do better with mentors, we have areas of mentorship where we don't have a strong representation and I think sometimes that keeps those students from coming".

"I think we all work well as a team and discuss things well as a team, but there's kind of a sense that the doc signs off and I wonder if that has been the experience of the other docs as well".

"Just because you're in second year doesn't mean you can't cut carrots anymore".

"There's usually a 20 minute gap before you see a patient... So either teaching needs to go on, or I think ideally, these people don't come right here, they go down and help with food prep, go and sit out in the waiting room, be part of the scene".

"Greater degree of community involvement that we really have people from the neighbourhood saying what they need from and that determines how we design things".

"Student council... It's gone through ups and downs in terms of its degree of organization, its degree of responsibility... A little more work on succession planning and a little more work on making sure that it operates well".

"Good coordination between SWITCH and Westside and there might be some gaps in that".

"A consistent doctor or nurse practitioner on".

Food Services

"I wish they had a little more meat to put more protein in the food... There's a lot of diabetics here and we serve a lot of starches".

"They need to bring the selling of the food back to the front".

Wish for Students

"Somehow I'd like the students to become politically aware".

"I think a bit more could be done, perhaps by me and other mentors, who could take more of a leadership in teaching and having a bit more of a program".

"Advocating... might be another roll that SWITCH could take a little more actively. Identifying problems and writing those letters calling the ministers of health, being a little more of a community advocate".

Hours

"At some point of time it would become 5 days, 6 days, 7 days a week. You know? Why not?"

"So we feed them on Saturday, but who's feeding them on Sunday?"

"Saturday could probably run a little longer. Or even be a little tighter".

"I think ideally we would be doing this every evening, but funding, number of volunteers, number of preceptors. There's a lot of limiting reagent there".

"I think this clinic would be great if it were open daily".

Context and Summary

We have already found from staff and mentor statements that working at SWITCH is more than a job. There is an understandable desire from this group to be included in the happenings of SWITCH. De-brief is one forum where staff and mentors can see the impact that their work is having on young minds and the community. The role of the mentors and staff can at times be isolating and not allow for greater participation in SWITCH activities. It was also noted that staff do not always receive feedback regarding their requests and suggestions to the SWITCH Council.

There are usually 1-3 mentors working per shift and many of the mentors do not know each other. There is no opportunity for mentors, especially from the same profession, to discuss their experiences and involvement at SWITCH. This limits the potential for mentors to play a role in defining and shaping their work and makes attempts at forming a

teaching curriculum difficult. The concern of one mentor, that doctors were still being seen as the final authority on patient care, will likely remain a question without an answer until there is an opportunity for mentors from multiple disciplines to come together and scrutinize their work.

It was thought by one mentor that communication was not adequate between SWITCH and its partner, the Westside Clinic, regarding the services offered by each. Mentors are not always aware of services offered through the Westside Clinic (specialist visits) and it is possible that Westside staff are not sufficiently familiar with SWITCH programs and opportunities.

To attract mentors, staff, volunteers, clients, and funders, SWITCH must be visible in the community. The many successes and contributions of SWITCH to the 20th Street community, the university campus, and the larger public may not be getting adequate recognition.

Staff and mentors recognize the correlation between mentorship involvement and student volunteering from professional colleges. Some suspect that students are hesitant to sign up for a clinical team shift if there is no representation from their college (i.e. A student from college X will not sign up if a mentor from X profession is not attending SWITCH). Mentors and staff felt that the organization would benefit from having consistent and comprehensive representation from Saskatoon professionals involved in health care and counselling. Some considered it essential to have a physician or nurse practitioner on site to feel comfortable in their role on the interdisciplinary care team.

There were concerns about how best to utilize time. At the beginning of a shift on the clinical team, mentors and students retreat to the “clinical room” after a pre-brief. Often 20 minutes will pass before a patient registers at the front desk to see the clinical team. It was suggested that this time can be used more effectively, by either getting clinical students involved in other areas of SWITCH, such as greeting clients, or making more of an effort to foster learning.

The SWITCH Council plays a vital role in directing the organization. The capacity of the Council to direct the organization effectively is not consistent year to year. While this was acknowledged to be linked to transition on the Council, it was suggested that some of this could be avoided with more “succession planning”.

Community involvement in the organizing and direction of SWITCH is considered ideal if the organization wants to genuinely represent the needs of the clients it serves. This partnership continues to be elusive and currently no downtown core community members are involved in the directing of SWITCH.

Echoing the call from one client, a staff member believed that the CHEP food program was valuable and should be instituted all year. The food at SWITCH is considered very nutritious and a staff member suggested that food with less starch would be of even better nutritional value, considering the high prevalence of diabetes in the clientele. The same staff person acknowledged, jokingly, that the clientele was “picky” and may not agree.

Staff and mentors felt that SWITCH is an arena where students can become more aware of societal issues and hoped to see this translate into student advocacy. They also felt that teaching could play a stronger role in the clinic as it is an ideal environment to learn from multiple disciplines.

Part of the vision of staff and mentors was that some day there would be no need for an organization that serves marginalized groups. Until then, expanding the hours of operation was considered ideal.

Perspectives from Volunteers

Shift Availability

"I think people are really pumped after their orientation and then it's hard to actually get a shift".

"How big our volunteer base is right now. It's hard for category A students to even get a shift in the busy times".

"If you just want to volunteer, a lot of times the schedule is full, and you're like, I guess I just won't go because they have enough people, so I know that deters a lot of people from coming back".

"During low times, like exam periods and in the summer we're kind of stretched for volunteers".

Orientation and Information

"I think if they did more on understanding aboriginal culture and the meaning behind ... would definitely help, because the majority of people coming in here are of that descent".

"Still, when I came to my first shift, I wasn't sure what it would be like, but I think that is something that you can't have described to you, you just have to experience it".

"After all of my involvement with SWITCH, I haven't learned as much as I had wanted to about other community organizations and what they do".

Operations

"There is favoritism among some, and I know some shift leaders understand better how to run different areas, so I think there should be more guidance for them, for different areas".

"I agree that everyone should be moved around, but some people are just not good with kids and if they don't want to be there, they shouldn't be forced".

"Drawn in a lot of different directions and I think that just depends on the night and its unpredictable" (as a shift supervisor).

"For category A we have... noticed the hierarchy, 'oh, I'm better, because I'm shift supervisor', even though she's a volunteer here, she doesn't treat everyone equally".

"Those of us on the inside only have a limited amount of brain power and time".

"Continuity on SWITCH Council".

"If there was a way to equalize the power between everyone at SWITCH".

Hours

"Even extending it an hour here and there... on Saturdays even. For some of these people ... they can't get down here in time".

"They get down here and it's all full"

"Different disciplines would like to volunteer more. More than just 4 hours".

Comfort Zone

"It's uncomfortable at first, but I'm getting more comfortable".

"There are instances where people feel uncomfortable because they are not used to the situations".

"I know a lot of students are intimidated to come down to SWITCH for the first time".

Context and Summary

SWITCH has been successful in expanding its volunteer base over the last few years, especially for category A volunteers (category A volunteer description in Appendix 3). Students now have to sign up for shifts up to two months in advance during the "busy times". On the other hand, shifts operating during final exams at university and during the summer can often be shorthanded. To deal with the summer shortage, SWITCH reduced the number of shifts from three to one.

All SWITCH volunteers are required to participate in an orientation session. Students felt unsure of what to expect during an actual shift at SWITCH even after the orientation. One student suggested increased information about aboriginal culture during orientation. Another student reflected that after many years of volunteering at SWITCH, she still was unfamiliar with other community organizations in the area. Knowledge of the surrounding community was viewed as useful information that could aid in patient care.

Increasing the volume of services, programs, and volunteers has made directing shifts a challenge. Since the move to a larger clinic with more space, there are now physical barriers between students, who are spread over 3 separate floors of the Westside Clinic building. Shift supervisors can at times feel overworked or spread too thin. Shift supervisors may be biased toward friends and colleagues when they are assigning roles. One of the many responsibilities of shift supervisors is to facilitate a variety of experiences for category A volunteers. They are expected to re-assign volunteers throughout the shift if possible. It was suggested that students have been asked to work in areas about which they do not feel comfortable. In these situations students may not feel empowered enough to voice their concerns to an overly busy shift or category supervisor. Students have also noticed a hierarchical distance between category A volunteers and their colleagues who are volunteering on the clinical team or as shift supervisors.

The SWITCH Council is composed entirely of students. This presents challenges for continuity when council members graduate or change universities. Even conscientious and dedicated students go through periods when they must focus all their energy on university classes and this can put SWITCH responsibilities on the backburner.

It was called into question whether two and a half hours of clinic time was sufficient for clients. One volunteer suggested extending clinic hours on Saturday. She believed that student volunteers would not have a problem volunteering for longer hours.

Working at SWITCH is a new experience for many. As mentioned above, significant disparities exist between 20th St. West and other Saskatoon neighbourhoods. This reality is apparent to volunteers who work at SWITCH and they may experience some discomfort with this gap. The personal conduct of some clients may surprise volunteers and force them to re-evaluate what they know about Saskatoon.

Recommendations

These interviews provide revealing insights into SWITCH; what can we make of all these comments? What action should be taken to deal with the challenges faced by SWITCH, if any are taken at all? To start, remembering that SWITCH is seen positively by community members, volunteers, staff, and mentors, is important. The goal of this needs assessment was to produce a reflective report that may facilitate improving an already revolutionary and successful program.

The opinions and perspectives documented do not all call for structural changes to SWITCH. Many can be seen as helpful suggestions or indications of the success of a service at SWITCH. Some challenging areas may remain, no matter what changes are made. In other words, they can benefit from thoughtful intervention, but there might always be room for improvements. Clinical care, for example, is something that clinicians work to improve throughout their careers, whether it be nursing, pharmacy, physiotherapy, or medicine. Likewise, the student population in Saskatoon will always be reduced in the summer months, which makes filling three shifts a week challenging at times.

Pragmatic recommendations in this situation will be concise and not overstep the mandate or capacity of SWITCH. Relaying a wish list from the participants will not necessarily be useful. Concrete recommendations will be made where possible. In other circumstances, suggestions for further action or investigation will be made. The following recommendations contain some overlap and reiterate important considerations.

Recommendation #1: Creation of a Dedicated Communications Position at SWITCH

Effective communication is often a challenge of organizations. Many facets of SWITCH could benefit from a dedicated student and or staff person working in this field. Currently, much of the advertising responsibilities fall onto the SWITCH Coordinator's extensive portfolio. In order to thrive in the surrounding community and increase awareness around Saskatoon, SWITCH requires effective marketing and innovative ways to disseminate information in a community that is assumed to pass knowledge via word of mouth. A communications person could also act as a go-between for SWITCH and the Westside Clinic to coordinate activities and services with the goal of better serving clients.

This may include monthly schedules that are easily accessible to mentors and physicians to facilitate referrals. Finding new, creative ways to link into the community and spread the word about SWITCH will greatly benefit the organization and clients. A dedicated communications person could showcase the successes and innovations of SWITCH. Increased visibility in Saskatoon may lead to more sponsorship and greater awareness among potential mentors, volunteers, and clients.

With more effective communication among those who are directly involved in the organization, we may see fewer frustrated clients walking out of examination rooms during SWITCH hours. It may be possible to prepare posters for the waiting room or a presentation that can be played on the television screen periodically that explain the operation of SWITCH. Various techniques may need to be employed.

Recommendation #2: Optimizing Patient Care

Ensuring that patients are informed that they will be seen by students and that the time before they see a doctor may be longer than at another clinic is essential. This knowledge can readjust expectations of clients and hopefully lead to a more positive experience. Students should maintain their focus on holistic and interdisciplinary care. Understanding the needs and time constraints of patients should be emphasized. It may be beneficial for mentors to encourage senior clinical students to focus on efficiency in their interviews and physical exams.

Mentors and students with knowledge of services offered at Westside and SWITCH can expedite further assistance and health care. A schedule for monthly services could be available in the clinical room for instances when the clinical team is unsure of what services are being offered for any given month.

A necessity for a functioning SWITCH shift is a physician or nurse practitioner. Patients who seek medical care will benefit from the inter-professional approach at SWITCH, but in the current conceptual framework of our health care system, the physician and nurse practitioner remain the literal and imagined gatekeeper to services. Therefore, when a physician or nurse practitioner mentor is not available for a shift, it can potentially decrease access to all types of services. The interdisciplinary care model can involve the services and knowledge of many health and counselling professionals. The most common way that patients access this model is through a physician or nurse practitioner.

Consistency in clinical care will benefit clients directly and indirectly as it may facilitate the participation of other mentors and students from other professional colleges. Representation from certain colleges continues to be a challenge for interdisciplinary care.

Recommendation #3: Optimizing Volunteer Experiences

Overall, the staff, mentors, and volunteers have rich experiences at SWITCH. Emphasizing shift and category supervisor impartiality and sensitivity to the needs of volunteers, especially new recruits, should be a priority. Shift supervisors must be aware of the time needs of mentors, staff, and volunteers, and work with the volunteer coordinator to ensure programming and other services are finishing on time.

Orientation may be improved by providing information on the various organizations in the community that might be useful to clients. Handouts are available for students who wish to learn more about smudging and First Nations culture. Students should be

encouraged to learn from the material available and when appropriate, seek information and understanding from the Cultural Support Worker. The SWITCH website is quite useful and may be underutilized by students.

Clinical team volunteers should be encouraged to help in the kitchen and at the front of the clinic if they are not busy with patients and no teaching is being conducted. This may further improve the already extensive peer mentoring that takes place at SWITCH and may foster or increase the awareness and understanding of the social determinants of health.

The SWITCH Council could benefit from a formalized transition period when a new councilor is taking over responsibility from a previous councilor. This could take many forms and may need to be changed over time to suite the needs of students. An overlap period could be arranged, where responsibilities are shared and direct mentoring can take place. A process that properly orientates new councilors may decrease the time till they feel comfortable and competent in their new positions.

Recommendation #4: Optimizing Staff and Mentor Experiences

Fostering avenues to keep staff and mentors involved in SWITCH activities will increase already high moral. The structure and operation of the shift should allow for all staff and mentors to attend de-brief if possible. At de-brief, staff and mentors learn most about how SWITCH is functioning and can share their experiences and perspectives with the group. Additionally, during times when the clinic is not busy, mentors and staff should be encouraged to participate in other areas of operation or to visit with clients.

Opportunities to contribute to the operation of SWITCH should be encouraged. Staff meetings require adequate time to discuss issues and knowledge of the SWITCH Council activities could be relayed to staff through meeting minutes. Mentors do not have a direct way to voice their concerns or pursue innovative ideas in the current organizational structure. Piloting mentor meetings, where mentors can discuss their perspectives, experiences, challenges, and ideas, is highly recommended. Through initiatives such as this, mentors may be able to formulate plans to teach more effectively or even discuss how to instill the spirit of community activism in their students.

Recommendation #5: Hours and Shift Availability

The decision to expand clinic hours or increase the number of shifts per week requires consideration of many variables. The ideal for many staff, mentors, and clients, would be to expand SWITCH operations, beginning with lengthening the Saturday shift.

If expansion was pursued, the Saturday shift could be extended by an hour, making the hours of SWITCH operation from 10:30am – 3:30pm. This should be attempted for at least a month, as it seems to take time for community members to adjust to new hours.

Another option would be to expand sequentially. Assuming no restrictions exist between SWITCH and its partners, a fourth shift with basic services could be started. Sunday was identified as a time when few services are available for community members. If food services were offered on Sunday (or another suitable day), it could potentially be of great nutritional value for the community and open up volunteering positions with less demand on staff and mentors. If this project demonstrated success, subsequent services could be added when resources are available, such as programming and eventually clinical

care. It is recommended that further investigation be done to assess the feasibility of such an initiative.

Recommendation #6: Food Services, Day Care, and Programming

There was tremendous support for these services from the clients interviewed. The value of food services, day care, and programming is reiterated here to emphasize their role in bringing clients into the clinic, which is the first step towards addressing further needs. These services also promote the positive atmosphere that SWITCH has been noted for and helps build rapport in the community.

Increased knowledge of the programs, including dates and times, may be useful for clients. Harnessing the insights and perspectives of clients to plan future programming is also advisable.

Food services have long played an important role at SWITCH and in supporting the surrounding community. Providing more food options that contain fewer simple starches may be considered. Selling produce at SWITCH increased the accessibility of healthy and affordable food for clients. This program should be re-visited and considered for operation in the winter months.

Recommendation #7: Further Investigations

SWITCH strives to meet the needs of University of Saskatchewan students, mentors, staff, its partners, and most importantly, the surrounding community members. An increased degree of community participation to set priorities and research agendas for SWITCH and its partners is vital to meeting the needs of the neighbourhood. A follow up community needs assessment should be considered to assess community perceptions and the impact of local organizations on the health and vitality of the people in Pleasant Hill and surrounding neighbourhoods. The services offered by local organizations in terms of nutrition, clothing, shelter, counselling, and health care should be compiled to facilitate future planning for SWITCH and avoid duplicating services. This information could also be used to better inform clients at SWITCH as to the resources available at their disposal.

Finally, the participants in this needs assessment have shown that they are happy to be associated with SWITCH. Lacking in this report are the barriers, both real and imagined, of potential volunteers, staff, mentors, and clients, to utilizing and contributing to SWITCH. This information could be very useful for future planning.

Conclusion

SWITCH is now in its seventh year of operation and has seen many changes since its doors first opened in 2005. Its visibility in the community has grown, along with its volunteer base, and it is now seeing more clients walk through the Westside Clinic doors than ever before. Programming and services have expanded and colleges that previously had little involvement in SWITCH are drawing up plans in order to contribute to this innovative and dynamic organization.

The participants interviewed demonstrated the value of SWITCH to Saskatoon. Clients, volunteers, staff, and mentors come together to work towards community health. The holistic and interdisciplinary approach in this health and wellness clinic sets it apart from other more traditional clinics in the city and is opening the eyes of students to collaborative care.

We hope that this needs assessment is a useful tool for the current and future directors of SWITCH, as well as for anyone who wishes to have a deeper understanding of the organization's performance. Effective communication between all those involved with SWITCH will be essential for the organization's continued success. Focusing on optimizing the experience of clients, volunteers, staff, and mentors, will ensure that the clinic remains full of energy and community spirit. Building on what SWITCH is currently doing well and working with community members to understand and meet further needs will be vital for this organization to continue to lead the way in interdisciplinary and holistic care.

References Cited

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2005 Applied Anthropology: Tools and Perspectives for Contemporary Practice. Boston: Pearson Education Inc.

Lemstra, Mark & Neudorf, Cory
2008 Health Disparity in Saskatoon: Analysis to Intervention. Saskatoon: Saskatoon Health Region

Appendix 1: Neighbourhood, Client, and Volunteer Details

The demographics of the people who utilize SWITCH is an important factor in the designation of resources and the design of programs. The area in which the clinic is located is well known as a lower income area with limited access to various services. Low-income levels are associated with an increased risk of illness and injury and a reduced ability to seek out treatment. The lack of healthy food in the area also negatively affects health. SWITCH is primarily in place to attend to the needs of those who have lower income levels and is focused on providing holistic care for people in the community. First Nations people are the primary ethnic group that utilizes the services at SWITCH, and this is reflected in the maintenance of a position of a cultural support worker at the clinic. In addition to First Nations people, there are many new or recent immigrants that live in and around Pleasant Hill.

Poverty is a significant issue in the community surrounding SWITCH. Riversdale and Pleasant Hill, with unemployment rates of 18.3% and 14.8%, respectively, both have significantly higher unemployment rates than the City of Saskatoon as a whole, which is 4.3% (Lemstra and Neudorf). The high unemployment in the area around SWITCH means that many people often come to the clinic for the services in addition to the medical facilities, including meals and daycare, which they may not be able to easily afford otherwise.

SWITCH, in addition to being a health and wellness clinic for the clients, offers students the experience of working in a clinic and community centre. Student volunteers, mainly from the college of arts and science, are often unfamiliar with the dynamics of the downtown area and the groups that visit the clinic. The experience helps the students relate to people who are less privileged. These volunteers come to understand the reality of the social determinants of health (nutrition, education, income, shelter etc.) Working at SWITCH helps them to better appreciate issues of inequality and develop meaningful relationships with diverse groups in Saskatoon.

Volunteers are mostly University of Saskatchewan students. Students in any college can volunteer their time at SWITCH. Recently, Saskatoon resident not associated with the University of Saskatchewan have been allowed to volunteer.

Appendix 2: SWITCH Sponsors¹

- Saskatoon Community & Westside Clinic (partner)
- Saskatoon Health Region – Primary Health Care (partner)
- University of Saskatchewan – Provost office (partner)
- University of Saskatchewan Colleges of Medicine, Kinesiology, Pharmacy & Nutrition
- SIAST Nursing Division
- United Way – Saskatoon & Area – Collaborative Funders Grant
- City of Saskatoon – Collaborative Funders Grant
- Saskatoon Health Region – Community Health Grant
- Regional Intersectoral Committee – Community Initiatives Fund & Community Vitality Grant
- Potash Corp
- Dakota Dunes Development Corporation
- Jack & Sylvia Vicq Fund
- Star Phoenix Postmedia Raise-A-Reader Grant
- KPMG LLP Chartered Accountants
- & many, many groups, organizations, and individuals who have raised money on behalf and donated personally to SWITCH

¹SWITCH Sponsor information taken from official SWITCH website.

<http://switchclinic.ca/about/our-organization/our-sponsors/> . accessed Dec 17, 2011.

Appendix 3: Overview of SWITCH Shift and Volunteering Categories (taken from the SWITCH website www.switchclinic.ca)

What a SWITCH shift is

You're interested in becoming a volunteer and we're interested in having you work with us. Here's the run-down of what a typical shift looks like when you volunteer at SWITCH

When and Where are shifts?

SWITCH operated Wednesdays from 5-9pm and Saturdays from 10:30am -2:30pm at Westside Clinic. Our shift on Monday evenings focuses on women's health and runs from 5:00-9:00pm.

What are shifts?

The first half hour of the shift is used for students to organize themselves, to be assigned duties, and help in the kitchen. Then there is a "prebrief", where we give introductions and smudge. In the middle, we see clients and keep the clinic running smoothly. The last hour of each shift is spent debriefing.

How many people are on each shift?

The shifts are comprised of the following personnel:

- Professionals: Physician, 3-7 interdisciplinary mentors, receptionist, nutrition supervisor, and a cultural support worker
- Student Volunteers: Shift supervisor, Outreach team members, and Clinical team

What are each team's duties?

Outreach Team (Category A)

- Ensures a welcoming environment for patients and community members
- Prepares and provides food and drink in waiting area
- Assists patients in completing paperwork
- Ensures patients understand that SWITCH is a student-managed clinic and that patients will be seen by students under the supervision of health care professionals
- Provides childcare and facilitates children's activities
- Participates in educational activities for students hosted by mentors, staff or other students
- Are invited to take part in clinical activities where it is seen as appropriate by the mentors/staff and where it falls within the student's scope of practice

Clinical Team (Category B, C, D)

- Teams are interprofessional
- Teams assess the patient's concern(s) through the appropriate means; history or physical exam, etc

- Teams collaborate with mentors and staff to decide an appropriate course of action; referrals, treatments, counselling
- Teams are responsible for proper charting, lab requisitions and seeing that patient follow-up procedures are properly followed

Shift Supervisor

- Responsible for assigning the clinical teams for the shift
- Responsible for assigning patients to an appropriate clinical
- Is the administrative representative for SWITCH during the shift
- Facilitates the introduction and debrief sessions per shift
- Handles complaints of clients or personnel and directs them to the appropriate person
- Handles building or safety concerns

Additional information:

- A category A supervisor position was created to accommodate the growing number of volunteers
- A programming coordinator manages the many activities that happen at SWITCH in addition to clinical care

Appendix 4: Protocol for Key-Informant Interviews

Clients

1. Why do you come to SWITCH?
2. Have you come here for other reasons?
3. How long have you been coming to SWITCH?
4. Do you find that the services that SWITCH offers meet your needs? What are your needs?
5. Can you tell me about the experiences of people you know at SWITCH?
6. Is there anything that you would change about SWITCH?
7. Is there anything that you would add to SWITCH?
8. Is there anything that you would remove from SWITCH?
9. Have you noticed that this community lacks anything? Ex. Services/opportunities.
10. What would the perfect SWITCH look like to you?
11. Is there anything you would like to add?

Volunteers

1. Why are you volunteering at SWITCH?
2. How long have you been coming to SWITCH?
3. What do you do here?
4. What other things have you done?
5. Does SWITCH meet your needs as a volunteer? What are your needs?
6. How have the experiences of other people been?
7. Is there anything that you would change about SWITCH?
8. Is there anything that you would add to SWITCH?
9. Is there anything that you would remove from SWITCH?
10. Have you noticed that this community lacks anything? Ex. Services, opportunities.
11. What would the perfect SWITCH look like to you?
12. Is there anything you would like to add?

Staff and Mentors

1. Why do you come to SWITCH?
2. What do you do at SWITCH?
3. How long have you been coming to SWITCH?
4. Do you find SWITCH meets your needs as a staff member? What are your needs?
5. What have been the experiences of other people at SWITCH?
6. Is there anything that you would change about SWITCH?
7. Is there anything that you would add to SWITCH?
8. Is there anything that you would remove from SWITCH?
9. Have you noticed that this community lacks anything? Ex. services/opportunities?
10. What would the perfect SWITCH look like to you?
11. Do you have anything to add?

Appendix 5: Methodology

Needs assessments take many forms and essentially represent a process to identify solutions for issues and challenges within an organization, “regardless of whether programs or solutions have already been designed to ameliorate them” (Ervin 2000: 76). It is our hope that this information may be useful for future decision-making. It was important that the perspectives used to gain insight into the operation of SWITCH represented all the groups involved, namely, clients, volunteers, staff, and mentors.

Information was gathered by conducting key-informant interviews with five clients, three staff members, four mentors, and three students. The interviews were semi-structured with open-ended questions designed to stimulate thought and approach the question of “needs” from a variety of angles.

Potential staff, volunteer, and mentor participants were approached directly by the researchers during a SWITCH shift and asked if they would like to participate in the assessment. In some cases, arrangements were made to conduct the interview outside of the SWITCH shift. Potential client participants were approached by a volunteer or staff member who had received orientation with respect to the consent procedures. This was done to reduce the of risk coercion. A private room was provided by the shift leaders for the interviews. A consent form detailing the purpose, potential benefits and risks, storage of data, confidentiality protocol, right to withdraw, and voluntary nature of the needs assessment, was read to the participant. Informed consent was received from all participants.

Interviews were captured on a digital audio recorder to ensure precise information for the needs assessment. The audio files were carefully analyzed and information relevant to the needs assessment was catalogued thematically.

In anthropology, participant observation is felt to be an important methodology for a researcher to gain intimate understanding of an organization or group of people. This understanding can be used to sort through a tremendous amount of information and identify key issues. Participant observation by Edward Rooke, who has five years of volunteer experience at SWITCH, was employed to craft this needs assessment.

We must accept that our results are biased towards those who have had positive experiences at SWITCH. Someone who has had a negative experience at SWITCH is unlikely to attend shifts regularly and therefore unlikely to have been interviewed using the above methodology. Staff, mentors, volunteers, and clients that were interviewed are expressing their approval of SWITCH, simply by being present at a shift.

Appendix 6: Consent Form



Consent form

You are invited to participate in a research project entitled, *Looking to the Future: A Needs Assessment for Student Wellness Initiative Towards Community Health (SWITCH)*.

Please read this form carefully, and feel free to ask questions you might have.

Researchers:

Edward Rooke, B.A. Anthropology Candidate, College of Arts and Sciences, University of Saskatchewan. Phone: 306 880-0725 Email: edward.rooke@usask.ca

Christofer Molnar, B.A. Anthropology Candidate, College of Arts and Sciences, University of Saskatchewan. Phone: 306 621-5085 Email: crm698@mail.usask.ca

Purpose and Procedure: The goal of this research is to find out whether all the needs of people who visit SWITCH are being met. This includes community members that visit, the volunteers, and the staff at SWITCH. By talking one to one with people who know SWITCH best and putting all the thoughts of those people together in one place, it is likely that we will have some useful information. This information may be used to make decisions about the future of SWITCH. Participation will include a 10-20 minute recorded interview with the researcher mentioned above. The words of those interviewed may be used directly to demonstrate thoughts or summarized if the participant is at risk of being identified by their words.

The report that will come out of this research will be presented to the SWITCH council, the Saskatoon Community Clinic, and submitted to Alexander Erivin, professor of anthropology, for evaluation.

Please note that participation in this research is not a part of your medical care and will not influence your access to services at SWITCH

Potential Benefits: As someone who benefits from SWITCH, your participation in this project may lead to useful change in the future. The report from this research will hopefully contribute to SWITCH council members making informed decisions about programming, priorities, and policies at SWITCH.

Potential Risks: The main risk involved in participation is loss of anonymity. Due to the above procedures, it will be very difficult to conceal who agrees to the interview, as they will be moved to a private room when the researcher is available to speak with them. All steps necessary will be taken to protect anonymity in the report, including avoiding speech that identifies participants. There is also the risk that someone may feel pressured by those involved in the research or by peers to participate when they do not want to. Participants can withdraw at any time during the procedure, even after questions have been asked. The researchers reserves the right to discontinue the participation of an individual if they feel

they are not acting under their own free will, or if they feel they are not being considerate of the researcher.

Storage of Data: Data obtained from the interviews, including audio, written notes, and transcripts, will be stored in a locked cabinet under the care of Professor Alexander Ervin. The data will be stored for 5 years and then destroyed.

Confidentiality: The information collected from the interview will be stored under the care of the researcher until the report is complete. Direct quotes may be used from the interview if they do not expose the identity of an individual. In the situation where words may give away the identity of a participant, these words will not be used or may be rewritten so to hide the identity of the speaker, but still make the intended point. Pseudonyms may be used if it is certain that anonymity can still be maintained.

Right to Withdraw: Please remember that your participation is voluntary, and you can answer only those questions that you are comfortable with. There is no guarantee that you will personally benefit from your involvement. The information that is shared will be held in strict confidence and discussed only with the research team. You may withdraw from the research project for any reason, at any time, without penalty of any sort and your use of SWITCH programs and facilities will not be compromised. If you withdraw from the research project at any time, any data that you have contributed will be destroyed at your request.

Questions: If you have any questions concerning the research project, please feel free to ask at any point; you are also free to contact the researchers at the numbers provided if you have other questions. This project has been exempt from the Behavior Ethic Board approval as it falls under the category of needs assessment/quality assurance project. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (966-2084). Out of town participants may call collect.

Follow-Up or Debriefing: The results will be the property of SWITCH and the Saskatoon Community Clinic. It is possible that the results will be available once they have been reviewed by these two organizations.

Consent to Participate: I read and explained this Consent Form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it. The participant will receive a copy of this consent form for their records.

(Name of Researcher)

(Date)

(Signature of Researcher)