

Implementation of the EDUCATE Program: A Guide for Champions



Version 1
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Message from the EDUCATE Team

Thank you for becoming a Champion for the EDUCATE Program. We strongly believe that your commitment to Intimate Partner Violence (IPV) education will improve the quality of care and life for women who are experiencing IPV.

Research has found that orthopaedic injuries are the second most common physical manifestation of IPV. Consequently, IPV can create a revolving door or “frequent-flyer list” of women who repeatedly access the fracture clinic for injuries sustained from physical abuse. If we do not address the root cause of these injuries the cycle repeats, resulting in many preventable injuries, unnecessary suffering, and even death. It is important to know that IPV can also cause invisible injuries not seen on x-rays, such as injuries from emotional or financial abuse. These types of abuse can be just as harmful as physical violence. Often these types of IPV can escalate to physical abuse and in extreme cases to intimate partner homicide.

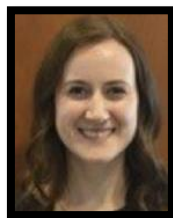
Fortunately, orthopaedic surgeons and health care providers (HCPs) are in a unique position to identify all types of IPV and provide help to victims. Unlike in emergency medicine, orthopaedic patients typically see their surgeons and care teams multiple times over the course of weeks, months, or even years. This allows patients to form trusting relationships, an important factor in deciding whether to disclose IPV. Furthermore, when women present to the emergency room, they are typically experiencing acute medical emergencies that result in high amounts of pain or distress. During this time, women may be focussed on resolving their present complaint, and not want to address other problems such as IPV. However, as the acuteness of their injury wanes, women may become more open to addressing other concerns such as IPV. In orthopaedics, we have a second chance to identify these women and initiate critical assistance.

We developed the EDUCATE program to help fracture clinics educate their staff to support the development and enhancement of skills required to successfully identify, and assist with IPV. Our hope is that fracture clinics will undergo a paradigm shift, where it becomes routine standard of care to inquire about IPV and initiate help for victims. Whether your fracture clinic is implementing the EDUCATE program to maintain your existing knowledge base, or as a tool to learn new skills, we hope that you will find it beneficial and thank you for your involvement.

Sincerely,
The EDUCATE Team



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Introduction

This guide is intended to help you successfully implement the EDUCATE program at your fracture clinic. It provides step-by-step instructions to help make the process easy and efficient. We suggest that you review this guide in full before implementing the program, however, you do not need to follow each step if it does not fit the logistics of your fracture clinic.

As you read each step, consider whether there are individuals at your fracture clinic who may be able to provide you with assistance. Existing champions have found that engaging key individuals early on, increases the ease and efficiency of program implementation. A list of key individuals is provided in **Box 1**.

Box 1: Key Personnel to Increase the Ease & Efficiency of EDUCATE Implementation

KEY PERSONNEL

Fracture Clinic Manager
Charge Nurse
Residency Program Coordinator
Chief/Senior Resident
Senior/Influential Colleagues
Administrative Support

Additionally, we want to emphasize that all aspects of the EDUCATE program are customizable. We encourage you to consider the unique needs of your fracture clinic and tailor the program to best meet these needs. You do not require any permissions to modify the program.

Program Implementation

1. Notify key individuals at your fracture clinic

Depending on the organization of your fracture clinic, you may require approval from your Clinical Manager, or another individual, to deliver the EDUCATE program. However, even if you do not require permission, we recommend that you communicate your plan to schedule and deliver the EDUCATE program with your Fracture Clinic Manager. You may also wish to speak to other key personnel about your plans such as the Charge Nurse, Residency Program Coordinator, and senior/influential colleagues. Current champions have found that early buy-in and endorsement from these key personnel facilitates interest and enthusiasm for the training amongst other staff.

2. Determine how many training sessions are needed

Depending on the size and logistics of your fracture clinic, you may be able to hold one training session for all team members, or you may need to hold multiple training sessions. Most existing Champions have chosen to hold 2 or 3 training sessions to give all team members an opportunity to attend. They typically schedule different training sessions for different groups (e.g. one training session for orthopaedic surgery residents and fellows, one for orthopaedic surgeons, and one for non-physician HCPs and non-HCP staff) as they have found this to be the easiest way to

accommodate all team members’ schedules. However, if you would like to have a diverse mix of team members at each session, consider offering multiple training sessions and allow team members to choose which session to attend.

3. Schedule training time(s)

You will need to select a date, time, and location for each training session. The training takes approximately 1 hour to deliver and requires the use of a computer, projector, screen, and speaker. If you do not have access to this equipment, or you are training a small group of participants, a lap top should suffice.

Key personnel such as your Fracture Clinic Manager, Charge Nurse, and Residency Program Coordinator may be able to help you identify the best times for training certain groups and give you permission to use protected academic, meeting, or teaching time to deliver the training. Scheduling training during times that are already protected for non-clinical activities helps ensure staff are available to attend. **Box 2** shows training times that tend to work well for different groups of team members.

Box 2: Potential EDUCATE Training Times to Increase Attendance

TEAM MEMBERS	TRAINING TIMES
Orthopaedic surgeons	Protected academic time Rounds Staff meetings
Orthopaedic surgery residents/fellows	Rounds Teaching time
HCPs and non-HCP staff	Staff meetings Lunch hours (with lunch provided)

Scheduling training times has been identified as the most challenging part of the implementation process due to the difficulty of accommodating many busy schedules. However, all Champions have ultimately been successful in scheduling and delivering the training. If you have access to administrative support, such as from an administrative assistant or a research assistant, it may be beneficial to enlist their help with this step.

4. Communicate training date(s) to your team

Once you have determined when the training session(s) will take place, you will need to share this information with your fracture clinic team and invite them to attend. You may wish to do this via email, in person at a staff meeting, making an announcement at rounds or more than one of these approaches. Additionally, **Appendix 1** includes a flyer template which you may include as an email attachment or post in staff areas of your clinic. Key personnel such as your Fracture Clinic Manger, Charge Nurse, or Residency Program Coordinator may also be able to invite certain groups for you.

5. Identify local IPV resources and create a list to provide to patients

Having a list of local IPV resources available in the fracture clinic is helpful as it can be provided directly to patients. It can also be used to inform HCPs of the services to which they can refer their patients. Our website (<http://www.ipveducate.com/ipv-resources>) contains a list of key IPV resources that service each province and territory. However, in addition to these provincial resources there are often more resources available that are specific to your community. It is important to supplement the provincial list provided with your local IPV resources. While it may seem daunting at first to develop such a list, there are many resources available to help you.

Before you begin creating a resource list, we recommend that you contact Taryn Scott (scottta@mcmaster.ca) to see if there are any other Champions in your area who have an existing resource list. If there are no other Champions in your area, many community-specific IPV services (e.g. women's shelters, hotlines, IPV counselling services) have existing resource lists that they are happy to share. Even if these services do not have ready-made resource lists, they can likely recommend other key services to include on your list. Additionally, Canada 211 and Shelter Safe are excellent tools to locate IPV resources in your community. Canada 211 (www.211.ca) is Canada's primary source of government and community-based health and social services information and has links to IPV services in most provinces and territories (provincial links for this site are listed on the EDUCATE website: <http://www.ipveducate.com/ipv-resources>). Shelter Safe (www.sheltersafe.ca) is an online resource to help women and their children seeking safety from violence and abuse and provides a list of shelters and their associated helplines across all provinces and territories. Additionally, most IPV services have websites and are easily found through online search engines (e.g. Google).

To help you populate a comprehensive resource list, **Box 3** lists types of resources women experiencing IPV may require. Depending on the location of your fracture clinic, you may find many different resources that fall into each of these categories, or you may only find resources for some categories. If your fracture clinic is located in an area where there are not many resources available, we recommend listing as many as possible. At a minimum we recommend listing a helpline service. The provincial and territorial resources listed on our website (<http://www.ipveducate.com/ipv-resources>) include a helpline for residents of each province and territory.

If you have access to administrative support, such as from an administrative assistant or a research assistant, it may be beneficial to enlist their help in identifying resources and compiling a list for patients. A template for the resource list is provided in **Appendix 2**. You may choose to use this template, or another format such as a brochure, pamphlet, card, etc.

Box 3: Types of Resources Women Experiencing IPV may Require

IPV Resource Categories

Helplines
Shelters
Child welfare agencies
Community health centres
Counselling services
Domestic abuse specific programs/counselling
Immigration/newcomer services
LGBTQ+ Services
Legal Services
Police
Religious/cultural organizations
Resources for abusive partners
Sexual assault services

6. Determine a physical location for your resource list

Determining a physical location for storage of the IPV resource list in your clinic before delivering the training allows you to clearly communicate this important information to your team during the training sessions. It may be helpful to have the resource list available in multiple locations so it can be easily accessed (e.g. patient exam rooms, dictation room, staff room, etc.). You may also want to keep the resource list in locations where patients can easily access it on their own (e.g. waiting area, women's washroom, x-ray room, change room etc.). If you are not sure of the best location to keep these resources, this can be discussed collectively during the training.

7. Select and determine a physical location for IPV awareness posters

IPV awareness posters are a good way to let patients know that your fracture clinic views IPV as an important health issue and that it is a place where they can receive help. Our website (<http://www.ipveducate.com/posters>) includes several IPV awareness posters that can be printed and displayed in patient areas of your fracture clinic. One of these posters is customizable to allow you to add a photo of your fracture clinic team before printing.

Additionally, two of the posters are meant to be displayed in staff areas of the fracture clinic to remind your team to ask women about IPV and the location(s) of the IPV resource lists. The latter poster may also be customized before printing so that you can indicate the physical location(s) of the resource list in your clinic.

Please note that it is important to not put up IPV awareness posters until your team has completed the EDUCATE program and is comfortable responding to IPV disclosures. However, you will want to determine which posters to display, and where they will be displayed, prior to training so that you can mention this during your presentation(s). If you are not sure of the best location to display the posters in your clinic, you can discuss this with your team during training.

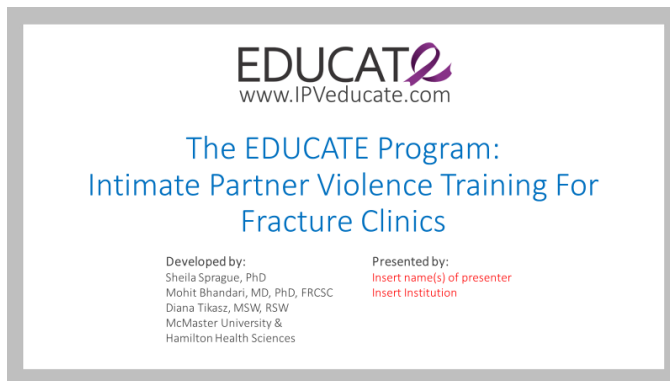
Depending on the logistics of your fracture clinic, you may require permission from your Fracture Clinic Manager or another individual, to post material in the clinic. If this is the case, we recommend obtaining permission prior to the training so that you can clearly communicate the plan with your team during training.

8. Review and tailor the presentation

The EDUCATE training presentation can be downloaded from the EDUCATE website (<http://www.ipveducate.com/presentation-slides>). Please review the presentation to make sure that all included information is accurate for your fracture clinic and jurisdiction. Pay special attention to the slides pertaining to reporting requirements as these can vary by jurisdiction. As you review the presentation, you will notice that there are a small number of template slides that require you to add information specific to your fracture clinic and community. These slides contain **red font** and are marked as “template slides” in the notes section. Additionally, these slides are also listed below along with information about how to complete each slide.

In addition to adding information to template slides, you may tailor any other aspect of the presentation as you see fit. Tailoring may include adding additional information to slides, adding new slides, removing information from slides, removing slides or changing the order of the slides. While tailoring is not required, we recommend you do so to maximize the applicability of the training to your specific fracture clinic. You do not require permission to tailor or modify the presentation.

8a. Title page



- Add name and institution of champion(s).

8b. Video Demonstration

Video Demonstration

- Insert videos you would like to show from the EDUCATE video library: <http://www.ipveducate.com/videos>

- The EDUCATE study found that participants highly valued the applied aspects of the program such as learning specific phrases to use when asking about IPV. To meet this need, we have created several videos demonstrating how different HCPs ask their patients about IPV, and how to respond to any disclosures (or lack of disclosure when the HCP suspects IPV).

- These videos are available on our website (<http://www.ipveducate.com/videos>). We recommend that you select one or two videos that you think will be most helpful for your team, then recommend they watch the additional videos at a separate time. Once you have selected which videos to show during the training, you may embed them into the PowerPoint presentation directly, or simply add a hyperlink to the slide.

8c. Reporting Requirements

Reporting Requirements

- IPV may also intersect with other mandatory reporting requirements
 - e.g. abuse of an elderly adult living in a long-term care facility or retirement home, a gunshot wound victim, etc.

- Review and confirm accuracy for your jurisdiction.
- If you are not sure of the reporting requirements for your jurisdiction, we recommend that you consult with your clinical manager or a senior colleague. Alternatively, you may contact your professional college or association to request guidance.

8d. Local IPV Case Discussion(s)

Local IPV Case Discussion(s)

- Insert details about local cases involving IPV
- Potential points to touch on include:
 - What led you to suspect or identify IPV
 - Whether the patient disclosed IPV
 - What you did to help the patient
 - The outcome of the case
- Provide time for questions and discussions

- The EDUCATE study found that participants highly valued learning about local IPV cases from their institution or the Champion's own practice. Consequently, we encourage all Champions to include local IPV case studies in the training when possible.

- If you decide to present local cases, you may choose cases which exemplify a good response to IPV, or cases in which there was room for improvement – both types will lead to good discussion.
- You may choose to present a local case, how it was handled, and the outcome in full and then have a discussion. Alternatively, you may choose to present a local case followed by a group discussion about how it should be managed. **Box 4** suggests some possible questions for initiating discussion.
- If it is not possible to present a local case, the presentation includes three cases which may be used instead. If these are not needed, the slides may simply be deleted from the presentation.

Case #1 Discussion

Mrs. Jameson is a 33 year old woman who is presenting to the fracture clinic for her first visit with a severely displaced clavicle fracture that she sustained 1 week ago. She presented to the emergency room the day of her injury. According to the emergency room notes, the injury was sustained from a fall while gardening.

When you meet Mrs. Jameson, she is in the patient exam room with her husband of 5 years. As you interact with the patient, you notice that her husband is answering all your questions, even though you have directed the questions to Mrs. Jameson. You also notice that Mrs. Jameson appears uncomfortable.

Case #2 Discussion

Ms. Lynn is a 27 year old woman who is presenting to the fracture clinic for her first visit with an undisplaced distal radius fracture that she sustained 2 week ago. She presented to the emergency room 10 days after her injury. According to the emergency room notes, the injury was sustained from falling down the stairs and the patient did not realize the extent of her injury until the pain failed to go away.

Radiographs reveal a previous ulna fracture and a physical exam reveals multiple bruises on her arms in various stages of healing.

Case #3 Discussion

Mrs. Brown is a 30 year old woman who is presenting to the fracture clinic for her first visit with a stable spiral fracture of the tibia that she sustained 5 days ago. She presented to the emergency room the day of her injury. According to the emergency room notes, the injury was sustained from a fall while skiing.

Radiographs and a physical exam reveal no other noteworthy findings.

Box 4: Possible Questions for Initiating Discussion for Case Studies

Possible Questions for Initiating Discussion

QUESTION SET 1

What were some of the strengths about how the treating HCP handled this case?
What could the HCP improve upon for future cases?

QUESTION SET 2

Would you ask this patient whether she is experiencing IPV?
Why or why not?
If yes, how would you phrase the question?

QUESTION SET 3

If the patient disclosed IPV, how would you respond?
If the patient denied IPV, how would you respond?

QUESTION SET 4

Why is it important to ask all patients about IPV?

QUESTION SET 5

What are some of the reasons a patient may not disclose IPV, even if they are experiencing it?
How can HCPs still help these patients?

8e. IPV Case Sharing

IPV Case Sharing

- Ask trainees if they have ever had a case where they received an IPV disclosure or suspected IPV
- Ask individuals to share these experiences
- As a group, discuss the steps they took in asking about and providing assistance with IPV, or the steps they could have taken

- The EDUCATE study found that participants highly valued the opportunity to discuss their own previous IPV cases with their colleagues, and to learn how their colleagues have handled IPV cases in the past. We therefore recommend that you include an opportunity for this discussion. **Box 5** includes some suggested discussion questions.

Box 5: Questions for Discussion on Case Sharing

Possible Questions for Initiating Discussion	
IDENTIFICATION	What led you to suspect or identify IPV?
ASKING THE QUESTION	Did you ask the patient about IPV? If so how did you ask?
DISCLOSURE	Did the patient disclose IPV? If the patient denied IPV, how would you respond?
ASSISTANCE	Were you able to offer the patient assistance? If so, what assistance did you offer? How did the patient respond? If not, what prevented you from offering assistance?
FEEDBACK	What did you feel went well in the case? What did you feel did not go well? Would you approach anything differently if you encountered a similar case again?

8f. Local IPV Resources

Local IPV Resources

- Describe key local resources
 - E.g. 24-hour IPV helplines, IPV support programs, sexual/domestic assault treatment centres, shelters, immigration/newcomer services, LGBTQ services, legal services, police, religious organizations, programs for IPV perpetrators

- List a few of the key IPV resources you identified for the patient resource list
- Describe each of these key resources (e.g. what type of services are provided, how referrals are made, etc.).

8g. Patient IPV Resource List

Patient IPV Resource Brochures

- Brochures are located (insert location)
- Insert screen shot of brochures

- Insert a photo of the resource list you created to help participants recognize it (you may also wish to distribute it during the training).
- Add the location of the resource list in your fracture clinic so HCPs can easily find it when needed. If you are not sure of the best location to keep these resources, this can be discussed during training to get your team’s input.

8h. IPV Awareness Posters

IPV Awareness Posters

- IPV awareness posters let patients know our fracture clinic is a safe place to get help
- Posters will be displayed (insert location(s) where posters will be displayed)
- Insert pictures of posters you will display

- Let your team members know that you will be displaying IPV awareness posters in your clinic, and where they will be displayed.
- Show a picture of each of the posters you plan to display (you may also wish to pass them around).

8i. Bi-monthly Training Updates

Bi-Monthly Training Updates

- As part of the EDUCATE program training updates will be distributed about every other month
- Updates include additional information about training topics, recent publications, and topical issues
- Training updates will be distributed (add in how updates will be distributed)

- Specify how you will deliver the bi-monthly training updates to participants (e.g. email, presentations at rounds, staff meetings, academic days, on display next to staff EDUCATE posters etc.)

8j. Additional Fracture Clinic Resources

Site Resources

- Discuss any site-specific resources for HCPs
- This may include:
 - IPV identification and assistance protocols
 - Referral pathways
 - Formal policies or procedures related to IPV
- Identify each resource, where it can be located, and how to use it

- If your fracture clinic has any additional IPV resources (such as care protocols, pathways, procedures, or policies), identify and review each one during the training. We recommend including a brief description of each resource, where it is located, and how it is used.
- If your fracture clinic does not have any additional IPV resources, this slide may be deleted.

8k. Next Steps

Next Steps

- Include (if applicable) any recommendations / policies your site has for IPV identification and assistance
- Include (if applicable) information about what individuals / professions are responsible for conducting IPV identification and providing assistance

- If your fracture clinic has decided to adopt any new processes in direct result of this training, you may wish to review these changes here.
- You may also wish to discuss which individual or group of individuals will be responsible for asking women about IPV in your fracture clinic to prevent patients from being asked multiple times at each visit.

9. Deliver the training presentation

When you deliver the training presentation, you will want to pace yourself so that you have adequate time for each section. **Box 6** shows the suggested amount of time to allocate to each subsection of the training presentation. These times may vary depending on your presentation style, the needs of your team and the length of group discussions. Based on feedback from current Champions and individuals who received the training program, the most beneficial parts of the training are: 1) learning different ways of asking about IPV, 2) discussing cases involving IPV or suspected IPV from their specific fracture clinic, and 3) learning about local IPV services.

Box 6: Suggested Amount of Time to Allocate to Each Subsection of the Training Presentation

SUBSECTION	TIME ALLOCATED
The EDUCATE Program	3 minutes
Intimate Partner Violence	5 minutes
Asking about IPV	7 minutes
Assisting with IPV	8 minutes
Reporting Requirements	5 minutes
IPV Case Discussion	20 minutes
Local IPV Services	5 minutes
Additional Information for HCPs	5 minutes
Conclusion	2 minutes

10. Display IPV Awareness Posters in Fracture Clinic

Once you have delivered the in-person training presentation to your fracture clinic team, you may display the IPV awareness posters in your fracture clinic.

11. Distribute Training Updates

Once you have delivered the in-person presentation to your fracture clinic team, you may begin distributing training updates. Training updates are available on our website (<http://www.ipveducate.com/training-updates>). Before distributing training updates, please review all content to make sure that it is consistent with any local policies or jurisdictional laws. Champions are encouraged to tailor training updates as needed. Training updates may be distributed through email, or presented at rounds, staff meetings, or academic days. If you have access to administrative support, such as administrative assistant or research assistant, it may be beneficial to enlist their help with distributing the training update. We recommend distributing training updates bimonthly (every other month), however, a different schedule may be used depending on the needs of your team.

Questions & Support

If you have any questions about the EDUCATE program or how to implement it, please contact Taryn Scott by email (scottta@mcmaster.ca), or phone 905.512.6086 and she will be happy to assist you. She may also be able to connect you with other Champions in your area.

Additionally, we are always working to improve the program and meet the needs of the orthopaedic community, so if you have any comments about the program or suggestions to improve it, please let Taryn know. We would be happy to hear from you and welcome all feedback.

Thank you for becoming an
EDUCATE Champion & bringing the program
to your fracture clinic!

Together, the orthopaedic community can
make a difference in the fight against IPV.



Acknowledgments

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EVENT DATE
EVENT TIME

EDUCATE:
AN IPV EDUCATIONAL PROGRAM FOR
FRACTURE CLINIC STAFF

The EDUCATE program includes:

- An in-person presentation from INSERT NAME
- Video demonstrations
- Case studies
- Bi-monthly training updates

EDUCATE
www.IPVEDucate.com



CEO | Centre for
Evidence-Based
Orthopaedics

Did you know...

*1 in 3 women presenting
to fracture clinics have
experienced IPV at some
point in their lives*

*In Canada, every 6 days
a woman is killed by her
intimate partner*

*Serious orthopaedic
injuries are the second
most common physical
manifestation of IPV in
women*

For more
information contact
INSERT DETAILS
Or visit
IPVEDucate.com for
more information

Appendix 2: Patient Resource List Template ([CLICK HERE to download](#))

Community Resources

Name of City/Town

HELP LINES	ADDRESS	PHONE NUMBER	ALTERNATE NUMBER	EMAIL/WEBPAGE
SHELTERS	ADDRESS	PHONE NUMBER	ALTERNATE NUMBER	EMAIL/WEBPAGE
COMMUNITY HEALTH CENTRE	ADDRESS	PHONE NUMBER	ALTERNATE NUMBER	EMAIL/WEBPAGE
COUNSELLING SERVICES	ADDRESS	PHONE NUMBER	ALTERNATE NUMBER	EMAIL/WEBPAGE
IPV SUPPORT PROGRAMS	ADDRESS	PHONE NUMBER	ALTERNATE NUMBER	EMAIL/WEBPAGE
IMMIGRATION SERVICES	ADDRESS	PHONE NUMBER	ALTERNATE NUMBER	EMAIL/WEBPAGE
LGBTQ+ SERVICES	ADDRESS	PHONE NUMBER	ALTERNATE NUMBER	EMAIL/WEBPAGE
LEGAL SERVICES	ADDRESS	PHONE NUMBER	ALTERNATE NUMBER	EMAIL/WEBPAGE
POLICE SERVICES	ADDRESS	PHONE NUMBER	ALTERNATE NUMBER	EMAIL/WEBPAGE
REIGIOUS/CULTURAL ORG.	ADDRESS	PHONE NUMBER	ALTERNATE NUMBER	EMAIL/WEBPAGE
RESOURCES FOR PARTNERS	ADDRESS	PHONE NUMBER	ALTERNATE NUMBER	EMAIL/WEBPAGE
SEXUAL ASSAULT CENTRES	ADDRESS	PHONE NUMBER	ALTERNATE NUMBER	EMAIL/WEBPAGE
CHILD WELFARE AGENCIES	ADDRESS	PHONE NUMBER	ALTERNATE NUMBER	EMAIL/WEBPAGE
OTHER	ADDRESS	PHONE NUMBER	ALTERNATE NUMBER	EMAIL/WEBPAGE