

In-person information delivery checklist

By building a better health literacy environment we reduce the burden on individuals to find, understand, assess and use health information and services.

Use this checklist as a self-assessment tool or to guide skill development for delivering health and health service information in person.

Content

- You have **limited information** to 3-5 key points.
- You have talked about the **most important things first**.
- You have used **familiar words** and removed, replaced or explained any technical terms, acronyms or medical jargon.
- You have used **positive language** that encourages desired behaviours rather than prohibiting undesired behaviours – e.g. 'Eat less cheese' not 'Don't eat a lot of cheese'
- You have avoided interchangeable terms and **used words consistently**.
- You have used **inclusive language**.
- You can provide **information in other languages** (e.g. using interpreters) when necessary.

Delivery

- You are aware of your **body language** and ensure that it is culturally appropriate
- You have **introduced yourself** and what you do as part of a welcoming greeting.
- You have asked **open-ended questions** – e.g. 'What else would you like to ask?' instead of 'Would you like to ask anything else?'
- You have **actively listened** to what is being said, asking prompting questions, and paraphrasing and repeating it back to confirm understanding.
- You have **checked understanding** of your explanation by using Teach-Back – i.e. asking the person you are talking to to describe information they have just heard using their own words.
- You have used **visual aids** (e.g. diagrams, demonstrations, models, photos) to support information you are giving.
- You have **explained the important points** in any written take-home information you provide.
- You have **clearly discussed and written down follow-up actions** or next steps.

Video calls

- Your **camera is at eye level** or slightly higher, and you have positioned yourself so you are in the centre of the screen, visible from the waist or shoulders up.
- Your **background** is free of distracting items and activities.
- You **started with a smile** to put the other person at ease and help overcome any nervousness about the telehealth format.
- You have **introduced yourself and any other people** at your end.
- If the person is not alone, you have learned the name and relationship of other people on the call and obtained the person's **consent** to involve them in the discussion.
- You have explained to first time telehealth users **what to expect** and set an agenda for the call.
- You **look into the camera when speaking and listening**, not at the video feed of the person you're talking to – this gives the effect of making eye contact.
- You **encouraged note taking** and spelled out medical terms.
- You have **recapped the key points** from the consultation as well as **given clear next steps** (if necessary).

Telephone calls

- You have **started the call with a smile** – even though it can't be seen in translates in the tone of your voice.
- You have started by reminding the caller about the **duration of the call** and set an agenda – note the call length and give a reminder as the call is nearing its end.
- You have **checked understanding** by asking open questions or using teach-back if appropriate, as visual cues are not available on the telephone.
- You have **alerted the caller to the nearing end of the conversation**, giving them opportunity to ask any other questions or clarify any issues – e.g. 'We have about five minutes to go'.
- You have **recapped the key points** from the consultation as well as **given clear next steps** (if necessary).

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