Canadian Children's Literacy Foundation
Fondation pour l'alphabétisation des enfants canadiens

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Introduction to Implementation

Literacy as a Vital Sign: A Learning Continuum for Health Professionals

Early literacy is much more than preparation for school. The foundations of language, communication, relationships, and later reading begin in infancy and influence health and well-being across the life course. Literacy affects how children engage with learning and, ultimately, how individuals understand health information, communicate with healthcare professionals, navigate services, and participate in decisions about their care. Supporting early literacy is therefore an important component of preventive healthcare, developmental surveillance, relational health, school readiness, and health equity.

Healthcare professionals have trusted and repeated contact with children and families during a critical period of development. They are well positioned to recognize emerging strengths and concerns, promote responsive and language-rich interactions, offer practical anticipatory guidance, and connect families with appropriate community and clinical supports. These responsibilities develop progressively across training. A preclerkship student may begin by understanding why literacy belongs within healthcare; a clerkship student can practise incorporating brief literacy guidance into clinical encounters; a resident or fellow can integrate assessment, counselling, documentation, referral, and advocacy across different clinical settings; and a practising healthcare professional can embed early literacy promotion within sustainable clinical workflows and quality-improvement initiatives.

The *Literacy as a Vital Sign* slide decks were developed as a coordinated learning series for preclerkship, clerkship, postgraduate medical education, and continuing medical education. Together, they offer a longitudinal approach that can support learners from their earliest medical education through independent practice. The decks share a common foundation—including the neurobiology of early language development, the relationship between literacy and health, responsive caregiver–child interaction, multilingual and culturally responsive practice, and the clinician's role in identifying developmental or reading concerns. At the same time, each deck is tailored to the learner's stage, clinical responsibilities, and opportunities for action.

Selecting and adapting the appropriate deck

Educators should select the version that most closely reflects their audience:

- The **preclerkship deck** introduces the biological, developmental, social, and health-equity foundations of literacy. It is intended to help early learners understand

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why literacy matters to health and recognize the future role of healthcare professionals.
- The **clerkship deck** emphasizes practical clinical application. Learners begin to ask strength-based questions, observe caregiver–child interaction, offer brief guidance, use culturally responsive language, and recognize concerns that require further assessment.
- The **postgraduate medical education deck** focuses on applying these skills across rotations and levels of responsibility. Residents and fellows are asked to formulate and rehearse clinical language, distinguish routine promotion from developmental or reading concerns, document and communicate findings, involve supervisors appropriately, and identify who will assume follow-up.
- The **continuing medical education deck** supports practising physicians and interprofessional healthcare providers in incorporating early literacy into everyday care. It places greater emphasis on practice workflows, team roles, documentation, community partnerships, quality improvement, and sustainable implementation.

Each deck is designed for approximately 60 minutes, including time for discussion and case-based learning. Educators should not feel obliged to present every slide. Content may be shortened, reordered, or divided into more than one session according to the audience, available time, and local educational objectives. Selected slides can also be incorporated into existing teaching on child development, anticipatory guidance, newborn care, school difficulties, social determinants of health, health equity, advocacy, or community pediatrics. Appendix materials can be used for self-directed learning, small-group discussion, follow-up teaching, or faculty development.

Facilitating active and clinically relevant learning

These resources are most effective when used as interactive teaching tools rather than as lectures alone. Facilitators are encouraged to begin with a case, question, or brief experiential activity; invite learners to identify what they would ask, observe, say, or do; and then connect the discussion to the relevant evidence and clinical framework. When possible, learners should practise the actual words they might use with a family. Brief role-play, case discussion, direct observation, and commitment-to-change exercises can help translate knowledge into clinical behaviour.

The recurring framework—**Ask, Observe, Encourage, Model, and Connect**—can serve as a practical memory aid across all levels of learning:

- **Ask** about the child's communication, stories, songs, books, languages, interests, and barriers.
- **Observe** development and caregiver–child interaction without turning the encounter into a pass–fail test.
- **Encourage** one or two realistic, enjoyable, language-rich activities.
- **Model** a brief responsive interaction whenever feasible.

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- **Connect** families with books, libraries, community programs, clinical assessment, and other supports when needed.

The depth and independence with which learners apply these steps should reflect their level of training and the clinical context. A brief message during newborn discharge or an acute-care visit will differ from a fuller discussion during a well-child visit. Learners should understand that they are not expected to become reading specialists. Their role is to promote language-rich relationships, recognize potential concerns, provide appropriate anticipatory guidance, and ensure that families receive timely support. Early literacy promotion complements—but does not replace—developmental surveillance, hearing assessment, speech-language services, educational assessment, or evidence-based intervention.

Applying an equity-oriented approach

Throughout implementation, educators should model a strength-based, culturally responsive, and non-judgmental approach. Families should not be held responsible for structural barriers such as poverty, racism, displacement, disability-related exclusion, limited access to books or libraries, or inequitable educational and healthcare systems. Recommendations should fit the family's realities and build on what caregivers already do.

Early literacy should not be equated only with owning books or reading printed English or French text. Talking, singing, rhyming, oral storytelling, sharing family histories, looking at pictures, and engaging in responsive conversation are all meaningful literacy-building activities. Families should be encouraged to use the language or languages in which they can communicate most naturally and meaningfully. Facilitators should also ensure that examples and images represent diverse cultures, languages, abilities, socioeconomic circumstances, family structures, and caregiving relationships.

Moving from education to practice

Whenever possible, teaching should conclude with a specific next step. Learners might identify one question they will add to their clinical history, practise one family-centred counselling statement, or learn about a local literacy resource. Residents might plan how to document and hand over a concern. Practising clinicians and teams might introduce books earlier in visits, develop an electronic medical record prompt, update a referral list, partner with a local library, or undertake a small quality-improvement initiative.

Successful implementation does not depend on covering every message in a single encounter. A brief, tailored intervention offered consistently—and reinforced over time by learners, clinicians, teams, and community partners—can make early literacy promotion a routine and sustainable part of child healthcare. The central message for both learners and families is simple: literacy begins early, develops through relationships, and belongs within healthcare.

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