Contributor guidelines on writing style

Key points at a glance

- Keep it short, clear and concise.
- Avoid jargon and clinical terms that aren't in common use, use fewer abbreviations and acronyms (a word formed from the initial letters of other words, for example, GST).
- Use plain English.
- Avoid elaborate heading styles or complex numbering of paragraphs.
- Use New Zealand or UK English spelling (not US or Australian English).
- No capital letters for things that are general descriptions (community, iwi, health sector, nursing, hospital).
- No capital letters for job roles and titles when used in the flow of text (group manager, clinical director, attendant, consultant, team leader).
- Use capital letters for the names of services, departments, specialities, facilities, wards, projects and committees (Planning and Funding, Urology Department).
- Keep bullet-pointed lists to six items or fewer – break up longer lists or rewrite.
- Aim for a 650 to 750 word limit for any topic. If it's longer, try to break it into several smaller topics.

The site is aimed at the general public so it's essential we use language the general public can easily understand. All topics should have a minimum Flesch Reading Ease score of 65 to 70 (higher is even better). If it's below this, we'll need to rewrite it to make sure people can understand it.

To access the Flesch Reading Ease score within Word, go to File> Options> Proofing. Click "Show readability statistics" on.

Your readability statistics will show once you complete a spelling and grammar check of your document.

You can also use this web-based tool (readable.com) to check readability.
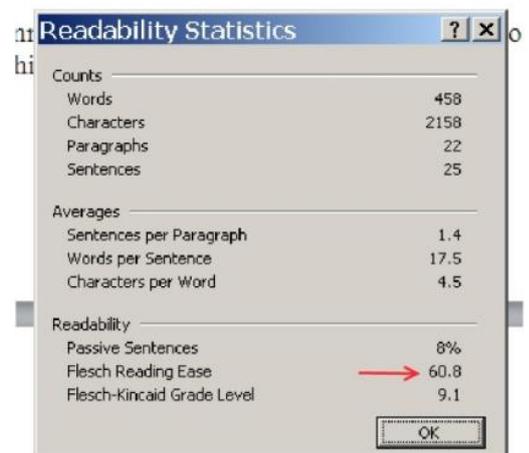
Use plain English

Active language

Unless there's a legal reason for using the passive voice, always use the active voice. Passive language makes text dull and difficult to read. It also distances you from your message, so readers may not understand what you're trying to say.

- Don't turn verbs into nouns. Instead of saying "carry out an investigation", say "investigate". Instead of saying "made a presentation", say "presented".
- Use active sentence constructions. Instead of "the hospital was visited by the chief executive", write "the chief executive visited the hospital".

Avoid abbreviations and acronyms

Use full names whenever possible.

Abbreviations are useful when:

- the full name is long
- it's mentioned several times
- the abbreviation is an accepted use (not made up for that document, e.g. GST)
- the audience is familiar with the abbreviation.

If the name is short and descriptive, there's no need to abbreviate it. For example, Christchurch Women's Hospital, not CWH. Planning and Funding, not P&F.

You can use abbreviations after the first mention if you've included the abbreviation in brackets after the full name. But also consider using phrases such as "the group", "the hospital", "the team" and so on, which will flow more easily. Use the full name again for the first mention in any following topic or page.

Spell New Zealand out rather than using NZ unless NZ is part of a proper name (e.g. NZTA)

Avoid ampersands (&) in the run of text, but they can be used in table headings. Use "and" rather than & except when it forms part of a registered company or trade name.

Avoid i.e., e.g. and etc. (use "that is", "for example", "such as", "and so on", or rewrite). When you can't avoid these abbreviations, use full points as shown.

When to use capital letters in abbreviations

When an abbreviation is accepted as a word in everyday English, don't capitalise it (or use an initial capital only, if it's a proper noun). Examples include Anzac and eftpos. Do use capitals when the abbreviation is spoken as a series of letters rather than a word. For example, HIV.

Avoid formal and complex words and phrases

Instead of this	Use this	Instead of this	Use this
acquaint or inform	tell	acquire	get
advance planning	planning	at this point in time	now
concerning, or in respect of	about	due to the fact that	because
during the time that	while	endeavour or attempt	try
for the purposes of	for	in conjunction with	with
in order to	to	in the event that	if
in the process of developing	developing	possessed	had
prior to	before	purchase	buy
pursuant to	under	rarely ever/seldom ever	rarely or seldom
reason is because/reason why	reason	undertake a study	study
utilise	use	with reference to	about

Clinical terms

Use common, everyday terms in preference to clinical terms. If necessary, you can include the clinical term either in brackets afterwards, "heart attack (myocardial infarction)", or as an explanation "heart attack, also called a myocardial infarction". If it's essential to use a clinical term, it must be explained in plain English at its first mention. For example, "a myocardial infarction, commonly called a heart attack".

Cut unnecessary words

Using too many words makes it difficult to understand what you've written. It's hard work to figure out what's going on and your audience may decide not to bother. Be as precise as possible and get rid of words that don't add value. Following the *EQIP guidelines* (see next page), each topic must have an average sentence length of no more than 15 words. Try to have a combination of shorter and longer sentences, as this helps the text to flow more easily.

Patient information leaflets should ideally fit onto one A4 page when printed. Except on rare occasions, they shouldn't be more than two A4 pages. This means no longer than 1200 words, and preferably much less. Most topics need no more than 650 to 750 words; 1200 will give a very word-dense leaflet with little white space so we can only go this high if it's essential. There should always be at least one illustration per page. If the text is longer, rewrite or split into more than one leaflet.

Health sector jargon

HealthInfo's target audience is the general public so it must use language the general public knows and understands. Avoid health sector jargon that isn't in everyday general use. This includes terms such as "continuum of care", "model of care", "patient-centric" and "general practice team".

Mind your language

Always use respectful but approachable and easily understood language.

Don't condescend, don't generalise about groups of people. Use gender-neutral language when referring to groups or individuals of unknown gender ("they", "their" and them are acceptable as gender-neutral pronouns). When referring to individuals, mention gender, age, race or disabilities only if it's an essential part of the message.

Avoid	Use
chairman or chairwoman	chairperson, chair
mankind or man	people or humanity
sportsman or sportswoman	sportsperson or athlete
old people, pensioners, elderly, aged	older people, older persons, older adults
senile, demented	person with cognitive impairment, person with dementia
the disabled (never use cripple)	people with disabilities, people with a disability
disabled car park	disability parking or an accessible car park

Patient information leaflets (PILs)

Follow EQIP criteria (Ensuring Quality Information for Patients, Great Ormond Street Hospital).

When printed, PILs should usually be no more than two A4 pages. This means a maximum of 1200 words, and preferably much fewer (most topics can easily be covered in 650 to 750 words). If it's longer and the information can't be edited, consider how it could logically be split into more than one topic.

There should be at least one photo or illustration per page on PILs, to increase their visual appeal. Include in the reference which service produced the information or where it was adapted from and the date of publication or last review.

EQIP criteria for patient information (adapted)

- Start by telling the reader what the information will cover and what it says. (The heading often achieves this. Use your judgement.)
- Use everyday language (plain English).
- Use sentences of no more than 15 words on average.
- Personally address the reader – use personal language ("You", not "the patient").
- Use a respectful tone.
- Use easy-to-understand and relevant diagrams, photos and illustrations.
- Present information in a logical order.
- Describe the purpose of any procedure discussed.
- Describe the benefits of the procedure.
- Describe the risks and side effects of the procedure.
- Describe any alternatives.
- Where applicable, include contact details for further information or enquiries.
- Include the date of publication or review.
- Include the name of the service or department that produced the information.

Written by HealthInfo clinical advisers. Last reviewed September 2020.