



PLUG IN – AND LEARN SOMETHING NEW

I am a health visitor in practice in Warwick and together with Jenny Harmer, an HV friend, we run the *I am a health visitor* podcast. We are a free, evidence-based resource for HVs to use to help them keep on top of current studies, new guidance or professional issues. We do the background reading, then chat about it over a cup of tea so that you can listen in at a time convenient to you. We hope our episodes help inform your practice and share our learning, as well as celebrating everything about health visiting.

WHAT IS A PODCAST?

For the uninitiated, podcasts are audio files that can be downloaded, usually for free, to your phone or other digital device. You can listen to podcasts on any number of topics, all in an instant. There are lots of documentary and learning podcasts, as well as drama and comedy ones.

To listen while out and about, iPhones already have an app installed called Podcasts, or on other smartphones, you can download any free podcast app. You can then

Podcasts are a brilliant bite-size way to deliver information to an audience. Health visitor **Amy Dobson** reveals how you can benefit from podcasting, as a listener or contributor.

search for *I am a health visitor* and start listening for free straightaway. If you click 'subscribe', the episodes will automatically appear in the app every time we release one. There are also free online streaming services such as SoundCloud, where all you need to do is press play on your chosen podcast. There are other health podcasts, such as those from the *BMJ* and the Cochrane Library as well as BBC Radio 4's *Inside health*, *All in the mind* and *More or less: behind the stats*, which all release some relevant episodes for HVs. If in doubt, just search for your chosen podcast online.

OUR STORY

I am a health visitor started as an initial idea around two years ago. I was only six months into my first

post as a newly qualified HV and feeling that I still had so much to learn. Part of that was finding a way to stay up to date with evidence, as evidence-based practice is of course a fundamental cornerstone of healthcare in today's NHS. In fact, in HV contracts, it is commonly mandated. It is fundamental to the work we do for good reason: parents don't come to us for opinions – they often have too many people sharing unsolicited personal advice on their parenting choices already. From us professionals they want and need advice based on the best scientific knowledge currently available.

However, being six months down the road from my SCPHN qualification, I was aware that my knowledge was already getting out of date. Research was being published all the time and I was struggling to stay on top of it. I started asking myself how I could ever manage a full caseload effectively and feel confident that the advice I was giving was current.

We feel it is unfair to expect overloaded HVs to independently scour the Cochrane Library at the weekends. Yet there is no fail-safe

national mechanism for ensuring HVs are aware when a major change is made to policy or when an important piece of research is released (for instance: Hilton, Bedford, Calnan, Hunt, 2009). There is a piecemeal approach nationally to updating and training staff with different trusts taking different approaches.

In some areas, there are regular staff update days that include presentations from local specialist practitioners. Some trusts have team meetings with an evidence-based discussion section, while others rely on practice educators to update the staff. In my personal experience,

WE ARE SO PROUD AND THRILLED THAT HVs ARE FINDING OUR EPISODES HELPFUL AND WOULD LOVE MORE TO JOIN US

these methods, while they can be effective, are often reliant on already overstretched staff making time for researching and digesting the evolving evidence base, in addition to their day-to-day workload.

Furthermore, I was becoming aware that so few people in my personal and professional life actually knew and understood my job role. The breadth of the issues we cover and the tailored care we offer means that no individual family could ever get a full picture of our service. In addition, the hidden nature of our work focusing on prevention and inequality can mean that the families we spend the most time with are often not the families with the loudest voices or highest profiles. As a result, vital work being done up and down the country can easily be lost or misunderstood. I found

it was difficult to describe my role to people and slipped quickly into describing myself as a nurse and not giving the full picture. In the current climate, with public HV budget cuts in many areas of the UK, I feel our role needs to be fully understood and properly valued to protect the future of health visiting so we can continue to be advocates for society's most vulnerable groups and complex families. We need to be able to proudly declare: 'I am a health visitor.'

WHAT TO EXPECT

I knew my colleague and friend Jenny Harmer was equally passionate about the need to protect and promote the health visiting service and reached out to her for help. Now partners in crime on the podcast, we bring different things to the table. With a



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fantastic career in paediatric A&E nursing as well as lots of practical, hands-on experience and areas of specialism in breastfeeding, Jen can supplement my research-based approach and ensure the episodes have a balance of practical and academic content. We also have such a laugh every time we record – so hopefully the episodes are fun to listen to as well.

I am a health visitor now releases regular 30 to 60 minute episodes on a topic we feel will be relevant and timely for HVs in practice. Some episodes cover clinical themes, such as infant measurements, reflux, bronchiolitis, umbilical granulomas and birthmarks. Other episodes cover a change in practice, such as the introduction of a new vaccine to the immunisation schedule, the removal of teething gels from UK supermarkets, new guidance from the First Steps Nutrition Trust or law changes around child contact in domestic abuse cases. Finally, we also discuss professional issues, such as caseload numbers, workplace stress and national service delivery data. Some of my favourites have been our interviews with expert speakers on topics such as supporting adoptive families or paternal mental health.

We currently have a library of 36 episodes and have hit over 19,000 downloads. We are so proud and thrilled that HVs are finding our episodes helpful and we would love more HVs to listen in and join us. We feel we are the perfect complement to the *Community Practitioner* journal [which of course serves HVs, school nurses, community nursery nurses and all CPs]: while we operate on a smaller scale, we both seek to keep professionals up to date with a range of recent research and changes to practice.

LEARNING MORE EVERY EPISODE

Personally, I have learned a huge amount from my podcasting journey. With every episode we do, I gain

TOP 5 TIPS FOR PODCASTING

Fancy having a go at creating your own podcast? Read this first:

1 Sort out the recording equipment (microphone and headphones) and recording and editing software you'll need for your podcast ahead of time and practise using it – Audacity is free, GarageBand comes with Mac computers, Adobe Audition has a monthly cost.

2 Try to find somewhere quiet to record – background noise can be so annoying and hard to remove!

3 Make a rough plan beforehand of what you want to include, especially if you're recording with another person.

4 Keep a running note of episode ideas that occur to you at any point, to save you searching for inspiration later on.

5 Have fun! The more you enjoy recording, the more others will enjoy listening to your podcast and choose to continue listening.

► For more tips on the basics of podcasting, visit bit.ly/podcast_basics

knowledge to inform my practice, helping me to feel more confident in the advice I am giving. It keeps my research skills fresh, helping me stay engaged and interested in our varied role as I am always on the lookout for new topics to cover. We have discovered that even seemingly simple topics turn out to be much more complex when you begin to dig. The old adage really is true: the more you know, the more you realise you don't know.

If you are wondering about getting involved in podcasting for HVs yourself, then we would love to hear from you. It would be fabulous to have more professionals contributing and helping us to share learning and good practice and it really isn't as time-consuming as you might expect (See *Top 5 tips for podcasting*, left, for more advice). Everyone has something fantastic to offer. ☺

Amy Dobson is a Warwick-based children's nurse and health visitor who is passionate about infant mental health and early intervention.



I AM A HEALTH VISITOR PODCAST



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I am a Health Visitor



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