



## **The Case for Cardiovascular Disease (CVD) Risk Assessment Education at Level 2:**

### **Worked example for those wishing to undertake education with Education for Health**

Education for Health has created this document as part of our response to the *National Survey of the Roles and Training of Respiratory Nurses in the UK* published in October 2007. By freely providing the toolkit and worked examples of the toolkit in practice, we aim to provide as much support as possible to health care professionals wishing to study with Education for Health or other education providers.

Information in this document has been researched and prepared by Clinical Lecturers at Education for Health. It contains evidence based, disease specific information and relates entirely to studying this particular module with Education for Health.

This Business Case has been provided for the use of healthcare professionals working with patients with long term conditions. It is provided freely and in a way which can be personalised to health professionals' unique circumstances. Space has been left for health professionals to insert details from their own local health improvement plans. Indeed this information is vital if the case for education is to be presented strongly, clearly and effectively.

Worked examples similar to this are being prepared for every module offered by Education for Health. The complete list can be viewed and downloaded from [www.educationforhealth.org.uk/pages/businesscase.asp](http://www.educationforhealth.org.uk/pages/businesscase.asp)

Health professionals will also find that the toolkit can be easily adapted to make their case for education in other disease areas or with other education providers. The toolkits are offered in Word in order to facilitate this.

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# How to present and win your case for education

This toolkit is aimed squarely at those health professionals who share our passion for and commitment to continuing professional development which enables them to deliver measurable health improvements for their patients with long term conditions. It has been designed specifically to help your voice be heard in a fast-moving, complex and often 'noisy' healthcare community.

<b>Step 1</b>	<b>Proposition</b>	<ul style="list-style-type: none"> <li>▪ <i>Clearly and succinctly state your plan and objectives</i></li> <li>▪ <i>What are you aiming to achieve?</i></li> <li>▪ <i>How are you proposing to achieve it?</i></li> <li>▪ <i>Think about the people who will be making the decision - what is their prior knowledge of this clinical area?</i></li> </ul>
<b>Step 2</b>	<b>Context / Strategic fit</b>	<ul style="list-style-type: none"> <li>▪ <i>Briefly describe the National picture relating to the clinical area</i></li> <li>▪ <i>Focus on the size and scale of local need</i></li> <li>▪ <i>Relate your proposal to your local health improvement plans and strategic direction of your Practice or PCO</i></li> </ul>
<b>Step 3</b>	<b>Benefit and impact of the education proposed</b>	<ul style="list-style-type: none"> <li>▪ <i>Who will benefit from your education?</i></li> <li>▪ <i>Can you link it to the 10 High Impact Changes?</i></li> <li>▪ <i>How will your education have an impact on your Practice's performance in relation to target</i></li> <li>▪ <i>How will your education show improvements in patient care and patient quality of life?</i></li> </ul>
<b>Step 4</b>	<b>Details of the proposed education</b>	<ul style="list-style-type: none"> <li>▪ <i>What education have you identified?</i></li> <li>▪ <i>How will this education enable you realise these benefits?</i></li> <li>▪ <i>Demonstrate your commitment and motivation</i></li> <li>▪ <i>What are the timescales in which the benefits will be realised?</i></li> </ul>
<b>Step 5</b>	<b>Evidence</b>	<ul style="list-style-type: none"> <li>▪ <i>Why will your plan be successful?</i></li> <li>▪ <i>What evidence can you present to support your plan?</i></li> <li>▪ <i>Could anything jeopardise a successful outcome?</i></li> </ul>
<b>Step 6</b>	<b>Support for the plan</b>	<ul style="list-style-type: none"> <li>▪ <i>Provide clear evidence of support from some or all of the following: Nursing colleague, GP, Manager, Local nurses or GP's with a special interest in the disease, colleagues in secondary care or others in the relevant care pathway.</i></li> </ul>
<b>Step 7</b>	<b>Cost</b>	<ul style="list-style-type: none"> <li>▪ <i>Clearly outline the real costs and timings</i></li> <li>▪ <i>Quantify estimated savings where possible</i></li> </ul>
<b>Step 8</b>	<b>Next steps</b>	<ul style="list-style-type: none"> <li>▪ <i>Once your plan has been agreed - What will you do next and when?</i></li> <li>▪ <i>Who else needs to know?</i></li> <li>▪ <i>Decide and agree how you will feedback the benefits achieved through undertaking this education</i></li> </ul>

## **Proposal to secure funding and 2 days study leave in order to undertake a 6 month distance learning diploma module in CVD Risk Assessment.**

(Insert your name, position, practice details and contact information here)

This education will enable me to directly implement research evidence and guidelines into my clinical practice and consequently lead to outcomes which will benefit our patients, General Practice, and Healthcare Community. Opportunities for personal reflection and supported learning over this period of time will additionally ensure that these benefits are sustainable and provide lasting value.

The Department of Health's Discipline of Improvement in Health and Social Care <sup>1</sup> (discussed in more detail in Section 3) describes 4 levels of knowledge and skills. I have used this model to establish my current levels of knowledge, understanding and experience. In this way I have been able to plan development of my competences within the remit of Agenda for Change in a way which is also meaningful within the Knowledge and Skills Framework (KSF) and Skills for Health (National Workforce Competences)<sup>2</sup>

I am keen extend my knowledge and skills up to an advanced level. This will in turn expand the Practice's ability to offer greater access to patients, increase our ability to accurately review patients, and enable more patients with respiratory disease to be correctly diagnosed and effectively managed.

### **CONTENTS:**

1. Concise description of the National and Local picture of Cardiovascular Disease, what it is, and the challenge it presents to (Insert name of healthcare community here) and it's health improvement plans
2. Brief discussion on the potential benefit and impact that this education could bring to (insert name of Practice here)
3. Details of the educational module which will bring about this benefit
4. Supporting evidence relating to the likelihood of achieving positive outcomes
5. Local support for the plan and during the learning process
6. Costs
7. Next steps

## 1. The National and Local picture of Cardiovascular Disease and its relation to the local health economy of *(insert name of your PCO here)*

The clinical picture of CVD can be divided into three groups. Coronary heart disease, cerebrovascular disease and peripheral vascular disease. Most cardiovascular disease is the result of atherosclerosis. The development and subsequent manifestation of atherosclerosis in any vascular system places an individual at high risk of dying from CVD. Therefore the focus of CVD prevention is to:

- Prevent the development of atherosclerosis
- Prevent repeated acute events

Improvements in the diagnosis, treatment and management of cardiovascular disease (CVD) mean that primary healthcare professionals are increasingly involved in caring for people with this condition. However, morbidity from CVD is still high despite drug therapies, national guidelines, and the quality and outcomes framework (QoF).

Although evidence based care is being delivered for patients once they have developed cardiovascular disease, little structure is in place for identifying and undertaking CVD risk assessment and supporting individuals found to be at high risk. We now have the potential to delay or prevent cardiovascular disease developing through the use of evidence based guidelines and undertaking CVD risk assessments.

As an interested *(insert your role or position here)* I am in a key position to have a positive impact on the burden of CVD to patients and the General Practice economy by concentrating on better diagnosis, better treatment, better follow-up, better patient education and appropriate management strategies. To do this effectively I need to develop an appropriate level of knowledge, skill and experience.

### National picture

- In the UK, CVD is the main cause of death accounting for just over 4 out of every 10 deaths
- 43% of deaths worldwide occur as a result of coronary heart disease and 32% from stroke
- Audits undertaken in primary care have shown that many people in the community at high risk of CVD are not detected
- The REACH study demonstrated that CVD risk factors are still largely underestimated and poorly controlled (Bhatt et al, 2006)
- The National Screening Committee recommends a national CVD screening programme is implemented and that risk assessments are undertaken on all individuals age 40 and over as part of their prevention & screening strategy, Putting Prevention First.

### Local picture:

Insert details relating to Cardiovascular Disease from your local health improvement plans and / or strategic direction of your Practice or Primary Care Organisation (PCO)

## 2. The benefits and impact of Coronary Heart Disease education

The Department of Health's '10 High Impact Changes' for service improvement and delivery<sup>3</sup> were initially assessed against 5 categories; this set of measures makes an excellent means to assess the benefits of this Cardiovascular Disease education:

## Benefits to Stakeholders



### The impact of gaining Cardiovascular Disease education on performance targets and patient outcomes:

The knowledge and ability to:	Contributes to organisational key performance targets by...	Leads to improvements in patient care and quality of life by....
Estimate CVD risk accurately	<i>High quality preventative care is likely to be reflected in enhanced organisation indicators</i>	<i>Allowing people at risk of CVD to be identified early, ensuring access to risk assessment and to management and reduction of those risks</i>
Provide guidelines based treatment of CVD risk assessment	<i>Carrying out effective CVD risk assessments and management</i>	<i>Patients can be confident that they are receiving the best available management</i>
Deliver evidence based management of CVD risk	<i>Ensuring risk assessment is in line with local and national clinical governance and is cost effective</i>	<i>Ensuring that all individuals receive assessment relevant to their risks</i>
Underpin knowledge with practical skills and techniques relevant to the assessment and management of individuals at risk of CVD	<i>Ensuring best practice in terms of risk assessment, investigations, written action plans and effective patient education</i>	<i>Developing a partnership approach which enables patients to manage their own risks effectively</i>

### 3. Details of the educational module which will bring about this benefit

I have identified the **Education for Health's Cardiovascular Disease distance learning module at Level 2** as the course which will best enable me to acquire the knowledge and skills to practice at an advanced level in Cardiovascular Disease

**This particular course brings the following benefits to our patients, the practice and to me:**

1. It is based on the latest research evidence and guidelines, is focussed on, and highly relevant to, delivering exceptional care to Cardiovascular Disease patients in Primary Care setting
2. It impacts least on my colleagues in relation to time out of the practice (just 2 days over 6 months). On the other hand it is fully supported at every stage by means of a student help line for clinical and academic enquiries and a dedicated Education Coordinator.
3. It provides clear value for money - Education for Health is a non-profit making, registered medical charity which obtains no core funding. All money raised from student education is reinvested to develop and deliver new and innovative educational programmes for health professionals working with patients with one or more long term conditions
4. It meets my learning needs and style, and fits in with my personal life and situation. The fact it is distance learning means I can study at my own pace at times which suit me, my family and my practice commitments
5. It's national accreditation by the Open University, and has the ability to contribute effectively to local and national health improvement programmes
6. It is well established and can form part of a Diploma Programme in Cardiovascular Care and has been running since 2007.

Current Level of knowledge and skills <sup>1</sup>	
0 Knowledge and skills not yet developed	<ul style="list-style-type: none"> <li>▪ I have had no experience</li> <li>▪ Even though I know a few general principles, I have not developed any skills</li> </ul>
1 Core knowledge and skills	<ul style="list-style-type: none"> <li>▪ I use this skill in my work but infrequently</li> <li>▪ I feel capable of applying some aspects, to some situations with appropriate and effective support and direction</li> </ul>
2 Advanced knowledge and skills	<ul style="list-style-type: none"> <li>▪ I use this skill frequently in my work</li> <li>▪ I feel capable, confident, and with direction, I can apply this skill to most situations</li> <li>▪ I have a depth of understanding to be able to explain the basic principles to others</li> </ul>
3 Expert knowledge and skills	<ul style="list-style-type: none"> <li>▪ I use this skill regularly in my work</li> <li>▪ I have the understanding and capability to apply and adapt this skill with confidence in complex work situations</li> <li>▪ I can act fully independently and provide direction, support and advice to others</li> <li>▪ I am confident that I could explain the principles, application, advantages and disadvantages to others.</li> </ul>

**The module realises the benefits of Coronary Heart Disease education for my patients and practice:**

The course takes the form of a 6 month learning program which is timetabled into a series of units which cover different subject areas. These are supported by 1 facilitated study day, 1 assessment day, self assessment and reflective learning activities, and a recommended reading list. The Study days are highly interactive, include discussion and practical group work and provide opportunities for me to exchange ideas with professional colleagues. Assessment is by examination and coursework.

The units covered include:	Current level of skills....	Skill level after the course
<p><b>1. Setting the scene:</b>  <i>What is Cardiovascular Disease (CVD); the epidemiology of CVD; Primary and secondary prevention; Understanding risk factors; Absolute &amp; relative risk; Government policy; your role</i></p>	Indicate details here	2
<p><b>2. Cardiovascular anatomy, physiology and pathophysiology:</b>  <i>Anatomy and physiology of the cardiovascular system; atherosclerosis; risk factors and conditions affecting CVD risk</i></p>		2
<p><b>3. Assessment and diagnosis:</b>  <i>Assessing the risks; risk tools; investigations, referral; your role</i></p>		2
<p><b>4. Non-Pharmacological management:</b>  <i>Strategies for promoting health in smoking cessation, weight management, dietary change, alcohol intake &amp; physical activity</i></p>		2
<p><b>5. Pharmacological management:</b>  <i>When are drugs appropriate? Treatment targets; anti hypertensive drugs; anti platelet drugs; lipid lowering drugs; drugs for smoking cessation; drugs for the treatment of obesity; drug interactions; your role in the pharmacological management of CVD risk</i></p>		2
<p><b>6. organisation of care:</b>  <i>Implementing a systematic approach; considerations; potential levers &amp; barriers; professional development</i></p>		2
<p><b>7. Supported self care:</b>  <i>Helping individuals to identify &amp; manage their risks; facilitating behaviour change; psychological impact of risk being identified; your role</i></p>		2

#### 4. Supporting evidence relating to the likelihood of achieving positive outcomes

An increasingly robust evidence base shows measurable improvements in the health of patients with long term conditions when the ability to diagnose, treat and provide follow-on care is underpinned with reflective, evidence based, and practical health professional education which takes place over time. Education of this quality enables change in practice to become embedded and sustainable.

The most significant research evidence relates to a randomised control trial<sup>4</sup> conducted by Education for Health which showed that patients being cared for by health professionals who had undergone standardised, accredited education showed significant improvements in their health related quality of life and health outcomes.

In addition Education for Health is collating a wealth of case studies which show that nurse education is fundamental to the success of initiatives which aim to improve patients' quality of life and health outcomes and decrease medical encounters.

#### 5. Support for the plan

Provide clear evidence of support from some or all of the following: Nursing colleague, GP, Manager, Local nurses or GP's with a special interest in the disease, colleagues in secondary care or others in the relevant care pathway

#### 6. Costs

Type of cost:	Item:	Actual cost to practice:
One-off costs	1 place on Education for Health's Coronary Heart Disease (level 2) course. Includes all distance learning materials, attendance on the 2 study days and full access to the Student help line	£595
On-going costs	None	None
<b>TOTAL:</b>		<b>£595</b>

#### 7. Next steps

The next CVD Risk Assessment course starts on (insert dates). The 2 study days are in (insert location) on (insert dates). To register I will need to send a completed application form and payment / invoice details by (insert date)

The course completes on (insert date)

#### References:

1. Discipline of Improvement in Health and Social Care (Penny 2005)
2. For information on Agenda for Change and the KSF visit the DoH website – Policy – Agenda for Change
3. 10 High Impact Changes for Service Improvement and delivery. [www.modern.nhs.uk/highimpactchanges](http://www.modern.nhs.uk/highimpactchanges)
4. Sheikh et al. Clinical and Experimental Allergy 2007;37:90-99