

# Training people to undertake CVD Risk Assessment; an evaluation from Education for Health for Health

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## Introduction

Cardiovascular Disease (CVD) accounts for 200,000 deaths per year in the UK, representing 1 in 3 of all deaths. In July 2008 the Department of Health (DH) proposed that all adults aged between 40 – 74 years should be offered a Health Check to assess for CVD risk. The eligible population was 15 million, with 3 million checks per year anticipated. Local commissioners were charged with identifying and preparing a workforce able to perform these checks and to identify and manage people found to be at high risk. Education for Health obtained government funding to train staff to support this initiative. Application for the training was required, with each course commissioner asked to articulate how the training would help them deliver Health Checks. **The aim of this study was to evaluate the impact of a one day workshop and a diploma level (30 credits at L5) course in CVD risk assessment on confidence, clinical skills and ability to implement changes in the workplace to enable CVD risk assessment and management of CVD Risk**

## Methods

Post-course evaluations from all students and course commissioners were carried out, together with an analysis of the learner profile and their geographical location. Responses from learners were scored on a 5-point Likert-type scale, asking them to indicate whether they agreed that the course/workshop had improved clinical skills, increased confidence and enabled the implementation of change. The 5 point scale included strongly agree, agree, no opinion, disagree, strongly disagree. Course commissioners were asked whether their aspirations (as articulated on the application form) had been achieved, and whether health checks were being offered in their geographical area.

## Results

2048 learners have completed the training to date (September 2010; 1545 workshop, 503 diploma level module). The roles of the learners did not differ between the workshops and the modules (see Figures 1 & 2 respectively), although the proportion of those with greater previous experience of clinical training was higher in the level 5 module (Figure 2). The group described as 'other' was broadly comprised of public health practitioners and health improvement facilitators, lifestyle service staff and in one group, dentists.

The majority of the training was delivered locally to the learner; 65% of the learners were from Spearhead PCTs.

Figure 1; Roles of Learners undertaking CVD Risk Workshops

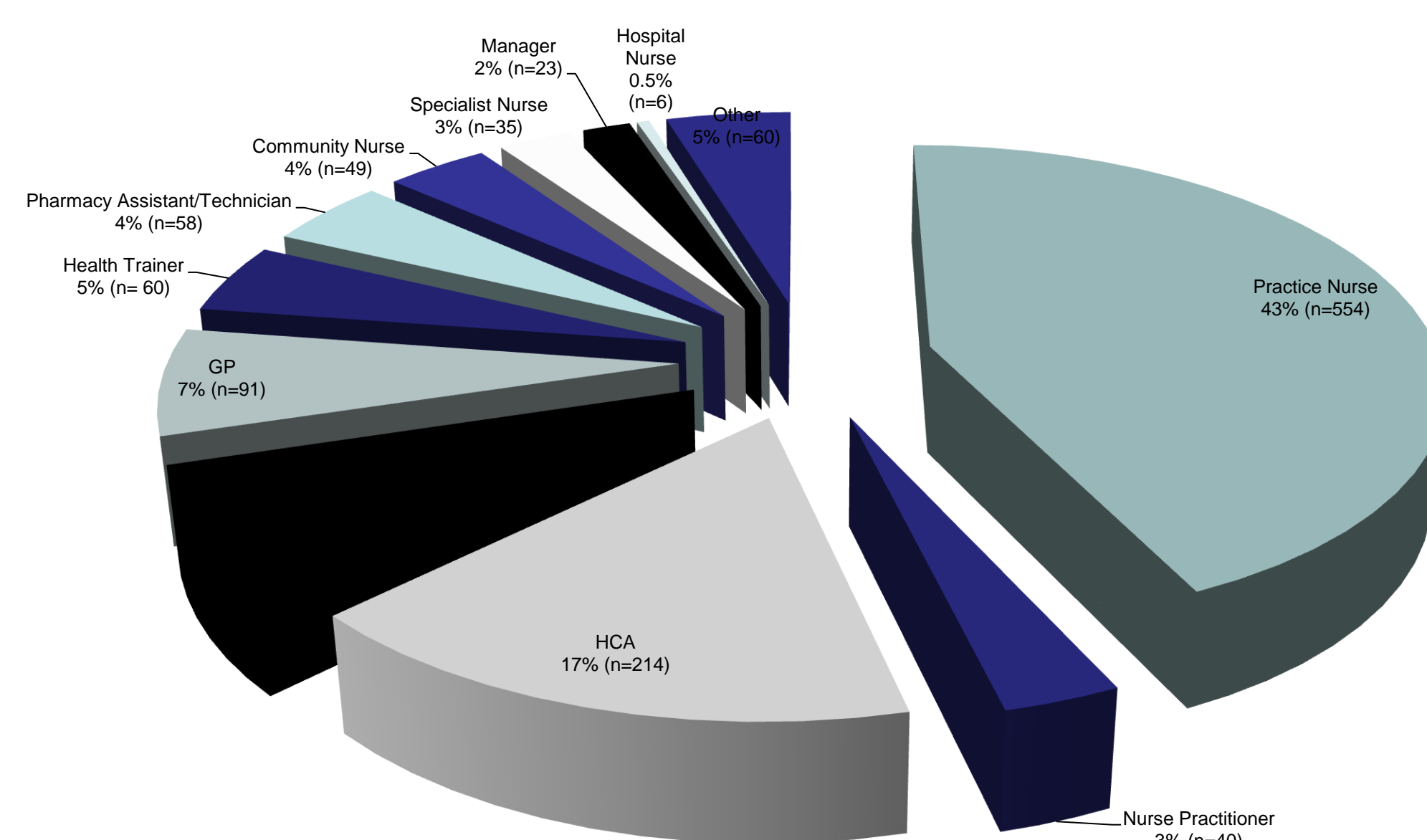
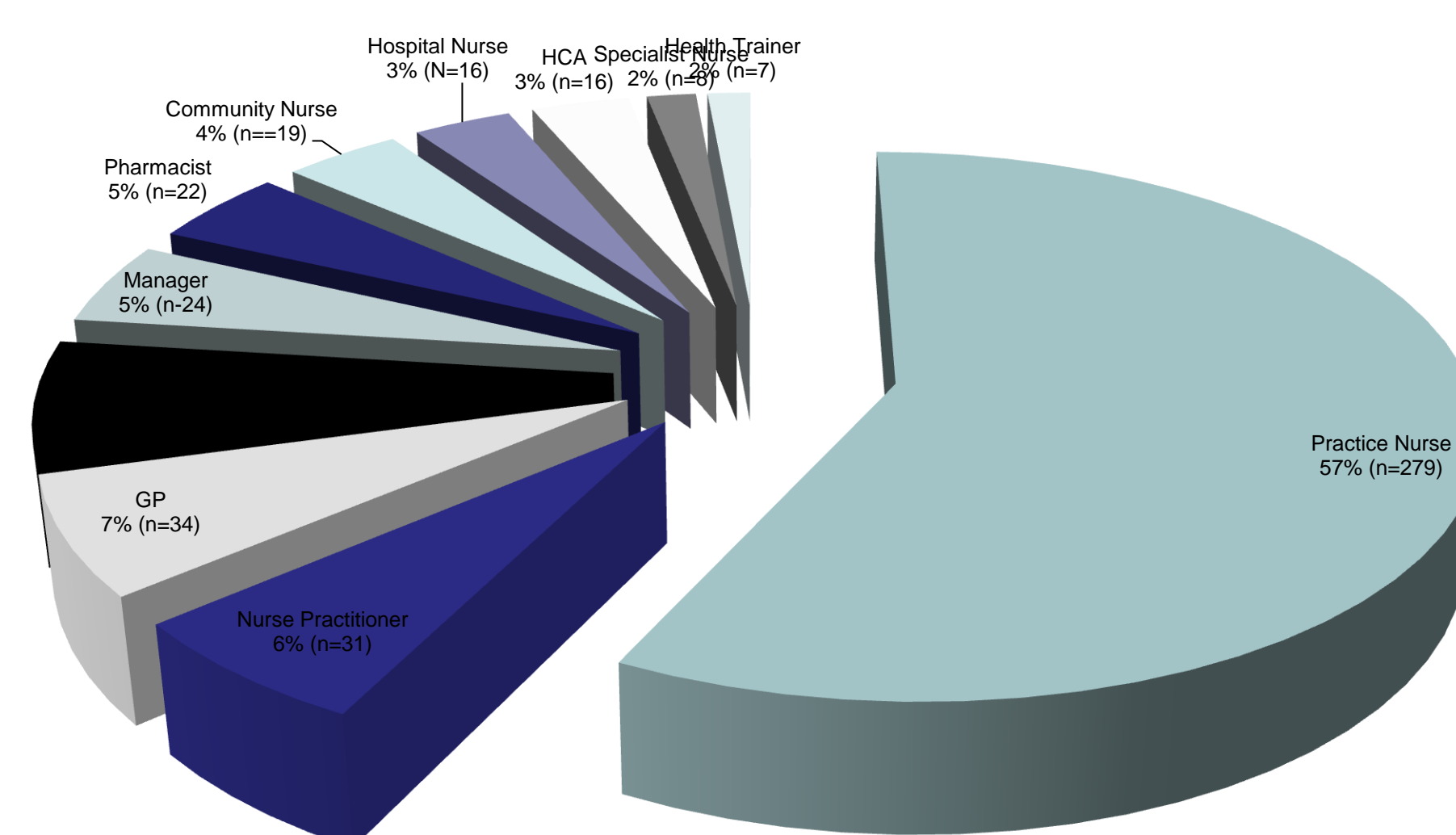


Figure 2; Role of Learners undertaking CVD Risk Diploma Module



Evaluations were completed by 99% students (they are completed and collected on completion of study). Results showed that 85% agreed/strongly agreed that undertaking the learning had;

- Improved their clinical skills,
- Increased their confidence, and
- Enabled them to implement change in their workplace

Where the response was less positive, comments from a few learners indicated that they had to attend the training compulsorily as a part of a Locally Enhanced Service (LES) agreement, or that they were not aware of their locality plans, which meant that whilst the training was of good quality, they could not comment on its ability to effect change. A small number of learners over all cohorts scored 'no opinion' regarding improvement of clinical skills since they had no clinical role.

Positive comments from learners across all cohorts were consistent in identifying that the training had facilitated communication between the broader team involved in CVD risk assessment and management in their areas, and recognition of the need for planning referral method and criteria. One GP commented;

**“I am so glad I have met the Health Trainers in my area. I did not know what they did, and now that I have met them, I feel happy to refer my patients to them”.**

Those learners who have completed the assessments for the level 5 module have had a pass rate of 86%. The average mark for those that passed was 61%, which is higher than the average at that academic level.

Written response rate to the evaluation from course commissioners was low at 20%. However the responses given were almost entirely positive. There was general agreement that the training provided by Education for Health had enabled the delivery of health checks in their area.

- **“I have received excellent reports on the training provided, particularly praising the trainer and how they interacted with those present, who had a range of backgrounds. The training has really supported us in rolling out the Health Checks”**
- **“The day was informative, engaging and useful to the roles of those involved”.**
- **“It would have been extremely difficult for us to have put on a local training course to match that provided”.**

## Discussion & Conclusion

The data collected illustrates the value of this type of training in supporting a large health improvement program like that of Health Checks. It also confirms the challenges involved in this approach. The evaluations have highlighted the specific benefit of multi-professional learning; bringing together different roles and people around the issue in question. The phrase “Those who learn together work together” has long been regarded as a truism both in business arenas and in health. The World Health Organization (WHO 1998) suggested that multi-professional education is not an end in itself but a means of ensuring that different types of health personnel can work together to meet the health needs of a population. They also point out that one of the challenges of such an approach is that some learners do not consider themselves to be a part of that group, or do not agree that they have a role in meeting the population health need in question.

The requirement to learn together creates dialogue and discussion, shared understanding and agreement of roles; problem solving is enhanced through access to expertise and knowledge (Senge 1990, O’Keeffe 2002, McHugh et al 1998). This was a model supported via Education for Health, who employs trainers who are skilled facilitators as well as being clinicians.

Training in CVD risk assessment was positively evaluated by learners, whilst commissioners reported that the training supported them in rolling out Health Checks. To be effective in the prevention of CVD healthcare providers will need to work collaboratively (Quality Care Commission 2009). This model of training delivery has supported teams across the UK to successfully undertake CVD Risk Assessments, and has the potential to reduce cardiovascular mortality.