Cardiovascular Disease

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Task / Activity	Self-Assessment / Date	Competency Assessed Y / N	Competency Achieved	Signed off by Clinical Assessor / Date
Tier 1				
Knowledge and Understanding • Demonstrate and understanding of the care of patients with cardiovascular disease (CVD). • Demonstrate and understanding of cardiac anatomy and physiology. • Demonstrate and understanding of vascular anatomy and physiology. • Demonstrate an understanding of the pathophysiology of cardiac disease. • Demonstrate an understanding of vascular disease. • Demonstrate and understanding of the diagnosis and management of: ○ Coronary heart disease (CHD).[1] ○ Peripheral arterial disease (PAD).[2] ○ Cerebrovascular accident (CVA) and transient ischaemic attack (TIA).[3]				

[1] https://www.nice.org.uk/guidance/NG185
[2] https://www.nice.org.uk/guidance/cg147
[3] https://www.nice.org.uk/guidance/ng128

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• Demonstrate an understanding of the criteria for identifying those at high risk of CVD.[4]
• Demonstrate an understanding of the lifestyle interventions imperative in the management of CVD.[5]
• Demonstrate an understanding of the monitoring required for the review and assessment of CVD.[6]
• Demonstrate an understanding of where CVD risk assessment would not be appropriate including but not limited to:[7]
  ○ Type 1 Diabetes Mellitus.
  ○ Chronic kidney disease where eGFR is <60ml/min/1.73m2.
  ○ Pre-existing CVD.
• Demonstrate an understanding of where CVD risk may be increased in patients taking certain medications or who have certain co-morbidities:[8]
  ○ HIV.
  ○ Severe Mental Illness (SMI).
  ○ Those taking antipsychotic medication.
  ○ Those taking corticosteroid medication.				

[4] https://www.nice.org.uk/guidance/cg181/chapter/Recommendations#identifying-and-assessing-cardiovascular-disease-cvd-risk
[5] https://www.nice.org.uk/guidance/cg181/chapter/Recommendations#lifestyle-modifications-for-the-primary-and-secondary-prevention-of-cvd
[6] https://www.nice.org.uk/guidance/cg181/chapter/Recommendations#identifying-and-assessing-cardiovascular-disease-cvd-risk
[7] https://www.nice.org.uk/guidance/cg181/chapter/Recommendations#identifying-and-assessing-cardiovascular-disease-cvd-risk
[8] https://www.nice.org.uk/guidance/cg181/chapter/Recommendations#identifying-and-assessing-cardiovascular-disease-cvd-risk

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○ Those taking immunosuppressants. ○ Those with systemic inflammatory disorders e.g. systemic lupus erythematosus (SLE). **Patient Management** • Risk assessment and prevention: ○ Be able to elicit patients understanding and explain the premise of CVD risk assessment.[9] ○ Be able to perform a comprehensive CVD risk assessment including QRisk2. [10] ○ Be able to perform blood pressure measurement and pulse check. ○ Be able to discuss the results of the risk assessment with the patient. ○ Be able to explain the diet and lifestyle changes required to reduce risk or maintain low risk.[11] [12] ○ Be able to make appropriate referrals to support the patient with risk reduction or maintenance of low risk in accordance with local provision.				

[9] https://patient.info/heart-health/cardiovascular-disease-atheroma/cardiovascular-health-risk-assessment
[10] https://www.nice.org.uk/guidance/cg181/chapter/Recommendations#identifying-and-assessing-cardiovascular-disease-cvd-risk
[11] https://www.nice.org.uk/guidance/cg181/chapter/Recommendations#lifestyle-modifications-for-the-primary-and-secondary-prevention-of-cvd
[12] https://www.bhf.org.uk/informationsupport/support/healthy-living

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○ Be able to provide patient with a full risk report and action plan in accordance with local provision ○ Be able to ensure appropriate follow up is planned to ensure ongoing review of risk and to enable early identification of increasing risk.[13] ○ Be able to identify signs and symptoms of CVD and ensure patient is referred on to an appropriate senior clinician and given access to appropriate diagnostic tests.[14] ○ Be able to provide holistic health promotion advice that supports improving cardiovascular health. ○ Be able to address any issues around frailty/frailty syndrome that may impact on the patient's ability to safely manage any identified CVD risk. [15] • Identified diagnosis of CVD management and review: ○ Be able to ensure patients given a diagnosis of CVD can access appropriate investigation,				

[13] https://www.nice.org.uk/guidance/cg181/chapter/Recommendations#lifestyle-modifications-for-the-primary-and-secondary-prevention-of-cvd
[14] https://www.nice.org.uk/guidance/cg181/chapter/Recommendations#identifying-and-assessing-cardiovascular-disease-cvd-risk
[15] https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/frailty-resources/

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treatment and specialist care according to local provision. ○ Be able to ensure a patient has access to specialist care and treatment in accordance with local provision ○ Be able to provide diet and lifestyle advice and resources to support self-management of condition[16] [17]and be able to provide referrals where appropriate and available. ○ Be able to identify with the patient ways in which their condition is impacting on their quality of life and signpost to resources and support to reduce this.[18] ○ Be able to recognise signs of deterioration and refer on to senior clinician. ○ Be able to identify when complexity exceeds competence and refer on to suitable senior clinician.				

[16] https://www.bhf.org.uk/informationsupport/support/healthy-living
[17] https://www.nice.org.uk/guidance/cg181/chapter/Recommendations#lifestyle-modifications-for-the-primary-and-secondary-prevention-of-cvd
[18] https://www.bhf.org.uk/informationsupport/support/emotional-support-and-wellbeing