Changing The Game: VA Examinations

Instructor Lesson Plan

Time Required: 2.0 Hours

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| Lesson Description | |
| The information below provides the instructor with an overview of the lesson and the materials that are required to effectively present this instruction. | |
| TMS # | 3814935 |
| Prerequisites | Prior to this lesson, the Veteran Service Representatives (VSR), Rating Veteran Service Representatives (RVSR), Decision Review Officers (DRO), Rating Quality Review Specialists (RQRS), and Authorization Quality Review Specialists (AQRS) should have completed Challenge and should be familiar with requesting VA examinations and medical opinions. In addition, VSRs should have completed the Advanced Development Curriculum. |
| target audience | The target audience for Changing the Game: VA Examinations is VSR, RVSR, DRO, RQRS, and AQRS, Entry Level.  Although this lesson is targeted to teach the employees, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 2.0 hours |
| Materials/ TRAINING AIDS | Lesson materials:   * Changing the Game: VA Examinations PowerPoint Presentation * Changing the Game: VA Examinations Trainee Handout * Changing the Game: VA Examinations Examples Handout * Changing the Game: VA Examinations FAQ Handout |
| Training Area/Tools | The following are required to ensure the trainees are able to meet the lesson objectives:   * Classroom or private area suitable for participatory discussions * Seating, writing materials, and writing surfaces for trainee note taking and participation * Handouts, which include a practical exercise * Large writing surface (easel pad, chalkboard, dry erase board, overhead projector, etc.) with appropriate writing materials * Computer with PowerPoint software to present the lesson material   Trainees require access to the following tools:   * VA TMS to complete the assessment * VA Intranet, including access to Live Manual |
| Pre-Planning | * Become familiar with all training materials by reading the Instructor Lesson Plan while simultaneously reviewing the corresponding PowerPoint slides. This will provide you the opportunity to see the connection between the Lesson Plan and the slides, which will allow for a more structured presentation during the training session. * Become familiar with the content of the trainee handouts and their association to the Lesson Plan. * Practice is the best guarantee of providing a quality presentation. At a minimum, do a complete walkthrough of the presentation to practice coordination between this Lesson Plan, the trainee handouts, and the PowerPoint slides and ensure your timing is on track with the length of the lesson. * Ensure that there are copies of all handouts before the training session. * When required, reserve the training room. * Arrange for equipment such as flip charts, an overhead projector, and any other equipment (as needed). * Talk to people in your office who are most familiar with this topic to collect experiences that you can include as examples in the lesson. * This lesson plan belongs to you. Feel free to highlight headings, key phrases, or other information to help the instruction flow smoothly. Feel free to add any notes or information that you need in the margins. |
| Training Day | * Arrive as early as possible to ensure access to the facility and computers. * Become familiar with the location of restrooms and other facilities that the trainees will require. * Test the computer and projector to ensure they are working properly. * Before class begins, open the PowerPoint presentation to the first slide. This will help to ensure the presentation is functioning properly. * Make sure that a whiteboard or flip chart and the associated markers are available. * The instructor completes a roll call attendance sheet or provides a sign-in sheet to the students. The attendance records are forwarded to the Regional Office Training Managers. |

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| Introduction to Changing the Game: VA Examinations | | |
| INSTRUCTOR INTRODUCTION | | Complete the following:   * Introduce yourself * Orient learners to the facilities * Ensure that all learners have the required handouts |
| time required | | .25 hours (15 minutes) |
| Purpose of Lesson  Explain the following: | | This lesson is intended to provide training on fulfilling our Duty to Assist while minimizing the need for VA examinations, when possible. This lesson will contain discussions and exercises that will allow you to gain a better understanding of:   * What constitutes sufficient medical evidence for rating purposes * When a VA examination is necessary * When a VA examination is not necessary * How to fulfill our Duty to Assist |
| Lesson Objectives  Discuss the following:  Slide 2  Handout 2 | In order to accomplish the purpose of this lesson, the trainees will be required to accomplish the following lesson objectives.  TheVSR, RVSR, DRO, RQRS, or AQRSwill be able to:   * Identify when to request VA examinations and medical opinions * Understand the requirements under 38 C.F.R. 3.326 * Develop an “exam by exception” mentality without compromising our duty to assist, where appropriate | |
| Explain the following: | Each learning objective is covered in the associated topic. At the conclusion of the lesson, the learning objectives will be reviewed. | |
| Motivation | In developing an “exam by exception” mentality, trainees will be able to process claims in a more efficient and timely manner while providing the same level of assistance required under 38 U.S.C. 5103 to our Veterans. | |
| STAR Error code(s) | Failure to request a VA examination or failure to develop for and obtain all evidence could result in a B2 STAR error (Does the record show development to obtain all indicated evidence (including VA examination, if required) prior to deciding a claim?). | |
| References  Slide 3  Handout 3 | Explain where these references are located in the workplace.  All M21-1 references are found in the [Live Manual Website](https://vaww.compensation.pension.km.va.gov/).   * [*Public Law 106-475,* Veterans Claims Assistance Act of 2000](https://www.gpo.gov/fdsys/pkg/PLAW-106publ475/pdf/PLAW-106publ475.pdf) * [*Public Law 112-154,* Section 505,Duty to assist claimants in obtaining private records](https://www.gpo.gov/fdsys/pkg/PLAW-112publ154/pdf/PLAW-112publ154.pdf) * [38 U.S.C. 5103, Notice to claimants of required information and evidence](https://www.law.cornell.edu/uscode/text/38/5103) * [38 C.F.R. 3.159, Department of Veterans Affairs assistance in developing claims](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=39c7e367a71c8efc570650851b266303&rgn=div5&view=text&node=38:1.0.1.1.4&idno=38#se38.1.3_1159) * [38 C.F.R. 3.303, Principles relating to service connection](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=9d2d596c9101ebd8e1590c3df10cb31b&mc=true&r=SECTION&n=se38.1.3_1303) * [38 C.F.R. 3.304, Direct service connection: wartime and peacetime](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=39c7e367a71c8efc570650851b266303&rgn=div5&view=text&node=38:1.0.1.1.4&idno=38" \l "se38.1.3_1304) * [38 C.F.R. 3.326, Examinations](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=39c7e367a71c8efc570650851b266303&rgn=div5&view=text&node=38:1.0.1.1.4&idno=38#se38.1.3_1304) * [M21-1, Part I, Subpart 1, Duty to Assist](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=%23!agent%2Fportal%2F554400000001034%2Farticle%2F554400000013969%2FM21-1-Part-I-Chapter-1-Section-A-Description-and-General-Information-on-Duty-to-Notify-and-Duty-to-Assist) * M21-1, Part III, Subpart iv, 5, Evaluating Evidence and Making a Decision * [Proscelle v. Derwinski, No. 90-570, July 24, 1992](http://vbaw.vba.va.gov/bl/21/advisory/CAVCDAD.htm#bmk) * [Shoffner v. Principi, No. 99-967, July 30, 2002](http://vbaw.vba.va.gov/bl/21/advisory/CAVCDAD.htm#bmk) * [Kowalski v. Nicholson, No. 02-1284, June 8, 2005](http://vbaw.vba.va.gov/bl/21/advisory/CAVCDAD.htm#bmk) * [McLendon v. Nicholson, No. 04-0185, June 5, 2006](http://vbaw.vba.va.gov/bl/21/advisory/CAVCDAD.htm#bmk) * [Palczewski v. Nicholson, No. 04-1001, April 24, 2007](http://vbaw.vba.va.gov/bl/21/advisory/CAVCDAD.htm#bmp) * [Waters v. Shinseki, No. 2009-7071, April 6, 2010](http://vbaw.vba.va.gov/bl/21/advisory/CAVCDAD.htm#bmk) * [Walker v. Shinseki, No 2011-7184, February 21, 2013](http://vbaw.vba.va.gov/bl/21/advisory/CAVCDAD.htm#bmk) | |

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| Topic 1: Examination by Exception | |
| Introduction | This topic will allow the trainee to identify when a VA examination or medical opinion is or is not required to decide a case while fulfilling our duty to assist under the Veterans Claims Assistance Act of 2000. |
| Time Required | 1.5 hours |
| OBJECTIVES/ Teaching Points | Topic objectives:   * Identify when to request VA examinations and medical opinions * Understand the requirements under 38 C.F.R. 3.326 * Develop an “exam by exception” mentality without compromising our duty to assist, where appropriate |
| Why Do We Need This Training?  *Slide 4*  *Handout 4* | VBA employees need this training in order to:   * Develop an “examination by exception” mentality * Clarify when medical evidence is “too old” for rating purposes * Discuss means to rate claims without ordering examinations * Ensure we are ordering examinations only when they are required   This lesson does not cover in detail Walker v. Shinseki, Waters v. Shinseki, or evaluating lay evidence. There are separate training courses that cover these in more detail. |
| Veterans Claims Assistance Act  Slide 5  Handout 4 | Before the Veterans Claims Assistance Act of 2000 (VCAA), Veterans were required to obtain a diagnosis of a current disability on their own. Without submission of a diagnosis by the Veteran, VBA had no duty to further assist a Veteran with their claim for disability compensation.  This created a catch-22 for Veterans, as many could not obtain a diagnosis from a private physician because they could not afford the cost and they were unable to obtain a free examination from the VA because we would not request an examination without evidence of a current diagnosis.  In 2000, the VCAA changed this approach, and 38 U.S.C. 5103 was changed to state that VBA will assist a Veteran in substantiating a disability compensation claim, to “include providing a medical examination or obtaining a medical opinion *when such an examination or opinion is necessary to make a decision on a claim.*” (emphasis added)  It further states that a medical examination or opinion is necessary to make a decision on a claim if the evidence of record (to include lay statements from the Veteran):   * contains competent evidence of a current disability or persistent or recurrent symptoms of a disability: and * indicates the disability or symptoms may be associated with active military service; and * does not contain sufficient evidence to make a decision on a claim.   Remember, to grant service connection, three principles needed for service connection:   1. An in-service event or injury 2. Continuity of symptoms, or nexus 3. Current diagnosis |
| Congressional Intent  Slide 5  Handout 4-5 | Congress passed the Veterans Claims Assistant Act of 2000 with the intent that duty to assist applied only when necessary to help substantiate a Veteran’s claim. When there is no additional information needed, duty to assist no longer applies.  “Changing the game” means that when the benefit sought can be granted, there is no duty to notify or assist. |
| Development for Evidence  Slide 6  Handout 5 | Under the regulations, VBA can refuse to provide a medical examination or opinion *if there is already enough sufficient competent medical evidence of record to make a decision on a claim.* Simply put, this is the basis for the “exam by exception” mentality.  The regulations clearly state that an examination is only required when necessary to make a decision on a claim. If the medical evidence of record is competent and contains the information necessary to decide a claim for service connection, no examination is necessary.  For example, a Veteran files a claim for sleep apnea three years after his honorable discharge. His service treatment records show he was diagnosed with sleep apnea by a sleep study in service. He submits current medical evidence showing use of a CPAP machine. An examination is not required because the service connection can be granted without examination.  38 C.F.R. 3.304(c) further states that “the development of evidence in connection with claims for service connection will be accomplished when deemed necessary but it *should not be undertaken when evidence present is sufficient for this determination.”* Overdevelopment of a claim could not only result in a STAR error, but could also cause unnecessary delay for the Veteran’s claim.  “In initially rating disability at the time of honorable discharge, the records at the time of discharge, the records of the service department, including reports of examination at enlistment and the clinical records during service, will ordinarily suffice” for development purposes. An examination may still be necessary in order to assign the correct evaluation. |
| Medical Examinations  Slide 6  Handout 5 | The purpose of duty to assist in ordering a medical examination and/or medical opinion is to obtain medical evidence that is relevant to establishing entitlement to benefits. Such information requested from the examination or medical opinion includes diagnosis, onset, or etiology.  38 C.F.R. 3.326 explains that an examination should be requested by VBA when the medical evidence accompanying the claim is not adequate for rating purposes. The evidence, including but not limited to hospital reports or examinations from any government or private institution or statements from private physicians, should be reviewed to determine what information it contains for rating purposes. Provided the evidence is adequate for rating purposes, an examination may not be necessary. |
| Medical Evidence  *Slide 7*  *Handout 6* | Medical evidence does not need to be in the Disability Benefits Questionnaire format; this includes legacy/non-DBQ examinations that are otherwise sufficient for rating purposes.  A new examination should be requested ONLY when the prior examination is insufficient or there is clear evidence that a new examination is needed to evaluate for a worsening of the disability. The focus is on the information contained in the examinations and medical evidence, not the format. |
| Age of Evidence  *Slide 8*  *Handout 6* | Whether the evidence is “current” should not be confused with the age of the evidence. The age of medical evidence does not, in and of itself, render it too old for rating purposes, as demonstrated in Palczewski v. Nicholson. VBA can use reports that are old as long as the reports show that the benefit can be granted.  If service connection is the issue at hand, the focus is whether the medical evidence of record is adequate for rating purposes.  If an already service connected disability (claim for increase), the focus is whether the medical evidence of record is “current” for rating purposes.  Bottom-line is that the focus should be on whether or not the evidence shows a material change in the disability. If there is no evidence showing a worsening of the condition, an examination may not be necessary. Keep in mind however that the Veteran is competent to report a material change or worsening of their condition.  It is best to review all evidence of record, as in some cases evidence showing material change, may be submitted after the examination was completed, as demonstrated in Proscelle v. Derwinski. |
| When is an Examination NOT Necessary?  *Slide 9*  *Handout 6* | Not all claims for disability compensation require current, or in some cases, ANY, VA examination. Specifically, a VA examination is not necessary whenever private, military, or VA medical evidence in the file is sufficient to grant the benefit sought.  While the duty to assist is more evident for increase, there will be circumstances where a Veteran submits a claim for increase and a VA examination will not be necessary:   * Veteran submitted adequate evidence to grant an increased evaluation without examination * VA outpatient treatment records may provide sufficient evidence to grant an increased evaluation without examination. |
| Examples  *Handout*  *Example 1*  *Slide 11-12*  *Handout 8* | Review the following examples with trainees. Allow trainees time to read the question, and discuss answer as a group.  **Example 1**  Veteran was honorably discharged on July 31, 2006. On July 10, 2010, the Veteran requested service connection for a right knee condition. STRs and VA examination show right knee degenerative joint disease. The VA examination from October 2010 shows a 10 percent evaluation is warranted based on painful range of motion and crepitus. No lay statements or other evidence has been received since the examination. You are rating this case on September 1, 2014, – what action should you take?  **Answer:** Grant service connection for right knee degenerative joint disease at 10 percent from the date of claim. The fact that the medical evidence from the VA examination is nearly four years old is not sufficient to perform a new examination since we can grant the benefit sought by the Veteran and there is no evidence the condition has worsened since the examination. |
| *Example 2*  *Slide 13-14*  *Example 3*  *Slide 15-16*  *Example 4*  *Slide 17-18* | **Example 2**  A peacetime Veteran who was honorably discharged in 1988, following 4 years of service files a claim for ALS. The Veteran submits medical reports from his private neurologist with his claim, confirming the diagnosis of ALS. The date of claim is April 30, 2012. STRs show no diagnosis of ALS or neurological disorder. You are rating this case today – what action should you take?  **Answer:** Grant SC for ALS at 100 percent from the date of claim. A VA examination is not warranted since we can grant the benefit sought and assign a disability evaluation. No VCAA/5103 development is required since we granted the benefit sought. Only consider a VA examination if the medical evidence revealed residuals requiring separate evaluation, but an interim rating decision is still required to establish service connection and entitlement to VA treatment.  **Example 3**  Veteran is SC for DM II with nephropathy at 20 percent. On July 10, 2012, the Veteran submits medical reports from his private physician that is treating the nephropathy, revealing a chronically elevated creatinine level of 2.5 since November 11, 2011. You are rating this case today – what action should you take?  **Answer:** A rating decision is required to increase the disability evaluation for the nephropathy to 60% from the date of the medical evidence showing the worsening of the condition as the private medical evidence was received within one year of the date that the increase occurred. No VCAA development or VAE is required since we can grant the benefit sought by the Veteran.  **Example 4**  Veteran claims a right knee disability due to parachute jumping in service and submits a statement that he suffers with right knee pain. STRs do not show right knee treatment, but the DD214 shows the Veteran earned a Master Parachutist Badge. The date of claim is May 1, 2012; the Veteran was released from active duty on September 4, 2005. You are rating this case today – what action should you take?  **Answer:** A VA Examination is warranted since the Veteran had an in-service event based on the parachutist badge and he has a valid lay statement of right knee pain. A nexus opinion is needed to assess the relationship between the event and current disability. In addition, we would need a VCAA letter for service connection of the right knee disability. The evidence is not sufficient to grant the benefit sought by the Veteran at this time. |

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| Practical Scenarios | |
| FAQs | Review the FAQs with trainees. These questions are available as Attachment A in their handout. |
| Diabetic Complications  Slide 20  Handout 9 | If we have a claim for diabetes mellitus and can grant a 20 percent evaluation based on evidence of a diagnosis and required insulin, can we grant the 20 percent evaluation and clear the EP without requesting an examination to determine if there are diabetic complications?  **Answer:** Yes, but please remember that if there is any evidence showing potential complications then a VA examination would be required if the evidence in the file is not sufficient to rate those disabilities. |
| Total Disability based on Individual Unemployability  Slide 21  Handout 9 | The Veteran files a claim for total disability based on individual unemployability (TDIU) in December 2012 stating he last worked in June 2012. The evidence of record is sufficient to grant a 100 percent scheduler evaluation from the date of claim. Do we have a duty to assist since we are granting the total evaluation?  **Answer:** Remember TDIU is not a freestanding claim. If there is any potential entitlement to an earlier effective date, we have the duty to assist in obtaining evidence for the time period between the date the claim was filed and awarded the total evaluation and the date the Veteran stopped working. |
| Asthma  Slide 22  Handout 9 | The Veteran is service connected for asthma at 10 percent disabling and the medical records show use of an inhaler daily. Do we have to obtain pulmonary function testing?  **Answer:** The requirements that PFTs be obtained as noted in 38 C.F.R. 4.96(d) (1) does not apply to diagnostic code 6602. The claim can be rated and the Veteran’s evaluation can be increased to 30 percent, thus granting the benefit sought. However, if the respiratory condition is one in which PFT’s are required under 38 C.F.R. 4.96, the PFTs would have to be obtained. |
| General Medical Examination  Slide 23  Handout 9 | For Veterans who have been out of service less than one year and who require a general medical examination, would we still have to get an exam if the STRs or other evidence provide sufficient evidence for granting? For example, a Veteran diagnosed with sleep apnea and prescribed a CPAP machine in service with no other claims associated with the original claim.  **Answer:** Since the medical evidence is clear that service connection is warranted and the 50 percent evaluation should be assigned, a general medical examination would not be required with no other claimed disabilities. However, if other issues were noted, an interim rating should be prepared and the other claims should receive proper development including a VA general medical examination. |
| ACE Examinations and Tender Scars  *Slide 24*  *Handout 10* | If a physician conducts an exam via telephone in accordance with ACE procedures, can we use that to grant a tender scar if it is noted as tender on the ACE examination?  **Answer:** Under 38 C.F.R. 4.118, a compensable evaluation may be granted for a painful scar. There is no requirement in the rating schedule for the pain or tenderness to be objectively observed by the examiner. After any examination, review of the records available, and taking a history from the Veteran, if the physician feels the scar is painful, we should base our evaluation on the findings from the examination. |
| METs, hypertrophy and dilatation  *Slide 25*  *Handout 10* | For cardio cases involving ischemic heart disease (IHD), can an evaluation of 10 percent be assigned based on continuous medication noted in the medical evidence or do we need an examination?  **Answer:** Under 38 C.F.R. 4.100, we much ascertain cardiac enlargement in all cases and a METs level unless contraindicated or otherwise not required in 38 C.F.R. 4.100(b). If the medical evidence does not indicate METs or cardiac enlargement, an examination would be required. However, an interim decision should be completed. |
| Goldman Chart  *Slide 26*  *Handout 10* | Is the Goldman chart for vision cases still needed?  **Answer:** Yes, per 38 C.F.R. 4.77 and 4.78, a Goldman perimeter chart is required to evaluate visual field defects associated with a disability and for diplopia. However, when this type of testing is required and will always be determined by the physician. |
| Tinnitus  *Slide 27*  *Handout 10* | Can we grant tinnitus based on evidence in the STRs? When STRs show complaints versus a diagnosis of tinnitus, should we get an examination? In which case?  **Answer:** If the Veteran has complaints of tinnitus in service and post service medical evidence showing a diagnosis of tinnitus, service connection can be granted without a nexus (M21-1 III.iv.4.B.3.g). We do not service connect complaints, only a diagnosed disability. Be cautious, as physicians often times diagnose tinnitus in parts of an examination that are not necessarily labeled as the diagnosis section of the report. |
| Chiropractor  *Slide 28*  *Handout 10* | Can we use chiropractor reports for range of motion testing for rating purposes?  **Answer:** Chiropractor reports are medical evidence and should be given weight when evaluation evidence as directed in 38 C.F.R. 4.6. However chiropractic reports alone showing range of motion values are not sufficient to assign an evaluation based on limitation of motion in the rating schedule. |
| VA Form 21-4142  *Slide 29*  *Handout 11* | We can grant the benefit sought, but the Veteran submitted VA Form 21-4142s. Do we have to obtain those records?  **Answer:** Yes, we have to obtain the records. We should do the interim rating granting the benefits sought, and then obtain the records for review. |
| Non-compensable Evaluations  *Slide 30*  *Handout 11* | How do we balance doing an interim rating as opposed to getting an exam altogether? What if the “grant” is only 0 percent?  **Answer:** An interim rating for any evaluation is only required when we still need to develop some type of evidence in relation to the level of disability impairment needed to evaluate under the rating schedule. Any disability evaluation, including a non-compensable evaluation may be assigned if evidence adequate for rating purposes is received from any source as noted in 38 CFR 3.326. |
| Painful Motion  *Slide 31*  *Handout 11* | A Veteran who is already service connected at 0 percent for a knee disability submits a claim for increased evaluation. In addition, the Veteran submits medical evidence from his physician showing painful range of motion testing on examination. May we assign a 10 percent evaluation and not order an examination to assess all potential means to rate a knee disability?  **Answer:** Under 38 CFR 4.59, an evaluation of 10 percent should be granted. Interim ratings and scheduling VA examinations are **not** required to assess every potential means of evaluating the disability. Granting the 10 percent satisfies the requirement to grant the benefit sought and the Veteran retains the right to submit further evidence in relation to the evaluation of the disability or to request an increase evaluation with a VA examination. |
| Appeals  *Slide 32*  *Handout 11* | Does “changing the game” and developing an “examination by exception” mentality apply to claims on appeal?  **Answer:** No, this process does not change what a total grant of the benefit sought on appeal is. During appeals, if the Veteran claims an increase, only the schedular maximum for that condition is considered a total grant of the benefit sought. This process does not change the examination requirements for appeals, particularly if the claim has been remanded for a VA examination. |
| Conclusion  *Slide 33*  *Handout 7* | If Veteran says the condition at issue has worsened and there is no contemporaneous medical evidence which is adequate for rating purposes allowing for a grant of the benefit sought, then a VA examination is warranted.  If a nexus or medical opinion is REQUIRED; then a VA examination is warranted.  If there is no medical evidence to evaluate the disability under the rating schedule; then a VA examination is required.  This training does not change when an examination is required under  38 CFR 3.159  Don’t forget to use the ACE process for exams and remember that if you can ***grant the benefit sought***, no duty to assist or duty to notify is needed.  If it is determined that a VA examination is necessary, that VA examination must be full and complete.  Remember that certain portions of 38 CFR Part 4, in particular, the respiratory, visual, audio, and cardiovascular regulations, require certain specific finding or results in order to evaluate the disability. |

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| Lesson Review, Assessment, and Wrap-up | |
| Introduction  Discuss the following: | The Changing the Game: VA Examinations lesson is complete.  Review each lesson objective and ask the trainees for any questions or comments. |
| Time Required | .25 hours (15 minutes) |
| Lesson Objectives | You have completed the Changing the Game: VA Examinations lesson.  The trainee should be able to:   * Identify when to request VA examinations and medical opinions * Understand the requirements under 38 C.F.R. 3.326 * Develop an “exam by exception” mentality without compromising our duty to assist, where appropriate |
| Assessment | Remind the trainees to complete the online assessment in TMS to receive credit for completion of the course.  The assessment will allow the participants to demonstrate their understanding of the information presented in this lesson. |