Genitourinary System (Post Challenge)

Instructor Lesson Plan

Time Required: 3.25 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 # | 4177780 |
| Prerequisites | Prior to this lesson, the Rating Veteran Service Representatives (RVSRs) should have 24 months of experience. Trainees should have a basic understanding of VBMS-R. |
| target audience | The target audience for Genitourinary System is RVSR.Although this lesson is targeted to teach the RVSR, Entry, Intermediate Level employee, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 3.25 hour |
| Materials/TRAINING AIDS | Lesson materials:* Genitourinary PowerPoint Presentation
* Genitourinary Trainee Handouts
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| 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
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| 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.
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| 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 Genitourinary System |
| INSTRUCTOR INTRODUCTION | Complete the following:* Introduce yourself
* Orient learners to the facilities
* Ensure that all learners have the required handouts
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| time required | 0.25 hours |
| Purpose of LessonExplain the following: | This lesson is intended to highlight key points related to completeing rating decisions pertaining to the Genitourinary System. This lesson will contain discussions and exercises that will allow you to gain a better understanding of: * erectile dysfunction and/or SMC K
* nephritis vs. Nephropathy
* rating prostate cancer claims
* nephrolithiasis/ureterolithiasis
* evaluations under renal dysfunctions
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| Lesson ObjectivesDiscuss the following:Slide 2 Handout 2 | In order to accomplish the purpose of this lesson, the RVSR will be required to accomplish the following lesson objectives.TheRVSRwill be able to: * identify genitourinary diagnoses and dysfunctions
* understand various rules and regulations governing the rating of genitourinary conditions
* process claims pertaining to prostate cancer
* assign proper evaluations under 38 CFR 4.115a, Renal Dysfunction
* rate genitourinary conditions
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| 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 | The genitourinary system contains several unique conditions. Two of the most common conditions, prostate cancer and renal involvement of diabetes mellitus, have very distinct rules and regulations associated with them. As an agency, we see a number of these claims, as both are presumptively associated to our Veterans that served in the Republic of Vietnam. It is essential we understand how to properly evaluate these conditions to provide our Veterans with the service they deserve. |
| STAR Error code(s) | TBD |
| ReferencesSlide 3&4 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/).* [38 CFR 3.307 - Presumptive service connection for chronic, tropical or prisoner-of-war related disease, or disease associated with exposure to certain herbicide agents; wartime and service on or after January 1, 1947.](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 3.309 – Disease subject to presumptive service connection](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 3.383(a) - Special consideration for paired organs and extremities](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 4.115 – Nephritis](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [38 CFR 4.115a – Ratings of the genitourinary system – dysfunctions](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [38 CFR 4.115b – Ratings of the genitourinary system - diagnoses](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [M21-1, Part III, Subpart iv, Chapter 4, Section I - Conditions of Other Body Systems](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/)
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| Topic 1: Common Considerations of the Genitourinary System |
| Introduction | This topic will allow the trainee to identify common conditions and considerations when addressing claims concerning the genitourinary system. |
| Time Required | 0.75 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Identify genitourinary diagnoses and dysfunctions
* Understand various rules and regulations governing the rating of genitourinary conditions

The following topic teaching points support the topic objectives: * Erectile Dysfunction(ED)/Loss of Use of a Creative Organ
* Nephritis vs. Nephropathy
* Calculi of the Kidney, Bladder, or Gallbladder
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| Erectile dysfunction and SMC KSlide 6-8Handout 4 | Diagnostic code 7522 – penis deformity, with loss of erectile power is a commonly used code. The rating schedule lists only a 20% evaluation, which requires both penile deformity and the loss of erectile power. Many times, a diagnosis of erectile dysfunction is present and a 0% evaluation is warranted. This is in accordance with 38 CFR 4.31, zero percent evaluations.As noted, ED is commonly associated with other service connected conditions. These include, but are not limited to, prostate cancer, diabetes mellitus, type II, and multiple sclerosis. When service connection is found to be warranted for ED, we should consider entitlement to special monthly compensation for loss of use of a creative organ (SMC K). Entitlement to SMC K is a separate determination from ED, and is made on a factual basis. Although the two commonly exist together, the award of one is not automatic in the presence of the other.Also, when granting service connection for ED as a complication of diabetes mellitus, at a non-compensable rate, we must take Note 1 of DC 7913 into consideration. This note directs us that non-compensable complications are considered part of the diabetic process under DC 7913. In other words, the ED should be included with the evaluation for diabetes and not given a separate non-compensable evaluation.Example: DC 7913, diabetes mellitus, type II with erectile dysfunction |
| Nephritis vs. NephropathySlide 9-11Handout 4 | Kidney (renal) conditions are one of the most prevalent conditions addressed in the genitourinary system. There is sometimes confusion between the difference in nehphritis and nephropathy.Nephritis is defined as an inflammatory kidney disease, whereas nephropathy is considered damage to, or disease of, the kidney. Service connection for nephritis is not as common as that for nephropathy, which is a common complication of diabetes mellitus.38 CFR 4.115 – Nephritis, directs us that “separate ratings are not to be assigned for disability from disease of the heart and any form of nephritis, on account of the close interrelationships of cardiovascular disabilities.” The exceptions to this direction are:* If the absence of a kidney is the sole renal disability, or
* In the event chronic renal disease has progressed to the point where regular dialysis is required

In these circumstances, any coexisting hypertension or heart disease will be separately rated.For nephropathy, separate evaluations for heart disease are allowed. For example, a Veteran with herbicide exposure may be service connected for diabetic nephropathy and coronary artery disease. The exception to this is hypertension. Hypertension is accounted for in the evaluations for renal dysfunction. However, the same rules do apply as for nephritis, when the absence of a kidney is the sole renal disability or when regular dialysis is required.Nephropathy is normally evaluated as renal dysfunction. It should be noted that the evaluation for diabetic nephropathy may be based on a number of the genitourinary dysfunctions. These include:* renal dysfunction, if renal function is affected
* voiding dysfunction, if there is incontinence from autonomic nephropathy
* urinary tract infection, if there is chronic pyelonephritis, as appropriate
* kidney transplant
* hemodialysis, or
* nephrectomy
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| Nephrolithiasis/Ureter-olithiasisSlide 12&13Handout 5 | Calculi is any abnormal collection of mineral salts within the body, commonly called a stone. This may occur in various parts of the genitourinary system. Some of the more prevalent areas are the kidneys (nephrolithiasis), ureters (ureterolithiasis), and gallbladder. Calculi may be service connected on a direct, aggravated, secondary, and presumptive basis (38 CFR 3.309(a)) basis. Both nephrolithiasis (DC 7508) and ureterolithias (DC 7510) are evaluated under DC 7509 – hydronephrosis unless there are recurrent stone formations that require:* diet therapy
* drug therapy, or
* invasive or non-invasive procedures more than 2 times per year

Once service connection is established for calculi, any future stone formation is also considered service connected. Also remember, bilateral stone formation is considered a single disability, with one evaluation assigned. |

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| Topic 2: Rating Prostate Cancer Claims |
| Introduction | This topic will allow the trainee to consider key aspects of claims for prostate cancer. |
| Time Required | 0.75 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Properly evaluate claims for prostate cancer

The following topic teaching points support the topic objectives: * Establishing service connection for prostate cancer
* Treatment methods for prostate cancer
* Rating considerations
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| Establishing SC for prostate cancerSlide 14Handout 6 | Diagnostic Code 7528 – malignant neoplasms of the genitourinary system is used to evaluate service connected prostate cancer. Service connection may be established on a direct or presumptive basis. Prostate cancer may be presumptively associated with those that have established herbicide exposure, as well as those with exposure to ionizing radiation (processed at the Jackson RO once diagnosis of prostate cancer is confirmed). Also, if the disease manifests to a compensable degree within 1 year of discharge, service connection may be established under 38 CFR 3.309(a).A diagnosis of prostate cancer requires biopsy evidence. Elevated prostate-specific antigen (PSA) or past medical history are not sufficient to establish a diagnosis of prostate cancer for service connected consideration. |
| Treatment OptionsSlide 13Handout 6 | Once service connection is established, determining the current status of the disease is necessary. There are six common treatment proticals for prostate cancer:* Watchful waiting
* Radical prostatectomy(surgery)
* Cryotherapy
* Radiation – external or brachytherapy
* Hormone suppression therapy
* Chemotherapy

All treatment options have potential side effects. Please refer to M21-1, III.iv.4.I.3.g for a detailed explanation of treatments and side effects. |
| Rating ConsiderationsSlide 14&15Handout 6 | For malignant neoplasms of the genitourinary system, as with other malignant neoplasms, the rating schedule directs us to:*Following the cessation of surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure, the rating of 100 percent shall continue with a mandatory VA examination at the expiration of six months. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter. If there has been no local reoccurrence or metastasis, rate on residuals as voiding dysfunction or renal dysfunction, whichever is predominant.*Therefore, during active cancer rate at the 100% evaluation. For hormone therapy and watchful waiting, continue the 100% evaluation, and consider permanency. Award the 100% for six months after surgery, with the mandatory VA examination scheduled *after* the six month period. If radiation treatment is given, award a 100% evaluation for six months after last treatmet, or for one year plus six months after seed implantation. If the radiation is used as a palliative therapy, continue the 100%, as the cancer is considered active.Once the appropriate 100% evaluation period expires, a mandatory VA examination should be performed. If the cancer is found to no longer be active, evaluations are to be assigned based on residuals. Remember, any reductions are subject to procedures directed in 38 CFR 3.105(e). |

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| Topic 3: Evaluations Under Renal Dysfunctions |
| Introduction | This topic will allow the trainee to properly assign evaluations using the criteria found in 38 CFR 4.115a, specifically under the heading of Renal Dysfunction. |
| Time Required | 0.75 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Assign proper evaluations under 38 CFR 4.115a, Renal Dysfunction
* Rate genitourinary conditions

The following topic teaching points support the topic objectives: * Evaluating renal dysfunction
* Definite decrease in kidney dysfunction
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| Evaluating Renal DysfunctionSlide 18Handout 7 | Many of the diagnoses found in 38 CFR 4.115b refer the decision maker to 38 CFR 4.115a. There are 5 dysfunctions that a genitourinary condition may result in:* Renal
* Voiding
* Urinary Frequency
* Obstructed Voiding, and,
* Urinary Tract Infection

Renal dysfunction is the area which may pose the most difficulty in determining the correct evaluation. When a condition results in renal complications, renal function tests are performed. Some of the key measures provided by these tests include:* Albumin and casts (simple proteins and shed pliable or fibrous material)
* Albuminuria (the constant presence of albumin)
* Blood Urea Nitrogen (BUN)
* Creatinine

The rating schedule allows for specific evaluations for given levels found during renal function testing. Be aware the criteria for renal dysfunction includes levels of hypertension under DC 7101, and the assigning of a separate evaluation would be in conflict with 38 CFR 4.14 – Avoidance of Pyramiding and 38 CFR 4.115 – Nephritis. |
| Definite Decrease in Kidney FunctionSlide 19Handout 7 | The rating schedule allows for a 60% evaluation based on definite decrease in kidney function. This can occur when creatinine levels are found to be above the upper limit for the testing laboratory. BUN levels above lab limits should not be used to assign the 60% evaluation for definite decrease in kidney function. Please refer to M21-1 III.iv.4.I.3.i Evaluating Renal Conditions Using BUN. |

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| Practical Exercise |
| Time Required | 0.5 hours |
| EXERCISE | Provide diagnostic code(s), disease entity, and evaluation, if applicable, in your answer.Ask if there are any questions about the information presented in the exercise, and then proceed to the Review. |

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| Lesson Review, Assessment, and Wrap-up |
| IntroductionDiscuss the following: | The Genitourinary System (Post Challenge) lesson is complete. Review each lesson objective and ask the trainees for any questions or comments. |
| Time Required | .25 hours  |
| Lesson Objectives | You have completed the Genitourinary System lesson. The trainee should be able to: * Identify genitourinary diagnoses and dysfunctions
* Understand various rules and regulations governing the rating of genitourinary conditions
* Process claims pertaining to prostate cancer
* Assign proper evaluations under 38 CFR 4.115a, Renal Dysfunction
* Rate genitourinary conditions
 |
| Assessment  | Remind the trainees to complete the on-line 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. |