The Genitourinary Sytem

(RVSR IWT)

Instructor Lesson Plan

Time Required: 1.5 Hours

**Table of Contents**

[Lesson Description 2](#_Toc443920552)

[Introduction to Genitourinary 4](#_Toc443920553)

[Topic 1: Genitourinary Described 5](#_Toc443920554)

[Topic 2: Rating Schedule 7](#_Toc443920555)

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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 # | <Enter from Website or from Lead> |
| Prerequisites | Prior to this lesson, the Rating Veteran Service Representatives (RVSRs) should have completed the Genitourinary TPSS. |
| target audience | The target audience for **Genitourinary** is RVSR, Entry Level.Although this lesson is targeted to teach the RVSR, Entry Level employee, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 1.5 hours |
| Materials/TRAINING AIDS | Lesson materials:* **Genitourinary** PowerPoint Presentation
* **Genitourinary** Trainee 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
* **Lync**
* **SchoolHouse**
 |
| 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 |
| 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 | 1.5 hours |
| Purpose of LessonExplain the following: | This lesson is intended to provide information on rating genitourinary cases during the development of claims for service connection. This lesson will contain discussions and exercises that will allow a better understanding of: * Medical issues related to the genitourinary system
* The rating scheduler for disabilities related to the genitourinary system
* Special considerations related to the genitourinary system
 |
| Lesson ObjectivesDiscuss the following:Slide 2  | In order to accomplish the purpose of this lesson, the RVSR will be required to accomplish the following lesson objectives.The **RVSR** will be able to: * Given the available references, evaluate conditions of the genitourinary system, with 98% accuracy.
 |
| Explain the following: | Each learning objective is covered in the associated topic. At the conclusion of the lesson, the learning objectives will be reviewed by completing an E-Case.  |
| ReferencesSlides 3-4 | 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 3.309, Disease subject to presumptive service connection](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58#se38.1.3_1309)
* [38 CFR 3.383, 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#se38.1.3_1383)
* [38 CFR 4.115, Nephritis](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_1115)
* [38 CFR 4.115(a), Ratings of the genitourinary system-dysfunctions](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_1115a)
* [38 CFR 4.115(b), Ratings of the genitourinary system-diagnoses](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_1115b)
* [M21-1, Part III, Subpart iv, 4. I, Genitourinary Conditions](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/#agent/portal/554400000001034/article/554400000014202/M21-1-Part-III-Subpart-iv-Chapter-4)
* [M21-1, Part III, Subpart iv, 4.F, Consideration of Hypertension as Secondary to Diabetes Mellitus](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/#agent/portal/554400000001034/article/554400000014202/M21-1-Part-III-Subpart-iv-Chapter-4)
* [M21-1, Part IV, Subpart ii, 2.J, Cancer Evaluations and Staged Ratings](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/#!agent/portal/554400000001034/article/554400000014579/M21-1-Part-IV-Subpart-ii-Chapter-2-S)

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| Topic 1: Genitourinary Described |
| Introduction | This topic will allow the trainee to understand primary genitourinary functions. The trainee will learn the types of genitourinary dysfunctions and infections for rating purposes. |
| Time Required | .5 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Understand primary genitourinary functions
* Identify the types of genitourinary dysfunctions and infections for rating purposes

The following topic teaching points support the topic objectives: * Description of genitourinary system
* Explanation of nephritis for rating purposes
* Rating catagories of the genitourinary system explained
 |
| Genitourinary DescribedSlide 5 | EXPLAIN that the genitourinary system is divided into the urinary and reproductive (genito) functions |
| NephritisSlide 6 | EXPLAIN that the reason you do not give a separate rating is because nephritis has a close interrelationships of cardiovascular disabilities. EXPLAIN that the abscess of a kidney or where regular dialysis is required and any hypertension or heart disease will be separately ratedDon’t confuse Nephritis (inflammation of the kidneys) with Nephropathy (damage/disease of the kidneys) as they are two different conditions.  |
| Ratings of the Genitourinary SystemSlide 7 | EXPLAIN that there is a clear and criteria for rating the GU system and that it is based on one of the following or combination of those conditions. EXPLAIN how the rating schedule is divided into the 5 different criteria. (the following slides are the rating schedule for each of the 5 criteria, trainees can go to the schedule using CPKM or follow slides)NOTE This is a good time to talk about successive criteria verse non-successive criteria.M21-1 III.iv.4.F.1.d. Successive Criteria Requirement for the Next Higher Disability Evaluation• Camacho v. Nicholson, July 6, 2007, No. 05-1394 regarding successive criteria, and• Tatum v. Shinseki, September 28, 2009, No. 07-2728 regarding reaffirmation of successive criteria when evaluating diabetes mellitus.This means the Veteran can only be rated at the next higher disability evaluation when all criteria at the lower disability evaluation are met plus element(s) specific to the higher evaluation are satisfied.EXPLAIN the schedule for renal dysfunction – and that it is not successive in its requirements |
| Renal DysfunctionSlide 8**Handout - Chem LAB** | Kidney failure-renal insufficiency-this is where the kidneys fail to adequately filter waste products from the blood.DIRECT trainees to the Chem LAB handout:* Elevated BUN of 40mg% or greater can be used to support an evaluation of 80 or 100 percent for renal disease as described in 38 CFR 4.115a.
* When the BUN is elevated at greater than 20mg% but less than 40mg%, do not enter the BUN value in the Evaluation Builder or use this value alone to support a finding of definite decrease in kidney function. BUN is analyzed with respect to the other laboratory values such as creatinine and the glomerular filtration rate (eGFR) to provide a better assessment of kidney function.
* Normal creatinine levels vary between men and women and by laboratory. The lab report should note the normal level used by that particular laboratory for the patient.
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| Voiding DysfunctionSlide 9 | Voiding dysfunction:Usually this is where there is poor coordination between the bladder muscle ant the urethra. Either the pelvic floor muscle cannot relax or they are over active during voiding.EXPLAIN the schedule for voiding dysfunction |
| Urinary FrequencySlide 10 | Urinary frequency:Usually where the bladder is unable to store urine until it is convenient to empty it, typically 4-8 times a day.EXPLAIN the schedule for urinary frequency |
| Obstructed VoidingSlide 11 | Obstructed voiding:Common and often result of urethral obstruction to urine flow. Rare in women.Obstructions can be due to to failure of the sphincteric mechanism to sufficiently relax.**EXPLAIN** the schedule for obstructed voiding |
| Urinary Tract Infection*Slide 12* | Urinary tract infectionCommon UTI’s are in the bladder and urethra, more serious spread to the kidneys.EXPLAIN the schedule for urinary tract infection |

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| Topic 2: Rating Schedule |
| Introduction | This topic will allow the trainee to review rating criteria for specific disabilities of the genitourinary system. The trainee will learn to apply diagnostic criteria and DBQ results for rating purposes. |
| Time Required | .5 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Identify rating criteria for specific genitourinary disabilities
* Select correct DBQ for a given disability
* Apply criteria to Evaluation Builder to provide correct evaluation

The following topic teaching points support the topic objectives: * Review of DC 7508, 7509, 7522, 7528, 7541, 7542
* Review of DBQ for DC 7508, 7509, 7522, 7528, 7541, 7542
* Demonstrate Evaluation builder
* Review special considerations for rating of the genitourinary system
 |
| Rating ScheduleSlide 13 | EXPLAIN that we are goin to review the following disabilities in the Rating Schedule:* Kidney Stones
* Erectile Dysfunction and Impotency
* Prostate Cancer
* Renal Involvement in Diabetes
* Neurogenic Bladder

The following slides will cover each disability from the rating schedule. Trainees can go to the schedule using CPKM or follow slides |
| Nephrolithiasis (kidney stones) DC 7508Slide 14-15 | EXPLAINthe rating criteria for kidney stones also explain that kidney stone can lead to hydronephrosis (slide 14)EXPLAINhow the examiner will mark the DBQ (slide 15) and show what condition the Veteran is experiencing to allow the RVSR to pair those condition with the Rating Schedule (slide 14). EXPLAIN how MEPSS shows the note for applying the provisions of 3.307 for presumptive service connection |
| Erectile Dysfunction and Impotency DC 7522Slide 16 | EXPLAIN the Rating Schedule for erectile dysfunction and that is rated under penis, deformity, with loss of erectile power and unless there is deformity of the penis it will be rated at 0 percent. EXPLAIN how the examiner will mark the DBQ so that the RVSR can apply it to the Rating Schedule EXPLAIN that granting of erectile dysfunction usually requires the granting of SMC-K |
| Prostate Cancer DC 7528Slide 17 | EXPLAIN that with all cancers the condition is rated at 100 percent until the prescribed period following treatment. A diagnosis of prostate cancer is made only on the basis of a prostate biopsy. An elevated prostate-specific antigen (PSA) test is not diagnostic of cancer.EXPLAIN SC for prostate cancer does not automatically result in SC for ED, or entitlement to SMC (k).Radical prostatectomy is a special case. In all cases where prostate cancer is treated with radical prostatectomy, award entitlement to SMC (k) for LOU of a creative organ without additional examination or medical opinion.  |
| Renal Involvement in Diabetes Mellitus DC 7541*Slide 18* | EXPLAIN the Rating Schedule for renal involvement in diabetes under DC 7541 and how it will be rated under renal dysfunction. EXPLAIN how the examiner will mark the DM DBQ and how it requires the examiner to do a Kidney DBQ so that the RVSR can apply it to the Rating Schedule. EXPLAIN if no Kidney DBQ is completed the examination will have to be returned to the examiner if these boxes (on DM DBQ) are marked |
| Neurogenic Bladder DC 7542*Slide 19* | EXPLAIN that the rating for neurogenic bladder is done under voiding dysfunction. EXPLAIN how the examiner will mark the DBQ and so that the RVSR can apply it to the Rating Schedule. |
| VBMS-R Evaluation Builder Demo*Slide 20* | Demonstrate how to use the evaluation builder for the conditions covered in this lesson (see demonstration notes below). |
| Special Considerations*Slide 21* | EXPLAIN that as with all rating issues, always check for any of these that may apply. The Rating Schedule is always changing as application of medicine, federal guidelines and implementation of procedures are updated. |
| Questions?*Slide 23* | ASK trainees if they have any questions on the material covered up to this point.E-case for this lesson |
| Exercise | E-Case assigned for this lesson. |
| DEMONSTRATION | Demonstrate how to use the evaluation builder for the conditions covered in this lesson - NOTE:* Malignant neoplasms provide tabs for input of residual dysfunction when remissioin is selected
* ED associated with DMII would be evaluated using the endocrine evaluation builder. Select DM, then complications that would not be compensable if separately evaluated, then other body system, then ED.
* BUN lab value should not be input if less than less than 40mg%
* HTN is always a consideration when evaluating renal dysfunction
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