Respiratory System (Post Challenge)

Instructor Lesson Plan

Time Required: 3.5 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 # | 4178968 |
| 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 Respiratory 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 | 0.25 hour |
| Materials/TRAINING AIDS | Lesson materials:* Respiratory SystemPowerPoint Presentation
* Respiratory System 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 Respiratory System (Post Challenge) |
| 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 Respiratory System. This lesson will contain discussions and exercises that will allow you to gain a better understanding of: * Respiratory System Basics
* Evaluating Respiratory Conditions
* 38 CFR 4.96
* Tobacco Related Claims
* Sleep Apnea
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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: * Properly evaluate respiratory conditions
* Apply Pulmonary Functions Test (PFT) results to the rating schedule
* Identify other considerations
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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 respiratory system covers a vast array of conditions. The rating criteria for differing types of conditions also varies. 38 CFR 4.96 provides detailed guideance on rating respiratory conditions. It is very important we garner a thorough understanding of the do’s and don’t’s of dealing with claims involving the respiratory system. |
| STAR Error code(s) | TBD |
| ReferencesSlide 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/).* [38 CFR 3.300 Claims based on the effects of tobacco products](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 4.96 Special provisions regarding evaluation of respiratory conditions](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [38 CFR 4.97 Schedule of ratings – respiratory system](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 D - Respiratory Conditions](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/)
* [M21-1, Part IV, Subpart ii, Chapter 2, Section K - Other Compensation Considerations](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/)
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| Topic 1: Basics of Rating Respiratory Conditions |
| Introduction | This topic will allow the trainee to identify common considerations when addressing claims concerning the respiratory system. |
| Time Required | 1.0 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Properly evaluate respiratory conditions
* Apply PFT results to the rating schedule

 The following topic teaching points support the topic objectives: * Respiratory System Basics
* Evaluating Respiratory Conditions
* 38 CFR 4.96
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| Respiratory System BasicsSlide 4&5Handout 4 | The respiratory system is broken into two types of conditions; Restrictive Disease and Obstructive Disease.Restrictive Airway Diseases are those which reduce the expansion of lung parenchyma. This in turns decreases the vital capacity of the lungs. Examples include sarcoidosis, interstitial fibrosis, and asbestosisObstructive Airway Diseases are due to obstruction of the airway, which result in resistance to airflow. Examples include asthma, bronchiectasis, bronchitis and chronic obstructive pulmonary disease (COPD).It should be noted that both kind of disease may co-exist.  |
| Evaluating Respiratory ConditionsSlide 6-11Handout 4 | Pulmonary Function Tests (PFTs) are required for evaluating interstitial lung diseases and all diseases of trachea and bronchi, except for Bronchiectasis. The rating schedule uses two types of PFTs; spirometry and diffusing capacity.Spirometry is based on age, sex and physical structure, especially height. The results are measured against that of a healthy person of same age, sex and height. Test results are reported as forced expiratory volume per second (FEV-1) and forced vital capacity (FVC ). Most conditions are evaluated based on FEV-1 and/or FEV-1/FVC.Diffusing capacity is reported as diffusion capacity of the lung for carbon monoxide by the single breath method (DLCO (SB)).When the rating schedule criteria includes PFT results, PFTs must be obtained except when:* the results of a maximum exercise capacity test are of record and are 20 milliliters/per kilogram of body weight per minute (ml/kg/min) or less
* pulmonary hypertension has been diagnosed
* cor pulmonale has been diagnosed
* right ventricular hypertrophy has been diagnosed
* there have been one or more episodes of acute respiratory failure, or
* outpatient oxygen therapy is required

PFT’s may be found in private treatment records as well. The results may not appear the same as VA records. Any differences should be reconciled with all evidence considered, and additional testing or clarifying medical opinion requested if needed. |
| 38 CFR 4.96Slide 12Handout 4 | 38 CFR 4.96 - Special provisions regarding evaluation of respiratory conditions, outlines specific details of evaluating conditions of the respiratory system.There are four paragraphs within 38 CFR 4.96:1. rating coexisting respiratory conditions
2. rating “protected” tuberculosis cases
3. special monthly compensation
4. Special provisions for the application of evaluation criteria for diagnostic codes 6600, 6603, 6604, 6825-6833, and 6840-6845

Each paragraph is explained below. |
| 38 CFR 4.96 (a)Slide 13Handout 4 | Rating coexisting respiratory conditionsSeparate evaluations for conditions under DC’s 6600 through 6817 and 6822 through 6847 is not allowedAssign a single evaluation under the diagnostic code which reflects the predominant disability |
| 38 CFR 4.96 (b)Slide 14Handout 4 | Rating “protected” tuberculosis casesRefer to this section when addressing claims in which a Veteran was receiving compensation for tuberculosis on or around August 19, 1968 |
| 38 CFR 4.96 (c)Slide 15Handout 4 | Special monthly compensationRefer to 38 CFR 3.350 for claims involving complete organic aphoniaThe footnotes describe other conditions which under certain circumstances also establish entitlement to special monthly compensation |
| 38 CFR 4.96 (d)Slide 16-22Handout 4 | Special provisions for the application of evaluation criteria for diagnostic codes 6600, 6603, 6604, 6825-6833, and 6840-6845.(1) PFTs are required to evaluate these conditions except:  (i) When the results of a maximum exercise capacity test are of record and are 20 ml/kg/min or less. If a maximum exercise capacity test is not of record, evaluate based on alternative criteria. (ii) When pulmonary hypertension (documented by an echocardiogram or cardiac catheterization), cor pulmonale, or right ventricular hypertrophy has been diagnosed. (iii) When there have been one or more episodes of acute respiratory failure.  (iv) When outpatient oxygen therapy is required.(2) If the DLCO (SB) (Diffusion Capacity of the Lung for Carbon Monoxide by the Single Breath Method) test is not of record, evaluate based on alternative criteria as long as the examiner states why the test would not be useful or valid in a particular case.(3) When the PFT's are not consistent with clinical findings, evaluate based on the PFT's unless the examiner states why they are not a valid indication of respiratory functional impairment in a particular case.(4) Post-bronchodilator studies are required when PFT's are done for disability evaluation purposes except when the results of pre-bronchodilator pulmonary function tests are normal or when the examiner determines that post-bronchodilator studies should not be done and states why.(5) When evaluating based on PFT's, use post-bronchodilator results in applying the evaluation criteria in the rating schedule unless the post-bronchodilator results were poorer than the pre-bronchodilator results. In those cases, use the pre-bronchodilator values for rating purposes.(6) When there is a disparity between the results of different PFT's (FEV-1 (Forced Expiratory Volume in one second), FVC (Forced Vital Capacity), etc.), so that the level of evaluation would differ depending on which test result is used, use the test result that the examiner states most accurately reflects the level of disability.(7) If the FEV-1 and the FVC are both greater than 100 percent, do not assign a compensable evaluation based on a decreased FEV-1/FVC ratio. |
| Topic 2: Additional Considerations |
| Introduction | This topic will allow the trainee to identify the various types of additional considerations when reviewing respiratory conditions. |
| Time Required | 1.0 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Identify other rating considerations pertaining to the respiratory system

The following topic teaching points support the topic objectives: * Tobacco Related Claims
* Alternative rating criteria
* Sleep apnea
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| Tobacco Related ClaimsSlide 23-24Handout 5 | 38 CFR 3.300 Claims based on the effects of tobacco products, directs us that service connection for a disability or death that results from tobacco use in service is not allowed.However, service connection may be established on a secondary or aggravation basis if:1) The disability or death resulted from a disease or injury that is otherwise shown to have been incurred or aggravated during service. For purposes of this section, “otherwise shown” means that the disability or death can be service-connected on some basis other than the veteran's use of tobacco products during service, or that the disability became manifest or death occurred during service; or (2) The disability or death resulted from a disease or injury that appeared to the required degree of disability within any applicable presumptive period under §§3.307, 3.309, 3.313, or 3.316; or (3) Secondary service connection is established for ischemic heart disease or other cardiovascular disease under §3.310(b). |
| Alternative Rating CriteriaSlide 25Handout 5 | Many of the conditions we address in the respiratory system are evaluated on PFT results. RVSRs have historically focused on these results alone. However, many of the conditions also have alternative rating criteria. DC 6602, asthma, bronchial, is an example. Each of the compensable levels may be assigned based on levels of PFT results. Each level also consists of criteria based on the frequency and type of medication prescribed to treat bronchial asthma. To overlook such treatment criteria may result in misevaluation of the condition. |
| Sleep ApneaSlide 26-27Handout 5 | Sleep apnea is a common disorder in which you have one or more pauses in breathing or shallow breaths while you sleep. Breathing pauses can last from a few seconds to minutes. They may occur 30 times or more an hour. A diagnosis must be confirmed by a polysomnography, also called a sleep study. This is a test used to diagnose sleep disorders. Sleep studies record your brain waves, the oxygen level in your blood, heart rate and breathing, as well as eye and leg movements during the study.When a claim for service connection for sleep apnea is received, a diagnosis must be confirmed by sleep study. If medical evidence is received suggesting a diagnosis, not supported by a sleep study, this is sufficient to trigger an exam, considering other criteria of 38 CFR 3.159(c)(4). However, the suggested diagnosis alone is not sufficient to establish service connection.There may be occasion when a claim for increase for previously service connected sleep apnea, which was not established with a confirmed sleep study diagnosis, is received. In these instances, refer to the following table from M21-1 III.iv.4.D.1.. Processing Claims for Increase in Sleep ApneaFollow the steps in the table below to process a claim for increase in sleep apnea.

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| **Step** | **Action** |
| 1 | Is there a sleep study confirming the diagnosis of sleep apnea?* If *yes*, go to Step 6.
* If *no*, go to Step 2.
 |
| 2 | Has service connection for sleep apnea been in effect for 10 years or more?* If *yes*, go to Step 6.
* If *no*, go to Step 3.
 |
| 3 | * Request an examination with sleep study to confirm the diagnosis.
* Go to Step 4.
 |
| 4 | Does the sleep study confirm the diagnosis of sleep apnea?* If *yes*, go to Step 6.
* If *no*, go to Step 5.
 |
| 5 | Prepare a proposal to sever SC for sleep apnea in accordance with [38 CFR 3.105(d)](http://www.ecfr.gov/cgi-bin/text-idx?SID=75e91c496dce5ed5644ffe9c98fc27aa&mc=true&node=se38.1.3_1105&rgn=div8).***Reference***: For more information on preparing proposed rating decisions, see [M21-1, Part III, Subpart iv, 8.B.1](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/#!agent/portal/554400000001034/article/554400000014212/M21-1, Part III, Subpart iv, Chapter 8, Section B - Proposed Rating Decisions). |
| 6 | Perform any additional development as necessary, continue SC for sleep apnea, and assign an evaluation based on the evidence of record. |

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| Practical Exercise |
| Time Required | 0.75 hours |
| EXERCISE | Trainees should read each scenario and answer the corresponding questions. Individual or group activity is at the discretion of the instructor. 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 Respiratory 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 Respiratory System (Post Challenge) lesson. The trainee should be able to: * Properly evaluate respiratory conditions
* Apply PFT results to the rating schedule
* Identify other considerations
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| 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. |