Rating Psychiatric Conditions (Post Challenge)

Instructor Lesson Plan

Time Required: 3.5 Hours

**Table of Contents**

[Lesson Description 2](#_Toc444584785)

[Introduction to Rating Psychiatric Conditions (Post Challenge) 4](#_Toc444584786)

[Topic 1: Mental Disorders Regulations 5](#_Toc444584787)

[Topic 2: Rating Considerations 8](#_Toc444584788)

[Topic 3: Miscellaneous Topics 11](#_Toc444584789)

[Practical Exercise 15](#_Toc444584791)

[Lesson Review, Assessment, and Wrap-up 16](#_Toc444584792)

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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 # | 4180048 |
| 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 Rating Psychiatric Conditions (Post Challenge) is RVSR.  Although this lesson is targeted to teach the RVSR, (Post Challenge) employee, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 3.5 hours |
| Materials/ TRAINING AIDS | Lesson materials:   * Rating Psychiatric Conditions (Post Challenge) PowerPoint Presentation * Rating Psychiatric Conditions (Post Challenge) Trainee Handouts |
| 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 |
| 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 Rating Psychiatric Conditions (Post Challenge) | | |
| INSTRUCTOR INTRODUCTION | | Complete the following:   * Introduce yourself * Orient learners to the facilities * Ensure that all learners have the required handouts |
| time required | | 0.25 hour |
| Purpose of Lesson  Explain the following: | | This lesson is intended to review key points to consider while evaluating claims pertaining to psychiatric conditions. This lesson will contain discussions and exercises that will allow you to gain a better understanding of:   * Mental Disorders Regulations * Rating Considerations * Miscellaneous Topics |
| Lesson Objectives  Discuss 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.  The RVSRwill be able to:   * Recognize pertinent regulations pertaining to rating psychiatric conditions * Integrate results of DSM-IV and DSM-5 findings to assign appropriate evaluations using the Mental Disorder Criteria in the VA Schedule for Rating Disabilities * Determine whether service connection is warranted for diagnosed conditions | |
| 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 | Introduce yourself and inform participants of the lesson topic. Explain to the trainees that this is the second of three sections that make up the lesson on Psychiatric Disorders. Inform them that their Handout includes the pertinent information for all three sections of the lesson. Explain that the classroom discussion for this section of the lesson will not include every detail of the Handout. | |
| STAR Error code(s) | A1, A2, C1, C2, D1 | |
| References  Slide 3&4  Handout <> | 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 3.302 - Service connection for mental unsoundness in suicide**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58) * [**38 CFR 3.304(f)(3) - Direct service connection; wartime and peacetime**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58) * [**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(a) - 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 3.344 - Stabilization of disability evaluations**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58) * [**38 CFR 3.327 - Reexaminations**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58) * [**38 CFR 3.384 - Psychosis**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58) * [**38 CFR 4.125 – Diagnosis of mental disorders**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5) * [**38 CFR 4.126 – Evaluation of disability from mental disorders**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5) * [**38 CFR 4.127 – Intellectual disability and personality disorders**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5) * [**38 CFR 4.128 – Convalescence ratings following extended hospitalization**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5) * [**38 CFR 4.129 – Mental disorders due to traumatic stress**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5) * [**38 CFR 4.130 – Schedule of ratings - mental disorders**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5) * [**M21-1, Part III, Subpart iv.4.H.6 - Deciding a Claim for Service Connection for PTSD**](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/#agent/portal/554400000001034/article/554400000014201/M21-1-Part-III-Subpart-iv-Chapter-4) * [**M21-1, Part III, Subpart iv.3.D.2 - Examination Report Requirements**](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/#agent/portal/554400000001034/article/554400000015812/M21-1-Part-III-Subpart-iv-Chapter-3) * [**M21-1, Part III, Subpart iv, 3, B - Scheduling Examinations**](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?portalid=554400000001034https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/#agent/portal/554400000001034/article/554400000015810/M21-1-Part-III-Subpart-iv-Chapter-3) | |

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| Topic 1: Mental Disorders Regulations | |
| Introduction | This topic will allow the trainee to review and discuss 38 CFR Part 4 portions addressing mental disorders. |
| Time Required | 0.75 hours |
| OBJECTIVES/ Teaching Points | Topic objectives:   * Recognize pertinent regulations pertaining to rating psychiatric conditions   The following topic teaching points support the topic objectives:   * Rating schedule discussion * Conversion from DSM-IV to DSM-5 |
| 38 CFR 4.125  Slide 5&6  Handout 4 | 38 CFR 4.125 notes that if the diagnosis of a mental disorder does not conform to DSM-5 or is not supported by the findings on the examination report, the rating agency shall return the report to the examiner to substantiate the diagnosis. However, stress to the class they may receive a Mental Conditions DBQ which still uses DSM-IV diagnostic criteria. If complete and is supported by evidence, these exams do not need to be returned to the examiner.  This regulation also addresses changes in a diagnosis. If the diagnosis of a psychiatric condition is changed, the rating activity must determine if this represents   * progression of the prior disorder * correction of an error in the prior diagnosis, or * development of a new and separate condition   If the reason for the change is not clear after a review of the evidence, clarification from an examiner is required. This is not an unusual occurrence, and students should expect to see this. Stress that with the conversion to DSM-5, the naming convention for some psychiatric conditions may change. |
| 38 CFR 4.126  Slide 7  Handout 4 | 4.126 Evaluation of disability from mental disorders.  (a) When evaluating a mental disorder, the rating agency shall consider the frequency, severity, and duration of psychiatric symptoms, the length of remissions, and the veteran's capacity for adjustment during periods of remission. The rating agency shall assign an evaluation based on all the evidence of record that bears on occupational and social impairment rather than solely on the examiner's assessment of the level of disability at the moment of the examination.  (b) When evaluating the level of disability from a mental disorder, the rating agency will consider the extent of social impairment, but shall not assign an evaluation solely on the basis of social impairment.  (c) Neurocognitive disorders shall be evaluated under the general rating formula for mental disorders; neurologic deficits or other impairments stemming from the same etiology (e.g., a head injury) shall be evaluated separately and combined with the evaluation for neurocognitive disorders (see §4.25).  (d) When a single disability has been diagnosed both as a physical condition and as a mental disorder, the rating agency shall evaluate it using a diagnostic code which represents the dominant (more disabling) aspect of the condition (see §4.14).  When evaluating psychiatric conditions, the entire body of evidence should be considered. Assigning an evaluation based solely on the “snapshot” DBQ may not take into account the overall picture of the condition.  Also, there are several circumstances in which physical disabilities may overlap symptoms with psychiatric conditions. There will be additional information later in this presentation. |
| 38 CFR 4.127  Slide 8  Handout 4 | Intellectual disability (intellectual developmental disorder) and personality disorders are not diseases or injuries for compensation purposes, and, except as provided in §3.310(a), (Disabilities that are proximately due to, or aggravated by, service-connected disease or injury), of this chapter, disability resulting from them may not be service-connected. However, disability resulting from a mental disorder that is superimposed upon intellectual disability (intellectual developmental disorder) or a personality disorder may be service-connected |
| 38 CFR 4.128  Slide 9  Handout 4 | When a Veteran is hospitalized due to a service connected psychiatric condition in excess of 21 days, a total disability rating is warranted per 38 CFR 4.29. If the hospitalization continues for six months or more, the total evaluation shall be continued indefinitely, with a mandatory VA examination conducted six months after discharge or release to nonbed care. Any change in evaluation resulting from the mandatory exam, or any subsequent exam, is subject to the provisions of 38 CFR 3.105(e).  If the Veteran is hospitalized for six months or longer, code the total evaluation using the diagnostic code, not 38 CFR 4.29. |
| 38 CFR 4.129  Slide 10  *Handout 4* | When a mental disorder that develops in service as a result of a highly stressful event is severe enough to bring about the Veteran's release from active military service, the rating agency shall assign an evaluation of not less than 50 percent and schedule an examination within the six month period following the Veteran's discharge to determine whether a change in evaluation is warranted.  Additional information for this topic is available in PTSD training. |
| 38 CFR 4.130  Slide 11  *Handout 4* | The rating schedule for Mental Disorders was updated August 4, 2014, changing the list of diagnoses to comply with DSM V.  The General Rating Formula for Mental Disorders and the Rating Formula for Eating Disorders did not change.  When reviewing rating decisions prior to August 4, 2014, you may need to refer to the historical CFR Part 4.  Display the rating schedule for psychiatric conditions and the historical version. Show changes made in diagnoses and discuss the previously mentioned Mental Disorders DBQ containing DSM-IV criteria. |

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| Topic 2: Rating Considerations | |
| Introduction | This topic will allow the trainee to utilze knowledge to establish service connection for psychiatric conditions. |
| Time Required | 0.75 hours |
| OBJECTIVES/ Teaching Points | Topic objectives:   * Integrate results of DSM-IV and DSM-5 findings to assign appropriate evaluations using the Mental Disorder Criteria in the VA Schedule for Rating Disabilities * Determine whether service connection is warranted for diagnosed conditions   The following topic teaching points support the topic objectives:   * Identifying claims * Rating considerations |
| Sympathetic Reading  Slide 12  Handout 5 | A claim for one mental condition is a claim for all mental conditions. What this translates to is:  A claim for a particular mental disorder should be read as a claim for any mental disability that may be reasonably defined by:   * the description of the claim * the symptoms that the claimant describes * the information and evidence that the claimant submits, and * any other information and evidence obtained   For example, if a Veteran claims depression, and a diagnosis of PTSD or anxiety disorder is returned, do not automatically deny for no diagnosis. Do not limit consideration only to a particular mental disorder diagnosis identified by the claimant. Instead, sympathetically read the claim as including any chronic acquired mental disorder consistent with the analysis above.  If additional development is needed to address an alternative diagnosis in the evidentiary record, ensure that this is completed before making a decision. It is impermissible to limit the scope of the claim for service connection to the claimant’s lay hypothesis about the nature of a specific mental disorder disability. Because the Veteran is reasonably requesting benefits for symptoms of a mental disorder that he/she is not competent to medically identify, it is insufficient for the Department of Veterans Affairs (VA) to simply deny benefits for the claimed diagnosis and not address evidence in the record of other mental disorder diagnoses as indicated in Clemons v. Shinseki, 23 Vet. App. 1 (2009). |
| Establishing Service Connection  Slide 13&14  Handout 5 | Service connection for psychiatric conditions may be established in any of the four possible methods:   * direct incurrence * aggravation of pre-existing condition * presumption under 38 CFR 3.309(a) * secondary basis   Service connection on a direct basis is similar to any other claimed condition. There must be in-service evidence of the an event, disease or symptoms. Service connection for PTSD has other caveats that apply and are discussed in other TMS material. A key point to cover is that service connection for PTSD based on fear is allowed when this type of stressor is conceded per 38 CFR 3.304(f)(3). However, if a diagnosis of another psychiatric condition is returned, not PTSD, service connection cannot be conceded based on fear, and the event leading to the condition must be verified.  If evidence of pre-existing mental condition is found upon enlistment, service connection may be established if the condition was aggravated beyond natural progression. A couple key points to remember:   * presumption of soundness applies * service connection for intellectual disability and personality disorder may be considered on an aggravated basis   Service connection may be established presumptively as a psychosis that manifests to a compensable degree under 3.309(a). Any of the anxiety states, along with dysthymic disorder (or depressive neurosis), may be service connected for those with former prisoner of war status.  Note: for more information pertaining to eligible psychoses, please see 38 CFR 3.384.  Service connection may also be established on a secondary condtion. It is not uncommon for a psychiatric condition to manifest due to another service connection condition. |
| General Rating Considerations  Slide 15-19  Handout 5 | Here are some key points to discuss when addressing claims for psychiatric conditions:   * if requesting an examination, ensure DBQ is complete and conforms with relevant DSM * review the entire body of evidence and gain a clear understanding of how the psychiatric symptoms impact social and industrial functioning * when establishing service connection, establish based on a confirmed DSM diagnosis, not merely symptoms * remember, only one evaluation is allowed for mental conditions. If multiple diagnoses warrant service connection, rate them together   Discuss the scenarios described in slides 16-19 |
| Eating Disorders  Slide 21  Handout 6 | Although rarely addressed, discuss the separate rating formula for Eating Disorders. This portion of the rating schedule covers DCs 9520 and 9521.   * anorexia nervosa and bulimia * severe disturbances in eating behaviors * separately evaluated from other mental conditions, and 38 CFR 4.14 does not apply (Avoidance of Pyramiding) |

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| Topic 3: Miscellaneous Topics | |
| Introduction | This topic will allow the trainee to recognize additional topics that commonly arise when addressing claims for psychiatric conditions. |
| Time Required | 0.75 hours |
| OBJECTIVES/ Teaching Points | Topic objectives:   * Recognize pertinent regulations pertaining to rating psychiatric conditions * Integrate results of DSM-IV and DSM-5 findings to assign appropriate evaluations using the Mental Disorder Criteria in the VA Schedule for Rating Disabilities * Determine whether service connection is warranted for diagnosed conditions   The following topic teaching points support the topic objectives:   * Exams and exam builder * Additional topics for consideration |
| Examinations  Slide 22-24  Handout 7 | Examinations, in the form of DBQs, are an important component of deciding psychiatric condition claims. There are specific rules that apply to examinations of mental conditions. Discuss the following things:   * Diagnostic and Statistical Manual of Mental Disorders (DSM) published by American Psychiatric Association * DSM-5 diagnoses were incorporated into Schedule for Rating Disabilities, effective August 4, 2014 * DSM-5 no longer uses ‘Multiaxial Format’ or Global Assessment of Functioning (GAF) scores * Diagnoses made using DSM-IV criteria remain valid   Note: Slides have been incorporated as a review of the DSM-IV multiaxial classification system and GAF scores. Review and discuss with students. |
| **Mental Disorder Exams-Qualification Requirements**  Slide 25  Handout 7 | Regulations require examiners hold specific credentials in order to perform VA DBQ examinations. Review slide #25 with students, pointing out the following:   * The requirements for initial and review/increase exams are different * VA medical facilities (or the medical examination contractor) are responsible for ensuring that examiners are adequately qualified. * Veterans Service Center (VSC) employees are not expected to routinely review the credentials of clinical personnel to determine the acceptability of their reports, unless there is contradictory evidence of record. (M21-1, III.iv.3.D.2.b.) |
| Insufficient Examinations  Slide 26  Handout 8 | Discuss the following talking points:   * VA examinations are to be conducted using DBQs which are disease and condition-specific * Contain brief medical and industrial history * Record subjective complaints * Record objective findings * List diagnosis of described conditions   \*If exam does not meet above criteria, it is insufficient  **Please note:** A claim should not be denied/reduced based upon an insufficient examination. |
| Evaluation Builder  Slide 27-30 | Open the evaluation builder in VBMS-R and discuss the proper way to enter rating criteria. Remind students all evidence should be considered, and symptoms supported by other medical evidence should be included. Also discuss the option to assign an evaluation one up or one down from the suggested. Discuss with them that if this option is taken, it should be supported by evidence and discussed in the narrative section of the rating decision. |
| Reductions in Evaluations  Slide 31  Handout 8 | * Do not make drastic reductions in evaluations in ratings for psychiatric disorders if a reduction to an intermediate rate is more in agreement with the degree of disability. * Observe the general policy of gradually reducing the evaluation to afford the Veteran all possible opportunities for adjustment. * Reference: For more information on the stabilization of disability evaluations, see 38 CFR 3.344. |
| Evaluating Coexisting Mental and Physical Conditions  Slide 32  Handout 8 | Per 38 CFR 4.126(d), when a single disability has been diagnosed both as a physical condition and as a mental disorder, the rating agency shall evaluate it using a diagnostic code which represents the dominant (more disabling) aspect of the condition (see §4.14).  With this in mind, discuss the following:   * Avoid assigning separate evaluations for SC disabilities based on the same manifestations as this constitutes pyramiding. To warrant separate evaluations, symptoms considered must be distinct and not overlap. * Example: PTSD and fibromyalgia may not be assigned separate evaluations based on shared symptoms of anxiety as this represents rating the same manifestations twice. * References: For more information on   + evaluating a single disability that has been diagnosed both as a physical condition and as a mental disorder, see 38 CFR 4.126, and   + pyramiding, see 38 CFR 4.14 |
| **Potential Pyramiding Conditions**  Slide 33  Handout 9 | Refer to slide #33 and discuss the list of conditions provided and how assigning separate evaluations for the same symptoms is in violation of pyramiding rules found in 38 CFR 4.14. Explain that each of these diagnostic codes uses symptoms similar to the General Rating Formula for Mental Disorders in their rating criteria. |
| Future Exams  Slide 34  Handout 9 | Future examinations are only required or permitted under certain circumstances:   * when assigning a pre-stabilization rating per 38 CFR 4.28 * six months following after discharge or release to nonbed care when the Veteran has been hospitalized for six months or more for a service connected mental condition * when the evidence of record clearly shows the likelihood for improvement   Stress to the students it is not our prerogative to request a reexamination just because we think or believe the Veteran should improve. (ie. A young Veteran with a high evaluation is not an indication that improvement is likely.) Sound medical evidence is required, indicating the likelihood of improvement, to warrant a future exam. Other than those reasons listed above, there are no automatic future exams required or allowed by regulations. |
| Substance Abuse  Slide 35  Handout 9 | * Service connection for alcohol abuse as a primary condition is prohibited * Service connection for drug abuse in claims filed after November 1, 1990, is prohibited * However, service connection is allowed for an alcohol-abuse or drug-abuse disability acquired as secondary to, or as a symptom of, a Veteran’s service-connected disability |
| FSADs  Slide 36  Handout 10 | Female Sexual Arousal Disorder (FSAD) is the lack of, or significantly reduced, sexual interest/arousal. There are both psychological and biological causes of FSAD, and the two often overlap.   * FSAD or sexual dysfunction as secondary to a mental health disability and the examination threshold described in 38 CFR 3.159(c)(4) is met then order the appropriate mental health DBQ as well as the gynecological DBQ * There is specific language to be included in the exam request, found in M21-1, III.iv.4.I |
| Other Issues for  Rating Consideration  Slide 37  Handout 10 | Briefly discuss the following topics:   * Individual Unemployability * Service connection for Mental Unsoundness in Suicide (38 CFR 3.302) * Competency (38 CFR 3.353) * Determination of Insanity (38 CFR 3.354) * Psychosis under 38 USC 1702   Note: Competency, 1702, and IU are covered in other TMS courses. |

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| Practical Exercise | |
| Time Required | 0.75 hours |
| EXERCISE | Have students complete the questions found in the Student Handout. Discuss answers as a class.  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 | |
| Introduction  Discuss the following: | The Rating Psychiatric Conditions (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 Rating Psychiatric Conditions (Post Challenge) lesson.  The trainee should be able to:   * Recognize pertinent regulations pertaining to rating psychiatric conditions * Integrate results of DSM-IV and DSM-5 findings to assign appropriate evaluations using the Mental Disorder Criteria in the VA Schedule for Rating Disabilities * Determine whether service connection is warranted for diagnosed 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. |