Rating Digestive Conditions (Post Challenge)

Instructor Lesson Plan

Time Required: 2.5 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 # | 4180580 |
| Prerequisites | Prior to this lesson, the Rating Veteran Service Representatives (RVSRs) should have completed Challenge. Trainees should have a basic understanding of VBMS-R. |
| target audience | The target audience for Rating Digestive 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 | 2.5 hours |
| Materials/TRAINING AIDS | Lesson materials:* Rating Digestive Conditions (Post Challenge) PowerPoint Presentation
* Rating Digestive Conditions (Post Challenge) 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.
 |
| 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 Digestive Conditions (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 | .25 hours |
| Purpose of LessonExplain the following: | This lesson is intended to enforce key concepts pertaining to properly addressing conditions of the digestive system. This lesson will contain discussions and exercises that will allow you to gain a better understanding of: * Regulations
* Digestive Conditions and SW Asia Veterans
* Hepatitis
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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: * Recognize and utilize regulations pertaining to addressing claims for digestive system conditions
* Determine appropriate actions when considering claims involving Veterans with Gulf War service and exposure to environmental hazards
* Distinguish between the types of hepatitis and properly address how regulations apply to each type
 |
| 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 digestive system covers a wide array of conditions. There are a number of factors which impact the way we consider establishing service connection, as well as regulations governing the way evaluations may be assigned. Gaining an understanding of the proper way to address a variety of conditions will ensure we provide our Veterans with quality decisions. |
| STAR Error code(s) | A1, A2, B2, C1, C2, D1 |
| 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 4.110 Ulcers**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [**38 CFR 4.111 Postgastrectomy syndromes**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [**38 CFR 4.112 Weight loss**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [**38 CFR 4.113 Coexisting abdominal conditions**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [**38 CFR 4.114 Schedule of ratings—digestive system**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [**38 CFR 3.317 Compensation for certain disabilities occurring in Persian Gulf Veterans**](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [**M21-1, Part III, Subpart iv.4.I - Conditions of Other Body Systems**](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/)
* [**M21-1, Part IV, Subpart ii.2.D - Service Connection (SC) for Qualifying Disabilities Associated with Service in Southwest Asia**](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/)
* [**M21-1, Part IV, Subpart ii.2.C - Service Connection (SC) for Disabilities Resulting From Exposure to Environmental Hazards or Service in the Republic of Vietnam (RVN)**](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/)
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| Topic 1: Regulations |
| Introduction | This topic will allow the trainee to properly interpret the regulations addressing the digestive system. |
| Time Required | .5 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Recognize and utilze regulations pertaining to addressing claims for digestive system conditions

The following topic teaching points support the topic objectives: * 38 CFR 4.110 through 4.114
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| 38 CFR 4.110Slide 4Handout 4 | Ulcers* The term "peptic ulcer" is not sufficiently specific for rating purposes
* In evaluating the ulcer, care should be taken that the findings adequately identify the particular location

The word “peptic” means the cause of the problem is due to acid. It is used as a more generic term to describe many possible types of ulcrs that may occur. Ensure medical evidence provides a more specific area in which the ulcer occurs to make sure the proper evaluation criteria are used. |
| 38 CFR 4.111Slide 5Handout 4 | Postgastrectomy syndromes* Those occurring during or immediately after eating and known as the “dumping syndrome”
* Those occurring from 1 to 3 hours after eating usually present definite manifestations of hypoglycemia

This regulation helps define the symptoms that may occur after anastomotic operations of the stomach. This syndrome is evaluated using DC 7308. |
| 38 CFR 4.112Slide 6Handout 4 | Weight loss* Substantial weight loss - a loss of greater than 20 percent of the individual's baseline weight, sustained for three months or longer
* Minor weight loss - a weight loss of 10 to 20 percent of the individual's baseline weight, sustained for three months or longer.
* Inability to gain weight - there has been substantial weight loss with inability to regain it despite appropriate therapy.
* Baseline weight - the average weight for the two-year-period preceding onset of the disease.

Several diagnostic codes in the Rating Schedule consider weight loss for evaluation purposes. This regulation is used to determine the severity of weight loss when assigning such evaluations. |
| 38 CFR 4.113Slide 7Handout 5 | Coexisting abdominal conditions* There are diseases of the digestive system, particularly within the abdomen, which, while differing in the site of pathology, produce a common disability picture
* Certain coexisting diseases in this area, do not lend themselves to distinct and separate disability evaluations without violating the fundamental principle relating to pyramiding (38 CFR 4.14)

This regulation, along with the instructions given under 38 CFR 4.114, explains how and why to address certain coexisting conditions of the digestive system. Please refer to 38 CFR 4.114 for additional information on this process. |
| 38 CFR 4.114*Slide 8-11**Handout 5* | Schedule of ratings—digestive systemThe regulation begins with a note which specifies that evaluations of digestive conditions under certain diagnostic codes (DCs) will not be combined with each other or assigned separate evaluations. Instead, a single evaluation should be assigned under the DC which reflects the predominant disability, with elevation to the next higher evaluation when the severity of the overall disability warrants such elevation.EXPLAIN that we are not to combine separate evaluations of digestive conditions with each other under the following DCs:* 7301 to 7329, inclusive (meaning all the DCs from 7301 to 7329)
* 7331
* 7342, and
* 7345 to 7348, inclusive (meaning all the DCs from 7345 to 7348).

Example: A Veteran with a duodenal ulcer (DC 7305), evaluated as 20-percent disabling, and ulcerative colitis (DC 7323), evaluated as 30-percent disabling, would be assigned a single 30-percent evaluation as ulcerative colitis represents the predominant disability picture. Separate evaluations for the duodenal ulcer and ulcerative colitis are not permitted. |

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| Topic 2: Digestive Conditions and SW Asia Veterans |
| Introduction | This topic will allow the trainee to review and understand how to identify conditions of the digestive system that may be related to service in Southwest Asia. |
| Time Required | .75 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Determine appropriate actions when considering claims involving Veterans with Gulf War service and exposure to environmental hazards

The following topic teaching points support the topic objectives: * 38 CFR 3.317
* Definitions of key terms and conditions
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| 38 CFR 3.317Slide 12Handout 6 | Compensation for certain disabilities occurring in Persian Gulf VeteransThe VA will pay compensation to Persian Gulf Veterans who exhibit objective indications of a qualifying chronic disability, defined as either an undiagnosed illness or a medically unexplained chronic multisymptom illness (MUCMI) that is defined by a cluster of signs or symptoms. Functional gastrointestinal disorders (FGIDs) are among the MUCMIs defined. |
| Undiagnosed IllnessSlide 13Handout 6 | An undiagnosed illness is a type of chronic qualifying disability where qualifying signs and/or symptoms cannot be attributed to any known clinical diagnosis by history, physical examination and laboratory tests.When a Veteran with qualifying service claims gastrointestinal signs or symptoms, (for example diahhrea, vomiting, dyspepsia, dysphagia, constipation, or abdominal distress) a medical exam and opinion are in order. If the examiner confirms the symptoms, but is unable to identify a diagnosable condition, service connection is in order as an undiagnosed illness. Please refer to M21-1, IV.ii.2.D for further instruction. |
| MUCMISlide 14Handout 6 | Medically unexplained chronic multi-symptom illness (MUCMI)* Type of chronic qualifying disability in which there is a *diagnosed* illness that has:
	+ both
		- an inconclusive pathophysiology, and
		- an inconclusive etiology
	+ overlapping symptoms and signs, and
	+ features such as
		- fatigue and pain
		- disability out of proportion to physical findings, and
		- inconsistent demonstration of laboratory abnormalities
* Includes functional gastrointestinal disorders (FGIDs), excluding structural gastrointestinal diseases

Irritable bowel syndrome (IBS) is a MUCMI you may often see. Other FGIDs are explained below. |
| FGIDsSlide 15Handout 7 | Functional gastrointestinal disorders (FGIDs)* A group of diagnosed conditions that are a type of MUCMI. They are characterized by chronic or recurrent symptoms that are:
	+ unexplained by any structural, endoscopic, laboratory, or other objective signs of injury or disease, and
	+ may be related to any part of the gastrointestinal tract
* FGID diagnoses include but are not limited to
	+ irritable bowel syndrome, and
	+ functional
		- dyspepsia
		- vomiting
		- constipation
		- bloating
		- abdominal pain syndrome
		- dysphagia

NOTE: Stress at this point the difference between a symptom and a diagnosed condition. For example, vomiting may be given as a symptom of another diagnosable condition. However, if identified as a condition in and of itself, functional vomiting, it is considered an FGID and subject to service connection under 38 CFR 3.317. |
| GERD*Slide 16**Handout 7* | Gastroesophageal Reflux Disease* Evaluated under DC 7346, hiatal hernia
* Structural GI disease
	+ Is not considered a FGID
	+ Does not fall into consideration for 38 CFR 3.317, but may be considered as due to an environmental hazard
* May cause secondary conditions
	+ esophatitis
	+ Barrett’s esophagus
	+ bleeding/ulcers
	+ tooth enamel decay

NOTE: This condition is a common digestive system diagnosis. It is considered a structural GI disease, and thus is not considered for service connection under 38 CFR 3.317. However, if a Veteran with qualifying service in an area known to have environmental hazard exposure claims the condition, a medical nexus opinion may be warranted.NOTE: GERD is a prime example of the need to know and refer to the rating schedule. The Esophageal Conditions DBQ does not directly address impairment to health. The RVSR must consider all available evidence and determine whether a level of impairment to health exists. If the RVSR does not consider the entire evidence, the Veteran may not be properly evaluated. |

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| Topic 3: Hepatitis |
| Introduction | This topic will allow the trainee to properly identify necessary evidence and procedures for addressing claims for hepatitis. |
| Time Required | .5 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* Distinguish between the types of hepatitis and properly address how regulations apply to each type

The following topic teaching points support the topic objectives: * Hepatitis A&B
* Hepatitis C
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| Hepatitis A&BSlide 17Handout 8 | Hepatitis is a liver condition which may be caused by one of three viral infections. Each diagnosis is identified by the strain of virus causing the condition.  Hepatitis A Virus (HAV)* Acute infection, service connection not warranted unless evidence indicates chronic residuals
* Anti-HAV present for life

Hepatitis B Virus (HBV)* May be service connected if chronic and linked to service
* 5% to 10% found to be chronic
* Linked to blood transfusions prior to 1975 and sexual contact
* One documented case from jet airgun injector immunization
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| Hepatitis CSlide 18Handout 8 | Hepatitis C Virus (HCV)* Diagnostic criteria are detailed in M21-1, III.iv.4.I
* Infection occurs via blood contact
	+ the M21 contains a partial list of exposure risks
	+ if the risk factor occurs during service, a medical opinion is warranted
* 80% of acute cases become chronic
* Do not automatically deny if HVC is found to be partially due to drug abuse
	+ If other risk factors exist a medical opinion is needed
* Service connection for HVC may be severed if established after October 31, 1990, it is not protected by 38 CFR 3.957, and is found to be exclusively due to drug abuse

NOTE: Rating HCV has historically been an area in which inconsistencies exist. M21-1, III.iv.4.I is very detailed in its instructions for addressing claims for HCV. Ensure proper development has been conducted and all required evidence is obtained prior to making a decision. |

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| Practical Exercise |
| Time Required | .25 hours |
| EXERCISE | Have students answer and prepare to discuss the questions in the Student Handout.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 Rating Digestive 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 Digestive Conditions (Post Challenge) lesson. The trainee should be able to: * Recognize and utilze regulations pertaining to addressing claims for digestive system conditions
* Determine appropriate actions when considering claims involving Veterans with Gulf War service and exposure to environmental hazards
* Distinguish between the types of hepatitis and properly address how regulations apply to each type
 |
| 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. |