Endocrine RVSR - IWT

Instructor Lesson Plan

Time Required: 1.5 Hours

**Table of Contents**

[Lesson Description 2](#_Toc426701993)

[Introduction to Endocrine 4](#_Toc426701994)

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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 # | 4183681 |
| Prerequisites | N/A |
| target audience | The target audience for Endocine RVSR- IWT is entry-level RVSRs.  Although this lesson is targeted to teach the entry-level RVSR 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:   * Endocrine PowerPoint Presentation * Endocrine practice exercises * Endocrine Lesson Plan * Endocrine Hand Out * Endocrine Answer Key |
| 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 Endocrine | | |
| INSTRUCTOR INTRODUCTION | | Complete the following:   * Introduce yourself * Orient learners to the facilities * Ensure that all learners have the required handouts |
| time required | | 1.25 hours |
| Purpose of Lesson | | This lesson is intended to introduce entry-level RVSRs to the endocrine body system. This lesson will contain discussions and exercises that will allow you to gain a better understanding of the endocrine system. |
| Lesson Objectives  Discuss the following:  Slide 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:   * Discuss elements of the endocrine VA schedule of rating decisions (VASRD) * Review special considerations related to endocrine conditions * Correctly evaluate endocrine conditions based on scenarios | |
| 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 | Compensation claims for diabetes and other endocrine diseases are among the most common that VBA processes. The purpose of this lesson is to provide the student with a brief overview of the highlights of the endocrine system. | |
| STAR Error code(s) | A2, C1, B2, D1, D2 | |
| References  Slide 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 3.309(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#se38.1.3_1309) * [38 CFR 4.119, Endocrine Schedule of Rating](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_1119) * [M21-1 III.iv.4.F, Endocrine Conditons](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=%23!agent%2Fportal%2F554400000001034%2Ftopic%2F554400000002920%2FM21-4-Manual) * [M21-2 IV.ii.2.C.3.a. SC for Disabilities Resulting from Exposure to Certain Herbicide Agents or Based on Service in RVN](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=%23!agent%2Fportal%2F554400000001034%2Ftopic%2F554400000002920%2FM21-4-Manual) * [Medical EPSS](http://cptraining.vba.va.gov/C&P_Training/Job_Aids/Medical_EPSS.htm) * [Camacho v. Nicholson, July 6, 2007, No. 05-1394](http://vbaw.vba.va.gov/bl/21/advisory/DADS/2007dads/Camacho.doc) * [Tatum v. Shinseki, September 28, 2009, No. 07-2728](http://vbaw.vba.va.gov/bl/21/advisory/DADS/2010dads/Tatum.doc) | |

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| What is the Endocrine System  Slide 4 | | **DISPLAY** slide  What is the Endocrine System  **EXPLAIN** as you learned in your Medical TPSS, the endocrine system consist of glands and other structures that produce secretions that are discharged into the blood and lymph, circulated to various parts of the body, ultimately affecting metabolism and other vital body functions. Major constituents of the endocrine system are glands, hormones, and receptors | |
| Components of the Endocrine System  Slide 5 | | DISPLAY slide  Components of the endocrine system  EXPLAIN that major conditions involving the following are included in this rating schedule section: pituitary gland, thyroid gland, parathyroid glands, adrenal glands and islets of langerhans (located in the pancreas) | |
| **Common Endocrine Conditions**  Slide 6  **Hyperthyroidism (DC 7900)**  Slide 7  **Hypothyroidism (DC 7903)**  Slide 8  **Diabetes Mellitus (DC 7913)**  Slide 9  **Tatum v. Shinseki**  Slide 10  **Camacho v. Nicholson**  Slide 11 | | **DISPLAY** slide  Common Endocrine Conditions  These are the most common endocrine conditions, and we’ll talk the most about diabetes as that is the most frequently claimed endocrine condition.  **EXPLAIN**   * Hyperthyroidism, including but not limited to, Graves’ disease * Hypothyroidism * Diabetes Mellitus, type II   Definitions from MEPSS  **EXPLAIN** special consideration under 3.309a (presumptive if manifested compensable within a year after discharge).  Explain that not only is diabetes a commonly claimed condition but due to complications that arise of the disease process, it’s frequently under consideration even when it’s already been service connected for years.  **DISPLAY** slide  Hyperthyroidism (DC 7900)  **EXPLAIN** don’t forget any time you need more information about a condition you can find a good definition and description in MEPSS.  **EXPLAIN** that the VA Schedule of Rating Decisions (VASRD) was updated effective December 10, 2017, and you may see ratings under the historical criteria. Discuss the differences in criteria.  Remind people that if the Veteran had a higher rating under historical criteria and there has been no improvement in the condition, a failure to meet current criteria will not warrant a reduction. Also, they will need to determine if breaking out heart, eye or other residuals/complications would result in a higher evaluation rather than leaving it all under 7900 underr the old rating schedule criteria.  **NOTE** for old criteria, you may see ratings reflecting the fact that with **hyper**thyroidism there is accelerated heart rate, increase in pulse pressure or blood pressure, and was, applying 4.7, by determining which one most closely approximates the condition, so they do not have to have ALL of the criteria shown to get the evaluation.  **DISPLAY** slide  Hypothyroidism (DC 7903)  **EXPLAIN** you are responsible to know when criteria changed and look at all of the implications as far as when the claim came in, whether it was rateable under historical criteria or if it was received after new criteria were in effect, and old criteria would not apply, to determine if a staged rating is needed, to determine how effective dates are impacted – for example, if you see that the Veteran should be granted an increased evaluation under the new criteria but not the old, the effective date ***cannot*** predate the effective date of the new criteria.  **Example**: if the medical records showing increased evaluation level under the historical criteria were received prior to December 10, 2017, the effective date of the Endocrine regulatory changes, and within a year of the increase, the date entitlement arose would be appropriate, and you would grant the increase under the historical schedule.  **Note:** every rater is responsible to consider all of these issues for each rating contention, but they are nicely highlighted in the endocrine section due to the recent updates.  **DISPLAY** slide  Diabetes mellitus (DC 7913)  **EXPLAIN** diabetes mellitus DC 7913 had a clarification in the 20, 40, and 60 percent criteria from “requiring insulin” to “requiring one or more daily injection of insulin.” This criteria has been otherwise untouched; however, there is a workgroup being formed to review the 7913 criteria and it may be updated in the future as part of the VA Schedule of Rating Decisions (VASRD) updates.  **Note**: 20% is a very common evaluation as the regulation of activities criteria must be a prescribed regulation of activities to avoid episodes of ketoacidosis, and this is infrequent; however, increased disability levels are often accounted for by a varying number of diabetic complications such as neuropathy, nephropathy, heart disease, eye conditions, sexual dysfunction, and other items to be discussed in detail during your diabetic complications course.  **DISPLAY** slide  Tatum v. Shinseki  **EXPLAIN** the case itself was specific to hypothyroidism, however the concept applies to any rating criteria that is not successive.  Successive rating criteria builds upon the requirements as it gets more severe, you will see an example of this when we discuss diabetes, but you will see it basically is if you have symptom A it is 10%, if you have symptom A *PLUS* symptom B it is 20%, if it is symptom A *PLUS* symptom B *PLUS* symptom C it is 30%. Notice other rating criteria it does not build in that same manner.  III.iv.4.F.1.d.  **DISPLAY** slide  Camacho v. Nicholson  **EXPLAIN** due to the nature of the way the criteria is written- successive, you must have all, not just some as you would in other conditions to get the higher evalution. (like in the hyper-hypothyroidisms)  So specific to Diabetes Mellitus. The veteran would have to have prescribed regulation of activities in order to be entitled to the 40% evaluation.  III.iv.4.F.1.e.- regulation of activities  **STRESS** that being encouraged to exercise is NOT regulation of activities.  Limitation of activities medically required to PREVENT episodes of hypoglycemia or ketoacidosis is required to qualify for this criteria. | |
| **Complications of Diabetes Mellitus (DC 7913)**  Slide 12  **Complications of Diabetes Mellitus (DC 7913)**  Slide 13  **Diabetes Mellitus Special Considerations**  Slide 14  **Special Consideration for Endocrine System**  Slide 15  **Scenario**  Slide 16  **Answer**  Slide 17  **Special Considerations**  Slide 18  **Take A Look**  Slide 19  **Questions**  Slide 20 | | **DISPLAY** slide  Complications of Diabetes Mellitus (DC 7913)  **EMPHASIZE** Evaluating non-compensable complications ***WITH*** DM v. separate evaluations.  SHARE SCREENshow how eval builder provides the wording for you and lumps them together as they should be- there should never be ANY condition granted at 0 percent secondary to diabetes.  **EXPLAIN** ensure you have medical evidence supporting the nexus between the secondary conditions to diabetes mellitus. In some cases a particular disability such as hypertension may be a complication of diabetes or aggravated by diabetes or unrelated all together. Another example of a complication that could either be due to diabetes or a spinal complication is peripheral neuropathy. III.iv.4.F.2.b  Noncompensable secondary conditions ***must*** be evaluated with diabetes.  **EXPLAIN** a claim for new complications associated with diabetes is a claim for an increase. Consider CFR 3.400 (o) and for periods prior to March 24, 2015 CFR 3.157.  **EXPLAIN** please review the manual for common complications. However, it is not limited to this list. III.iv.4.F.2. The manual goes into detail about specific complications of diabetes and how to evaluate each one.  **•** cardiovascular  • neurological  • ophthalmological  • genitourinary  • gynecological  • musculoskeletal  • immune, and  • skin.    **DISPLAY** slide  **Example exercise: Explain** that noncompensable evaluations are to be evaluated with diabetes per the rating schedule. DC 7913  **ASK** What SMC would be warranted?  SMC K for ED.  **DISPLAY** slide  **EXPLAIN** 38 CFR 3.309(a) - if diagnosed with diabetes mellitus to a compensable level within one year from discharge, presumptive service connection is warranted.  38 CFR 3.309(e) - if Veteran had confirmed exposure to herbicides/ agent orange and has a diagnosis of diabetes mellitus (meets requirements under 3.307(a)(6)), presumptive service connection is warranted.  **DISPLAY** slide  **EXPLAIN** that the rating scheduled has changed over the years. Therefore, it is important to review CFR 4.119 to ensure you are evaluating the Endocrine condition appropriately.  **Example**: Hyperthyroidism prior to the December 10, 2017, change allowed a 100 percent evaluation for thyroid enlargement, tachycardia, eye involvement, muscular weakness, loss of weight, and sympathetic nervous system, cardiovascular, or astrointestinal symptoms. Now a diagnosis of hyperthyroidism would warrant a 30 percent evaluation for 6 months following initial diagnosis. Thereafter would be rated on the residuals of the disease or complication of medical treatment.  **DISPLAY** slide  Johnny Appleseed files a claim for service connection for diabetes mellitus. A review of the DD 214 and service treatment records indicate he had RVN service. Recent DBQ shows he requires daily insulin and a restricted diet.  Question 1: Which diagnostic code is appropriate?  Question 2: What percentage is the Veteran entitled to based on the DBQ?  **Answer: DC 7913 with a 20% evaluation**  A 20 % evaluation is warranted when the evidence shows the Veteran requires insulin and has a restricted diet, or; oral hypoglycemic agent and restricted diet.  **DISPLAY** slide  **RESTATE** CFR 3.309 (a) and (e)  **Talking Points:**Discuss the fact that we see a lot of SMC related to diabetes especially. Also look for SMC S if there is any occurance of the single 100% for statutory SMC S which requires 100% + 60%. This is one of the most frequently overlooked SMC, and it has high visibility with our stakeholders, so always check for this possibility if there is a 100% assigned.  **Remember:** ancillary considerations may come into play when there’s a permanent 100% - consider DEA/Chapter 35. Also, when there is diabetes, there is frequently loss or loss of use of feet and/or hands which would cause you to review possible entitlement to items like automobile and adaptive allowance and specially adapted housing or special home adaptation.  **Special development:**is not generally required, although it is important to pay attention to things like whether the diabetes DBQ identifies secondary conditions that require additional DBQs to be of record.  **DISPLAY** slide  **EXPLAIN** to the student you will be reviewing these together   * DBQs * Rating Schedule * Manual * VBMS-R Demo (demonstrate at least the following rating decisions) * Diabetes mellitus with noncompensable (pick retinopathy, erectile dysfunction, or hypertension as these are all commonly noncompensable complications of diabetes) * Hyperthyroidism or hypothyroidism with initial evaluation as well as rating on residuals after the initial period is over   **DISPLAY** slide | |
| DEMONSTRATION | | Endocrine eCase will be assigned in School House | |
| Lesson Review, Assessment, and Wrap-up | | |
| Introduction  Discuss the following: | The Endocrine Condition lesson is complete.  Review each lesson objective and ask the trainees for any questions or comments. Instruct the students to complete the scenario in the Student Handout before instructing then to complete the dental rating. Then go over the scenario with the students. | |
| Time Required | 0.25 hours | |
| Lesson Objectives | You have completed the Endocrine lesson.  The RVSR trainee will be able to:   * Discuss elements of the endocrine VA schedule of rating decisions (VASRD) * Review special considerations related to endocrine conditions * Correctly evaluate endocrine conditions based on scenarios | |
| 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. | |