Gynecological Disorders and Conditions of the Breast

Instructor Lesson Plan

Time Required: 2 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 # | 4449192 |
| Prerequisites | Prior to this lesson, the Rating Veteran Service Representatives (RVSRs) are not required to have any prerequisite training.  |
| target audience | The target audience for Gynecological Disorders and Conditions of the Breast is RVSR, Entry.Although this lesson is targeted to teach the RVSR, Entry employee, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 2 hours |
| Materials/TRAINING AIDS | Lesson materials:* Gynecological Disorders and Conditions of the BreastPowerPoint Presentation
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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
* VBA School House
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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 Gynecological Disorders and Conditions of the Breast |
| 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 provide an overview of gynecological disorders and conditions of the breast. This lesson will contain discussions and exercises that will allow the RVSR to gain a better understanding of conditions affecting gynecological system and breasts. |
| 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.TheRVSRwill be able to: * Identify and describe the conditions rated under the gynecological system,
* Determine when ancillary benefits may be appropriate, and
* Correctly evaluate conditions of the gynecological system to include breast conditions.

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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 | To provide an overview of conditions affecting the gynecological system and breast |
| STAR Error code(s) | A2 (were inferred/ancillary issues addressed), C1 (was grant/denial correct) |
| ReferencesSlide 3   | Explain where these references are located:* 38 CFR 3.304 Direct Service Connection; Wartime and Peacetime
* 38 CFR 3.306 Aggravation of Preservice Disability
* 38 CFR 3.307 Presumptive Service Connection
* 38 CFR 3.309 Disease Subject to Presumptive Service Connection
* 38 CFR 3.114 Change of law or Department of Veterans Affairs issues
* 38 CFR 3.350(a) Special Monthly Compensation Ratings
* 38 CFR 4.116 Schedule of Ratings – Gynecological Conditions and Disorders of the Breast
* M21-1 Part III, Subpart iv, Chapter 3, Section A – Examination Requests
* M21-1 Part III, Subpart iv, Chapter 4, Section J – Disabilities of the Gynecological System and Breast
 |
| Topic 1: Gynecological and Conditions of the Breast |
| Introduction | This topic will allow the trainee to evaluate conditions associated with the gynecological system and conditions of the breast |
| Time Required | 1.5 hours |
| OBJECTIVES/Teaching Points | Topic objectives:* evaluate conditions of the gynecological systems and breast conditions, with 98% accuracy.
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| Gynecological SystemSlide 4 | * Gynecological conditions are related to organs of the female reproductive system
* Structures included are the breasts, the uterus, the ovaries, the fallopian tubes, the vagina, and the external genitalia.
* Processes in female reproduction are fertilization, implantation, maintenance of the pregnancy, and the birth of the baby

**Talking Points:**: *This is a recap of what you have already learned through TPSS. Remember that although located in the gynecological rating schedule, conditions of the breast can also -affect male Veterans.* |
| Common Gynecological ConditionsSlide 5 | * Hysterectomy: surgical removal of the uterus through the abdominal wall or vagina (consider SMC).
* Pelvic organ prolapse\*: Pelvic organ prolapse refers to loss of support to the uterus, bladder and bowel leading to their descent from the normal anatomic position towards or through the vaginal opening. Can be uterine, vaginal vault, cystocele…
* Neoplasms\*: malignant or benign; breast(s) or gynecological system
* Endometriosis: a condition characterized by abnormal growth of endometrial tissue in the pelvis
* Female Sexual Arousal Disorder (FSAD)\*: now has it’s own diagnostic code. Don’t forget SMC K!

**\*** *Impacted by changes to rating schedule* ***(May 13, 2018)******Talking point***: *this PowerPoint will provide an introduction to the gynecological system and then the lesson will dive into the actual DBQs, CFR, manual and VBMS-R Demo in order to provide a deeper understanding and perspective on all applicable resources*. *These are a few of the most common conditions you will evaluate, and we’ll focus on them during this training. Note that several conditions were impacted by the recent change to the rating schedule of May 13, 2018. Keep that in mind throught this training.*  |
| Additional ConditionsSlide 6 | * Other conditions of the gynecological system may include: cysts, polyps, fibroids, or hydatidiform, or abnormal tissue growth in pregnancy
* In the breast, fibrocystic disease and fibroadenomas may also be caused by hormonal changes

*Talking point: the manual has specific guidance regarding fibrocystic breast disease* (**III.iv.4.I.4.****H. Considering Claims for SC of Fibrocystic Breast Disease)** *which we’ll look at together after the PowerPoint.* |
| Not Disabilities for Rating PurposesSlide 7 | * Natural menopause, primary amenorrhea, and pregnancy and childbirth are not disabilities for rating purposes
* Exception: Chronic residuals of medical or surgical complications of pregnancy may be disabilities for rating purposes

***Talking point:*** Can you think of an example for this exception?*You may see a claim for these conditions, but we would only be able to grant service connect in the case of medical or surgical complications.* ***Discussion point****: ask the students for an example of a complication from pregnancy that would be service connected if continued past delivery.* ***Example****: Veteran had gestational diabetes during service while she was pregnant. After delivery, the Veteran’s gestational diabetes developed into diabetes type II. The diabetes would be service connectable in that case.* ***Talking point****: We would also be unable to grant SC for elective breast surgery unless there is a medical necessity such as reduction mammoplasty for alleviation of back, shoulder and neck pain. Cervical dysplasia will only be SC if it meets specific criteria that is shown in the manual.*  |
| Pelvic Organ Prolapse- 7621*Slide 8* | * 7622 & 7623 are now rated under 7621 criteria
* 30% and 50% evaluations are no longer available under this code
* Is there single or multiple organ involvement?
* One evaluation under 7621 is warranted.
* Additional residuals warrant separate evaluations, assigned under the appropriate body system(s).

**Talking Points:** *Prior to the law change on May 13, 2018 uterine prolapse, uterine displacement, and surgical complications of pregnancy had separate diagnostic codes. Pelvic organ prolapse due to injury, disease or surgical complications of pregnancy, including uterine or vaginal vault prolapse, cystocele, urethrocele, rectocele, enterocele, or combination are now evaluated using DC 7621.**Be aware of the date the claim was received or entitlement is shown, as this will affect whether historical or current rating schedule criteria is used to evaluate.* ***Important****: In cases of prolapse of more than one pelvic organ be careful to avoid pyramiding. Do not assign** *multiple evaluations under* [*38 CFR 4.116, DC 7621*](https://www.ecfr.gov/cgi-bin/text-idx?SID=235eda989da86f124d10851943899cce&mc=true&node=se38.1.4_1116&rgn=div8)*;* ***however,***
* *a combination of*
* *an evaluation under* [*38 CFR 4.116, DC 7621*](https://www.ecfr.gov/cgi-bin/text-idx?SID=235eda989da86f124d10851943899cce&mc=true&node=se38.1.4_1116&rgn=div8)*, and*
* *evaluations for complications under other appropriate body systems may be assigned in addition to the 10% under 7621.*

*In cases where prolapse contributes to a diagnosis of sexual dysfunction, assign a separate evaluation, if appropriate, and always consider whether the condition causes loss of use of the creative organ warranting SMC (k). We’ll discuss the assignment of an evaluation for female sexual arousal disorder (FSAD) in a few slides.* ***See M21-1 III.iv.4.J for additional information.*** ***Emphasize:*** *if an evaluation was granted under the previous criteria, and there is no evidence of improvement, the evaluation will not be reduced on the basis that it doesn’t meet the current criteria – see 38 CFR 3.951.*  |
| Example of Prolapse*Slide 9* | * Example slide: Veteran has prolapse with urinary incontinence, impairment of sphincter control, and localized dermatitis. Evaluations would be assigned under:
* 7621: pelvic organ prolapse
* 7517: urinary incontinence
* 7332: impairment of sphincter control
* 7806: localized dermatitis

**Talking point:***note that because these conditions are all impacting separate functions and body systems we are able to assign separate evaluations under the appropriate DCs in addition to the 10% under 7621.* |
| Ovary, Disease, Injury, or Adhesions of 7615*Slide 10* | * On May 13, 2018 this DC criteria was changed to include dysfunction affecting the menstrual cycle, such as dysmenorrhea and secondary amenorrhea

**Talking Points:** *Although there was no change to the rating criteria on May 13, 2018 for this DC it did identify two common diseases associated with ovarian dysfunction resulting in abnormal menstrual cycles: dysmenorrhea and secondary amenorrhea. So If you are rating these conditions, this is the DC that would be most appropriate.*  |
| FSAD 7632Slide 11 | * Female Sexual Arousal Disorder (FSAD) may be granted as a standalone disability using DC 7632, with a zero percent evaluation
* If FSAD is diagnosed on a mental health exam, you will be required to verify diagnosis by appropriate medical provider in the records or request a gynecological conditions DBQ to confirm the diagnosis.
* If FSAD is granted then entitlement to SMC K must also be established for loss of use of a creative organ.

***Talking points****: FSAD was recently added to the rating schedule with its own diagnostic code, effective May 13, 2018. Previously, 7699-7611 was used to grant the 0% for this condition.* **Discuss:** *in a scenario where the mental health exam diagnoses FSAD as secondary to a mental health condition, our next step would be to review the medical records to confirm if there is an existing diagnosis of FSAD made by a non-mental health medical provider.* *If we have the diagnosis of FSAD of record and the nexus opinion on the mental health DBQ, we will grant FSAD and SMC K for loss of use of a creative organ.**If we do not have a confirmed diagnosis of FSAD by an appropriate medical provider, but we do have a nexus on the mental health DBQ, we will go out for a Gyn DBQ to confirm the diagnosis as FSAD is within the scope of the claim.**The DBQ has built in language for FSAD.* *The manual has very specific exam language that must be used when requesting FSAD exams.* *Once service connection for FSAD has been granted, the criteria for Special Monthly Compensation (SMC) under* [*38 CFR 3.350*](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part3/3_350.htm) *for loss of use of a creative organ is established and RVSRs should also grant this benefit.* **Option**: *review Manual M21-1, Part III, Subpart iv.4.J– Gynecological conditions either here or at end of presentation. Point out sections on FSAD.*  |
| Scenario 1Slide 12 | Bonita Applebaum files a claim for service connection for a total hysterectomy. A review of the service treatment records indicates she underwent a bilateral oophorectomy a year before leaving service. * Is a hysterectomy the same as an oophorectomy?
* What type of surgery is an oophorectomy?
* Which diagnostic code should we use?
* **Bonus**: Is this the same as it would have been under the previous schedule?
* What evaluation would be appropriate?
* What, if any, other benefits should you consider?
 |
| Scenario 1AnswerSlide 13 | * No
* Surgical procedure to remove one or both ovaries
* 7619
* Yes, 7619 in both historical and current versions of rating schedule
* 30%
* SMC K, loss of use of a creative organ

**Talking point:** *the Veteran would be entitled to a 100% evaluation for 3 months following surgery; thereafter, a 30% evaluation is warranted..**It is the responsibility of the RVSR to identify and address all ancillary benefits that can be granted.*  |
| Scenario 2a*Slide 14* | A Veteran with posttraumatic stress disorder (PTSD) has claimed increased evaluation. She has a diagnosis of Female Sexual Arousal Disorder, which the DBQ associates with the PTSD. At this time, there are no private treatment records showing a diagnosis of FSAD, only the mental health exam. *What Gynecological System related actions need to be taken?* |
| Scenario 2aAnswer*Slide 15* | * Request a Gynecological DBQ

**Talking points:** *Although the nexus is provided by the PTSD DBQ, there must be a diagnosis provided by a non-mental health medical provider, so in this scenario, the fact that the diagnosis wasn’t of record requires us to go out for a gyn exam.* |
| Scenario 2b*Slide 16* | Veteran with Diabetes Mellitus, type II has claimed increased evaluation. She has a diagnosis of Female Sexual Arousal Disorder, which the DBQ associates with the DM II. This time, there are no private treatment records showing a diagnosis of FSAD, only the DM II exam. * *What Gynecological System related actions need to be taken?*
 |
| Scenario 2b Answer*Slide 17* | * Request a Gynecological DBQ

**Talking Points:** *Just like our scenario in 3B that although we have a nexus linking the FSAD to the SC DM, type II we do not currently have a GYN examination diagnosing the FSAD. Therefore, we would request that the medical provider complete a GYN exam. Here’s some additional information. In the April 2017 VHA Broadcast which discussed FSAD, it was stated that “Examiners who conduct General Medical Examinations for C&P purposes can evaluate and diagnose veterans with FSAD.” They also stated that “They will however, rely on additional medical evidence to make the diagnosis. Also, there is no requirement that a Gynecologist provide this evaluation for C&P purposes. However, undiagnosed physical symptoms, such as pelvic pain, will require a gynecologic or pelvic exam. The process for completion of a pelvic exam may vary from one C&P clinic to another.”* |
| Scenario 2c*Slide 18* | Veteran with PTSD has claimed increased evaluation. She has a diagnosis of Female Sexual Arousal Disorder, which the DBQ associates with the PTSD. The examiner opines that the FSAD is at least as likely as not caused by the PTSD. Private treatment records from a medical doctor show a diagnosis of FSAD.*In addition to evaluating the PTSD based on current symptoms, what Gynecological System related actions need to be taken?* |
| Scenario 2c Answer*Slide 19* | * **Grant FSAD under DC 7632 at 0%**
* **Grant SMC K for LOU of a creative organ**

**Talking Points:** *FSAD may be claimed directly, but it may also be inferred based on evidence of record. FSAD was previously rated under 7699-7611. Please note that if FSAD had only been diagnosed by the mental health provider, a separate gynecological DBQ would be needed; however, in this case medical records confirm a diagnosis of FSAD and the PTSD DBQ provides the nexus, so we can grant.**Remember that any time FSAD is granted, SMC K should be established for loss of use of a creative organ.*  |
| Scenario 3*Slide 20* | Veteran has incomplete uterine prolapse. There are no other symptoms noted on exam. The examiner opines the prolapse is at least as likely as not related to surgical complications of pregnancy during her military service.* What diagnostic code would be used in the current rating schedule?
* What evaluation would be granted?
 |
| Scenario 3 Answer*Slide 21* | Veteran has incomplete uterine prolapse. There are no other symptoms noted on exam. The examiner opines the prolapse is at least as likely as not related to surgical complications of pregnancy during her military service.* What diagnostic code would be used in the current rating schedule?

 7621* What evaluation would be granted?

 10%**Talking Points:** *based on the law change of May 13, 2018, DC 7621, 7622, and 7623 diagnostic codes are all evaluated under DC 7621. The appropriate diagnostic code for prolapse of any pelvic organ such as uterine or vaginal vault prolapse, cystocele, urethrocele, rectocele, enterocele, or combination is 7621.**Don’t forget that there may be prolapse of more than one pelvic organ, but only one evaluation under DC 7621 can be granted.* *Although the 30% and 50% criteria have been removed, we are now able to grant separate evaluations under appropriate body systems and diagnostic codes to account for additional issues such as incontinence or skin conditions related to prolapse.*  |
| *Slide 22* | * The gynecological and breast conditions rating schedule was changed effective May 13, 2018 .

**Talking Points:** *As mentioned throughout the training the rating schedule was changed on May 13, 2018. It is important to understand how the law change impacts rating decisions. Consider how effective dates, staged ratings, and evaluations are affected by a change in evaluation criteria. The next slides will go into more details on this. You cannot change an evaluation based on the new law change if the historical grant was a higher evaluation, unless the condition actually shows improvement under the old criteria.*  |
| Which Criteria Applies? *Slides 23* | * What date did the claim come in?
* Does the Veteran warrant a higher evaluation under historical criteria?
* Do they qualify for an increase under the new criteria?
* Is there an intent to file (ITF) to consider?
* Is the date entitlement arose based on increase shown in medical records the applicable effective date?
* When was the Veteran released from active duty? Should the effective date be RAD+1?

May 13, 2018, Gynecological and Breast Conditions Rating Schedule Changed (Not Liberalizing legislation)**Talking Points:** *particularly for the first couple of years after a change in law or regulation,* *• it is critical to assess what criteria applies.**o Does the Veteran warrant a higher evaluation under historical criteria under which they may already be rated and should retain their evaluation or* *o do they qualify for an increase under the new criteria,* *• and we must determine if effective dates are impacted –* *o can you grant back to the date of the law change?**o Is the date of claim appropriate?* *o Is the date entitlement arose based on increase shown in medical records the applicable effective date?**o When was the Veteran released from active duty? Should the effective date be RAD+1?* |
| Historical Rating Schedules, Available in Knowledge Management Portal*Slide 24* | **Talking Points:** *The historical rating schedules are available through the Knowledge Management Portal. Just navigate from the portal home page to the eCFRs, scroll down to the end of the page, and under Attachments, select the link to the PDF of historical rating criteria from all effective dates! Keep scrolling to ensure you don’t miss what you want!****Please demo accessing the historical rating schedule***  |
| Scenario 4*Slide 25* | Veteran previously granted SC from March 21, 2015 for uterine prolapse under 7622 at 30% based on displacement with menstrual disturbances. June 5, 2018, she requested an increased evaluation and submitted records dated January 12, 2018, showing complete uterine prolapse as well as urinary incontinence requiring changing of absorbent materials 4 times per day. 1. Is 7622 still the appropriate DC?
2. What evaluation would be appropriate?
3. Are historical or current criteria applicable?
4. What is the correct effective date?
 |
| Scenario 4 Answer*Slide 26* | Veteran previously granted SC from March 21, 2015 for uterine prolapse under 7622 at 30% based on displacement with menstrual disturbances. June 5, 2018, she requested an increased evaluation and submitted records dated January 12, 2018, showing complete uterine prolapse as well as urinary incontinence requiring changing of absorbent materials 4 times per day. 1. Is 7622 still the appropriate DC? **No**
2. What evaluation would be appropriate? **50%**
3. Are historical or current criteria applicable? **Historical**
4. What is the correct effective date? **January 12, 2018**

**Talking Points:***Because the prolapse is complete, 7621 would be the more appropriate code to use even with no changes to the VASRD.* *A 50% evaluation would be warranted under the 7621 DC for the historical schedule based on “Uterus, prolapse: complete, through vagina and intoitus.” Although the updated schedule would allow for a grant of 10% under DC 7621 and 7517 at 40% that is still a lesser benefit to the Veteran than the single 50% evaluation.**Because the evidence shows that the 7621 code better reflects the disability and allows for a higher evaluation from the date evidence shows entitlement arose, and* *Because we received a claim including that evidence within a year of the worsening of the condition, we would be able to grant the increase prior to the date of the law change on January 12, 2018, the date entitlement arose based on evidence of increased disability.*  |
| Scenario 5*Slide 27* | A claim for increase was received March 13, 2018. Medical evidence shows that criteria for increased evaluation were not met as of May 13, 2018 under either old or new criteria; however, at an exam July 30, 2018, criteria for increased evaluation were present. **What is the correct effective date?** |
| Scenario 5 Answer*Slide 28* | Claim for increase was received June 22, 2018. Medical evidence shows that criteria for increased evaluation were not met as of May 13, 2018; however, at an exam July 30, 2018, criteria for increased evaluation were present. What is the correct effective date?**July 30, 2018, the date entitlement arose*****Talking points****: Because the evidence specifically shows an increase is not warranted as of the date of the law change, and the date of claim is prior to the date of the law change, we cannot grant prior to the date of evidence showing ascertainable increase. The earliest entitlement would be the date evidence shows that criteria is now met – July 30, 2018. DOC is not appropiate for increase as entitlement wasn't shown until the exam dated July 30, 2018.* |
| Special ConsiderationsSlide 29 | * Presumptive Conditions (*discuss talking points in italics below*):
* *breast cancer and cancer of the ovary are both presumptive for radiation exposure under 38 CFR 3.309(d).*
* *38 CFR 3.311 includes breast cancer, ovarian cancer, and … “any other cancer” as presumptive related to ionizing radiation exposure*
* *38 CFR 3.317 uncludes menstrul disorders as a sign or symptom which can be a manifestation of an undiagnosed illness related to certain disabilities occurring in Persian Gulf.*
* Special Monthly Compensation (*discuss examples of when SMC may be needed for this body system*)
* *K – loss of use of a creative organ (one K no matter how many creative organs are impacted)*
* *K – breast tissue loss or radiation (females only)*
* *S – statutory S may come into play during periods of temporary 100% evaluation for removal of uterus, active cancer, or surgical convalescence*
* *L (A&A) may be needed when fistula is present*
* Historical Rating Schedule

*Important considerations: Staged ratings, Effective dates, and evaluations.*  |
| Take a Look!Slide 30 | * DBQs: pull up [DBQ switchboard](http://vbacoweb03.dva.va.gov/bl/21/DBQ/default.asp)
* Briefly show Gynecological Conditions DBQ
* Show Breast Conditions and Disorders DBQ
* Point out Scars section which would reasonably raise issue of any surgical scars and would be evaluated separately
* Rating Schedule 38 CFR 4.116
* *Point out notes 1 & 2 at beginning of schedule*
* *Point out that breast surgery would apply to male Veterans but only female Veterans would be granted SMC for this*
* *Discuss that recently malignant neoplasms of gynecological system and breast were separated to two different diagnositic codes*
* *Benign neoplasms would be rated on impairment of function in urinary or gynelogical systems or skin*
* Manual M21-1, Part III, Subpart iv.4.J.4 – Gynecological conditions. Cover anything not already shown in class such as.
* FSAD is defined and there are specific criteria for requesting exams.
* Even if FSAD is not expressly claimed, text is included in all gyn exam requests as stated in the manual.
* Do not infer to deny FSAD.
* Only infer to grant if a claim for sexual dysfunction or other gynecological disability can be reasonably interpreted as a claim for FSAD.
* Don’t routinely grant SC for fibrocystic breast disease, cervical dysplasia, or HPV. Explore additional information in manual with students.
* Elective breast surgery will not be granted SC unless there is a medical necessity.
* VBMS-R Demo
* Grant breast cancer
* Deny fibrocystic breast disease
* Grant FSAD
* Grant removal of uterus and both ovaries with SMC
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| Practical Exercise | Gynecological E-Case |
| note(s) | N/A |
| Lesson Review, Assessment, and Wrap-up |
| IntroductionDiscuss the following: | The Gynecological Conditions and Disorders of the Breast lesson is complete. Review each lesson objective and ask the trainees for any questions or comments. |
| Time Required | 0.25 hours |
| Lesson Objectives | You have completed the Gynecological Conditions and Disorder of the Breast lesson. The trainee should be able to: * evaluate conditions of the gynecological system and breast condition.
 |
| 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. |