



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 1500.33
BUMED M00C
23 Oct 2015

BUMED INSTRUCTION 1500.33

From: Chief, Bureau of Medicine and Surgery

Subj: STANDARD ORGANIZATIONAL POLICY FOR NAVY NURSING CLINICAL
CORE COMPETENCY AND CLINICAL SUSTAINMENT

1. Purpose. This policy provides guidance to Navy Medicine, Commanding Officers, and Officers in Charge in support of Directors of Nursing Services (DNS) and Senior Nurse Executives (SNE) for the management and sustainment of nurse clinical core competencies. This policy applies to all non-privileged Nurse Corps officers assigned to a clinical or a non-clinical role, except those assigned as a commanding officer, executive officer, or echelon 2/3 positions. Licensed Independent Practitioners, regardless of assignment, will complete and maintain current privileges per the licensure and certification requirements of their specialty. In collaboration with the medical treatment facility's executive leadership team, DNSs and SNEs will implement this policy, educate nurses and all levels of leadership regarding this policy, and execute staffing assignments to meet the intent of this policy.

2. Cancellation

- a. BUMED memo 1540 Ser/M00C11UM00C3189 of 1 Nov 11
- b. BUMED memo 6000 Ser/M00C11UM00C3188 of 7 Nov 11

3. Scope. This policy applies to all Navy Medicine DNS and SNE.

4. Background. In 2009, a standardized nurse clinical core competency set was created and implemented throughout Navy Medicine. In 2011, subsequent review found opportunities to improve the sustainment of Nurse Corps core competencies. This policy further delineates the expectation of clinical competency and sustainment for the seven core specialties identified as critical to support readiness and value in providing nursing care in any setting, while ensuring optimal readiness for operational and humanitarian assignments.

5. Policy

a. The seven nursing core specialties for which the clinical core competency and clinical sustainment policy applies are as follows:

- (1) Medical/Surgical (1910), NAVMED 1500/6
- (2) Maternal Infant (1920), NAVMED 1500/7
- (3) Pediatric (1922), NAVMED 1500/8

- (4) Psychiatric/Mental Health (1930), NAVMED 1500/9
- (5) Emergency/Trauma (1945), NAVMED 1500/10
- (6) Perioperative (1950), NAVMED 1500/11
- (7) Critical Care (1960), NAVMED 1500/12.

b. As a condition of readiness, all Nurse Corps officers are expected to maintain at least one of the seven core specialties and maintain competency of that specialty. Non-privileged Nurse Corps officers who are not assigned to one of the seven specialty codes listed above must ensure competency and sustainment for the Medical Surgical (1910) nursing specialty to ensure optimal readiness for any assignment.

c. This policy guidance does not apply to Nurse Corps officers assigned to commands outside the Budget Submitting Office-18; however, Nurse Corps officers should make every effort to remain clinically proficient and deployment ready. Ideally, Nurse Corps officers should not be detailed outside a clinical environment for more than one tour. To ensure consistent policy execution, the Senior Nurse Corps Detailer is the approval authority for consecutive assignments outside clinical training platforms or outside the designated clinical subspecialty codes.

6. Action

a. The Assistant Director, Nurse Corps Policy and Practice will coordinate with the Specialty Leaders to ensure knowledge, skills, and abilities (KSAs) and competency assessment tools specific to each clinical core competency are established in a standardized format and communicated to the DNSs and SNEs.

b. Specialty Leaders of the seven nursing core specialties listed in paragraph 5(a)(1) through (7) must review and revise their competency assessment tools and KSAs every 2 years and report updates to the Assistant Director, Nurse Corps Policy and Practice. Current clinical competency tools and KSAs will be maintained and are accessible via Navy Forms Online. See paragraph 9 for access to the clinical competencies.

c. Mosby's Nursing Skills is identified as the standard Navy Nursing Enterprise Procedural Manual and must be used as evidence-based training and competency assessment for nursing skills and procedures. Mosby's Skills may be accessed via:
<http://login.mns.elsevierperformancemanager.com/Login.aspx?VirtualName=navymedicineissatxantonio>

d. DNSs and SNEs will ensure the competency assessment tools of the seven nursing core specialties are utilized as the tools for competency assessment including annual reassessment to ensure sustainment of clinical abilities and readiness. DNSs and SNEs will ensure maximum

opportunities exist for Nurse Corps officers to gain clinical experiences to meet and sustain clinical competency requirements. Clinical relevancy is achieved through direct patient care in inpatient and outpatient settings. In remote or low-volume patient care settings, DNSs/SNEs are encouraged to optimize training environments to create realistic clinical experiences, to include skills fairs and patient simulation modalities.

e. Reserve Nurse Corps officers are required to complete a minimum number of clinical hours for clinical sustainment in order to maintain credentialing. Reserve Nurse Corps officers shall perform a minimum of 144 hours annually, or 288 hours within the individual Reserve Nurse Corps officer's two-year credentialing cycle in support of clinical sustainment and credentialing in their designated subspecialty and in the billet assigned. It is the responsibility of individual Reserve Nurse Corps officers with approval and concurrence of their respective Reserve Nurse Corps SNE to ensure these clinical hours are met through civilian and/or active duty clinical experiences. Reserve Nurse Corps officers transitioning from a non-clinical billet (i.e., SNE, executive officer, or commanding officer) back to a clinical billet via the application (APPLY) process should plan accordingly to meet clinical competency requirements to ensure re-credentialing prior to the APPLY board. Clinical competency assessment tools and clinical appraisal reports will be utilized to verify relevant clinical credentials. Competency verification may be considered during career transition (from Active Component to Reserve Component) and direct accession processes.

7. Records. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.

8. Reports. The reports required in this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, Part IV, Paragraph 7k.

9. Forms. The following NAVMED forms are available at: <https://navalforms.documentservices.dla.mil/web/public/forms> at the "Forms tab," local reproduction is authorized.

- a. NAVMED 1500/6 (04-2015), 1910 Medical Surgical Nursing Core Competencies
- b. NAVMED 1500/7 (04-2015), 1920 Maternal Child Nursing Core Competencies
- c. NAVMED 1500/8 (04-2015), 1922 Pediatric Nursing Core Competencies
- d. NAVMED 1500/9 (04-2015), 1930 Psychiatric Mental Health Nursing Core Competencies
- e. NAVMED 1500/10 (04-2015), 1945 Emergency/Trauma Nursing Core Competencies

- f. NAVMED 1500/11 (04-2015), 1950 Preoperative Nursing Core Competencies
- g. NAVMED 1500/12 (04-2015), 1960 Critical Care Nursing Core Competencies



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