BUMED INSTRUCTION 1510.23D

From: Chief, Bureau of Medicine and Surgery

Subj: HOSPITAL CORPSMAN SKILLS BASIC

Encl: (1) Acronyms

1. Purpose. To establish guidelines and enhance operational readiness by ensuring Hospital Corpsmen (HM), active and reserve maintain basic skill competency standards while assigned to a Budget Submitting Office (BSO) 18 Patient Care Facility or Reserve command. This is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 1510.23C.

3. Background. This instruction establishes training requirements for the HM Skill Basic (HMSB) program. Clinical basic skills and maintenance in HMSB include:
   a. Medication Administration
   b. Venipuncture
   c. Intravenous Therapy
   d. Bleeding Control/Shock Management
   e. Patient Assessment (Medical and Trauma)

4. Scope. HMSB applies to all HMs in pay grades E1-E6, with the exception of Independent Duty Corpsman (IDC), while assigned to a BSO-18 Patient Care Facility or a Reserve Command.

5. Policy
   a. Skill Set. All HMs, with the exception of IDCs, shall maintain HMSB proficiency and demonstrate the HMSB skills in a clinical setting at least every 2 years.

      (1) The HMSB clinical skills shall be validated upon reporting to the BSO 18 Patient Care Facilities. If member has not completed HMSB within the previous 2 years, they shall complete the HMSB program within 90 days of checking in to the command.
(2) For Reserve component personnel: The HMSB clinical skills program shall be achieved during the next annual training period if not completed at Navy Operational Support Command (NOSC). If member is either assigned to a medical treatment facility, or on mobilized orders, they will contact Staff Education and Training (SEAT) for HMSB validation and/or completion and enroll in the first available class if required.

b. Evaluators. Professional licensed health care personnel medical doctor, Doctor of Osteopathy, registered nurse, physician assistant, nurse practitioner, HM, Navy Enlisted Classification (NEC) 8425, HM NEC 8402, HM NEC 8403, HM NEC 8494 (Surface, Submarine, Recon, and Dive IDC), or personnel deemed competent by the program manager can serve as HMSB evaluators if they meet the criteria listed below. All evaluators must have appropriate competency documentation to perform the clinical basic skills identified within the HMSB program.

(1) HMSB evaluators must be in pay grades E-5 or above and must be appointed in writing by the program manager. The Program Manager will keep a copy of approved evaluators as well the appropriate competency documentation.

(2) Non-professional licensed health care personnel, must have had prior documented experience at a BSO-18 military medicine patient care environment (BSO-18 and operational).

c. Skill Demonstration. The use of direct patient care is preferred and shall be used whenever possible. Use of medical training simulations is authorized when the technology is available and direct patient care is not available.

d. Documentation. The five clinical skill areas of HMSB shall be documented as directed by Navy Medical Education and Training Command (NMETC) SEAT in the current Bureau of Medicine and Surgery (BUMED) approved Learning Management System (LMS). If current LMS is unavailable, Fleet Training Management Planning System will be utilized. These electronic databases will feed into the electronic training jacket for verification of the training.

e. Failure to demonstrate skill. HM’s who fail the HMSB skills program after appropriate remediation shall be considered for HM rating removal.

f. HMSB Skills proficiency. Routine practice of HMSB skills will enhance proficiency and maximize readiness. This is best achieved by direct patient care and all HM’s should be afforded opportunities to continually demonstrate and refine the skills acquired within the HMSB program. HMSB skills assessments can be assigned via the approved LMS towards demonstrating competency.

g. Program review. As part of internal review programs, sponsoring commands will continually assess and monitor the management and readiness of the HMSB program, and comprehensively review their entire program on an annual basis.
h. Inspection. HMSB management and readiness is a special interest item for the Medical Inspector General (MEDIG).

6. Action

a. BUMED MEDIG. Shall ensure that all BSO-18 Patient Care Facilities or Reserve Command’s comply with all aspects of this instruction as part of the MEDIG inspection program.

b. NMETC

(1) Navy Medicine Professional Development Center (NMPDC) will be the Center of Excellence for the HMSB Program.

(2) NMPDC will provide the standardized format to document training competency compliance for the HMSB program requirements. This information is derived from content obtained from the Performance Check List utilized during Hospitalman Apprenticeship (HM “A”) School training and additional BUMED-approved clinical competency guidance and/or resources. Approved resources will be made available to the command’s HMSB program manager via the NMPDC Web site as well as the Navy Medicine Enterprise LMS.

(3) NMETC SEAT Liaison Office will coordinate with the local command SEAT departments to ensure standard administration of the HMSB program.

c. Commanders, Navy Medicine Regions shall:

(1) Ensure subordinate commands comply with all aspects of this instruction.

(2) Provide oversight and guidance for the HMSB program.

d. Commanding officers and officers in charge of BSO-18 Patient Care Facilities or Command’s shall:

(1) Implement a formal HMSB program and exercise overall responsibility for the training. Appoint, in writing, program oversight, to include a program manager for coordinating training compliance to this instructional guidance.

(2) Ensure all designated HM personnel complete competencies every 2 years.

(3) Ensure standardized training programs include the five clinical basic skills areas in HMSB. Ensure instructors are appropriately trained to deliver the programs. Ensure appropriate documentation of HMSB validation.

(4) Ensure all HMs complete HMSB within 180 days of an individual augmentation or Health Services Augmentation Program deployment.
e. **HMSB Program Manager**

(1) Designate, in writing, all persons who are eligible to evaluate the skills of HMSB program students and maintain copies of all competency documentation.

(2) Establish routine and continuous monitoring of each individual’s progress through completion of HMSB. Copies of completed skill sheets shall be maintained while the member is assigned to the activity.

(3) Ensure deficiencies, which are identified in each individual’s performance, are documented and appropriate remediation is taken prior to consideration for HM rating removal.

(4) Use direct patient care opportunities whenever possible when evaluating HMSB skills. Use training simulations only when direct patient care is not available.

(5) Ensure documentation of successful completion of HMSB competency training in the current BUMED approved LMS.

7. **Additional Information.** Enclosure (1) is a list of acronyms used in the instruction.

8. **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.

\[Signature\]

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ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUMED</td>
<td>Bureau of Medicine and Surgery</td>
</tr>
<tr>
<td>BSO</td>
<td>Budget Submitting Office</td>
</tr>
<tr>
<td>HM</td>
<td>Hospital Corpsman</td>
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<tr>
<td>HMSB</td>
<td>Hospital Corpsman Skills Basic</td>
</tr>
<tr>
<td>IDC</td>
<td>Independent Duty Corpsmen</td>
</tr>
<tr>
<td>LMS</td>
<td>Learning Management System</td>
</tr>
<tr>
<td>MEDIG</td>
<td>Medical Inspector General</td>
</tr>
<tr>
<td>NMPDC/DC</td>
<td>Navy Medicine, Professional Development Center</td>
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<tr>
<td>NEC</td>
<td>Navy Enlisted Classification</td>
</tr>
<tr>
<td>NMETC</td>
<td>Navy Medicine Education and Training Command</td>
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<tr>
<td>SEAT</td>
<td>Staff Education and Training</td>
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