



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

IN REPLY REFER TO
BUMEDINST 1500.33A
BUMED M00C
21 May 2018

BUMED INSTRUCTION 1500.33A

From Chief, Bureau of Medicine and Surgery

Subj: STANDARD ORGANIZATIONAL POLICY FOR NAVY NURSING
COMPETENCIES AND CLINICAL READINESS

1. Purpose. This policy provides guidance for the management and sustainment of core nursing competencies to ensure platform clinical readiness. It also provides guidance regarding unit level competencies for both uniformed and civilian nurses to ensure all Navy nurses working within Navy medical treatment facilities (MTF) gain and sustain competence in their deployment nursing clinical specialty. Additionally, it emphasizes the importance of standardizing competency assessment throughout Navy Medicine. This instruction is a complete revision and should be reviewed in its entirety.
2. Cancellation. BUMEDINST 1500.33; NAVMED 1500/6, 1910 Medical Surgical Nursing Core Competencies; NAVMED 1500/7, 1920 Maternal Child Nursing Core Competencies; NAVMED 1500/8, 1922 Pediatric Nursing Core Competencies; NAVMED 1500/9, 1930 Psychiatric Mental Health Nursing Core Competencies; NAVMED 1500/10, 1945 Emergency/Trauma Nursing Core Competencies; NAVMED 1500/11, 1950 Preoperative Nursing Core Competencies; and NAVMED 1500/12, 1960 Critical Care Nursing Core Competencies.
3. Scope. This policy applies to all Budget Submitting Office (BSO) 18 commands and 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 in an echelon 2 or 3 position.
4. Background
 - a. In 2009, a standardized nurse clinical core competency set was created and implemented throughout Navy Medicine. In 2011 and 2015, subsequent reviews identified opportunities to improve methods to sustain Nurse Corps core competencies. This policy provides further guidance in the management and sustainment of core competencies, clinical readiness, and a competent nursing workforce.
 - b. Competency is defined as the application of knowledge, skills, and abilities (KSAs) that are needed to fulfill organizational, departmental, and work setting requirements, under the varied circumstances of the real world.

5. Policy

a. In collaboration with the MTFs executive leadership team, senior nurse executives (SNE) will educate nurses and all levels of leadership regarding this policy, and execute staffing assignments to meet the intent of this policy.

b. The seven core clinical nursing specialties for platform readiness are:

(1) Medical and Surgical (1910)

(2) Maternal Infant (1920)

(3) Pediatric (1922)

(4) Psychiatric and Mental Health (1930)

(5) Emergency and Trauma (1945)

(6) Perioperative (1950)

(7) Critical Care (1960)

c. All non-privileged, Active Component (AC) Nurse Corps officers, once meeting the minimum subspecialty code (SSC) requirements, will hold one of these seven SSCs and must complete the corresponding core competency. Officers must then sustain proficiency in that specialty, even when it is their secondary SSC. The Medical and Surgical (1910) competency will serve as the default for Nurse Corps officers assigned outside one of the seven core clinical specialties who have not already earned a primary or secondary code. Nurse Corps officers are responsible for maintaining their own professional competence and clinical readiness. During career development boards, mid-term evaluations, and fitness report marking periods, the SNE will review and ensure that all core competency requirements are met and sustained.

d. For Navy Nurse Corps officers (AC), core competencies will be completed at the beginning of their initial tour, when changing duty stations or every 3 years (whichever comes first), when a change in clinical specialty has occurred, and at the discretion of the SNE.

e. Navy Nurse Corps officers (AC) assigned outside BSO-18 commands should make every effort to remain clinically proficient and deployment ready in their core clinical specialty. Competency will be reassessed upon returning to a BSO-18 command.

f. Elsevier Clinical Skills (ECS) is identified as the standard Navy Nursing Enterprise Procedural Manual and competency assessment platform. ECS will be used for all core competency assessments and documentation. ECS can be accessed by logging into MilBook,

clicking on Places and typing in “Nurse Core Competency Program” (NCCP). NCCP administrator training resources can be found at this location as well as a desktop guide for senior nursing leadership.

g. Several training resources are available in ECS to assess over a thousand nursing skills, and can be used to standardize unit level competency assessment. Standardization of unit level competencies and orientations across Navy Medicine supports high reliability organization efforts and is consistent with Joint Commission requirements. Nursing leaders are encouraged to maximize use of ECS for standardization of competency assessment across Navy Medicine for both uniformed and civilian nurses.

h. Unit level competence will be validated at initial unit orientation, and at least every 3 years (Joint Commission requirement), or more frequently as required by hospital policy or per law and regulation. Ongoing competency assessment need not be a repeat of core competencies or competencies assessed upon initial unit orientation; but should be evidence based and include, but not be limited to, high risk and low-volume procedures, practice changes based on evidence, new equipment, patient safety reports, and interactive customer evaluation surveys. At the discretion of the SNE, unit level competency assessment can be documented in ECS or locally generated forms.

i. Licensed independent practitioners, regardless of assignment, will complete and maintain current privileges per the licensure and certification requirements of their specialty.

6. Action

a. The Nurse Corps, Office of Policy and Practice, will coordinate with the specialty leaders and the Clinical Nurse Specialist Advisory Board (CNSAB) to review content and ensure accuracy of core competencies.

b. Specialty leaders, in collaboration with the CNSAB, will review and revise the relevant skills within each core competency at least every 3 years and report updates to the Assistant Director, Nurse Corps Policy and Practice.

c. SNEs will ensure that ECS is utilized for core competency assessment and documentation. They will also ensure maximum opportunities for Nurse Corps officers to gain clinical experiences to meet and sustain clinical competence. It is highly encouraged that active duty Nurse Corps officers, working outside their specialty, perform at least 144 hours per year of varied activities that support knowledge and tactile skill sustainment in that specialty. Direct patient care is the gold standard for competency assessment; however, other acceptable modalities may include tests or exams, return demonstration on simulation devices, evidence of daily work, discussion or reflection groups, presentations, Clinical Education Units (CEUs), or peer review. If a Nurse Corps officer is unable to perform the required duties, or is a poor fit for a subspecialty, the SNE must ensure reassignment and SSC adjustment.

d. Reserve Component (RC) Navy Nurse Corps officer core competency verification in the area of the member's primary SSC will be evaluated by the Centralized Credentials and Privileging Directorate (CCPD). Initial core competency is evaluated during Direct Commission Officer and BUPERS Career Transition Office [from Active Component to Reserve Component] accession pipelines. Clinical sustainment competency and credentials verification will be conducted by CCPD every 2 years and when there is a change in member's primary SSC. RC Nurse Corps officers demonstrate competency through 288 nursing practice hours and completion of the ECS modules for assigned RC SSC once within a 2 year credential cycle. Direct patient care is the gold standard for competency assessment; however, other acceptable modalities may include tests or exams, return demonstration on simulation devices, evidence of daily work, discussion or reflection groups, presentations, CEUs, or peer review. These alternative modalities must be approved by the specialty leader. The following options may be exercised to meet the clinical sustainment and credentialing requirements:

(1) RC Nurse Corps officers who are employed within their assigned RC SSC for a minimum 288 hours within a 2 year credential cycle will meet the requirement through provision of required documentation (i.e., professional peer evaluations, civilian employment supervisor reviews, patient case logs, position descriptions from civilian or military employment) to CCPD; additionally, the ECS modules specific to their SSC will be completed once in the 2 year credential cycle.

(2) RC Nurse Corps officers who are employed in a civilian nursing practice setting outside of their assigned primary RC SSC will be required to perform a minimum of 144 hours of direct patient care in their subspecialty arena within the 2 year credential cycle, where competence is verified by a clinical appraisal report (CAR) reflecting independent and safe nursing performance. The remainder of the 288 bi-annual nursing practice hours may be demonstrated in their civilian arena of nursing practice. Professional peer and civilian employment supervisor reviews are to indicate independent, safe nursing practice. Additionally, ECS modules specific to their SSC will be completed once in a 2 year credential cycle. For example, if a member is an ostomy nurse in his or her civilian role but assigned to a medical-surgical billet in the Navy, they would perform 72 hours of annual training in medical-surgical nursing and provide documentation of at least 72 hours of civilian patient care for a total of 144 hours of patient care per year.

(3) RC Nurse Corps officers not actively employed in a civilian nursing practice setting will be required to perform 288 direct patient care hours in their primary RC SSC within the 2 year credential cycle. Competence is to be verified by a CAR and professional peer reviews reflecting independent and safe nursing performance. This flexible option can be utilized via flex drilling, annual training, additional duty for training, or other methods to obtain clinical sustainment outside of the traditional civilian employment model, i.e., MTF within the Military Health System. Additionally, ECS modules will be completed once in a 2 year credential cycle. The listed hours are the minimal requirements for working within one's primary SSC, and

intended to provide guidance to senior leaders and credentialing committees. Specialty leaders should provide guidance on types of venues to meet the requirements (i.e., type of practice setting, use of simulation training, etc.). These requirements, however, do not apply to the re-designation process of converting to a new primary SSC. RC Nurse Corps officers transitioning from a non-clinical billet (i.e., tours in recruiting, active duty for special work roles, or executive tours as the 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 JO-APPLY or APPLY. RC Nurse Corps officers must maintain a current clinical support staff assignment (i.e., meet credentialing and clinical sustainment requirements) within their primary SSC and assigned billet.

7. Records Management. Records created as a result of this instruction, regardless of media and format, will be managed per Secretary of the Navy Manual 5210.1 of January 2012.
8. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED Nurse Corps Chief's office will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction.
9. Information Management Control. The reports required in paragraph 5(g) are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, Part IV, paragraph 7k.


TERRY J. MOULTON
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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site: <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>.