



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
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BUMEDINST 3500.3B  
BUMED-N3N5  
13 May 2025

BUMED INSTRUCTION 3500.3B

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE LESSONS LEARNED PROGRAM

Ref: (a) CJCSI 3150.25H  
(b) CJCSM 3150.25B  
(c) OPNAVINST 3500.37E  
(d) Navy Lessons Learned Program Manual, July 2022  
(e) SECNAVINST 3070.2A  
(f) OPNAVINST 3100.6K  
(g) OPNAVINST 3000.16  
(h) MCO 3504.1

1. Purpose. To update policy, assign responsibilities, and prescribe general procedures for implementation of the Navy Medicine (NAVMED) Lessons Learned Program (LLP), per references (a) through (h). Collection of observations, insights, best practices, and lessons, jointly referred to as lessons learned (LL), is a vital component of the Bureau of Medicine and Surgery's (BUMED) mission. Application of an LLP adheres to High Reliability Organization (HRO) principles leveraging the enterprise body of knowledge to align with the Chief of Naval Operations' *Get Real, Get Better* call to action. This instruction reinvigorates the NAVMEDLLP and provides significant revisions from the previous framework. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 3500.3A.

3. Scope and Applicability. This instruction applies to BUMED headquarters and all subordinate activities.

4. Background. The NAVMEDLLP actively collects, analyzes, validates, integrates, and disseminates medical LL and is systematically aligned to the Joint Lessons Learned Program (JLLP), Navy Lessons Learned Program (NLLP), the Joint Lessons Learned Information System (JLLIS), and the Marine Corps Lessons Learned Program, per references (a) through (c). The program integrates LL to rapidly inform operational platforms, enhance readiness, and improve capabilities by recommending solutions across the doctrine, organization, training, materiel, leadership and education, personnel, facilities, and policy (DOTmLPF-P) spectrum. Reference (d) prescribes NLLP as the singular Navy program of record for the collection, validation, and distribution of unit feedback and observations as well as the correction of issues identified by and derived from operations, exercises, training, experimentation, and real-world events.

5. Policy. Budget Submitting Office 18 actions for program implementation and sustainment:

a. Participate in the NAVMEDLLP to capture LL, identify best practices, resolve issues, and share validated LL that influence medical readiness and capabilities impacting the Navy and Marine Corps.

b. Identify and submit LL derived from real-world operations, contingencies, field experiments, war games, exercises, operational readiness evaluations, and other naval activities across distributed maritime operations, littoral operations in a contested environment, expeditionary advanced base operations, and the entire competition continuum.

c. Submit post-deployment reviews:

(1) This includes after action reports (AAR), briefings, and applicable media that contain operational medical LL and identify best practices.

(2) In addition to the requirements in subparagraph 5c(1), all mobile medical team personnel must submit a standardized Joint Trauma System Individual Post Deployment Assessment Survey at <https://go.intelink.gov/N41jQqk>.

d. Ensure appropriate operations security procedures when submitting LL, per reference (e).

6. Roles and Responsibilities

a. Director, Maritime Operations (BUMED-N04):

(1) Oversee alignment and integration of NAVMEDLLP within BUMED.

(2) Participate in the LL General Officer Steering Committee, per reference (a).

(3) Participate in implementation of the Navy *Get Real, Get Better* campaign and lead application of HRO principles to facilitate collection and dissemination of LL.

b. Director, Operations, Plans, and Policy (BUMED-N3N5):

(1) Oversee development of policy, procedures, measures of effectiveness, and reporting tools for successful implementation and sustainment of the NAVMEDLLP.

(2) Create a LL working group within BUMED-N3N5, led by the LL Director, to provide structure, process, and a forum to promote transparency, ensure accountability and:

(a) Prioritize submitted LL for resolution.

(b) Exercise authority to resolve issues and determine corrective action regarding resolution when appropriate.

(c) Utilize the BUMED Maritime Planning Board for issues requiring further cross-functional consideration and subject matter expertise.

(3) Incorporate validated LL to support gap analysis and inform DOTmLPF-P solutions.

(4) Support development of BUMED program objective memorandum requests by leveraging validated LL as supporting justification.

c. Director, Operational Readiness and Exercise Integration (BUMED-N37):

(1) Serve as the BUMED LL Director.

(2) Designate a Joint Lessons Learned Information System (JLLIS) Administrator to ensure program integration with the JLLP.

(3) Implement, integrate, and sustain the NAVMEDLLP with a goal of reducing preventable death and increasing survivability by enacting a learning process including:

(a) Incorporate military-based lessons learned training from the Joint Knowledge Online program or other appropriate LL courses.

(b) Develop policy, procedures, measures of effectiveness, and reporting tools for successful implementation and sustainment of the NAVMEDLLP.

(c) Implement a discovery process consisting of collecting and collating LL across the enterprise resulting from program operation and management of JLLIS Portal <https://www.jllis.mil/>.

(d) Train and support echelon 3 LL managers in evaluating and certifying submissions as complete, including analyzing and validating submissions with DOTmLPF-P categorization to support issue resolution.

(4) Coordinate action of the BUMED-N3N5 LL working group by scheduling regular meetings to ensure timely consideration, prioritization, and resolution of LL submissions. For issues determined as actionable by the working group, access subject matter expertise by utilizing:

(a) The Enterprise Task Management Software Solution tasker system.

(b) BUMED N-Code support.

(c) BUMED Maritime Planning Board.

(5) Assist BUMED-N3N5 by ensuring integration of LL working group resolutions, evaluations, and dissemination objectives through BUMED subordinate commands, units, and operational activities.

(6) Coordinate action on LL with the BUMED Maritime Planning Board:

(a) Propose LL topics for BUMED Maritime Planning Board review.

(b) Assist board task managers in reaching resolutions.

(c) Monitor all issues under consideration to encourage timely resolution.

(7) For urgent issues requiring rapid coordination of information, expedite the processes detailed in subparagraphs 6c(2) through 6c(4) if possible, or utilize dissemination processes, such as the Enterprise Task Management Software Solution (ETMS2) system or Special Incident Reporting process per reference (f), as necessary.

(8) Provide a quarterly NAVMEDLLP brief to BUMED-N3N5, detailing pending LL and results from disseminated LL, including measuring compliance with recommended solutions.

(9) Ensure existing and incoming LL are completed as JLLIS submissions and are monitored, archived, and accessible to facilitate rapid dissemination to stakeholders.

(10) Create a forum for collaboration and review of LL with Naval Medical Forces Atlantic, Naval Medical Forces Pacific, and Naval Medical Forces Development Command to promote learning with the aim of reducing mortality and morbidity while achieving operational readiness.

(11) Coordinate with Navy Warfare Development Center and the Marine Corps Training and Education Command and other Marine Corps entities to support NAVMEDLLP integration and sustainment.

d. The BUMED Maritime Planning Board. When requested, support the BUMED LL Director with review and recommend resolution of LL by providing cross-functional expertise from across BUMED based on DOTmLPF-P area of expertise.

(1) Review, validate, and recommend issue resolution for all LL presented by the BUMED-N3N5 working group.

(2) Appoint task managers responsible for cross-functional and timely resolution of all LL presented by the BUMED-N3N5 LL working group.

(3) Disseminate validated LL and issue resolutions across the enterprise.

(4) Evaluate program success, including measurement of compliance with LL issue resolution recommendations, and support development of the quarterly NAVMEDLLP brief.

e. Commanders, Naval Medical Forces Atlantic, Naval Medical Forces Pacific, and Naval Medical Forces Development Command must:

(1) Oversee and implement the NAVMEDLLP within the command and issue additional processes and guidance, per reference (d), to ensure overall program integration with subordinate commands, units, and operational activities.

(2) Designate echelon 3 LL managers, as described in reference (d), responsible for utilizing subject matter experts as needed to review, verify, and process LL submissions via JLLIS processes in coordination with the BUMED LL Director.

(3) Direct subordinate commands, units, and operational activities to submit LL to JLLIS within 30 days post-event or as directed by higher authority.

(4) Support issue resolution processes and disseminate and integrate LL to NAVMED commands, units, and operational activities, including reporting of successes and challenges to the BUMED LL Director for inclusion in the quarterly NAVMEDLLP brief.

(5) Participate in implementation of the Navy *Get Real, Get Better* campaign by applying HRO principles in the collection and dissemination of LL.

(6) Assist BUMED-N3N5 and the BUMED LL Director with the creation of a forum for collaboration and review of the NAVMEDLLP.

## 7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-InformationManagement/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

8. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N3N5 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense (DoD), Secretary of the Navy and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.



D. K. VIA

**Releasability and distribution:**

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/Directives/>