DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 6550.15
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BUMED INSTRUCTION 6550.15

From: Chief, Bureau of Medicine and Surgery

Subj: UTILIZATION GUIDELINES FOR CLINICAL NURSE SPECIALISTS

Ref: (a) BUMEDINST 6010.30
(b) OPNAVINST 7220.17
(c) BUMEDINST 7220.4
(d) CNO WASHINGTON DC 252046Z Jan 18 (NAVADMIN 015/18)
(e) BUMEDINST 6010.17
(f) NAVPERS 15839I
(g) NAVMED P-117

1. Purpose. To establish guidelines for the utilization of the military and civilian clinical nurse specialist (CNS) within the Navy healthcare delivery system, both in peace and wartime missions. References (a) through (g) provide further guidance.

2. Background

a. Per the 2004 National Association of Clinical Nurse Specialists: Statement on CNS Practice and Education, located at http://nacns.org/wp-content/uploads/2016/11/NACNS-Statement.pdf, the function of the CNS is to design and implement innovative evidence-based interventions, influence the practice of other nurses, and influence the healthcare system to improve outcomes in patient care, provide cost-effective care, and advance nursing practice. Conceptualized as core competencies, the CNS has a unique role to integrate care across the continuum within three interacting spheres of influence: patient and client, nurses and nursing practice, and organizations and systems. "Influence is the power to produce desired effects or outcomes by moving others to action. The ability to influence is essential for effective CNS practice." Per the 2010 National CNS Competency Task Force: CNS Core Competencies Executive Summary, located at http://nacns.org/wp-content/uploads/2016/11/CNSCoreCompetenciesBroch.pdf, embedded within the CNS influence is advanced practice nursing competencies and nursing characteristics. The following competencies provide a framework for specific and measurable behavioral statements:

(1) Direct care

(2) Consultation

(3) System leadership

(4) Research

(5) Ethical decision-making

(6) Moral agency

(7) Advocacy

b. The following nursing characteristics help link the competency framework together:

(1) Clinical judgment

(2) Facilitation of learning

(3) Response to diversity

(4) Clinical inquiry

(5) Systems thinking

(6) Collaboration

(7) Advocacy

(8) Caring practices

c. In the military setting, the CNS brings their skills to a unique fourth sphere of influence, the operational environment. Through the development and training of critical skill sets for the Hospital Corpsmen and nurses, the Navy CNS improves outcomes across multiple operational platforms, on the battlefield, and in humanitarian missions.

3. Scope and Applicability. This policy applies to all ships and stations having CNS' onboard.

4. Definitions

a. CNS. Per the 2004 National Association of CNS: Statement on CNS Practice and Education, a CNS is a licensed professional registered nurse (RN) who has graduate-level nursing preparation at the master's or doctorate-level from a program that prepares CNS'.

b. Licensure

(1) RN state licensure provides the legal authority for an individual to practice professional nursing. Per the Consensus Model for Advanced Practice Registered Nurse

(APRN) Regulation: Licensure, Accreditation, Certification, and Education, located at: https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf, an advanced APRN is a nurse who has:

(a) Completed an accredited graduate-level education program for a CNS;

(b) Passed a national certification examination for the CNS role and maintains competence through recertification; and

(c) Obtained a license to practice as an APRN in the role of the CNS.

(2) The CNS must possess a current, valid, and unrestricted RN license to practice professional nursing from an official agency of a U.S. state, territory, or district, per reference (a). If licensure or authorization to practice as a CNS is available within the state of licensure, the CNS will possess a current, valid, and unrestricted CNS license, or authorization from that state. Because the title, APRN, is a legally protected licensing title, should a CNS not obtain licensure, they cannot use the title APRN, per the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education.

c. CNS Certification

(1) It is incumbent upon the CNS to know and follow requirements for national CNS certification. CNS certification is obtained through certifying organizations and provides a valid and reliable assessment of the entry-level CNS clinical knowledge and skills. Initial board certification, as offered by the professional specialty organization, is highly encouraged within 1 year of graduation, if available. The CNS must meet the requirements as set forth by their certifying body to maintain and recertify their certification without lapsing.

(2) Upon completion of an approved master's or doctorate program, Navy Nurse Corps (NC) officers are responsible to ensure their subspecialty code is updated using the Navy NC subspecialty code management guidance to obtain a "P" or "D" code respectively for their specialty. Once the CNS acquires certification, if available, documentation should be submitted for appropriate coding to the NC Personnel Planner via e-mail at usn.ncr.bumedfchva.list.personnel-plans-nc@mail.mil.

5. Scope of Practice. The Navy NC recognizes the CNS' role as one of four roles in the APRN model of regulation. The other three roles include certified RN anesthetist, certified nurse-midwife, and certified nurse practitioner, per the Consensus Model for APRN Regulation:

Licensure, Accreditation, Certification, and Education. The Navy values the significant contribution the CNS provides in their skills and influence and emphasizes these qualities as the most influential in optimizing patient outcomes.

6. Orientation. Successful integration of a CNS within an organization optimizes the safe, cost-effective implementation of evidence-based practice and research. The CNS orientation is to be a structured program with identified goals and clearly defined expectations. The orientation must include content related to command organizational structure and CNS' position in that structure.

a. Length of time required for the orientation program depends on the experience of the CNS in the area assigned. Recommendation for the orientation for the novice CNS is 2 to 4 months and for the experienced CNS is 1 to 2 months, to include sufficient time orienting through direct care in the department assigned. The CNS will complete a CNS specific competency, and preceptorship and mentorship may be supplemented through the CNS advisory board.

b. It is recognized each CNS specialty trains differently and has unique requirements that must be met to maximize orientation to their new roles. The Bureau of Medicine and Surgery (BUMED) CNS core competency, CNS position description template, and CNS peer review tool is maintained by the CNS advisory board and is available on the CNS advisory board milBook homepage, found at https://www.milsuite.mil/book/groups/navy-medicine-clinical-nurse-specialist-cns-advisory-board.

c. The CNS will learn the organization and key personnel; establish relationships with key stakeholders; and be familiar with standards of care, clinical policies, and procedures; and quality initiatives within their practice area, to include medical treatment facilities and operational settings.

d. The CNS may submit productivity reports to leadership to address annual goals, and patient outcomes (e.g., falls, pressure ulcers, pain, restraints, patient satisfaction, bloodstream infections, and core measures). Activity goals may include unit-based, hospital-based, or enterprise-wide projects, committee activities, in-servicing and education, evidence-based practice, cost-efficiency and containment, shared governance, and professional affiliations.

7. Utilization. The National Association of CNS provides a guideline for the utilization of the CNS per the 2004 National Association of CNS: Statement on CNS Practice and Education. The utilization tour (initial full tour following graduation) is the learning ground for the novice CNS, where skills and expertise are honed to the benefit of the member and the Navy Medicine (NAVMED) enterprise. SNEs will make every effort to ensure CNS' on their utilization tour will spend the majority of their tour functioning as a CNS. The NC expectation is that regardless

of the clinical leadership role assigned, the CNS is expected to utilize their knowledge, skills, and abilities as a CNS during post utilization tours. CNS' placed in non-traditional roles (e.g., shipboard, Marine Corps commands, training commands, etc.), will still utilize their knowledge, skills, and abilities to forward and improve the operational medical mission and NAVMED's medical readiness. The SNE at each command will collaborate with NC detailing to identify CNS' to fill CNS billets. New CNS graduates and certified CNS' will be considered for priority for selection to CNS billets. Placement of the CNS within the gaining command is at the discretion of the SNE.

a. Active and Reserve Component military CNS' are assigned to the commanding officer in a subspecialty coded billet. Civilian CNS' are assigned to the medical activity and their position is guided by the U.S. Office of Personnel Management.

b. CNS' work in a collaborative role with other members of the healthcare team, and critical high reliability areas to include, but not limited to quality management, patient safety, risk management, infection control, and clinical informatics. External to the healthcare team, the CNS also partners with nurse researchers and specialty leaders to capitalize on evidence-based medicine; to maximize the seven competencies within the four spheres of influence.

c. Direct lines of communication must remain open between the CNS and the NAVMED nursing leadership to keep abreast of current NC issues and for career planning. Overall responsibility for military fitness reports remains with the respective director in collaboration with the SNE, where available. Responsibility for civilian performance appraisals is guided by the U.S. Office of Personnel Management. Senior CNS' will serve as mentors for junior CNS'. The specialty leaders and CNS advisory board mentors will be available for community-specific guidance.

8. Monitoring and Evaluating Activities. The ongoing evaluation of the quality of care, both process and outcome, rendered by the CNS must be in compliance with the scope of practice and guidelines set forth by references (a) through (g). Per the CNS core competency and peer review tool found on milBook, the activities of the CNS will undergo competency assessment and routine peer review (re-assessment) to verify appropriateness of skills and behaviors associated with consultation, systems leadership, collaboration, coaching, research, overall evaluation of clinical practice, and ethics and patient advocacy. Whenever possible, competence assessment and peer review will be accomplished by other CNS'; if not available locally, it is highly recommended to seek virtual assistance from a CNS at another command.

9. Retention Bonus. Various CNS specialties are eligible for a multi-year retention bonus provided the Service member meets the eligibility contained in references (b) through (d).

10. Board Certified Pay. There is no board certified pay for CNS per reference (b).

11. Continuing Education. The CNS must comply with continuing education requirements to maintain registered or APRN nurse's professional state licensure and national specialty certification, as applicable.

12. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000, 2000, and 4000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx. For SSIC 3000 series dispositions, please refer to part III, chapter 3, of Secretary of the Navy Manual 5210.1 of January 2012.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

13. Review and Effective Date. Per OPNAVINST 5215.17A, Office of the Corps Chiefs (BUMED-M00C) will review this instruction annually around the anniversary of its issuance 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. This instruction will be in effect for 5 years, unless revised or cancelled in the interim, and will be reissued by the 5-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

14. Information Management Control. The reports required in paragraphs 6d, and 7c, are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7p.

C. FORREST FAISON III

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.