DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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BUMEDINST 6550.15A
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BUMED INSTRUCTION 6550.15A

From: Chief, Bureau of Medicine and Surgery

Subj: UTILIZATION GUIDELINES FOR CLINICAL NURSE SPECIALISTS

Ref: (a) NACNS Statement on Clinical Nurse Specialist Practice and Education, Third Edition (NOTAL)
(b) OPNAVINST 7220.17
(c) CNO WASHINGTON DC 251503Z Sep 24 (NAVADMIN 198/24)
(d) BUMEDINST 6010.30
(e) DHA-PM 6025.13, Clinical Quality Management in the Military Health System: Volume 4: Credentialing and Privileging, 29 August 2019
(f) NAVPERS 15839I

1. Purpose. To clarify, expand, and reemphasize guidelines for the utilization of military clinical nurse specialists (CNS) within the Military Health System, both in peace and wartime missions. Reference (a), which is available at https://www.aacnnursing.org/Portals/0/PDFs/Teaching-Resources/NACNS-CNS-Statement.pdf, and references (b) through (f) provide further guidance. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 6550.15.

3. Scope and Applicability. This instruction is applicable to all platforms and stations that have CNSs assigned.

4. Background. CNSs are advanced practice registered nurses that function in an expanded and specialized area of nursing. CNSs demonstrate improved outcomes through direct patient care, leading evidence-based practice, optimizing organizational systems, and advancing nursing practice.

a. The CNS has a unique role, integrating care across the continuum within three interacting spheres of impact: patient and family direct care, nurses and nursing practice, and organizations and systems. CNSs act as consultants for complex patient problems, facilitate interprofessional collaboration, lead multidisciplinary teams, train healthcare providers of all levels, implement systems change, and ensure the highest quality patient care is delivered.

b. Beyond traditional healthcare settings, Navy CNSs make a vital contribution to the operational environment by enhancing outcomes on operational platforms, in combat, and during humanitarian missions by developing, training and sustaining multi-disciplinary teams with crucial expeditionary skills.

5. Definitions

a. CNS. Per reference (a), a CNS is an advanced practice registered nurse (APRN) who has graduate-level nursing preparation at the master's, doctoral, or post-graduate certificate level from a CNS program.

b. Licensure. The CNS must possess a current, valid, and unrestricted 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 CNS licensure, they cannot use the title APRN, per the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education.

c. 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, American Association of Critical-Care Nurses (AACN) or American Nurses Credentialing Center (ANCC), and subsequent recertification are required without lapsing, if available for the specialty.

(2) The graduate CNS is required to possess specialty certification, if available, within 12 months of completion of the approved graduate level advanced practice nursing education. Although certifying bodes allow for multiple attempts to achieve success, the first attempt for certification must take place within the first 6 months of checking into a member's new command after the CNS degree completion. Extenuating circumstances causing significant delays in achieving certification will be communicated to the Deputy of the Nurse Corps and Head, Nurse Corps assignments via the specialty leader for determination of extension period. Command reassignment will be determined by the member's command and the detailer with the goal of mitigating any gap in billet.

(3) CNSs who meet educational and certification requirements may request a change of subspecialty codes by submitting evidence of graduate education and national professional certification via the chain of command to the Nurse Corps Personnel Planner via e-mail at usn.ncr.bumedfchva.list.personnel-plans-nc@health.mil.

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

7. Orientation. Successful integration of a CNS within an organization through a standardized orientation program optimizes safe, cost-effective implementation of evidence-based practice and research in patient care. 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 transition to practice orientation for the novice CNS is 3 to 4 months including 4 to 6 weeks dedicated to the direct care sphere. Recommendation for the orientation of an experienced CNS is 1 to 2 months, to include sufficient time orienting in the department assigned. The CNS will complete CNS specific competency, and preceptorship and mentorship may be supplemented through the CNS advisory board.

b. The CNS will learn the organizational structure and functionality including key personnel; establish relationships with key stakeholders; and become familiar with standards of care, clinical policies, and procedures as well as quality initiatives within their practice area, to include medical treatment facilities and operational settings.

8. Utilization. The utilization tour (initial full tour following CNS program graduation) is the learning ground for the novice CNS, where skills and expertise are honed to the benefit of the member, the Navy Medicine enterprise, and the Military Health System. CNSs on their utilization tour will spend the tour transitioning to practice and further developing their expertise. Regardless of the role assigned, the CNS will utilize their knowledge, skills, and abilities to improve and expand operational readiness and clinical care delivery. The chief nursing officer (CNO) at each command, specialty leaders, and Nurse Corps detailing will collaborate to identify CNS to fill crucial CNS billets. New CNS graduates will be considered for priority for selection to CNS billets. Placement of the CNS within the gaining command is at the discretion of the CNO. Strategic goals of the CNS may include unit-based, hospital-based, or enterprise-wide projects, committee activities, in-servicing and education, evidence-based policy and practice, cost-efficiency and containment, shared governance, and professional affiliations.

a. Active and Reserve Component military CNS are assigned to the commanding officer in a subspecialty coded billet.

b. CNSs work in a collaborative role with other members of the healthcare team, and often function in 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, specialty leaders, and tri-service counterparts to capitalize on evidence-based medicine.

c. Direct lines of communication must remain open between the CNS and the Navy Medicine nursing leadership to keep abreast of current Nurse Corps issues and for career planning. Overall responsibility for military fitness reports remains with the respective director in collaboration with the CNO, where available. Senior CNSs will serve as mentors for junior CNSs. The specialty leaders and CNS advisory board will be available to provide community-specific guidance.

9. Monitoring and Evaluating Activities. The ongoing evaluation of the quality of care, both process and outcome, rendered by the CNS, must follow the scope of practice and guidelines set forth by references (a) through (f). The CNS must complete the CNS core competency, in Elsevier Clinical Skills, upon initial CNS assignment, upon PCS, or every 3 years to verify appropriateness of skills and behaviors associated with consultation, systems leadership, collaboration, coaching, research, overall evaluation of clinical practice, ethics and patient advocacy.

10. Special Pays. CNS specialties are eligible for board certified pay and incentive special pay as outlined in references (b) and (c). Officers meeting the requirements must submit documentation via the chain of command to the program manager, Navy Medical Special Pays Program, Special Pays (BUMED-N133). A complete list of requirements may be found at https://www.med.navy.mil/Special-Pays/.

11. Continuing Education. The CNS must comply with continuing education requirements to maintain registered professional nurse or APRN 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 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-Information-Management/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).

3. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N01C 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

1 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.

14. Information Management Control. The reports required in subparagraphs 5c and 8c are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7p.

R. FREEDMAN
Acting

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/