Canc: Jan 2025

BUMEDNOTE 6000
BUMED-N3N5
28 Feb 2024

BUMED NOTICE 6000

From: Chief, Bureau of Medicine and Surgery

Subj: KNOWLEDGE, SKILLS, AND ABILITIES CLINICAL ACTIVITY DATA CAPTURE

Ref: (a) DoD Instruction 6000.19 of 7 February 2020
       (b) BUMED Memorandum 6000 Ser M9/19UM90902 of 17 Dec 19 (NOTAL)
       (c) BUMED Memorandum 6000 Ser M5/20UM50014 of 14 Jul 20 (NOTAL)
       (d) BUMED Memorandum 6000 Ser OPR/21UM30025 of 12 Apr 21 (NOTAL)
       (e) BUMED Memorandum 6000 Ser M5/22UM50012 of 23 Jun 22 (NOTAL)

Encl: (1) Specialties Aligned to Budget Submitting Office 18 Expeditionary Medical Platforms
       (2) Standard Operating Procedures for Naval Knowledge, Skills, and Abilities Clinical
           Activity Data Capture

1. <u>Purpose</u>. Establish guidance for the expansion of the Knowledge, Skills, and Abilities Clinical Activity Data Capture initiative to provide Navy Medicine leaders an assessment of readiness to perform the expeditionary scope of practice. Capturing "reps and sets" data for Navy Medicine (NAVMED) personnel is critical to providing NAVMED leaders an assessment of readiness to perform the expeditionary scope of practice. The Navy Knowledge, Skills, and Abilities Clinical Activity Data Capture (NKSA CADC) initiative focuses on capturing self-reported clinical skills experiences of NAVMED personnel in the 69 specialties assigned to budget submitting office (BSO) 18 expeditionary medical (EXMED) platforms. NKSA CADC data should be used alongside training and credentialing data to inform a holistic picture of clinical readiness proficiency throughout all phases of the Optimized Fleet Response Plan (OFRP) cycle.

2. <u>Scope and Applicability</u>. All NAVMED personnel whose primary sub-specialty is currently assigned to BSO-18 EXMED platform listed in enclosure (1) and are, themselves, assigned to an EXMED platform (e.g., casualty receiving treatment ships' augmentation, En-Route Care System, Expeditionary Resuscitative Surgical System, expeditionary medical units, expeditionary medical facilities, and forward deployed preventive medicine units).

3. <u>Action</u>. Effective immediately, applicable personnel must comply with the data collection process as detailed in enclosure (2).

4. Background. This guidance expands on references (b) through (e), delineating roles and responsibilities for implementing a phased approach to closing readiness data gaps. Lists detailing requirements and additional details about the NKSA CADC initiative can be found on the SharePoint: https://esportal.med.navy.mil/bumed/rh/m5/Pages/N54.aspx.

5. Roles and Responsibilities

   a. BUMED Corps Chiefs' Office (BUMED-N01C) will:

      (1) Provide subject matter expertise and specialty representation (e.g., specialty leaders and enlisted technical leaders) to Naval Medical Force Development Center (NMFDC).

      (2) Annually or more often if needed, review and refine naval medical readiness criteria and clinical activity data capture elements with specialty leaders, and NMFDC staff to maintain accuracy.

      (3) Promote implementation and sustainment of specialty readiness criteria at the lowest levels of the enterprise to enhance innovation and learning.

      (4) Identify clinically-relevant mission essential tasks (MET) in conjunction with Director, Operational Readiness and Exercise Integration (BUMED-N37) and ensure METs are reflected in the naval medical readiness criteria or clinical activity lists.

   b. NMFDC will:

      (1) Coordinate, oversee the implementation and improvement of the NKSA CADC initiative, and disseminate timely information for decision making.

      (2) Disseminate and maintain data collection, training, and communication documents and tools on a Department of Defense (DoD)-approved knowledge sharing platform (e.g., SharePoint site).

      (3) Coordinate with the echelon 3 commands to identify analytic priorities to inform resourcing and decision making.

      (4) Coordinate with Director, Assessment and Analytics (Consolidated Information Center) (BUMED-N58) to develop and maintain the NKSA proficiency dashboard, including visualization for NKSA CADC data.

      (5) Align naval medical readiness criteria to existing Joint, DoD, and naval policies.

      (6) Coordinate with Director, Requirements and Capabilities (BUMED-N9) and BUMED-N37 to refine platform documents (e.g., Navy training systems plan) and update EXMED common core METs.

c.   BUMED-N58 will:

(1) Establish and maintain reliable data linkage for naval medical readiness criteria requirements, whether self-reported or in an authoritative data system.

(2) Maintain a data strategy and data management plan that sustains program flexibility and embraces enterprise-wide solutions.

(3) Maintain the NKSA Proficiency Dashboard, inclusive of establishing visualizations for the NKSA CADC initiative.

d.   Director, Resource Management (BUMED-N8) will: Validate funding requests from echelon 3 commands to provide appropriate resources for program implementation and execution.

e.   Commanders, Naval Medical Forces Atlantic, Naval Medical Forces Pacific, and Naval Medical Forces Support Command will:

(1) Establish processes and accountability to enforce compliance with CADC process.

(2) Maintain rosters and billet assignments and location of personnel assigned to EXMED platforms and provide rosters to the NMFDC.

(3) Escalate risks, opportunities, and other pertinent information to the NMFDC as issues arise to support continuous process improvement.

(4) Participate in regular touchpoints with the NMFDC and other key stakeholders to provide status updates, identify and address existing or potential risks, share lessons learned, and leverage best practices for continuous process improvement.

(5) Submit funding requests to BUMED-N8 to fill resource gaps related to program requirement implementation and execution.

(6) Ensuring EXMED staff are provided opportunities primarily to acquire needed KSAs in military medical treatment facilities (MTF).

f.   Commanding Officers of EXMED Platforms will:

(1) Implement processes, accountability, and foster an understanding of the importance of "reps and sets" data collection as it relates to unit readiness.

(2) Use CADC data to inform Commanders' Assessment in the Defense Readiness Reporting System-Strategic (DRRS-S).

(3) Participate in regular touchpoints with NMFDC and other key stakeholders to provide status updates, identify and address risks, share lessons learned, and leverage best practices for continuous process improvement.

    g.   Navy Medicine Personnel Aligned with Applicable Specialties:

    (1) Submit clinical activities by the 5th calendar day of each month, per enclosure (2).

    (2) Provide recommendations to improve clinical proficiency in support of readiness and platform specific METs.

    (3) Inform immediate supervisor of barriers to the attainment or sustainment of clinical activities for communication to the NMFDC.

6.   Privacy Act. Any misuse or unauthorized disclosure of personally identifiable information (PII) may result in both criminal and civil penalties. The Department of the Navy's need to collect, use, maintain, or disseminate PII about individuals for purposes of discharging its statutory responsibilities shall be balanced against the individuals' right to be protected against unwarranted invasion of privacy. All collection, use, maintenance, or dissemination of PII must be per the Privacy Act as amended by section 552a of Title 5, U.S. Code and implemented per SECNAVINST 5211.5F.

7.   Point of Contact. NMFDC can be reached by email at usn.ncr.bumedfchva.mbx.nmfdc---navy-ksa@health.mil.

8.   Records Management.

    a.   Records created as a result of this notice, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, 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 notice or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

9.   <u>Information Management Control</u>. Reports required in subparagraph 5g(2) and enclosure (2) of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.

D. K. VIA

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

SPECIALTIES ALIGNED TO BUDGET SUBMITTING OFFICE 18 EXPEDITIONARY MEDICAL PLATFORMS

Specialty	EMU	ERSS	ERCS	CRTS	EMF	FDPMU
Anesthesia, General (15B0)	X			x	x	
Behavioral Health Technician (L24A) (PSYCH TECH)	X			x	x	
Biochemist (1810)						x
Biomed Equipment Tech (L08A)	x			x	x	
Cast Room Tech (L26A)	x			x	x	
Certified Registered Nurse Anesthetist (1972)	x	x		x	x	
Clinical Dietetics (1876)					x	
Clinical Psychology (1840)	x				x	
Comprehensive Dentistry (1725)					x	
Corpsman (0000; 1300)	x			x	x	
Critical Care Nurse (1960)	x	x	x	x	x	
CV Tech (L06A)					x	
Dental Assistant (L33A)	x				x	
Dermatology, General (16N0)					x	
Diagnostic Radiology (16Y0)	x				x	
Electroneurodiagnostic Technologist (END TECH) (L18A)					x	
Emergency Medicine General (16P0)	x	x		x	x	
Emergency Trauma Nurse (1945)	x	x	x	x	x	
Entomologist (1850)						x
Environmental Health (1860)	x				x	x
Family Nurse Practitioner (1976)					x	
Family Practice, General (16Q0)	x				x	
Field Medical Service Technician (L03A)						x
General Dentistry (1700)	x				x	
General Surgery (15C0)	x	x		x	x	
Industrial Hygiene Officer (1861)						x
Internal Medicine (16R0/16R1)	x					
Internal Medicine, Critical Care (16R1/162C)	x			x	x	
Maternal and Infant Health Nursing (1920)					x	
Medical Laboratory Technician (L31A)	x			x	x	x
Medical Technologist (1865)	x			x	x	
Medical/Surgical Nursing (1910)	x			x	x	
Microbiologist (1815)						x
Neurological Surgery, General (15D0)					x	

Specialty	EMU	ERSS	ERCS	CRTS	EMF	FDPMU
Neurology, General (16T0)					x	
Certified Nurse Midwife (1981)					x	
Obstetrics/Gynecology, General (15E0)					x	
Occupational Therapy (1874)					x	
Ophthalmology, General (15G0)					x	
Optometry (1880)					x	
Optometry Tech (L19A)					x	
Oral Surgery (1750)				x	x	
Orthopedic Surgery, General (15H0)	x			x	x	
Otolaryngology, General (15I0)					x	
Pediatric NP (1974)					x	
Pediatric Nursing (1922)					x	
Pediatrics, General (16V0)					x	
Perioperative Nursing (1950)	x			x	x	
Pharmacy Tech (L22A)	x			x	x	
Pharmacy, General (1887)	x				x	
Physical Therapy (1873)					x	
Physical Therapy Tech (L20A)					x	
Physician Assistant (1893)	x	x			x	
Podiatry (1892)					x	
Preventive Medicine Officer (15K0)						x
Preventive Medicine Tech (L12A)	x				x	x
Psychiatric Mental Health NP (1973)					x	
Psychiatric Nursing (1930)					x	
Psychiatry, General (16X0)	x			x	x	
Radiation Health Officer (1825)						x
Radiation Health Technician (L05A)						x
Respiratory Therapist Tech (L32A)	x	x		x	x	
SAR Medical Technician (SMT) (L00A)			x			
Surface Independent Duty Corpsman (MIL2MIL) (L10A)					x	
Surgical Technician (L23A)	x	x		x	x	
Trauma Surgery (15C1J)	x			x	x	
Urology Tech (L25A)					x	
Urology, General (15J0)					x	
X-RAY Tech (L17A)	x				x	

Enclosure (1)

<u>STANDARD OPERATING PROCEDURES FOR KNOWLEDGE, SKILLS, AND ABILITIES
CLINICAL ACTIVITY DATA CAPTURE</u>

1. <u>For individuals (or designees) self-reporting data, please adhere to the instructions provided</u>:

    a. Access the NKSA CADC Form:

        (1) Visit the Common Access Card-enabled SharePoint site:
https://esportal.med.navy.mil/bumed/rh/m5/Pages/N54.aspx.

        (2) Choose the blue button that says, "Click here to submit your Naval Knowledge,
Skills, and Abilities Clinical Activity Data."

        (3) Select appropriate Corps.

    b. Record Data:

        (1) To start recording data, select appropriate specialty from the drop-down menu. Once
selected, the form will populate with the specific clinical activities to track for the selected
specialty.

        (2) Enter DoD identification number, first name, and last name.

        (3) Select the appropriate Defense Medical Information System identifier or location:

            (a) Submit separate entries for clinical activities performed at different locations (i.e.,
MTF, military-civilian partnership, off-duty employment, or other location).

            (b) Individuals (or designees) are required to report relevant activities performed at
MTF or military-civilian partnership locations; reporting of off-duty employment activity is
encouraged, but not required.

            (c) If an individual (or designee) selects "OTHER LOCATION" or "OFF-DUTY
EMPLOYMENT" from the drop-down, the form will prompt the individual (or designee) to
enter the specific name of the location at which they performed clinical activities.

        (4) Select the start date and end date for clinical activities that are being reported.

        (5) Enter the appropriate values for each clinical activity listed.

        (6) Once required information has been entered, click the "Submit" button at the bottom
of the page to save the clinical activity entry. Entered values will be cleared and a pop-up
message will display, indicating that the record was successfully submitted. Logging clinical
activities may occur at any time throughout the month (e.g., daily, weekly, monthly).

(7) To edit information or data after submitting an entry, click the red "Close" button in the top left corner of the page and then select the paper and pencil icon next to the entry that needs to be edited under the "Edit" column. Selecting the edit icon will re-populate the form with the data from the selected entry. The user (or designee) will then be able to edit the information in the form. After the user (or designee) makes necessary changes, click the "Submit" button at the bottom of the page again. The form will update with the new information.

(8) Repeat the steps listed in subparagraphs 1(b)(1) through 1(b)(7) of this enclosure as often as needed to capture all clinical activity throughout the month.

2. For additional questions, please visit the SharePoint site for additional resources, or contact the Naval Medical Force Development Center mailbox at: usn.ncr.bumedfchva.mbx.nmfdc---navy-ksa@health.mil.