Nursing Competencies
Nursing competencies are not a new concept, the former UK nursing regulator the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) (1999) used the term competency to ‘describe the skills and ability to practice safely and effectively without the need for direct supervision’. This reference is still used today by the current Nursing and Midwifery Council (NMC) (2010); however they have further identified a nurse’s competence as ‘considering the nurse’s levels of competence as a whole. It combines the skills, knowledge and attitudes, values and technical abilities that underpin safe and effective nursing practice and interventions’.

The recent Francis Inquiry (2013) has identified there is a requirement to recognise the importance of professional competencies, by recommending nurses must demonstrate in their annual learning portfolio an up to date knowledge of nursing practice and its implementation. At the end of each annual assessment, the appraisal and portfolio should be signed by the nurse as being accurate and countersigned by their appraising manager.

The Defence Operational Nursing Competencies
The Defence Operational Nursing Competencies (DONC) was introduced for all Nursing Services in 2009, using Bloom’s Taxonomy Model (DGPL, 2009).

Bloom’s Taxonomy
Bloom’s taxonomy model was first published in 1949 and since then it has evolved (Bouchard, 2011). The 1956 model consists of three domains of educational activities:
  - Cognitive
  - Affective
  - Psychomotor

The DONC specifically uses the cognitive levels from this model; the following table outlines the level, domain and explanation of each level and taxonomy (Bloom et al, 1956).

<table>
<thead>
<tr>
<th>Level</th>
<th>Taxonomy</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Knowledge</td>
<td>Recall from previously learned information</td>
</tr>
<tr>
<td>2</td>
<td>Comprehension</td>
<td>Demonstrates an understanding of the meaning or purpose of previously learned information</td>
</tr>
<tr>
<td>3</td>
<td>Application</td>
<td>Use of previously learned information in novel and concrete situations</td>
</tr>
<tr>
<td>4</td>
<td>Analysis</td>
<td>Examines the underlying components of learned information and gain an understanding of their organizational structure</td>
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<td>---------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>5</td>
<td>Synthesis</td>
<td>Integrate previously learned information and its components into new concepts</td>
</tr>
<tr>
<td>6</td>
<td>Evaluation</td>
<td>Uses definite criteria (either provided or self-created) to judge the value of other material and information</td>
</tr>
</tbody>
</table>

DONC Competencies are written between levels 2-4. Core competencies outline essential skills for military nurses from all nursing Services (Core & Specialist Competencies) then Service specific annexes are completed as necessary.

**Assessing Competency**
In order to assess competence a range of assessments can be used including:

- Direct observation of the individuals performance
- Working alongside the individual
- Reflective discussion
- Oral presentation
- Clinical simulation
- Reflective writing
- Self and peer assessment
- Portfolio of evidence
- Feedback from mentors and others
(National Education for Scotland, 2007)

**Evaluation of the DONC**
Currently no formal evaluation of the DONC has been conducted, however, anecdotaly it is recognised these competencies provide a framework for professional development within the military nursing environment. The US military also uses competencies and recognises the patient population for military nurses is broad and subject to change, making it necessary to have a wide range of skills, which differs from civilian practice (Ross, 2010). Agazio (2010) further identifies the importance of using military specific competencies not only to prepare military nurses for their deployed nursing role but also to assist in limiting occupational stress by not being adequately prepared.

**Supporting Validation**
To support military nurses develop their professional portfolio and validation, the British Association of Critical Care Nurses Military Region has provided the following learning resources:

- Training courses with generic DONC cross referenced training
- Training courses with practical elements
- Self and peer assessments

These resources have been peer reviewed by both military critical care nurses and the BACCN National Professional Advisors. The self-assessments are free and can be downloaded at www.baccn.org.uk
References


Bouchard GJ (2011) In full Bloom: helping students grow using taxonomy educational levels. The Journal of the Physician Assistant Education. 22. 4. 44-46

Defence Operational Nursing Competencies Core

Defence Operational Nursing Competencies – Land Annex

Defence Operational Nursing Competencies – Air Annex

DGAMS Policy Letter 05/09 Defence Operational Nursing Competencies (Land Environment)


UKCC (1999) Fitness to practice (the Peach report): The UKCC Commission for Nursing and Midwifery Education. London. UKCC


NMC (2010) Glossary