

Portfolio Certification

**Trauma Nursing
(Canada) Certification**

CTN(C)

APPLICANT PACKAGE

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Overview of Portfolio Certification for Trauma Nursing (Canada) Certification, CTN(C)

A portfolio **certification** process is a structured approach for nurses (nurse practitioners [NPs], registered nurses [RNs], registered/licensed practical nurses [RPNs/LPNs], and registered psychiatric nurses [RPNs]) to validate their expertise and commitment to professional development within their specialty domain. The certification process involves the following:

Step 1: Eligibility Criteria

Nurses must meet specific requirements related to their specialty, which include educational qualifications, provincial registration, and a minimum number of 1,950 practice hours in the past five years.

Step 2: Education Criteria

Have completed a minimum of one specialty focused trauma nursing program that supports the development of competencies for critical thinking and clinical judgment skills to provide safe, competent, and ethical trauma nursing care.

Step 3: Portfolio Submission

Nurses submit a comprehensive portfolio that includes evidence of professional development, such as continuing education hours, academic credits, presentations, publications, research, **preceptorship**, related work experience, and/or professional service.

Step 4: Evaluation

The submitted portfolio is reviewed and scored by specialty-trained and experienced peer reviewers assessing for specific evidence which meets all the criteria elements listed in the portfolio **competency** outline for the specialty.

Step 5: Certification

Successful candidates are awarded Canadian Nurses Association (CNA) certification in their specialty area. This certification is renewed every five years.

Step 6: Maintenance and Continuing Competence

Nurses are expected to maintain ongoing professional responsibility by obtaining, integrating, and applying current knowledge and skills required to practise safely, effectively, and ethically within their specialty domain as per CNA certification [renewal policy and guidelines](#).

Description of Specialty Domain: Trauma Nursing (Canada) Certification, CTN(C)

A specialty domain refers to a particular field, branch, or area of expertise in which a nurse possesses a high level of knowledge, skill and proficiency. It signifies a focused area of specialization within a broader discipline characterized by a deep understanding and capability. Trauma nursing is considered one such domain. In the context of certification with CNA, trauma nurses must be an NP, RN, LPN/RPN, RPN, or advanced practice nurses (i.e., clinical nurse specialists) with specific training and experience.

A nurse holding **Trauma Nursing (Canada) Certification, CTN(C)**, from the CNA Certification Program has clinical experience and foundational trauma care knowledge and works across diverse environments to provide timely, evidence-informed, and person-centred care to individuals experiencing traumatic injury. Trauma-certified nurses function across the trauma continuum, from pre-hospital environments to acute care and rehabilitation adhering to standards grounded in trauma-informed principles and system-wide best practices.

Trauma-certified nurses are accountable for practising within a trauma system and are knowledgeable about their role and scope of practice in contributing to optimal outcomes for trauma patients. They apply critical thinking and clinical judgment in dynamic, high-acuity environments to stabilize patients, support recovery, and integrate interprofessional collaboration. The trauma nurse's role includes direct care, care coordination, education, **leadership**, and participation in quality improvement and trauma system development.

The CNA trauma nursing portfolio is evaluated through set criteria. A fundamental component of a criterion-based approach to certification is the comprehensive description of the domain content area being measured. In the case of portfolio-based trauma nursing certification, the content consists of the competencies of a fully competent practicing trauma nurse, with at least two years of experience (or 1,950 hours). Each section will describe the competencies, how they have been grouped, and how they are assessed within the portfolio.

Nurses who obtain portfolio-based CNA certification in trauma nursing earn the right to use the credential **CTN(C)** for five years, after which they must renew through the continuous learning pathway.

Assumptions

In developing the list of competencies for trauma nurses, the following assumptions were made:¹

The person

The person refers to the individual, family, or support system impacted by sudden physical injury or trauma. Trauma nurses recognize that:

- The person refers to a client, patient, family, group, community, or population.
- The person's support refers to family, friends, community, companion animals, and anyone/anything else identified by the person.
- The person has been affected by external physical forces or injuries including, but not limited to:
 - Blunt or penetrating traumas
 - Motor vehicle collisions
 - Falls
 - Interpersonal or domestic violence
 - Natural or industrial disasters
 - Occupational, recreational, or environmental injury events
- The person often presents with complex, multi-system needs requiring:
 - Urgent, coordinated interventions
 - Rapid assessment, resuscitation, stabilization, and ongoing care
 - Consideration of the individual's trajectory across the continuum of hospital care, including potential transfer from rural or community settings to higher levels of care
- The person may experience:
 - Concurrent physiological or psychological conditions
 - Substance use, mental health needs, and/or social vulnerabilities
 - Barriers to care, such as access, language, stigma, consent, or health literacy challenges
- The person may have unique experiences related to access, consent, capacity/competence, trauma, and stigma. This may include access-related issues due to language barriers.
- The person has the opportunity to participate, collaborate, engage, and partner in their care.
- The person defines what "culturally safe" means to them and how their cultural location, beliefs, and values are to be considered.

¹ Inclusive language respects and promotes all people as valued members of society. In this document, non-binary descriptors are used. For example, "their" and "them" are used in reference to all genders and replace the terms "she/her/hers" and "he/him/his."

- Cultural competence is the ability of the trauma nurse to reflect on their own cultural values and how these impact the way care is provided. It includes the ability to assess and respect the values, attitudes, and beliefs of persons from other cultures and to respond appropriately in planning, implementing, and evaluating a plan of care that incorporates health-related beliefs and cultural values, knowledge of disease and prevalence, and treatment efficacy.²
- Cultural safety is both a process and an outcome whose goal is to promote greater equity. It focuses on root causes of “power imbalances and inequitable social in health care.”³ It includes cultural awareness, cultural sensitivity, and cultural competence.⁴

Trauma nursing is a specialty practice that involves:

- Providing holistic, evidence-based care to individuals across the lifespan who experience physical injury and trauma
- Performing rapid assessment, triage, resuscitation, stabilization, and ongoing care
- Recognizing the physical, psychological, and social complexities of trauma
- Engaging in trauma prevention, education, and **advocacy**
- Supporting system navigation to reduce morbidity and mortality across trauma systems
- Participating in trauma-related performance improvement and patient safety programs

Trauma nurse

A trauma nurse is a regulated health professional with the knowledge, skills, and judgment to assess, intervene, and manage care for trauma patients. They:

- Practice within Canadian provincial and national trauma frameworks
- Are guided by standards that promote:
 - Continuity of care
 - Patient safety
 - Health equity
- Follow trauma care standards that include:
 - Trauma system integration
 - Trauma-informed practice
 - Cultural safety
 - Quality care competencies
 - Evidence-informed practice

² Canadian Nurses Association (2019). Nurses' Professional Responsibilities in Partnering with Indigenous Peoples in Improving Health Outcomes: Cultural Competence and Cultural Safety. Canadian Nurses Association, <https://www.cna-aiic.ca>

³ Browne, A. J., Varcoe, C., Smye, V., Reimer-Kirkham, S., Lynam, M. J., & Wong, S. (2009). “Cultural safety and the challenges of translating critically oriented knowledge in practice.” *Nursing Philosophy*, 10(3), 167–179.

⁴ Canadian Nurses Association. (2025). *Code of ethics for nurses* (4th ed.). Canadian Nurses Association. <https://www.cna-aiic.ca>

- Trauma/injury prevention
 - Disaster response and emergency preparedness
- Provide high-quality, timely, and appropriate trauma care.
- Demonstrate accountability, ethical conduct, and engagement in continuous learning.
- Effectively interact with patients, families, and interprofessional teams.
- Contribute to trauma system improvement and mentoring peers.
- Advocate for trauma care that recognizes social determinants of health and trauma-related disparities.
- The trauma nurse provides high-quality, timely, and appropriate trauma care that includes:
 - Physical interventions grounded in best practice and clinical guidelines
 - Psychosocial support addressing the emotional and relational impact of trauma
 - Equity and access-oriented approaches that are responsive to the individual's culture, location, values, and lived experiences
 - Trauma-informed care recognizing that the effects of trauma extend beyond the individual, influencing families and communities, and that trauma care must be inclusive, compassionate, and person-centred

Environment:

- Clinical trauma-care environments are guided by provincial trauma system requirements and support trauma nurse competencies such as rapid triage, patient monitoring, resuscitation, and safe transfer of care. The trauma environment is shaped by policies that prioritize interprofessional collaboration, quality improvement, and system accountability. Trauma nurses work in environments that demand clinical agility and coordinated response, including (but not limited to):
 - Emergency departments (including rural and remote outposts) and trauma bays
 - Operating rooms and intensive care units
 - Emergency medical transportation, including aeromedical services
 - Military and defence environments, such as field hospitals, combat support units, and humanitarian or disaster response operations, where trauma nurses provide advanced clinical care under resource limited or high-acuity conditions

Domain Competencies

As a domain of nursing, trauma nursing competencies for portfolio certification encompass a set of skills, knowledge, and behaviours that are essential to nursing practice within the specialty. These competencies are designed to ensure that nurses can provide high-quality care and meet the standards of their profession and specialty.

Trauma nurses use these domain competencies to understand the unique values, preferences, and circumstances of people in their care, while still adhering to the scientific evidence that supports and informs trauma nursing practice. Trauma nurses inform their practice by understanding trauma response and care, utilizing the best available research and applying learned skills and knowledge for the benefit of the people they are caring for and the families affected.

Using evidence-informed trauma standards of practice, trauma nursing practice includes:

- **Professional knowledge and expertise**
- **Evidence-informed (quality) practice**
- Clinical judgment and decision-making
- Collaboration, coordination and communication
- **Leadership, advocacy and ethical practice**
- **Reflection**

Submitting Evidence for UDL-Informed Competency Domain Assessments

To be inclusive of learning, this portfolio process and evaluation follows the principles of UDL by providing multiple means of evaluation.⁵

Each domain will have multiple means of supplying the evidence identified. Candidates may choose to submit multiple forms of evidence within each domain to fully illustrate their evidence of competencies. Candidates may have a choice of:

- **Replication:** Copies of certificates of attendance for learning.
- **Written:** A written reflection or self-analysis of work completed. For each written reflection a minimum of 750 words and a maximum of 1500 words per reflection are to be submitted.
Exception: Submissions for the “Reflection” domain are to be submitted as a minimum of 1500 words and no more than 3000 words.
- **Oral:** Oral recording of either reflection or work completed. To be submitted in MP4 format only.
- **Visual:** Visual image and/or recording of either reflection/self-analysis or work completed. Images are to be submitted as a .jpg, .eps or .png file. Visual recordings are to be submitted in MP4 format or link to MP4 video file.

Multiple evidence types required:

Submissions must include more than one type of evidence. Written reflections alone are not sufficient. Each competency domain must demonstrate a combination of evidence types (e.g., written, oral, visual, or replication) to support assessment of competencies.

Exception: The Reflection domain may be completed using written reflections as a standalone form of evidence.

For quick reference to types of evidence to collect for portfolio submission, please refer to appendix A.

Confidentiality:

In all submissions, candidates must be cognizant of the need to maintain people’s privacy and confidentiality. Confidentiality and privacy are paramount in all care environments. Nursing documentation, health record excerpts, videos, statements, or evidence that could breach an individual’s privacy will be strictly prohibited. Submission of such materials is ground for immediate disqualification and expulsion from the certification process.

⁵ CAST (2024). Universal design for learning guidelines version 3.0. Retrieved from <https://udlguidelines.cast.org>

Considerations for Confidentiality:

- **De-identify where possible:** Remove names, addresses, health card numbers, and any other personal identifiers.
- **Limit content:** Include only the information necessary to support the case, evaluation, or request—avoid extraneous details.
- **Follow policy:** Adhere to your organization’s confidentiality and privacy guidelines, as well as provincial/territorial and federal legislation (e.g., PIPEDA, or provincial health information legislation).

Portfolio Competency Evaluation Outline

Domain	Total Domain Weight
<p>I. Ongoing Professional Development Domain</p> <p>Section A: Required Hours of Ongoing Professional Development Section B: Verification of Employment and Practice</p>	Mandatory
<p>II. Standards of Practice Application</p> <p>Section C: Professional Knowledge and Expertise (20%) Section D: Evidence-Informed/Quality Practice (20%) Section E: Clinical Judgment and Decision-Making (20%)</p>	60%
<p>III. Collaboration, Leadership, and Ethical Practice</p> <p>Section F: Collaboration, Coordination, and Communication (15%) Section G: Leadership, Advocacy, and Ethical Practice (15%)</p>	30%
<p>IV. Reflection</p>	10%
<p>Total Weight:</p>	100%

Portfolio Competency Evaluation Framework

I. Required Hours of Ongoing Professional Development Domain (Mandatory)

Ongoing professional development emphasizes continuous learning, skill enhancement, and evidence of professional growth within a chosen field. In nursing, it is crucial to stay updated with advancements in healthcare, emerging technologies, and best practices to provide high-quality, evidence-based care to patients. Within nursing specialties, this importance is magnified, as specialized fields often require deep expertise in focused areas such as trauma nursing.

Development in a specialty ensures nurses achieve and maintain proficiency, adapt to innovations relevant to their area of expertise, and uphold the highest standards of care tailored to the unique needs of their patient populations. Verification processes, such as endorsements or proof of learning activities, help confirm an individual's qualifications and dedication to both their profession and specialty area.

Ongoing professional development emphasizes the continuous growth and specialization of trauma nurses. In this rapidly evolving field, staying current with evidence, guidelines, and technologies is vital to ensuring safe, effective, and ethical trauma care. Trauma nurses must demonstrate commitment to learning and professional advancement through formal education, skills development, and participation in trauma-related research or system improvement.

Section A: Required Hours of Ongoing Professional Development (Mandatory)

To be eligible for certification in Trauma Nursing, candidates must work in a trauma-related domain of practice (this may include any work associated with administration, research, clinical practice, education, policy) and have completed **a minimum of one formal trauma-focused certificate or course**. In addition, candidates must demonstrate completion of additional **continuous learning in trauma nursing education totaling a minimum of 20 hours of study**, which may include a combination of:

- Formal courses and certificate programs
- Independent study or [continuous learning \(CL\)](#) relevant to trauma care
- Mentored clinical experiences focused on trauma nursing practice

The course content must address one or more core trauma nursing domains. A description of all programs and/or courses applied toward eligibility must be submitted as part of the application.

The trauma nurse will provide evidence within the last five years of:

- **Trauma nursing specialty education:** *Attendance at a minimum of one formal trauma-focused certificate or course (mandatory).*
 - If no certificate is available, the candidate may upload a written endorsement from a course faculty and/or facilitator.
 - If candidate is unable to produce a certificate of attendance or a written endorsement for any PD activity please contact professionaldevelopment@cna-aiic.ca for further instructions.
- **Trauma nursing continuous learning (CL):** Declaration of *participation in a minimum 20 hours of [CL activities](#) related to trauma nursing.*
- Submit your CL activities using this form: [Continuous Learning Activity Tracker](#)
- **Mentored clinical experience:** A letter from your mentor or direct manager/supervisor indicating completion of a structured **mentorship** experience, including the number of hours completed.

Section B: Verification of Employment and Practice (Mandatory)

The trauma nurse must attest that they have a minimum of 1,950 hours of trauma-related practice and experience within the past five years (equivalent to one year of full-time practice). This experience may be in any of the five domains of nursing practice (administration, research, clinical practice, education, policy) and from any area of practice along the trauma continuum.

This attestation is a mandatory field within the online application.

The trauma nurse will provide the name of an endorser who may be contacted to confirm employment, and proof of 1,950 experience hours in the past five years:

- This individual may be a supervisor, manager, physician and/or consultant in the trauma nursing care practice specialty and must be able to confirm your specialty experience and endorse your application.

This presentation of evidence must include:

- Name and designation of endorser
- Contact information (email and phone number)
- The candidate's relationship with the endorser (e.g., employee, coworker)

II. Standards of Practice Application (60%)

Section C: Professional Knowledge and Expertise (20%)

Knowledge refers to the theoretical and evidence-informed understanding that underpins safe and competent care. It includes the facts, concepts, principles, and clinical reasoning a trauma nurse must know to assess, plan, and deliver care effectively. This knowledge extends across the trauma continuum, from pre-hospital through emergency, surgical, intensive, and rehabilitative care settings, and includes the anatomy and physiology of trauma, mechanisms of injury, patterns of presentation, and the management of complex multisystem injuries. Trauma nurses apply evidence-informed practices within trauma systems to ensure safe, timely, and appropriate interventions.

Skills are the observable and measurable abilities used to apply knowledge in clinical practice. They involve the technical, cognitive, and interpersonal actions performed by trauma nurses to provide safe, efficient, and coordinated care across the trauma continuum. Trauma nurses are skilled in understanding and managing the physiological and psychosocial effects of trauma.

The trauma nurses use skills in this domain such as (but not limited to):

- Rapid triage and prioritization of care
- Primary and secondary trauma assessments
- Airway management and ventilation support
- Circulatory management, including hemorrhage control and activation of massive transfusion protocols
- Targeted interventions and ongoing monitoring
- Neurological assessment and management of altered level of consciousness
- Support for procedural interventions
- Ongoing reassessment and documentation of patient status
- Coordination of care transitions and effective interprofessional communication
- Collaboration within trauma systems to ensure continuity and quality of care^{6,7}

Trauma nurses maintain and develop professional knowledge through:

1. Deepening understanding of anatomy, physiology, and pathophysiology related to traumatic injury, including multisystem trauma, hemorrhagic shock, and traumatic brain injuries.

⁶ American College of Surgeons (ACS). (2023). *Advanced Trauma Life Support (ATLS®): Student Course Manual, 11th edition*. American College of Surgeons, Committee on Trauma.

⁷ Emergency Nurses Association (ENA). (2023). *Trauma Nursing Core Course (TNCC), 9th edition*. Emergency Nurses Association.

2. Engaging in specialized education on trauma assessment frameworks, such as the primary and secondary survey, and interventions aligned with trauma best practice guidelines.
3. Applying knowledge of psychosocial factors, including trauma-informed care, psychological first aid, and crisis intervention.
4. Staying informed on evolving trauma knowledge, clinical protocols, pharmacology, and technologies used in trauma care.
5. Participating in trauma-focused workshops, high-fidelity simulations, case reviews, and debriefings to refine decision-making and clinical judgment.
6. Maintaining current knowledge of infection control practices, equipment sterilization, and environmental safety in trauma settings.
7. Disseminating and reviewing trauma-related, evidence-informed research to guide clinical practices and improve patient outcomes.
8. Collaborating with interdisciplinary trauma teams, including prehospital providers, surgical services, social work, and rehabilitation specialists.
9. Understanding professional, legal, and ethical standards relevant to trauma nursing practice across the trauma continuum up to and including rehabilitation.

Trauma nurses apply professional knowledge through:

- Conducting rapid, comprehensive trauma assessments using standardized tools and prioritize care based on injury severity and physiological indicators.
- Implement resuscitation, stabilization, and ongoing trauma care interventions within a team-based, high-acuity environment.
- Document trauma care interventions accurately and in accordance with regulatory, legal, and organizational standards.
- Apply infection prevention, aseptic technique, and personal protective equipment (PPE) practices appropriate to trauma care environments.
- Activate and contribute to trauma team responses, including mass casualty, code trauma, and emergency protocols.
- Refer and coordinate surgical, critical care, rehabilitation, and psychosocial support services.
- Apply occupational health, safety, and ergonomic practices to mitigate personal and team risk during trauma care delivery.
- Contribute to quality improvement initiatives, trauma audits, and protocol updates based on emerging best practices and outcomes data.

The trauma nurse is to provide evidence of this domain by providing a minimum of three examples of the following:

- *Evidence of self-reflection through insights into their trauma nursing practice and continuous improvement strategies following critical incidents or debriefs (this must be separate from the reflection presented in [Section IV](#)).*
- *Evidence or records of tools developed or implemented for trauma care quality measurement and evaluation (e.g., trauma audit tools, chart review checklists, or benchmarking data).*

- *Evidence of continuous learning activities and hours related to trauma care (e.g., education updates, trauma-informed care workshops) over and above the mandatory requirements listed in [Section A](#).*
- *Evidence of peer feedback, interdisciplinary collaboration, or participation in trauma rounds, simulations, creating/updating organizational policies and procedures, or case reviews.*
- *Evidence of contributions to the creation, review, or implementation of trauma-related policies, procedures, or protocols within the organization or trauma network.*
- *Evidence of research or publications related to trauma nursing, injury prevention, or trauma systems.*
- *Evidence of participation in or leadership of trauma-related committees, advisory groups, or working groups at the organizational, regional, or national level.*
- *Evidence of participation in or leadership of quality assurance (QA) and quality improvement (QI) activities within the trauma system or organization.*
- *Evidence of conference attendance or presentations related to trauma care, system improvement, or professional development.*

This presentation of evidence may take the form of (see [UDL assessments](#) for formats):

- Reflection on the implementation of quality, evidence-informed trauma care. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Copies and/or examples of quality improvement initiatives in trauma care (e.g., implementation of new protocols, trauma team activation processes) and documented results.
- Peer or mentor evaluations of the nurse's trauma care practices and collaborative teamwork during critical incidents, simulations, or debriefings.

Section D: Evidence-Informed/Quality Practice (20%)

Trauma nurses integrate best-available evidence with clinical expertise to guide safe, ethical, and effective trauma care. They remain current with evolving clinical guidelines, trauma protocols, and system priorities, translating knowledge into practice through rapid assessment, critical decision-making, and precise interventions.

Their practise is informed by national and provincial trauma care standards, and locally/**jurisdictionally** implemented evidence-based pathways.

The trauma nurse is to provide evidence of this domain by providing examples of at least two of the following:

- *Evidence of participation in research and academic opportunities including contributing to trauma data gathering, supporting clinical research, or co-authoring scholarly projects related to trauma care.*
- *Evidence of the dissemination and review of evidence-informed research such as leading or participating in journal clubs, presenting at conferences, publishing articles, or developing educational summaries.*
- *Evidence of membership in professional practice groups related to trauma nursing, such as the Trauma Association of Canada (TAC), National Emergency Nurses Association (NENA), or provincial trauma networks.*
- *Evidence of partnerships, collaborations, and community engagements such as involvement in trauma outreach initiatives, or emergency preparedness planning with local or regional partners.*
- *Evidence of involvement in trauma protocol development including participation in creating, revising, or implementing trauma team activation guidelines, or trauma documentation standards.*
- *Evidence of critical incident reviews or audit involvement contributing to system evaluation, identification of improvement opportunities, and reflection on clinical practice outcomes.*

This presentation of evidence may take the form of (see [UDL assessments](#) for formats):

- Reflection on implementation of quality, evidence-informed practice. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Presentation of work engaged in.
- Copies and/or examples of quality improvement initiatives and documented results.
- Peer or mentor evaluation of this domain and work completed.

Section E: Clinical Judgment and Decision-Making (20%)

Clinical judgment is a core competency of the trauma nurse. They synthesize data, prioritize interventions, and adapt to changes in patient condition. This includes the integration of trauma scoring and early warning systems to guide clinical reasoning, recognize patient decompensation, and support collaborative decision-making across the trauma continuum.

Beyond direct clinical care, trauma nurses apply clinical judgment across education, research, policy, and system domains. For example, they use critical reasoning to design and evaluate trauma education and simulations and interpret data to guide quality improvement. Their clinical insight also informs interprofessional and system-level decisions that strengthen trauma care coordination and improve outcomes across the continuum.

The trauma nurse is to provide evidence of this domain by providing examples of at least two of the following:

- *Evidence of case-based clinical decisions*
- *Evidence of participation in/development of simulation activities to assess performance and the results of the simulation assessment*
- *Evidence of engagement in comprehensive and systematic assessment including the systematic evaluation of injuries*
- *Evidence of consultation and collaboration with both inter- and intra-professional disciplines.*
- *Participation in the review of documentation and quality of practice and/or trauma standards*
- *Evidence of peer-reviewed assessment*

This presentation of evidence may take the form of (see [UDL assessments](#) for formats):

- Reflection on the use of clinical judgement and decision making. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Presentation of work engaged in.
- Peer or mentor evaluation of this domain and work completed.

III. Collaboration, Leadership, and Ethical Practice (30%)

Section F: Collaboration, Coordination, and Communication (15%)

Effective collaboration and communication are essential in high-pressure trauma environments. Collaboration is a critical component of a trauma nurse's practice. It involves seamless partnership and interaction among a multidisciplinary team (MDT) in healthcare, including individuals and their families, to provide the best possible outcomes for the patient. Collaboration is also an interdisciplinary effort that prioritizes the person's perspective and adheres to their informed decisions.

Clear and straightforward communication is key to ensuring a cooperative environment where the trauma nurse and the multidisciplinary team work in unison to care for the person and their supports. This approach ensures that all steps taken, including referrals, are explained in a way that the person and their support can understand. Trauma nurses work in partnership with their patients and their supports to determine and meet the patient's needs following a traumatic event. Trauma nurses utilize structured communication tools (e.g., SBAR, ISBAR) and engage with diverse professionals, including EMS, surgeons, anesthesiologists, and rehabilitation teams.

Trauma can have a cumulative effect and is not always linked to one traumatic event. It may also impact colleagues. To ensure that vicarious trauma support and work quality are nurtured, collaborative and ongoing peer support and relationship development is required. This supportive collaboration may be through relationships such as preceptor/preceptee and/or mentor/mentee, critical incident debriefing, and/or peer support systems. Mentoring is an ongoing reciprocal and collaborative relationship between at least two individuals who have shared or mutual goals, including an agreement to support each other in meeting their goals^{8,9}. It is traditionally a very nurturing relationship that is longer than a preceptorship period within an academic institution. However, for the purposes of this Trauma Nurse certification, mentorship/preceptorship relationships, incident debriefing, and peer support systems are accepted.

The trauma nurse is to provide evidence of this domain by providing examples of at least two of the following:

- *Evidence of participation in a collaborative MDT environment (in any setting).*
- *Evidence of collaboration within a nurse/patient relationship.*

⁸ Academy of Medical-Surgical Nurses. (2012). AMSN mentoring program: mentor guide.

<https://www.amsn.org/sites/default/files/documents/professionaldevelopment/mentoring/AMSN- Mentoring-Mentor-Guide.pdf>

⁹ Canadian Nurses Association. (2004). Achieving excellence in professional practice: A guide to preceptorship and mentoring.

- *Evidence of participation in a mentorship/preceptorship program as evidenced by confirmation from that program (for example, CNA mentorship program), a letter of mentorship or contract, evidence of a preceptorship relationship as evidenced by a letter from a preceptee/preceptor, and an evaluation of goals.*
- *Evidence of ongoing peer support or involvement in incident debriefing activities.*
- *Evidence of reflections on inter- or intra-professional teamwork.*
- *Evidence of handoff communication documentation examples.*
- *Evidence of supporting letters from supervisors or team leaders.*

This presentation of evidence may take the form of (see [UDL assessments](#) for formats):

- Reflection on engagement in collaborative practice and communication . This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Presentation of work engaged in.
- Peer or mentor evaluation of this domain and work completed.
- A written representation of the mentorship or preceptorship.
- Copy of enrolment in a mentorship program.
- Audio presentation of a mentorship/preceptorship agreement and evaluation.
- A written reflection from a peer.
- Audio/visual reflection of a peer support relationship, vicarious trauma support and/or peer consultation/review.

Section G: Leadership and Advocacy (15%)

Trauma nurses demonstrate leadership through clinical practice, education, and system-level engagement. As part of a high-performing team in the trauma continuum, they take initiative during trauma activations, providing direction, prioritizing interventions, and facilitating effective team communication. They frequently lead and/or participate in trauma simulations, ensuring interdisciplinary support and reinforcing evidence-based care. Beyond the bedside, trauma nurses contribute to trauma program development and evaluation through participation in quality improvement initiatives, data audits, morbidity and mortality reviews, and the development or refinement of clinical protocols. In later phases of the trauma continuum, they demonstrate leadership in rehabilitation and recovery settings—coordinating multidisciplinary care, supporting patient and family reintegration, and advancing best practices in long-term trauma outcomes and functional recovery.

As advocates, they play a critical role in identifying and addressing systemic barriers to care. They promote equitable access to trauma services by supporting culturally safe practices, advocating for patient and family needs, and initiating changes that enhance care environments. The context of trauma nursing practice varies across the continuum and may include challenging environments such as combat zones, transport and retrieval settings, remote and rural areas, or complex urban systems. Within these diverse settings, trauma nurses demonstrate adaptability by optimizing care within the constraints of the environment and available resources, and by triaging essential care tasks to meet patient priorities.

Trauma nurses address systemic inequities and ensure care is respectful, inclusive, and culturally appropriate. They are aware of and responsive to social determinants of health, including racism, poverty, language, and geographic barriers. Their advocacy extends into policy and systems work, where they engage with trauma networks, advisory committees, and health system partners to inform best practices and resource allocation, while advocating for improved access, staffing, equipment, and other critical resources needed to deliver high-quality trauma care. Leadership is demonstrated not only through formal roles, but also through clinical credibility, mentorship, ethical integrity, and a consistent commitment to advancing safe, effective, and inclusive trauma care.

The trauma nurse is to provide evidence of this domain by providing examples of their commitment to cultural safety, equity and diversity and at least two additional examples of the following:

- *Evidence that demonstrates their commitment to and/or application of the principles of cultural safety, equity, diversity and inclusion (mandatory).*
- *Evidence of implementation of research and innovation that led to process, policy, or system transformation.*

- *Evidence of ethical decision-making and accountability.*
- *Evidence of policy and system advocacy in the role, scope, and education of trauma nurses.*
- *Evidence of participation in trauma-related safety initiatives such as including primary or secondary prevention activities, such as involvement in injury prevention campaign/programs, or serving as an instructor or participant in recognized trauma education initiatives.*
- *Evidence of leadership in trauma simulations, including leading or contributing to debriefing scenarios.*
- *Evidence of policy or protocol contributions, such as developing team safety protocols, or engaging in organizational efforts to strengthen trauma system readiness and prevent harm across the continuum of care.*

This presentation of evidence may take the form of (see [UDL assessments](#) for formats):

- Reflection on the demonstration of leadership and advocacy in practice. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Presentation of work engaged in.
- Peer or mentor evaluation of this domain and work completed.

IV. Reflection (10%)

The ability to be reflective as a practitioner in a self-regulated profession is essential. Reflection is a cognitive process requiring a conscious effort to analyze your own values, beliefs, biases, and practices to enable you to grow and learn from your experiences by incorporating your learning into future practice.

Reflection in action is the type of reflection that occurs while you are in a situation. It is often linked to clinical reasoning due to the on-your-feet reflection that happens in the moment. This type of reflection is important because it leads you to a change in your view of yourself, your values, your beliefs, and/or your biases. This type of reflection aims to change your perception or gain a new one.

Reflection on action is reflection that happens after a situation or event. Being a trauma nurse requires you to step back and evaluate the situation from all angles. It is the analysis and meaning-making that happens after a situation has occurred. This type of reflection often takes significant time and attention, which can be demanding for nurses. It is exceptionally important and essential to ensure both the ongoing learning and growth of the trauma nurse, this learning is necessary for ongoing quality improvement and the creation of practices to reduce biases and barriers.

Reflection for action is reflection that happens to improve future action or that plans for future action. Many times within trauma nursing, there is a need for future planning for risk reduction and/or advocacy. As much of the role involves collecting and analyzing data, trauma nurses are often at the centre of seeing patterns and can utilize them in plans for prevention and reduction of risk.

When engaging in reflection, it is important to maintain confidentiality by avoiding the use of any identifying patient, colleague, or organizational information. See UDL for more information on maintaining confidentiality throughout the portfolio process

The trauma nurse is to provide evidence of this domain by providing examples for each of:

- *Evidence of reflection in their actions. This can be evidenced by reflection and self-analysis demonstrating the growth of critical reasoning or change in perception at the moment of care.*
- *Evidence of reflection on their actions. This can be evidenced by reflection and self-analysis demonstrating the growth of ongoing quality improvement and creating practices to reduce biases and barriers.*
- *Evidence of reflection for actions. This can be evidenced by reflection demonstrating plans for preventing and reducing risk.*

This presentation of evidence may take the form of (see [UDL assessments](#) for formats):

- A written reflection of a minimum of 1500 words, but no more than 3000 words. This may not be a repeated submission of any written self-reflection submitted as exemplars for other domains within this same portfolio submission.
- Audio reflection encompassing a minimum of 10 minutes, but no more than 20 minutes.
- Video reflection encompassing a minimum of 10 minutes, but no more than 20 minutes.

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Glossary of Terms

Advocacy: The act of promoting equitable access to services, influencing health policy, supporting persons receiving care in decision-making, and advancing the specialty of nursing.

Best Practice Guidelines: Evidence-informed recommendations that guide safe, effective, and consistent nursing practice.

Certification: Formal recognition by CNA of a nurse's knowledge, expertise, and competence in a specialty area of nursing practice.

Competency: The integrated application of knowledge, skills, judgment, and personal attributes required to provide safe, ethical, and effective nursing care. A nurse's competency is evidenced by their ability to practise safely, ethically, and skillfully within their scope of practice, demonstrating professional responsibility and growth.

Competency Domain: A cluster of related competencies organized into a thematic category that collectively describes a professional area of practice.

Emergency Department: A dedicated unit within a hospital or health centre that delivers urgent care to people with acute illnesses or injuries, including those that may be life-threatening. The department is equipped and staffed to respond to a wide spectrum of emergencies, ranging from major trauma and cardiac events to other urgent medical conditions¹⁰.

High Functioning Team(s): A cohesive, collaborative group of professionals who work interdependently toward shared goals with a high degree of trust, communication, and accountability. Team members understand and respect each other's roles, apply their individual expertise effectively, and adapt fluidly to changing circumstances to ensure safe, efficient, and coordinated care.

Highest level of evidence available: The most reliable (scientific or empirical information that has been rigorously collected, analyzed, and peer-reviewed) and relevant (is applicable to the specific context, population, or issue being addressed) information available at a given time to inform decision-making. Also known as highest quality available evidence.

Interdisciplinary Collaboration: Partnership with other health-care professionals (e.g., physicians, physiotherapists) to deliver coordinated care.

¹⁰ Canadian Medical Association (n.d.). *How do emergency rooms work in Canada?* <https://www.cma.ca/healthcare-for-real/how-do-emergency-rooms-work-canada#:~:text=What%20is%20an%20ER?%2C%20non%2Demergency%20health%20care>

Jurisdiction: Refers to rules, policies, or laws that apply within a specific region or authority.

Leadership: The demonstration of integrity, accountability, mentorship, innovation, and ethical decision-making in advancing the specialty and supporting colleagues.

Mentorship: A reciprocal, long-term professional relationship in which an experienced practitioner guides and supports the development of a less experienced colleague.

Portfolio Certification: A structured process of demonstrating competence through submission of evidence such as continuing education, practice hours, reflection, and professional contributions.

Preceptorship: A structured, short-term teaching and learning relationship where an experienced practitioner provides direct supervision to a learner in a clinical setting.

Professional Knowledge: A specialized body of knowledge that integrates nursing science, anatomy and physiology, pathology, and assessment skills.

Quality Practice (Evidence-informed): The consistent application of the highest level of available evidence, reflective practice, and continuous quality improvement to ensure safe and effective care.

Reflection: A deliberate process of analyzing one's own practice, values, biases, and experiences to foster growth, reduce barriers, and plan for improved care outcomes.

Regulated Nurse: A nurse who holds active registration in good standing with a provincial/territorial regulatory body (NP, RN, RPN/LPN, RPN).

Risk Assessment: The systematic identification and management of factors contributing to potential complications, combined with health education and preventive strategies.

Scope of Practice: The roles, responsibilities, and accountabilities of nurses as defined by legislation, regulation, and professional standards.

Therapeutic Communication: Purposeful, respectful, and supportive communication strategies used to promote trust, safety, and effective care relationships.

Appendix A: Submission Checklist

Trauma Nursing (Canada) Certification Checklist

This checklist is intended to help certification candidates ensure their portfolio submission is complete, organized, and includes all required components. Use this list as a guide to the types of documents you can prepare and collect prior to submitting your application.

General Submission Requirements (Mandatory)

- Proof of current nursing registration (RN or equivalent)
- Minimum 1,950 hours of trauma-related nursing practise
- Post-basic trauma education totaling at least 20 hours (Appendix B)
- Completed endorsement/verification form from a supervisor or administrator

Ongoing Professional Development (Mandatory)

- Certificates of trauma-specific continuing education
- Evidence of trauma-related learning beyond basic eligibility
- Documentation or reflection of participation in trauma-related activities (e.g., conferences, research, mentorship)

Standards of Practice Domains

- Documentation of trauma-related clinical knowledge and procedural skills
- Case-based exemplars or self-reflections demonstrating evidence-informed trauma care
- Description or example of clinical judgment in trauma scenarios
- Evidence of effective interdisciplinary communication (written or verbal)
- Leadership experience in trauma simulation, education, or advocacy
- Examples of culturally safe or equity-oriented trauma care

Reflection and Accountability

- A reflective narrative (1,500–3,000 words) examining personal practise and growth
- Documentation of performance feedback or improvement efforts
- Examples of self-assessment or goal setting

Optional Supporting Materials

- Letters of recommendation or support
- Documentation of committee participation or policy contributions
- Involvement in trauma networks, registries, or professional groups

Appendix B: Education Criteria Information

The following list provides examples of trauma and emergency nursing education programs that may be considered as part of the education criteria for portfolio eligibility. These courses are widely recognized within Canada and internationally.

Completion of one or more of these courses demonstrates engagement in specialty-focused trauma nursing education that supports the development of critical thinking, clinical judgment, and evidence-informed trauma care.

Examples of recognized trauma and emergency nursing courses

- **Trauma Nursing Core Course (TNCC)** – typically 16 hours.
- **Emergency Practice, Interventions and Care – Canada (EPICC)** and **EPIC-Trauma** – typically 16 hours each.
- **Emergency Nursing Pediatric Course (ENPC)** – typically 16–20 hours.
- **Advanced Trauma Care for Nurses (ATCN)** – typically 16 hours.
- **Trauma Care After Resuscitation (TCAR)** – typically 16–20 hours.
- **Pediatric Care After Resuscitation (PCAR)** – typically 16–20 hours.
- **Advanced Trauma Life Support (ATLS)** – physician-focused course, approx. 16 hours, may be taken by advanced practice nurses.
- **Trauma Disaster Triage and Response (TDTR)** – variable duration, typically 12–16 hours.

Notes for Consideration

- The above list is illustrative, not exhaustive. Equivalent Canadian or internationally recognized trauma-focused programs may also be considered.
- At minimum, each course should include a formal examination, testing, or evaluation component (e.g., written exam, return demonstration, or skills testing) to be eligible for portfolio consideration.
- No single course will be designated as mandatory; rather, the intent is to encourage a portfolio of learning that reflects breadth and depth of trauma nursing competencies.
- Employer-based education programs and private sector courses may also be considered, provided they demonstrate relevance to trauma nursing competencies.

Applicants must be prepared to supply additional details or documentation (e.g., learning objectives, evaluation methods, hours completed) if requested.