

Society of Trauma Nurses Position Statement: Qualifications, Competencies, and Continuing Education for Trauma Nurses



Background

Traumatic injury is the leading cause of death for person's ages 1-44 years¹, and continues to rise as a leading cause of death for all others, especially the elderly who are very vulnerable to injury mechanisms. Traumatic injury mechanisms cover all unintentional mechanisms (car crash, fall, pedestrian struck, animal bites, etc.) through intentional mechanisms of suicide, homicide, and domestic and interpersonal relationship violence. Traumatic injury is a serious public health issue and requires significant expertise across the entire continuum to make an impact in outcome and prevention. Skilled and knowledgeable bedside care givers can have a tremendous positive effect on the outcome after injury as well as the prevention of injuries.

The Society of Trauma Nurses (STN) is dedicated to ensuring optimal trauma care to all people globally through initiatives focused on trauma nurses related to prevention, education and collaboration with other healthcare disciplines. STN advocates for the highest level of quality trauma care across the continuum. We accomplish this through an environment that fosters visionary leadership, mentoring, innovation and interdisciplinary collaboration in the delivery of trauma care.

Trauma Nursing

Trauma nursing is a specialty area of nursing practice, which includes all components of care for the injured and those at risk of injury. Trauma nurses practice in all settings across the trauma continuum, from injury prevention, prehospital care, resuscitation, stabilization, supportive treatment, rehabilitation and reintegration into society.² Trauma nursing requires specific knowledge, skills to deliver the highest quality and safest care as well as to provide expertise in evidence-based population health prevention initiatives.

Although trauma nurses must have very specific knowledge and skills to practice within a subspecialty, all trauma nurses must possess a baseline knowledge of mechanism of injury, injury patterns with evidence-based treatment interventions, performance improvement and patient safety initiatives to include injury prevention initiatives. Additionally, trauma nurses must be adept at collaborating across interprofessional teams, compliance with regulations and

¹ http://www.cdc.gov/injury/wisqars/overview/key_data.html, accessed June 1, 2016

² <https://www.facs.org/~media/files/quality%20programs/trauma/vrc%20resources/resources%20for%20optimal%20care%202014%20v11.ashx>, accessed June 1, 2016

standards and the development and implementation of standards, driven by research and evidence based practice.

Trauma nurses serve in a variety of clinical, administrative and managerial roles.³⁴ The following represent some specific areas of focus for trauma nurses and trauma program nurse leaders:

- **Clinical Trauma Nurse:** Provides direct patient care with an emphasis on the injured patient's acute medical, surgical, and rehabilitative needs. The bedside trauma nurse manages and facilitates the care of the trauma patient with consideration to his/her physical, psychological, emotional and spiritual needs. Clinical trauma nurses work in various settings across the continuum of care, including pre-hospital environments, trauma centers, emergency departments, intensive care units, medical-surgical units and rehabilitation areas.
- **Administrative responsibilities:** May include management across the continuum of trauma care, which includes the planning and implementation of clinical protocols and practice management guidelines, monitoring care of in-hospital patients, and serving as a resource for clinical practice.
- **Education responsibilities:** Provide for intrafacility and regional professional staff development, participate in case review, implement practice guidelines, and direct community trauma education and prevention programs.
- **Performance improvement:** Monitor clinical processes and outcomes and system issues related to the quality of care provided; develop quality filters, audits, and case reviews; identify trends and sentinel events; and help outline remedial actions while maintaining confidentiality.
- **Administration:** Manage, as appropriate, the operational, personnel, and financial aspects of the trauma program. Serve as a liaison to administration, and represent the trauma program on various hospital and community committees to enhance and foster optimal trauma care.
- **Supervision of the trauma registry:** Supervise collection, coding, scoring, and developing processes for validation of data. Design the registry to facilitate performance improvement activities, trend reports, and research while protecting confidentiality.
- **Consultant and liaison:** Stabilize the complex network of the many disciplines that work in concert to provide high-quality care. Serve as an internal resource for staff in all departments, and act as a liaison for EMS agencies.

³ http://journals.lww.com/journaloftraumanursing/Abstract/2016/03000/The_History_and_Evolution_of_the_Trauma_Program.10.aspx

⁴ www.traumanurses.org

- Research: Have an active involvement in research projects and the analysis and distribution of findings. Facilitate protocol design for accurate data collection, feedback, and analysis.
- Community and national involvement in trauma care systems: Participate in the development of trauma care systems at the community, state, provincial, or national levels.

Continuing Education

The Society of Trauma Nurses recognizes that continuing education is required for all registered nurses and healthcare professionals. The Society of Trauma Nurses supports this and encourages all its members and other providers to obtain continuing education and other ongoing training. The Society of Trauma Nurses recognizes that states, accrediting bodies and healthcare institutions will have their own continuing education requirements that the registered nurse must maintain. STN recommends trauma-related continuing education within the following areas:

- A. Clinical Practice
 1. Head and Neck
 - a. Neurologic trauma
 - b. Traumatic brain injuries
 - c. Spinal injuries
 - d. Maxillofacial and neck trauma
 - e. Facial fractures
 - f. Ocular trauma
 2. Trunk
 - a. Thoracic trauma
 - b. Chest wall injuries
 - c. Pulmonary injuries
 - d. Cardiac injuries
 - e. Great vessel injuries
 - f. Abdominal trauma
 - g. Hollow organ injuries
 - h. Solid organ injuries
 - i. Diaphragmatic injuries
 - j. Retroperitoneal injuries
 - k. Genitourinary trauma
 - l. Obstetrical trauma
 3. Extremity and Wound
 - a. Musculoskeletal trauma
 - b. Vertebral injuries
 - c. Pelvic injuries
 - d. Compartment syndrome

- e. Amputations
- f. Extremity fractures
- g. Soft-tissue injuries
- h. Surface and burn trauma
- 4. Special Considerations
 - a. Psychosocial issues related to trauma
 - b. Shock
- B. Continuum of Care
 - 1. Injury prevention
 - 2. Pre-hospital care
 - 3. Patient safety
 - 4. Patient transfer
 - 5. Forensic issues
 - 6. Advanced directives
 - 7. Palliative care
 - 8. Rehabilitation
- C. Professional Issues
 - 1. Quality
 - 2. Performance Improvement
 - 3. Disaster Management
 - 4. HIPAA/EMTALA
 - 5. Ethical Considerations

STN has developed and recommends the following courses to fulfill some of these clinical and professional continuing education requirements:

- Advanced Trauma Care for Nursing (ATCN),
- Optimal Trauma Center Organization & Management Course (Optimal),
- Trauma Outcomes & Performance Improvement Course (TOPIC),
- STN Nurse Leadership Institute,
- STN Electronic Library of Lectures, and
- STN TCRN® Preparatory Course
- Continuing education opportunities sponsored by the Journal of Trauma Nursing (JTN)

Trauma Certification

The Trauma Certified Registered Nurse (TCRN®) certification is a mark of distinction for trauma nurses across the continuum of trauma care. Attainment of the TCRN® certification demonstrates an individual's commitment to excellence, and is an objective demonstration of knowledge and skills within the trauma nursing continuum. STN believes strongly in the attainment of the TCRN® certification and encourages all trauma nurses in all settings to obtain their certification upon meeting the recommended eligibility requirements.

The TCRN® examination measures a body of knowledge in nursing assessment of the trauma patient, analysis of assessment data, implementation of care, and continuous evaluation of treatment interventions across all traumatic mechanisms and injury patterns. This includes

physiologic and psychological issues associated with traumatic injury across the continuum of clinical care as well as continuous performance improvement and safety initiatives expected within the care of the trauma patient and family.

The Board of Certification for Emergency Nursing (BCEN) is the body responsible for the development and implementation of the TCRN® Certification. BCEN requires the following for qualification to sit for the TCRN® examination:

A current, unrestricted Registered Nurse license in the United States or its territories. A nursing certificate that is the equivalent to a registered Nurses in the United States is also acceptable.

The BCEN recommends the following experience and qualifications to sit for the TCRN examination:

- Two years of trauma nursing experience at an average of 1,000 practice hours/year across the trauma continuum
- Twenty (20) to thirty (30) hours of trauma specific coursework across the trauma continuum.

Conclusion

STN is committed to ensuring that trauma nurses have access to resources, educational materials, tools and mentoring opportunities that will advance clinical, administrative and leadership skills across the continuum of trauma care. STN is committed to evidenced-based practice and the development of programs and networks that foster safe, efficient and effective care for trauma patients globally. For more information about STN and its initiatives, please visit www.traumanurses.org.

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